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Wickenburg Community Hospital

Effective 07/2003
Approved 06/2024
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Owner **Monica Bravo:**
Patient Accounts
Manager
Department **Business Office**

Financial Assistance Policy

PURPOSE:

Wickenburg Community Hospital/Community Hospital Clinics (WCH/CHC) has a mission to meet the 501r guidelines and the community need through the provision of financial assistance for emergency medical care and medically necessary care, excluding elective procedures, based on CMS guidelines and services health care in a fair, consistent, respectful and objective manner to low-income patients who do not have insurance coverage or the ability to pay Co-Pays or Coinsurance or Deductibles. WCH/CHC will not discriminate or deny care to anyone based on inability to pay or financial circumstances.

POLICY:

Provides health care services to Arizona residents with limited financial resources that are unable to qualify for state Medicaid (AHCCCS) shall be eligible for free or reduced health care services based on established guidelines. Eligibility guidelines will be based upon asset availability and Federal Poverty Guidelines. Guidelines will be updated annually in conjunction with the published updates by the Department of Health and Human Services. If the patient's income is between 200%-240% of the Federal Poverty Income Guidelines they may qualify for Financial Assistance up to 100% of their hospital and clinic bills. All patients approved for Financial Assistance will not be responsible for more than the calculated AGB. The AGB will be calculated by the Business Office Manager, Revenue Cycle Analyst or Controller annually on a 12 month look back basis. Patients who qualify for Presumptive Eligibility based on Out Of State Medicaid will be approved at 100%.

PROCEDURE:

1. Patient presents to registration, central scheduling or clinic.
2. During the process of registration if any of the following are noted patient then moves to the next step regarding financial counseling. If the patient does not meet any of these they continue with normal registration process:

- a. Indicators:
 - i. Patient does not have insurance (self-pay)
 - ii. Patient has high co-pay or deductible and states they do not have the ability to pay at the time of service.
 - iii. Patient is unemployed due to loss of job.
 - iv. Patient has a bad debt balance
 - v. Patient requests to establish payment terms.
 - vi. Patient states and appears to be homeless
 - vii. Patient provides proof of Out of State Medicaid active coverage
3. Once it is determined that the patient meets one of the indicators above, a Financial Disclosure Worksheet and AHCCCS application will be given to the patient to complete.
4. Patient is required to complete the Financial Disclosure Worksheet and return to the Hospital Patient Access or Patient Accounts Department with the following attachments:
 - a. Proof of income to include:
 - a. Copies of previous years tax return or W2's, last three months of pay stubs from employer, social security income statements and any other applicable proof of income.
 - b. Copies of last 6 months bank statements.
 - c. Copy of denial letter from Medicaid (AHCCCS)
5. Patient Access or Patient Accounts Staff who receive the application will immediately give to the Financial Counselor for processing.
6. Financial Counselor will process the application as follows:
 - a. Application to be reviewed for any missing information or required attachments.
 - a. A call will be made to the patient by the Financial Counselor to clarify questions on the application, request any missing Income verification and/or to assist the patient with applying for AHCCCS for an immediate determination.
 - b. The Financial Disclosure Worksheet will be held for 120 days before it is turned over to collections for non-compliant with Income Verification.
 - b. This process will determine if the patient needs to be placed on a payment program, or may be eligible for Financial Assistance as established by 501r Guidelines, Federal Poverty Levels and available assets.
 - c. If they need to be established on a payment program the terms of the agreement will be determined and an estimate sheet will be completed and signed by the patient/ guarantor with notes placed on the patient's account, a copy scanned in to the account, and copy given to the patient.
7. All applications for Financial Assistance will be worked on a bi-weekly bases. The business office will be informed when application for Financial Assistance is received so future action

will be held until determination is made.

8. Once Financial Assistance applications are approved, a letter will be sent to the patient indicating what has been approved based on 501r guidelines or federal poverty levels and available assets.
9. The amount of Federal Assistance granted is based upon review of income and asset availability.
10. This Financial Assistance Application will be effective for 6 months from the date of approval which means forward and not prior.
 1. At the time of financial assistance approval the patient account will be noted and the business office will be informed that all collection process must stop. Any accounts for the dates covered in financial assistance approval date range that are in collection, will be pulled back and the approved financial assistance amount will be applied to Charity Care. Notes will be entered into the patient account and the Patient Profile will be noted for future visits up to 6 months from approval.
11. Collection Process for patient balances:
 1. Any accounts that qualifies for partial charity but also has a patient liability and/or a balance remaining after all third party liability has been satisfied and charity has been applied, will follow standard protocol for collection efforts to include a minimum of 3 statements and 2 phone calls to notify patient of the balance owed. If no payments have been made on the outstanding balance in 120 days and collection efforts have been exhausted, the accounts will then be placed into a "Collection" status, and sent onto our Collection Agency; Revenue Enterprises (928)358-5159; to further collection efforts. After these accounts have been placed with the Collection Agency and have had no activity for 120 days, they will be returned to the Business Office for additional consideration and disposition of Account.
12. The Financial Counselor will be responsible for logging the amounts adjusted to Financial Assistance.

All Revision Dates

06/2024, 02/2024, 12/2023, 11/2020, 11/2020, 10/2020, 10/2020, 05/2016, 05/2016, 05/2016, 12/2015, 12/2015, 12/2015, 04/2011

Attachments

[2020 Poverty Guidelines ASPE.pdf](#)

[2020 Sliding Fee Schedule.pdf](#)

[2024 Sliding Fee Schedule.xlsx](#)

[Coverletter Charity.docx](#)

[Federal Poverty Guidelines 2015.pdf](#)

[Federal Poverty Guidelines 2016.pdf](#)

[Financial Discloser Worksheet xls.docx](#)

[Poverty Guidelines 2017.pdf](#)

[WCH FAP LTR.pdf](#)

Approval Signatures

Step Description	Approver	Date
	Monica Bravo: Patient Accounts Manager	06/2024

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