

WHEELING HOSPITAL
Administrative Policy and Procedure Manual

MANUAL SECTION: Leadership Finance

POLICY NUMBER: 11

SUBJECT: Financial Assistance

REVISION/REVIEW

DATES: April 4, 2020, *February 1, 2021*

POLICY:

Responsibility

Financial Assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Wheeling Hospital's procedures for screening the patient's ability to pay and whether they may qualify for financial assistance.

Wheeling Hospital Organization

The Wheeling Hospital Organization includes Wheeling Hospital, Harrison Community Hospital, and the Ambulatory Surgical Center. It is understood that any reference to Wheeling Hospital in this policy includes and applies to Harrison Community Hospital and Wheeling Hospital Ambulatory Surgical Center.

Definitions

For the purpose of this policy, the terms below are defined as follows:

Financial Assistance – means to provide medically necessary healthcare services to person(s) who cannot afford to pay or who are not expected to pay all or part of their hospital bill based on income guidelines and other financial criteria set for within Wheeling Hospital's Financial Assistance Policy. Full Financial Assistance results from approved patients and their family who are at or below 200% of the Federal Poverty Level. Financial Assistance Discounts result from approved Insured patients and their families who are between 201% and 400% of the Federal Poverty Level.

Medically Necessary – defined as any hospital inpatient, outpatient, or emergency medical care that is needed for the diagnosis or treatment of your medical condition, meet accepted standard of medical practice, and is not entirely elective for patient comfort and/or convenience.

Family – defined as the parent, spouse, and all children, natural or adoptive, under the age of eighteen who live in the home.

Federal Poverty Level (FPL) – defined as the set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities. A copy of the current FPL is available at

<https://wheelinghospital.org/about/financialassistance.aspx>

Amounts Generally Billed (AGB) – defined as the amounts generally billed to insured patients seeking emergency or medically necessary care

Gross Charges – defined as the total charges at the organization's full-established rates for the provision of patient care services before deductions from revenue are applied.

Patient Income – defined as the previous year total income and will include: wages, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, alimony, child support, capital gains or losses, assistance from outside the household, and other miscellaneous sources

- Noncash benefits (such as food stamps and housing subsidies) do not count
- If a person lives with a family, include the income of all family members (non-relatives, such as housemates, do not count).

Liquid Assets – defined as Cash, Checking, Savings, Stocks, Bonds, Certificate of Deposits, If deceased, Life Insurance policies, and burial trusts.

Uninsured – defined as a patient with no level of insurance or third party assistance to assist with meeting his/her payment obligations.

Insured – defined as a patient who has insurance or a third party source of payment to assist with meeting his/her payment obligations.

Underinsured - defined as patients whose patient responsibility after insurance is greater than Gross Charges less the appropriate AGB percentage.

Wheeling Health Right, Inc. - a nonprofit corporation which provides basic primary health care to individuals in the Upper Ohio Valley area who are unable to obtain such care through existing health programs. Patients referred by Wheeling Health Right are not eligible for any monetary health care benefits or assistance, public or private. The need of the patient is reviewed and certified by Wheeling Health Right, Inc.

PROCEDURE:

Eligibility

Wheeling Hospital accounts for medically necessary inpatient, outpatient, emergency room services, and professional services of employed physicians are eligible for financial assistance. Eligibility is determined using a combination of the Federal Poverty Guidelines for the most current year as well as by reviewing the patients total income resources which includes total household income, expenses, liquid assets, and liabilities. An application must be completed and signed by the patient/guarantor. Each application received will serve to determine eligibility for all *family members listed **within the application**. The completed application must be signed by

the patient/applicant or the responsible party attesting to the truthfulness and accuracy of the information provided on the application. When a patient has provided the completed, signed application with all required supporting documentation, the Patient Accounting Supervisor/Manager or the Revenue Cycle Director will review the application for approval.

