

WEST VIRGINIA UNIVERSITY HEALTH SYSTEM

POLICY AND PROCEDURE MANUAL

Policy II.015S

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FINANCIAL ASSISTANCE

West Virginia University Health System (WVUHS) is committed to providing medically necessary, high-quality healthcare services regardless of our patients' ability to pay. WVUHS acknowledges that there are patients who do not possess the ability to pay for medically necessary healthcare services. This financial assistance policy outlines the policy and procedures around obtaining financial assistance for these bills. To maintain consistency throughout the WVUHS enterprise, the policy set forth below will be adopted by each facility entity as referenced in the covered entities.

FACILITY POLICY

WVUHS and Harrison Community Hospital are committed to providing medically necessary, high quality healthcare services regardless of our patients' ability to pay. WVUHS and Harrison Community Hospital acknowledge that there are patients who do not possess the ability to pay for medically necessary healthcare services. This financial assistance policy outlines the policy and procedures around obtaining financial assistance for these bills.

Eligibility determination is made based on completion of the requirements listed below. WVUHS and Harrison Community Hospital reserve the right to extend financial assistance in exceptional circumstances outside of the guidelines listed below.

WVUHS and Harrison Community Hospital also reserves the right to amend or reverse the guidelines at any time. A list of providers not covered under this policy can be found in Attachment V to this policy.

A separate Billing and Collections Policy (II.013S) outlines the process WVUHS, WVUHS entities, and each of their sites, will go through to collect outstanding bills. A copy of the Billing and Collections Policy can be obtained at www.wvumedicine.org, or by calling patient financial services at 855-778-2922, for Garrett Regional Medical Center inquiries call 844-484-2357.

SCOPE:

Harrison Community Hospital

POLICY

A. Eligibility Criteria

- a. **Income Threshold**: Full financial assistance will be provided to those patients where the adjusted gross household income from the patient's federal tax return or income documentation is at or below 200% of the federal poverty guidelines as published annually by the Community Services Administration in the Federal Register (Attachment II) and where there are not substantial assets.
- b. **Bankruptcy Cases**: Patients that have applied for bankruptcy may be considered for financial assistance upon receipt of bankruptcy notice. A Proof of Claim must be filed, except when the bankruptcy notice indicates that there are no assets from which any dividend can be paid.
- c. **Long Term & Catastrophic Illness**: Patients not otherwise eligible, but who are financially needy because of long term catastrophic illness, may be considered for financial assistance. Long term catastrophic illness is any illness or injury that will likely require continuous or frequent treatment for more than one year, with the patient being liable for initial care up to two times their annual adjusted gross income.
- d. **Out of Network Coverage**: Patient's choosing to receive services at Harrison Community Hospital where their insurance coverage is non-participating when in network services are readily available, will not be eligible to apply for financial assistance if made aware prior to services being rendered. Harrison Community Hospital reserve the right to extend financial assistance in exceptional circumstances.
- e. **Financially Indigent**: Those who are eligible for the following programs will be eligible for WVU Cares, unless otherwise eligible for Medicaid or CHIP. Proof of participation in one of the below programs is required.
 - i. Supplemental Nutritional Assistance Program (SNAP)
 - ii. State's Energy Assistance Program
 - iii. Federal Special Supplemental Food Program for Women, Infants, and Children (WIC)
 - iv. Any other social service as determined by state Department of Health or Health Services.

- f. **Medically Indigent:** Those with medical or hospital bills, after payment by all third parties, that are equal to or greater than 5% of the patient's yearly household income and whose annual income is greater than 200% but less than or equal to 400% of the federal poverty guidelines.

B. Program Requirements

- a. **Medicaid/Medical Assistance Application Requirements:** Financial assistance will be denied to patients who refuse to take reasonable actions necessary to obtain medical assistance available through outside health and welfare agencies, when referred by the Financial Counselor or third-party vendor. This may include working with an outside agency contracted by WVUHS and/or Harrison Community Hospital to assist patients with government programs. Documentation in the form of a denial letter from the Medicaid program in the state of residence, or chart notes/denial letter from the outside contracted agency indicating the reason for the Medicaid denial is required. This documentation must be dated within the last 90 days and sent with the financial assistance application.
- b. **Current Patient Requirements:** Applications will only be processed for a patient with a current balance (within 240 days from first billing statement), a scheduled appointment, or a patient in need of financial clearance prior to obtaining an appointment.

