



## **Patient Financial Assistance Policy**

### **1. PURPOSE**

Greeley County Health Services exists to promote, improve and restore health. We provide care for persons who are in need and give special consideration to those who are most vulnerable, including those who are unable to pay and those whose limited means make it extremely difficult to meet the expenses incurred in receiving healthcare. The purpose of this policy is to establish guidelines for Financial Assistance for indigent patients who incur significant financial burden as a result of the amount they are expected to owe “out-of-pocket” for acute health care services.

### **2. DEFINITIONS**

**2.1** “Financial Assistance” means Emergency or Medically Necessary Care for uninsured or underinsured patients who cannot afford to pay for the care according to established Facility guidelines. Such treatment is provided by this facility without expectation of payment. Financial Assistance does not include bad debt or contractual shortfalls from government programs, but may include insurance copayments or deductibles, or both.

**2.2** “Bad Debt” is defined as expenses resulting from treatment for services provided to a patient and/or guarantor who, having the requisite financial resources to pay for health care services, has demonstrated by his/her actions an unwillingness to comply with the contractual arrangements to resolve a bill.

**2.3** Medical Hardship is defined as a condition in which payments cannot be made due to illness and/or unemployment and/or extraordinary medical bills. The minimum balance due to be considered for Medical Hardship is \$10,000.00. Medical Hardship Status will be designated by the Revenue Cycle Committee. See separate policy for details regarding qualification for Medical Hardship.

**2.4** Primary Care Services is defined as professional services given within the Greeley County Family Practice Clinic or Wallace County Family Practice Clinic.

**2.5** Non-Primary Care services are defined as medically necessary technological services given within the Greeley County Hospital.

**2.6** Income is defined as adjusted gross income (AGI) plus these, if any: untaxed foreign income, non-taxable Social Security benefits, and tax-exempt interest.

**2.7** Family size is defined as all persons living in the residence, even if they are not applying for assistance.

### **3. POLICY**

#### **3.1** Non-discrimination.

This Facility shall render medically necessary services etc. to all members of the community who are in need of medical care regardless of the ability of the patient to pay for such services. The determination of full or partial Financial Assistance will be based on the patient's ability to pay and will not be abridged on the basis of age, sex, race creed, disability, sexual orientation or national origin.

#### **3.2** Financial Assistance Services.

Financial assistance services will be extended to primary care services following the Clinic financial assistance schedule and for non-primary care services following the hospital financial assistance schedule. Financial Assistance Services does not apply to elective procedures such as cosmetic surgery, fertility treatment, infertility treatment (tubal ligation, vasectomy) Financial Assistance is intended solely for the benefit of the patient and his or her family and does not relieve third parties of their liability for payment. (See Attachment A for Qualified Provider Listing).

#### **3.3** Determination of Eligibility.

The determination of Financial Assistance should be made before providing services when possible. When pre-qualifying for Financial Assistance, a statement from the physician is required detailing medical necessity. If complete information on the patient's insurance or financial situation is unavailable at the time of service, or if the patient's financial condition changes, the designation of Financial Assistance may be made after rendering services. All efforts will be made to establish whether the patient is eligible for Financial Assistance before leaving the Facility.

#### **3.4** Confidentiality.

The need for Financial Assistance may be a sensitive and deeply personal issue for recipients. Confidentiality of information and preservation of individual dignity shall be maintained for all who seek charitable services. Orientation of staff and the selection of

personnel who will implement this policy and procedure should be guided by these values. No information obtained in the patient's Financial Assistance application may be released unless the patient gives express permission for such release.

### **3.5 Staff Information.**

All Facility employees in Patient Financial Services, Registration, and Case Management will be fully versed in the Facility's Financial Assistance policy, have access to the application forms, and be able to direct questions to the appropriate Facility representatives. Patients must be informed about our Financial Assistance Policy and application in all oral communication about their bill during the notification period. All information provided to the patient regarding the Financial Assistance Program must be documented in the patient's financial record.

### **3.6 Patient Accounts Representative.**

The Facility shall designate an individual to process Financial Assistance applications, coordinate outreach efforts and oversee Financial Assistance practices. The Patient Accounts Representative will provide free hard copies of the full Financial Assistance Policy, Financial Assistance application form, and summary upon request, by mail and in public locations within the hospital. The application and policy will also be available on the hospital's website and the Intranet. Additionally, the Financial Assistance summary and application will be available in the Admissions packet that is distributed upon admission into hospital.