A financial assistance application must be accompanied by supporting documentation that verifies the listed income. A patient is required to include their most current pay stubs and any or all of the following documents (if applicable) to verify income provided on the application:

- ✓ Social Security 1099 form or award letter
- ✓ Unemployment or Worker's Compensation award letter
- ✓ Most recent IRS Form 1040 and W2s
- ✓ Full Tax Form with Schedule C, if self-employed

The following is a list of items that will be requested as additional supporting documentation to verify the income and liquid assets provided on the application:

- ✓ Bank Statements for the last three months
- ✓ Mutual Fund Statements for the last three months
- ✓ Money Market Account Statements for the last three months
- ✓ COD's Statements for the last three months
- ✓ Bonds Statements for the last three months
- ✓ Other Income, i.e. Trust Funds statements for the last 3 months

Living expenses and debt information will also be requested as part of the application process. These include, but may not be limited to, the following:

- ✓ Mortgage or Rent
- ✓ Real Estate Taxes
- ✓ Utilities
- ✓ Food
- ✓ Prescriptions
- ✓ Medical supplies and Medical bills
- ✓ Motor vehicle payment
- ✓ Motor vehicle insurance
- ✓ Alimony or child support payments

If the patient has claimed that they have no income, a signed letter of support from the individual providing support for the patient is required.

Patients will be required to re-verify and re-submit a completed application for financial assistance every 180 days.

In the event that a patient has been approved for Medicaid but has services that Medicaid has not agreed to back date coverage for or has services that fall outside of the 3 month back date window, those patient's services will be eligible for a financial assistance adjustment, provided the patient fills out a financial assistance application and provide the required documentation. They will

receive a letter from the business office acknowledging that the services have been adjusted as well as what account numbers and related dates of services that were affected; however, these patients will not receive a financial assistance card from the business office.

Any person found to be providing fraudulent information will be denied without reconsideration for a period of up to one year.

*Grandparents are permitted to include grandchildren that reside with them on their ~~charity or~~ financial assistance application, if they are able to claim them on their federal tax return.

Assets

All patients that have the ability are expected to pay their portion of balances due. Patients that have liquid assets greater than \$21,242.50 are not eligible for full financial assistance however may still qualify for a financial assistance discount. Patients are eligible for financial assistance discounts on any eligible balance remaining after being reduced by the patient's liquid assets in excess of \$21,242.50 .

Amounts Generally Billed

Wheeling Hospital utilizes the 'look-back method' to determine the amounts generally billed (AGB) to qualifying patients. Inpatient and outpatient services are calculated separately. The percentages are determined by utilizing the calculation of the sum of all claims paid by Medicare fee for service and all private health insurers divided by the sum of the gross charges for these claims. Below are the Inpatient and Outpatient percentages for Wheeling, Harrison Community Hospital, and the Ambulatory Surgical Center for 2020.

<u>Facility</u>	<u>IP Acute</u>	<u>IP Skilled</u>	<u>Outpatient</u>
Wheeling	64.6%	N/A	67.4%
Harrison	38.5%	0%	57.7%
ASC	N/A	N/A	64.1%

Below are the percentages for Wheeling and Harrison Physician Practice Divisions for 2020.

<u>Wheeling</u>	<u>Harrison</u>
43%	59%

Accounts receiving AGB discounts will not be eligible for a prompt-pay discounts offered by Wheeling Hospital.

Method of Billing Charges – Uninsured Patients

Uninsured patients presumptively qualify for an AGB discount from Gross charges. The AGB discount for uninsured patients is calculated by applying the appropriate AGB discount percentage to Gross Charges.

Wheeling Hospital will assist uninsured patients in applying for additional financial assistance or other medical coverage. These patients will be encouraged to undergo a screening for Medicaid eligibility with our financial counselors to determine if they qualify for Medicaid coverage. After a patient has submitted their financial assistance application and all supporting documentation and it has been determined that they qualify for assistance, Wheeling Hospital will then review any account(s) that are eligible for adjustment. These adjustments to the accounts will be applied using the methods outlined below.

