

Policy Number:
Effective Date: 3/01/2021

Review Date: 3/01/2022

Approvals:

Administrative Policy Committee
Chief Financial Officer
PolicyTech Administrators

I. Purpose/Population:

A. Purpose:

1. This policy and the Financial Assistance Programs herein are intended to address the dual interests of providing access to care for those without the ability to pay and to offer a discount from billed charges for those who can pay a portion of the costs of their care provided by a Physician Employed by Wyoming Health Medical Group (WHMG).
2. This policy is intended to address the Financial Assistance Program and related billing practices for Uninsured, Underinsured and Medically Indigent persons for employed physicians and clinic services provided by a Physician Employed by Wyoming Health Medical Group. It should be used as a companion to Wyoming Medical Center’s policy for hospital patients, entitled: “Financial Assistance for Hospital Patients”.

B. Population: All Employees.

II. Definitions:

- A. Balance After Insurance (BAI): means amounts due by the patient after insurance adjudication is complete (e.g., Deductibles, co-payments, and co-insurance)
- B. Wyoming Health Medical Group Physician Billing: means any billing generated for a professional service rendered by a Physician Employed by WHMG, or for a professional service rendered by a Physician who has assigned to WHMG their right to receive reimbursement for such service.
- C. Charity Care: means free covered services are provided and the patient is not expected to pay any amount for covered services based on the Federal Poverty Guideline (FPL) qualifications.
- D. Covered Services: means those medically necessary professional services for which a WHMG Physician Billing is generated.
- E. Discounted Care: means Covered Services provided to a patient for which the patient is expected to pay a discounted amount.
- F. Emergent Services means the services necessary and appropriate to treat an Emergent Condition.

- G. Federal Poverty Level (FPL): means the income level and household size set by the federal government that establishes households living above or below the defined poverty annual incomes (also referred to as Sliding Scale).
- H. Medicaid: means all State and Federal programs for indigent care, and includes (but is not limited to) Medicaid, Medi-Cal, AHCCCS, CICIP, FES, etc.
- I. Medically Indigent Patient: means a patient with medical expenses incurred during the previous 12 months for which the patient is responsible which exceeds 50% of total income for that year.
- J. Medically Necessary: means services required to identify or treat an illness or injury that is either diagnosed or reasonably suspected to be Medically Necessary. In order to be Medically Necessary, a service must:
 - 1. Be required to treat an illness or injury
 - 2. Be consistent with the diagnosis and treatment of the Patient's conditions
 - 3. Be in accordance with the standards of good medical practice;
 - 4. Not be for the convenience of the patient or the patient's physician
 - 5. Be performed at the most appropriate and readily available level of care or manner required by the patient's medical condition (which may be in the patient's home, a physician's office, an outpatient facility, or a long-term care, rehabilitation or hospital bed), and not by the Patient's financial or family situation.
- K. Physician Billing Office ("PBO"): means the WHMG Physician Billing Office, the operating unit of WHMG responsible for the billing and collecting of self-pay accounts for Physicians.
- L. Physician Employed by WHMG: means a physician employed by Wyoming Health Medical Group and for purposes of this policy includes a physician who has assigned to WHMG his or her right to receive reimbursement.
- M. Qualified Clinic: means any health center, clinic or other non-hospital practice setting in which a physician Employed by WHMG practices regularly, and is receiving, directly or indirectly, student loan repayment assistance through any governmental program which requires that any physician receiving such student loan repayment assistance must practice in a setting that offers a sliding fee scale for patients based upon the patient's individual or household income.
- N. Self Pay Rate: means the 30% discount off gross or billed charges to all Uninsured patients regardless of income or household size.
- O. Uninsured Patient: means patients without benefit of health insurance or government programs that may be billed for the Covered Services provided to them who are not excluded from this policy.
- P. Underinsured Patient: means a patient with qualified insurance coverage with significant limitations or co-responsibility, including deductibles, co-payments, and co-insurance.

Q. Usual and Customary Charges: means the rates for Covered Services that are to be charged to all patients, regardless of third-party coverage, also known as “gross charges”, and which are sometimes utilized for contracting with third party payers.