C. Assistance Levels

- a. **Medically Necessary Care:** This policy aids with services that are deemed "Medically Necessary". A specific list of items excluded from coverage under this policy is available in Attachment III. For this policy, "*Medically Necessary*" or "*Medical Necessity*" means health care services that a physician, exercising prudent clinical judgment, would provide to a patient. The service must be:
 - i. For evaluating, diagnosing, or treating an illness, injury, disease, or its symptoms.
 - ii. In accordance with the generally accepted standards of medical practice.
 - iii. Clinically appropriate, in terms of type, frequency, extent, site, and duration, and considered effective for the patient's illness, injury, or disease.
 - iv. Not primarily for the convenience of the patient, health care provider, or other physicians or health care providers; and
 - v. Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury, or disease.
- b. WVUHS, WVUHS entities, and all their sites offer free *Medically Necessary* care to individuals meeting the above financial assistance eligibility criteria.
- c. **Amounts Generally Billed (AGB):** Individuals meeting the financial assistance policy eligibility requirements that have not completed the process for financial assistance, as defined in this policy, and do not have third party coverage (governmental or commercial) will be eligible for discounted medically necessary care. The individual's financial responsibility, after discounts, will not exceed amounts generally billed to patients with commercial and Medicare coverage. The discount amount and detail of how this discount was calculated can be found in Attachment IV to this policy. This discount does not apply when other discounts for elective or cosmetic treatment have already been applied. This discount may be extended to insured patients whose out of pocket expenses exceed the AGB discount.

D. Distribution of Financial Assistance Policy – Information regarding financial assistance will be available:

- a. On our website: www.wvumedicine.org
- b. By calling our financial counselors at 304-598-6260
- c. By calling Patient Financial Services at 855-778-2922, for Garrett Regional Medical Center call 844-484-2357
- d. At patient access points and upon admission and/or discharge from the facility in plain language publications
- e. Through postings in public areas of the facility (including admission areas, waiting rooms, and emergency room)
- f. On billing statements and/or appointment letters
- g. Through in person and telephone conversations regarding bill payment
- h. Other means that make the policy available to our patients and our communities at large

PROCEDURE

A. Requesting an Application

- a. Existing patients with a current balance, scheduled appointments, or patients in need of financial clearance prior to attaining an appointment, can obtain a financial assistance application from the following sources:
 - i. Our WVU Medicine website: www.wvumedicine.org
 - ii. By calling the financial counselors office at 304-598-6260
 - iii. By calling the Patient Financial Services department at 855-778-2922, for Garrett Regional Medical Center call 844-484-2357
 - iv. By logging into your MyWVUChart account at <https://mywvuchart.com/MyChart/FinancialAssistance/>

B. Inpatient Application

- a. Private-pay patients and any patient with a liability after third party coverage who indicate an inability to pay are required to complete a Financial Assistance Application Form (Attachment I). This may include working with a WVUHS and/or Harrison Community Hospital financial counselor or an outside agency contracted by

WVUHS and/or Harrison Community Hospital to assist patients with government assistance. If there is no third-party coverage available and the patient is unable to complete the Financial Assistance Application Form or provide the required verification prior to discharge, the patient should return the application within 30 days. However, Financial Assistance Application Forms may be accepted up to 240 days from the first post discharge billing statements.

- b. Completed Financial Assistance Application Forms are submitted to the Patient Financial Services/Patient Access Department for review and evaluation. The return address is listed on the Financial Assistance Application (Attachment I).