Family income as % of FPL

0% - 200%

Inpatient discount off AGB charges billed

100% discount

Family income as % of FPL

0% - 200%

Outpatient discount off AGB charges billed

100% discount

Method of Billing Charges – Underinsured Patients

In the method of Billing Charges listed below, Wheeling Hospital can be substituted for any of the above facilities which includes the Physician Practice Division and their corresponding percentages.

Wheeling Hospital will assist underinsured patients with patient due balances, as a result of deductible, co-pays, or co-insurances assigned by the insurance provider, in applying for financial assistance. If an underinsured individual applies for FAP; for an incident of care, the individual cannot be charged more than amounts generally billed (AGB) to individuals who have insurance covering such care. Each incident of care will be evaluated by the credit/collections staff at Wheeling Hospital to determine if an AGB discount is needed to ensure that the patient is not charged more than AGB. Please see the Amounts Generally Billed for a full description of the calculation AGB percentages.

An underinsured patient's eligibility for an AGB adjustment will be determined by an evaluation of the total charges and any payments and/or adjustments as applied by the patient's insurance carrier. In the event that the patient's insurance carrier has applied the entire balance to the patient's responsibility, the patient will be eligible for a full AGB adjustment. If a patient's insurance carrier has made a payment and/or adjustment to an inpatient or outpatient account and the patient's responsibility is more than the calculated Amount Generally Billed (AGB) based on the percentage listed above, the patient will be granted an AGB adjustment to bring the account balance to the Amount Generally Billed (AGB) percentage listed above times the Gross Charges. Any financial assistance granted thereafter will be applied using the methods as described below.

If the patient's insurance carrier has made a payment and/or adjustment on an inpatient or outpatient account and the patient's responsibility is less than the Amount Generally Billed (AGB) percentage times Gross Charges, the patient will not be granted an AGB adjustment. Any additional financial assistance granted on these balance will be applied using the methods described below.

Assets

All patients that have the ability are expected to pay their portion of balances due. Patients that have liquid assets greater than \$21,242.50 are not eligible for full financial assistance however may still qualify for a partial financial assistance discount. Patients are eligible for financial assistance discounts on any eligible balance remaining after being reduced by the patient's liquid assets in excess of \$21,242.50 .

After a patient has submitted their financial assistance application with all supporting documentation and it has been determined that they qualify for assistance, Wheeling Hospital will then review any account(s) that are eligible for adjustment. These adjustments to the accounts will be applied using the methods outlined below.

Family income as % of FPL

0% - 200%

Inpatient discount off AGB charges billed

100% discount

Family income as % of FPL

0% - 200%

Outpatient discount off AGB charges billed

100% discount

*These accounts will not qualify for the prompt-pay discounts offered by Wheeling Hospital.

Discounts Method of Billing Charges – Insured Patients

In the method of Billing Charges listed below, Wheeling Hospital can be substituted for any of the above facilities which includes the Physician Practice Division and their corresponding percentages.

Assets

All patients that have the ability are expected to pay their portion of balances due. Patients that have liquid assets greater than \$21,242.50 are not eligible for full financial assistance however may still qualify for a partial financial assistance discount. Patients are eligible for financial assistance discounts on any eligible balance less the amount greater than \$21,242.50 in liquid assets.

Wheeling Hospital will assist insured patients with patient due balances, as a result of deductible, co-pays, or co-insurances assigned by the insurance provider, in applying for financial assistance. After the patient has submitted their financial assistance application with all supporting documentation and it has been determined that they qualify for financial assistance, Wheeling Hospital will then review any account(s) that are eligible for adjustment. These adjustments to the accounts will be applied using the methods outlined below.