### **3.7 Staff Training.**

All personnel with public and patient contact are trained to understand the basic information related to the Facility's Financial Assistance policy and procedures and provide patients with printed material explaining the Financial Assistance Program.

## **4. APPLICATION PROCESS**

### **4.1 Application.**

The attached application will be used by patients to apply for Financial Assistance from the Facility. Patients who do not have insurance may qualify for Financial Assistance based on their monthly or annual income and their family size. Patients having insurance may also be eligible for Financial Assistance for the portion of their bill that is not covered by insurance, including deductibles, coinsurance, and non-covered services.

#### **4.2 Application Assistance.**

The Facility's Patient Accounts Representative will provide application assistance to patients. Translation services and assistance will be offered to all patients.

#### **4.3 Requests for Information.**

The Facility shall send anyone who requests information on the Facility's Financial Assistance Program a letter and application form.

#### **4.4 Additional Requestors.**

Financial Assistance requests may be proposed by sources other than the patient, such as the patient's physician, family members, community or religious groups, social service organizations, or Facility personnel. The patient shall be informed of such a request. This type of request shall be processed like any other.

#### **4.5 Timing**

All attempts should be made by the Facility to have the patient complete a Financial Assistance application at or before the time services are rendered.

##### **4.5.1 Notification Period**

The Facility will notify individuals about the FAP availability for 120 days prior to Extraordinary Collection Activity (ECA) commencing if FAP application is not received. ECA is defined as anything that requires a legal or judicial process (including wage garnishment, liens, lawsuits, etc.); and selling a debt.

### **5. APPLICATION REVIEW PROCESS**

#### **5.1 Eligibility Criteria.**

##### **5.1.1 Financial Assistance Review.**

Upon review of the patient's completed Financial Assistance application, the Facility will determine whether the patient qualifies for Financial Assistance. To qualify for Financial Assistance, a patient's monthly or annual income must be 400% or less of the federal poverty guidelines. The patient may be eligible for discounted services based on a sliding scale.

##### **5.1.2 Financial Information.**

The Facility retains the right to offer financial assistance discounts only if the patient completes a financial assistance application and supplies other information requested and required by the Facility. A variety of information may be requested by the Facility to substantiate financial circumstances, such as paycheck stubs, W-2 forms, income tax returns, unemployment, child support documentation, disability statements, employment verification from the patient's employer, etc. If those items are unavailable, a letter of support from individuals providing for the patient's basic living needs might be accepted.

## **5.2 Timing**

Patients are eligible to complete an application for 240 days starting with the day the first post discharge patient bill is submitted to the individual or responsible party. The Facility will accept and process the application throughout this time period until it is complete and cease any extraordinary collection activity.

## **5.3 Approval.**

5.3.1 Approval and authorization of individual Financial Assistance write-off will require two signatures and the Facility's decision will be made by 2 of the following individuals:

Chief Financial Officer

Chief Executive Officer

Patient Financial Services Director/Controller

Financial Assistance Coordinator

### **5.3.2 Approval Notification.**

The patient shall be notified in writing within ten (10) working days after receipt of the Financial Assistance application and any supporting materials as to whether the patient qualifies for the Financial Assistance Program. When the patient is notified that s/he is eligible for Financial Assistance, the patient shall receive a letter that states Financial Assistance has been approved.

### **5.3.3 Expired Patients.**

Patients who have died and have no estate or no other financial assets are deemed to have no income for the purpose of determining Financial Assistance eligibility.

## **5.4 Denial.**

If a patient is denied Financial Assistance, the patient shall be informed within ten (10) working days of the denial. All reason(s) for denial shall be provided at that time and the patient shall be informed of the appeal process.

## 5.5 Appeal.

Each patient denied Financial Assistance may petition the Facility within thirty (30) days for reconsideration based on extenuating circumstances. The patient will be notified of the appeal process in the correspondence informing the patient of the Financial Assistance denial.

## 6. BILLING PRACTICES

### 6.1 Reasonable Collection Efforts.

Reasonable Collection Efforts are defined as notifying the patient about FAP; providing patients who submit incomplete FAP applications with the information they need to complete it; and making and documenting a determination of eligibility when a complete application is received.

### 6.2 Notification of FAP.

Notifying a patient about FAP is further defined as: giving patients a plain language summary of the FAP and offering an FAP application form prior to discharge; including a plain language summary with all (and at least 3) billing statements and written communications about the bill during the notification period; informing patients about FAP in all oral communications about their bill during the notification period; providing at least one written notice 30 days before the end of the notification period that describes ECAs the hospital or authorized third party may take if an FAP application or payment is not received by the end of the notification period.