C. Outpatient Application

- a. The clinic interviewer refers patients who indicate an inability to pay to a financial counselor for third-party coverage review. If there is no third-party coverage available, the financial counselor or an outside agency contracted by WVUHS and/or Harrison Community Hospital will assist patients in applying for government assistance. If government assistance has been denied, the patient is given a Financial Assistance Application Form to complete. Financial Assistance applications should be returned within 30 days. However, Financial Assistance Application Forms may be accepted up to 240 days from the date of first post discharge billing statement.
- b. Completed Financial Assistance Application Forms are returned to the Patient Financial Services/Patient Access Department for review and evaluation. The return address is listed on the Financial Assistance Application (Attachment I).

D. Application Procedure During the Billing Process

- a. While every effort is made to identify those patients eligible for financial assistance upon admission and upon outpatient registration, it is ultimately the patient's responsibility to make arrangements for their bill. Patients who call or write to the Patient Financial Services Department indicating an inability to pay are sent a Financial Assistance Application Form to complete and return to the Patient Financial Services/Patient Access Department within 30 days. However, Financial Assistance Application Forms may be accepted up to 240 days from the first billing statement.
- b. Patients will be screened electronically for possible financial assistance eligibility prior to accounts being placed in the primary bad debt cycle. If the screening indicates probable financial assistance eligibility based on set criteria, application requirements may be waived. A full application must be submitted to determine eligibility for financial clearance purposes on future encounters.

E. Incomplete Applications

- a. If an incomplete application is received, the patient will be notified in writing of the missing information and/or documentation that is needed. The patient will also be notified that the collection actions will continue if the information is not received within 30 days.

F. Application Evaluation Procedure

- a. Financial assistance requests must have a Financial Assistance Application (attachment I) completed and submitted to the Patient Financial Services/Patient Access Department for evaluation. All required verification/documentation must accompany the Application. Failure to comply may result in a denial of financial assistance.
- b. Financial Assistance Applications will be reviewed and evaluated by the following personnel: Leadership and staff of Patient Financial Services/Patient Access Departments.
- c. Household adjusted gross income from the applicant's Federal tax return or current income documentation will be used to determine whether the applicant meets the current income guidelines (income from the patient's federal tax return or income documentation (after qualifying expenses) is at or below 200% of the federal poverty guidelines as published annually by the Community Services Administration in the Federal Register) (Attachment II). These criteria have been modified to more closely duplicate the requirements used in programs available through government programs. If the patient has not filed a federal tax return, or their income situation has changed, gross income documented on pay stubs or income letters from the most recent 30-day period will be used.
- d. For reviewing a Financial Assistance Application, the following will apply:
 - i. Member(s) of the Household: Will include all persons under the same roof and currently claimed on Federal Tax Return (except for adult dependents that are their own guarantor). In the event no tax return is filed, WVUHS and/or Harrison Community Hospital has the right to verify filing with the IRS.
 - ii. Monthly Income: Monthly income will include all wages, self-employment, Social Security (with exception of minors), pension, dividends, interest, rental income, unemployment, alimony and/or Workers' Compensation income.
 - iii. Medical Expenses: The applicant may provide detail of current medical expenses to non-WVUHS hospitals and medical providers and/or pharmacy expenses. This information may be used to help offset monthly income.
 - iv. Employment of Household Members: Will include all forms of employment, including self-employment, for every household member.
 - v. Cash Assets: All cash assets including bank accounts, stocks, bonds, and CDs. The first \$10,000 is not counted toward income.

- vi. Insurance: Documentation of all medical insurance coverage.
- vii. Applicants for financial assistance will be notified in writing of the approval or denial. An applicant may appeal a denial and request a re-evaluation which will be processed as outlined in the appeal procedure. Upon denial of financial assistance, the patient will be responsible for immediate arrangements for the balance due, to prevent collection activity, including but not limited to internal dunning procedures, reporting of a delinquency on a credit record and legal action (a complete list of "Extraordinary Collection Actions" are detailed in the WVUHS Billing and Collection Policy).
- viii. If an applicant is found to have withheld information requested on the Financial Assistance Application Form or given false information, an approved or pending financial assistance adjustment may be reversed or denied.
- ix. If a financial assistance adjustment may be reversed on a patient account, the balance will be due immediately.
- x. WVUHS and affiliates may grant approval or denial based upon each entity's approval decision.