Family income as % of FPL

Discount

0% - 200%	65% discount
201% - 225%	60% discount
226% - 250%	55% discount
251% - 275%	50% discount
276% - 300%	45% discount
301% - 325%	40% discount
326% - 350%	35% discount
351% - 375%	30% discount
376% - 400%	25% discount

*These accounts will not qualify for the prompt-pay discounts offered by Wheeling Hospital.

Method of Application

In order to apply for financial assistance, all applicants are expected to complete and sign the Wheeling Hospital Financial Assistance application form and provide all requested documentation. If documentation is not included with the application and/or if the financial assistance application is not completed in its entirety, the application will be denied and returned to the patient accompanied by a letter outlining the items necessary for the application to be processed. The patient should return the application within 30 days. However Financial Assistance forms may be accepted up to 1 year from the first post discharge billing statement.

Financial Assistance applications are to be submitted to the Business Office:

Wheeling Hospital
Business Office
Attn: Credit/Collections Dept.
1 Medical Park
Wheeling, WV 26003

Wheeling Hospital's credit/collections staff will process requests for financial assistance promptly and will notify the patient/applicant or responsible party in writing within 30 days of receipt of a completed application. If a patient is denied eligibility for financial assistance, the patient may reapply at any time. If a patient is denied for financial assistance and does not provide payment or

enter into a payment plan agreement, Wheeling Hospital reserves the right to transfer the patient's account(s) to a third party collection agency for follow-up.

Upon approval of the patient's application, a card will be issued by the Patient Accounting Office and is good for 180 days from the date of the approval. The card is accepted at both Wheeling Hospital and Harrison Community Hospital for that 180 day time period. Any active accounts receivable accounts and/or accounts reported to bad debt for services up to one year prior to the approval of the patient's application will be adjusted unless previously approved for financial assistance. If previously approved for financial assistance, the new approval will not override adjustments already made to a patient's accounts. A patient will be required to update their financial information and fill out a new financial assistance application **after** the 180 day period expires.

The approval time period for financial assistance eligibility will begin on the date that the patient is determined eligible for assistance and for one year prior to the date of eligibility. Active accounts and/or accounts reported to bad debt for services that fall outside of the one year range may be considered on a case by case basis at Wheeling Hospital's discretion.

*Family shall include the patient(s), their spouse, and all children, natural or adoptive, under the age of eighteen who live in the home.

If a patient is in need of any assistance regarding the financial assistance program or the related applications, they are encouraged to contact the Wheeling Hospital business office at 304.243.3690 if their last name is between 'A' and 'D', at 304.243.8837 if their last name is between 'E' and 'K', at 304.243.8874 if their last name is between 'L' and 'Q', and at 304.243.3357 if their last name is between 'R' and 'Z'. Assistance can also be found in the Outpatient Lobby in Tower 4, behind the registration check-in desk, in the Financial Counselors' offices.

Method of Application – through Financial Counselors

Upon registration for outpatient services, if a patient expresses concern in regard to payment, whether for co-pay, co-insurance, or deductible, the financial counselors will offer and explain the hospital's charity and discount application. If a patient is interested in applying for charity, the financial counselor has the ability to run the patient through inRoads/MITS. The inRoads/MITS software will calculate if a patient/spouse/children qualify for Medicaid. In the event that the patient/spouse/children qualify, the financial counselor will send them to the correct DHHR office to complete the application process for the Medicaid card. The financial counselors will then inquire about the patient's gross family income. This inquiry will give the financial counselor an idea of where the patient would fall on the charity/discount scale and gives the financial counselor an opportunity to tell the patient what they could qualify for, even before the application is processed. The financial counselors would then indicate that the patient should fill out the application. At this time, the financial counselor will tell the patient to send their application and

all supporting documentation through the mail or drop the information off to their office. They will also make themselves available for any questions that the patients may have. Once the financial counselor verifies that the application is completed and all supporting documentation is included, they will scan it to the credit/collections representative for review and processing. Once the cards are received in the mail, they are good for 180 days from the date of the approval. Active accounts receivable accounts and/or accounts reported to bad debt for services up to one year prior to the date of approval of the patient's application will be adjusted, any Extraordinary Collection Efforts will be discontinued and balance adjusted based on the approved assistance. A patient will be required to update their financial information and fill out a new financial assistance application **after** the 180 day period expires.