III. Policy:

A. Overview. Wyoming Health Medical Group provides quality healthcare to all patients regardless of age, sex, sexual orientation, gender preference, race, religion, disability, veteran status, national origin and/or inability to pay. This policy establishes WHMG Financial Assistance programs which, based on FPL, determines a patient’s qualification for Charity Care or Discounted Care for Covered Services for services provided by Physician Employed by WHMG.

B. WHMG will provide financial assistance for services rendered by a Physician Employed by WHMG to individuals who are Uninsured, Underinsured, Medically Indigent and Qualified Clinic patients and who meet WHMG and FPL guidelines as outlined in this policy. WHMG will charge Qualified Clinic patients on a sliding scale, offering the same discounts offered to individuals who are Uninsured, Underinsured, and Medically Indigent.

C. Eligibility: Patients may qualify for WHMG Financial Assistance programs if they meet one of the following guidelines based on FPL Guidelines:

1. An Uninsured patient is eligible to receive Charity Care or Discounted Care based on income and household size under this policy if their FPL is under 400%, in accordance with the table below; and does not qualify for Medicaid or other government program coverage or is unable to reasonably complete the application process;
2. An Underinsured/BAI patient has a minimum patient balance of \$2,500.00 (can be a combination of balances from across Wyoming Medical Center and Wyoming Health Medical Group) and meets FPL guidelines below 400%.
3. Medically Indigent families with combined household medical bills for the prior 12 months greater than 50% of household annual income. This includes medical debt outside of Wyoming Medical Center and Wyoming Health Medical Group.
4. Patient balance is not the patient’s share of cost for Medicaid/AHCCCS as determined by the state to be an amount the patient must pay in order for the patient to be eligible for Medicaid/AHCCCS and WHMG is not authorized to waive.

D. Exclusions. This policy only applies to Medically Necessary, including emergency, care and procedures. It does not apply to cosmetic and non-Medically Necessary care and procedures, except as may be determined in the sole discretion of WHMG on a case-by-case basis.

Financial Assistance-Uninsured Full and Partial Charity Care	
Household Income & Size	Amounts Charged
200% of < FPL	Full Charity 100% discount, write-off patient liability
>200%-300% FPL	75% discount off Clinic billed charges
>300%-400% FPL	50% discount off Clinic billed charges

>400% FPL	Does not qualify for WHMG Financial Assistance Policy
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Underinsured/Balance After Insurance Discounts	
Combined patient balance must be a minimum of \$2,500; Patient must apply for Financial Assistance	
Household Income & Size	Patient Balance After Insurance
200% of < FPL	100% discount, write-off patient liability
>200%-300% FPL	75% discount off patient liability
>300%-400% FPL	50% discount off patient liability
>400% FPL	Does not qualify for WHMG Financial Assistance Policy

Medically Indigent	
Household Income	Patient Balance
Family combined household medical bills for prior 12 months greater than 50% of household annual income	75% discount off patient liability

- E. Write-Offs and Adjustments. Covered Services will be eligible for write-off, in whole or in part, if:
1. A patient qualifies for Medicaid after service has been provided by WHMG (100% write-off). This includes any bills for services that predate coverage.
 2. A patient qualifies for Medicaid, but funding is not available to pay for services or Medicaid denies coverage for a Covered Service (100% write-off); a patient is approved for participation in the WHMG Financial Assistance Policy.
 3. Based on the WHMG FPL Guidelines and requirements outlined above in this policy;
 - a. *Upon approval, write-offs and adjustments will be processed promptly in accordance with applicable procedures, state statutes and regulations.*
 4. Signature Authority for Write-Offs. Financial Assistance program write-offs will be granted subject to the following limits:
 - a. *Up to \$1,000 – PBO or Home Health Patient Accounts Manager*
 - b. *Over \$1,000 – PBO or Home Health Director*

F. Reservation of Right to Seek Reimbursement of Charges from Third Parties.

1. In the event that any first- or third-party payer is liable for any portion of an Uninsured Patient's bill, WHMG will seek full reimbursement of all charges incurred by the patient at WHMG's Usual and Customary Charges from such first- or third-party payer, including situations governed by the provisions of A.R.S. Section 33-931, et seq. (or the analogous medical lien or similar

provisions of the laws of other states as applicable) despite any financial assistance granted pursuant to this policy.