G. Financial Assistance Account Adjustments – Approved Applications

- a. If a patient has made payments on an account and are subsequently approved for financial assistance, any payments made for the account balance that initiated the application will be refunded to the patient. Balances paid for dates of service outside of the approval date range will not be refunded.
- b. If a patient is approved for financial assistance after WVUHS and/or Harrison Community Hospital, has initiated Extraordinary Collection Actions (ECAs), the hospital will take reasonable measures to reverse such actions (e.g., wage garnishments, judgements, liens), less court fees.
- c. Retrospective Adjustments: Patients who were not eligible for Medicaid at the time of service but become eligible for Medicaid within 2 years of the date of service will be eligible to have balances adjusted.
- d. The approval date for financial assistance will be valid from 240 days before to 365 days after the approval is granted.
- e. Subrogation: Patients will be required to assign or pay, to the Harrison Community Hospital, all insurance payments or liability settlements received for medical expenses. All eligible payer sources must be billed prior to receiving approval for financial assistance. Payments received on an account with a financial assistance adjustment will be applied to the account and the adjustment reversed up to the amount of the financial assistance adjustment.
- f. Credit reports or personal property tax records may be used to confirm information provided on the application and may be part of the basis for our decision.
- g. Self-pay account balance will be adjusted, in accordance with this financial assistance policy, for participating facilities, when a patient qualifies for Health Access or Health Right (see facility specific policy).
- h. Deceased patient accounts will be adjusted under a bad debt adjustment once returned from vendor for no estate.

H. International Patients

- a. An international patient is defined as a non-U.S. citizen who is not eligible to participate in Medicaid or Medicare.
- b. International patients will be considered for financial assistance when the following criteria are met:
 - i. All eligibility criteria under Section A above have been met, and
 - ii. Applicant is a legal resident of the United States with proof of permanent residency (green card), or
 - iii. Applicant with student visa covered by a primary insurance that will pay as primary ahead of a financial assistance adjustment, or
 - iv. Applicant is in the U.S. on a working visa and files federal taxes
- c. International students without insurance and/or patients who do not have proof of legal residency (green card, student visa, or working visa) are considered to have self-pay accounts and are processed according to self-pay account processing. These individuals will not be eligible for financial assistance
- d. To determine if an international patient is a candidate for treatment under these guidelines the financial counselor will forward all relevant and required information provided to a Financial Counseling Enterprise Supervisor, to determine eligibility.
- e. If determination is made that the international patient is ineligible for financial assistance the financial counselor will work with the patient and/or their liaison to ensure they are given a full understanding of their financial liability for the requested service. Financial counseling will be completed upon request at the earliest opportunity prior to service to assist in the identification of alternative funding sources for financial resolution.

I. Appeal Procedure

- a. If a financial assistance application is denied, the applicant may appeal the denial and request a re-evaluation. The appeal must be submitted in writing within 30 days of the denial date.
- b. Upon receipt of a written appeal, the applicant's financial assistance application will be re-evaluated by a Financial Counseling Enterprise Supervisor. A written response of approval or denial will be issued within 20 days of receipt of the appeal.
- c. If the application for financial assistance is denied on an appeal and the applicant still disputes the decision, the applicant must submit a second appeal within 30 days of the date of the second denial. This will be the final appeal accepted from the applicant.

- d. The final appeal will be evaluated by the Financial Counseling Enterprise Manager. The evaluation will be completed within 20 days of receipt of the appeal and a detailed, written response will be sent to the applicant outlining the reason(s) for the approval/denial.

Attachments to this policy:

- *Attachment I – Financial Assistance Application Form (standard for all WVUHS facilities)*
- *Attachment II – Federal Poverty Limit Levels and Financial Assistance Thresholds (Standard for all WVUHS facilities)*
- *Attachment III – Excluded Procedures and Services List (Standard for all WVUHS facilities)*
- *Attachment IV – Calculation of Amounts Generally Billed (AGB) (Customized for each WVUHS facility)*
- *Attachment V – Providers not Covered under Financial Assistance (Customized for each WVUHS facility)*

Author: Financial Counseling Enterprise Manager