Active accounts and/or accounts reported to bad debt for services that fall outside of the one year range may be considered on a case by case basis at Wheeling Hospital's discretion. The application must be filled out in its entirety, include all requested supporting documentation, and include the patient's signature.

Financial Assistance applications are to be submitted to the Business Office:

Wheeling Hospital
Business Office
Attn: Credit/Collections Dept.
1 Medical Park
Wheeling, WV 26003

Billing and Collection

Wheeling Hospital has a separate billing and collections policy and it will be made available, upon request, to the patient.

Affiliated Entities

In order to see the most up to date list of affiliated facilities and providers please see the Providers list attached which is updated quarterly. You may also find a copy of the Provider list at <https://wheelinghospital.org/about/financialassistance.aspx>

Policy Publication

The Financial Assistance Policy can be found on the following websites for Wheeling, and Harrison Community Hospital, and the Wheeling Hospital Ambulatory Surgical Center at, www.wheelinghospital.org/about/financialassistance.aspx and

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www.harrisoncommunity.com/information.html , also located on the website, patients can find the financial assistance policy application and a plain language summary of the financial assistance policy. These policies and the application may be printed off of the website, filled out, and mailed to the address listed above. At the request of the patient, the hospital will send all or some of the documentation through the mail. Paper copies can also be found on the hospital grounds at several locations.

At the time of discharge, included in the discharge papers, the patients will receive a plain language summary of the financial assistance policy as well as a copy of the financial assistance application

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and the related contact numbers for assistance or questions on filling out the forms. Patients may find the financial assistance application located on the backs of their billing statements as well. In the event that the patient receives a collection letter and has not yet filled out a financial assistance application, the collection letter will also be accompanied by a financial assistance application and the plain language summary of the financial assistance policy. On site, patients can find displays of the financial assistance policy located in the ER lobby, as well as the lobby of the outpatient registration department and on the walls of the registration booths and financial counselors' offices. At the time patients are seen, they are encouraged to inquire about the financial assistance policies and whether or not they may qualify for assistance. The registrars and financial counselors will also have access to paper copies of the plain language summary, charity application, and financial assistance policy, should the patient wish to review the policies on their own and ask questions later.

Additional Information

In some cases, Wheeling Hospital may recognize other financial or medical conditions that warrant financial assistance. If a patient's income falls outside the guidelines for financial assistance, please contact Wheeling Hospital's business office at (800)626-0023 in order to review circumstances and options. In any case, Wheeling Hospital staff may be able to help establish a payment plan that helps patients pay their balance(s), over time.

Refunds

If a patient is approved for financial assistance through the financial assistance application process and has made a payment on any of the accounts deemed eligible; the patient will be refunded any monies overpaid to the extent consistent with the level of financial assistance awarded.

Exclusions

While Wheeling Hospital's Financial Assistance Program covers most services, there are some exclusions, including, but not limited to cosmetic surgeries, unless medically necessary, and any other services, at Wheeling Hospital's discretion, unless the services are determined to be medically necessary to the care of the patient. In the event that a qualifying patient's insurance carrier denies payment for injuries sustained as a result of illegal drug and/or alcohol use, Wheeling Hospital will provide the patient with an AGB adjustment on the balance due. These services, however, will not be eligible for any additional discounts and/or financial assistance. Long-term care and ICF services provided at Wheeling Hospital Continuous Care Center are not subject to charity or discount adjustments, payment arrangements must be made with the staff at Wheeling Hospital Continuous Care Center.

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Joseph Wenger
Chief Financial Officer

Individual Responsible for Revision/Review: Cecilia Karpacs Manager Patient Accounting
Next Review Date: *January, 2022*