### 6.3 Amount Generally Billed (AGB)

Patients who qualify under charity care guidelines and who are uninsured or underinsured must be charged less than gross charges for any care they receive, and no more than the amount generally billed (AGB) to insured patients for emergency or medically necessary care.

Greeley County Health Services utilizes the **look-back method** for the prior fiscal year activity to calculate AGB. The look-back method which is based on actual claims paid by Medicare fee-for-service plus all private health insurers (including Medicare Advantage) and their beneficiaries. (See Attachment B for Calculation)

## 7. PUBLICATION

## **7.1 Publication inside facility**

### **7.1.1 Posters.**

The availability of Financial Assistance shall be advertised on signage located in Patient Registration, Emergency Room, Business Office and waiting room areas

### **7.1.2 Information Sheet.**

Information sheets outlining the Financial Assistance Program and application process shall be available at all patient registration desks. This information will be available at the sixth grade reading level.

### **7.1.3 Admission Packets.**

A Financial Assistance application will be provided to the patient at the time of admission.

## **7.2 Publication Outside Facility**

### **7.2.1 Posting.**

Information regarding the availability of Financial Assistance at the Facility shall be posted on the Facility's website.

### **7.2.2 Publication.**

The Facility's Financial Assistance Program shall be published on an annual basis in the Facility's community newsletter. The notice shall include a description of the types of services that are offered and the financial criteria used to make eligibility determinations. The notice shall include an invitation for the public to make comments and provide suggestions regarding the Facility's Financial Assistance Program, including directions on how to submit comments.

### **7.2.3 Translation.**

All publications and informational materials related to the Financial Assistance Program will be translated into languages appropriate to community demographics.

## **8. NOTIFICATION**

### **8.1 Patient Notification Inside Facility.**

The Facility shall provide all patients with oral or written notice of the Facility's Financial Assistance Program during any pre-admission, admission, and discharge process. This information will be available at or below a sixth grade reading level.

## **9. RECORD KEEPING**

### **9.1 Internal Recording.**

All Financial Assistance applications will be logged in the Financial Assistance control log and will be given a sequential control number. The completed applications will be kept on file for seven (7) years.

### **9.2 Accounting**

Financial Assistance shall be recorded using the direct write-off method and shall comply with all accounting regulations by the American Institute for Certified Public Accounting.

## **10. REPORTING**

The Facility shall provide a copy of the Facility's Financial Assistance Program and report the amount of Financial Assistance provided in cost and charges in its annual financial statements.



**Attachment A  
Provider Listing  
(Updated 02/20/2024)**

- **Wendel Ellis, D.O.**
- **Chad Jenkins, M.D.**
- **Sheila Scheffe, M.D.**
- **Kathy Bangerter, N.P.**
- **Lexi Wells, P.A.**
- **Ross Marlow, P.A.**
- **Brittani Bennett, N.P.**
- **Kieran Elder, P.A.**
- **Jerod Grove, M.D.**
- **Charles Schultz, M.D.**
- **Brandon Hendrix, N.P.**
- **Daren Badura, P.A.**
- **Emily Zillinger, P.A.**

## **Attachment B**

### **AGB Lookback Calculation**

**Look-Back Method** – multiplying the hospital facility’s gross charges for an individual’s care by one or more percentages of gross charges (amounts generally billed [or AGB] percentage(s)). A hospital facility using this method must calculate its AGB percentage(s) at least annually by dividing the sum of the amounts of all of its claims for emergency and other medically necessary care (or, in the alternative, for all medical care) that have been allowed by certain health insurers—i.e., (1) fee-for-service Medicare, (2) fee-for service Medicare and all private health insurers, or (3) Medicaid alone, or in combination with either #1 or #2 above during a prior 12-month period, by the sum of the associated gross charges for those claims. When calculating allowed claims, the facility shall include any associated portions of these claims paid by Medicare beneficiaries or insured individuals in the form of co-payments, co-insurance, or deductibles. The AGB percentages may be one average percentage of gross charges for all emergency and other medically necessary care provided by the hospital facility; or, a hospital facility may calculate multiple AGB percentages for separate categories of care (such as inpatient and outpatient care or care provided by different departments) or for separate items or services, as long as the hospital facility calculates AGB percentages for all emergency and other medically necessary care it provides.