G. Application for Financial Assistance Program.

1. In order to qualify for participation in the WHMG Financial Assistance Program, patients must submit annual income, assets and liabilities or other documentation as needed and cooperate with Medicaid eligibility screening when appropriate.
2. Patients may apply for WHMG Financial Assistance Programs by any of the following methods:
 - a. *Advising Patient Access Services (PAS) or Patient Financial Services (PFS) personnel at or prior to the time of registration that they are unable to pay some or all the actual or anticipated physician/clinic charges. PAS or PFS personnel will offer all Uninsured Patients a WHMG Financial Assistance application form.*
 - b. *Downloading the application form from the WHMG website and mailing it to the PBO at the address on the application form.*
 - c. *Requesting an application form from the PBO by phone at 307-237-5026, in person at 167 South Corwell, Casper, Wy 82601, or by mail at 1233 E 2nd St, Casper, Wy 82601 and returning the completed application to the above address.*
 - d. *Any method specified in the Billing and Collections Policy.*

H. Eligibility Period.

1. If a patient qualifies for the WHMG Financial Assistance program, all outstanding balances for qualified services 12 months prior to and 180 days post qualification will be eligible for the appropriate discount. Any account within the current fiscal year or previous 12 months and that has been placed in bad debt status will be returned from the bad debt status or vendor and written off based on WHMG's Financial Assistance policy guidelines.
- I. Refunds. Payments received prior to qualifying for WHMG Financial Assistance programs will not be refunded.

IV. Procedure/Interventions:

A. Document Qualified Clinic Locations.

1. Employer of physician receiving student loan repayment assistance under government program notifies PBO Director of the location of the physician's practice and the requirement that such location be treated as a Qualified Clinic under the Wyoming Health Medical Group Physician Practice/Clinic/Home Health Financial Assistance Policy.
2. Appropriate signage placed notifying patients of availability of financial assistance at Qualified Clinic, and appropriate Qualified Clinic staff notified of those patients

who qualify under the Wyoming Health Medical Group Physician Practice/Clinic/Home Health Financial Assistance Policy and of the applicable patient liability.

3. Qualified Clinic will perform prequalification screening process (refer to “Prequalification Screening Process for the Financial Assistance Program at Qualified Sites”) with patient prior to services being rendered.
4. To determine continued eligibility at a Qualified Clinic for the Financial Assistance Program, a patient must reapply for the Financial Assistance Program every 6 months or if their financial situation changes.

V. Procedural Documentation:

A. N/A

VI. Additional Information:

A. N/A

VII. References:

A. N/A

VIII. Other Related Policies/Procedures:

- A. [Financial Assistance for Hospital Patients](#) (#770)
- B. [Installment Payment Arrangements](#) (#771)

IX. Keywords and Keyword Phrases:

- A. Financial Assistance
- B. Enhanced Financial Assistance
- C. Uninsured Patients
- D. Community Benefit
- E. Charity Care
- F. Qualified Clinics
- G. NHSC
- H. Student Loan Forgiveness Program
- I. Sliding Fee Schedule

X. Appendix:

- A. Federal Poverty Level Guidelines

Appendix A

2021 Federal Poverty Level Guidelines

Size of Household	200% FPL	300% FPL	400% FPL
1	\$25,760	\$38,640	\$51,520
2	\$34,840	\$52,260	\$69,680
3	\$43,920	\$65,880	\$87,840
4	\$53,000	\$79,500	\$106,000
5	\$62,080	\$93,120	\$124,160
6	\$71,160	\$106,740	\$142,320
7	\$80,240	\$120,360	\$160,480
8	\$89,320	\$133,980	\$178,640

- For families/households with more than 8 persons, add \$4,540 for each additional person.