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Owner **Apryll Wang**
Area **Finance**

Financial Assistance Policy

Purpose:

Memorial Hospital of Lafayette County 'MHLC' recognizes that certain patients are unable to pay entirely, or in part, for their services provided by MHLC. The purpose of this policy is to develop a unified system in assisting those qualified patients who are unable to pay for their health care services and to satisfy requirements of Wisconsin Statutes, Chapter 153. This policy will also provide guidance with uninsured/self-insured patient billing with equal treatment for discounts.

Policy Statement:

MHLC is committed to providing quality, medically necessary services to our patients without consideration to a patient's ability to pay. MHLC's Patient Financial Assistance Program 'PFAP' is not an entitlement program. The program is offered to all patients who are financially unable to pay a portion or the full amount of charges for services provided by MHLC. This group of patients will be the uninsured, underinsured, or self-pay patients.

Definitions:

Family: A family is a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.

Income: Income received on a regular basis before payments for taxes, social security, etc. and does not reflect noncash benefits. Income includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other

miscellaneous sources. Non cash benefits (such as food stamps and housing subsidies) do not count.

Bad Debts: Amount due from patient for services rendered at MHLC, and through sound credit and collection policies are concluded as uncollectible by MHLC.

Patient Financial Assistance Program 'PFAP': A financial assistance program that partially and wholly eliminates the patient's charges incurred for services provided by MHLC. MHLC will review the assistance on a case-by-case basis.

Patient Financial Assistance Program **does not include:**

- i. Public programs, Grants or Private Funds
- ii. Contractual Adjustments in the provisions of health care services below normal billed charges
- iii. Hospital Charges associated with health care services for which MHLC reduces normal Candidate charges as a courtesy
- iv. Bad Debts

Patient Financial Assistance Program:

1. Patients, regardless of ability to pay, will not be denied treatment for urgent or emergency services for conditions that are life threatening or could result in serious bodily harm.
2. Patients having no insurance coverage or adequate third party coverage, at the time of admission or upon notice of a retroactive denial, will need to discuss payment plan options with the Patient Finance Department. For Primary Care, no copays or deductibles will be collected if the patient has been provided a PFAP Application and is still within the allowed processing time frame.
3. The decision to extend financial assistance will be based solely on the applicant's financial status as indicated by pre-determined eligibility requirements, regardless of ability to pay, race, creed, color, sex, national origin, sexual orientation, disability, age or source of income.
4. If an Applicant with an outstanding hospital bill declares bankruptcy and MHLC did not file as creditor on the proceeding, the account may receive consideration for assistance.
5. If at any time during the evaluation process for determining level of assistance the applicant's financial situation has significantly changed, the reviewer will take this change into evaluation of computing the assistance need.
6. The Finance Department will request Uninsured/Self Insured Patients to prepare application for discount. This application is the same request as for Patient Financial Assistance.

Determination of Patient Financial Assistance Program:

A. Eligibility Requirements:

1. Applicants must provide one of the following: prior year tax returns or W-2, three most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three

months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program.

Self-declaration of Income may only be used in special circumstances. Specific examples include participants who are homeless. Patients who are unable to provide written verification must provide a signed statement of income, and why (s)he is unable to provide independent verification. This statement will be presented to MHLC's Administration for review and final determination as to the discount percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.

2. Discounts will be based solely on income and family size. MHLC uses the Census Bureau definitions of each. Additional information may be requested for other levels of care.
3. Those with incomes at or below 100% of poverty will receive a full 100% discount. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be given a discount in accordance to the Federal Poverty Guidelines, which will be updated annually. See Attachment A for tables to reference.

B. Application Process:

1. MHLC will post publication of this program at MHLC Hospital and Primary Care Clinic Entrances and on the Hospital Website. This program application is provided in additional languages with English and Spanish as primary.
2. Patients can directly apply for assistance in either the Patient Registration or Patient Finance Department, at the time of registration or upon discharge from MHLC. Attending physicians or primary therapists may also identify Patients that may qualify for assistance or require further treatment but do not have the necessary financial resources.
3. Patients requesting Financial Assistance will be asked to complete an Application (see attachments in English and Spanish) to request admission into the Patient Financial Assistance Program. Candidates must complete, sign, and return application to the Finance Department within 15 business days. Forms can be returned during normal working hours or mailed to:

Memorial Hospital of Lafayette County
ATTN: Finance
800 Clay Street
Darlington, Wisconsin 53530

Notification of Acceptance or Denial

Applicants for assistance will be notified in writing of acceptance or denial within 30 days of receipt of a complete application and necessary supporting documentation. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with MHLC. The discount will cover all existing balances from non elective services that are not in bad debt and any non elective balances incurred for up to 6 months after the

approved date, unless their financial situation changes significantly. The applicant has the option to reapply upon expiration or anytime there has been a significant change in family income.

If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not currently approved for assistance, the Patient Financial Assistance Program Application will be sent with the notice. If the patient does not make effort to pay or fails to respond within 30 days, this constitutes refusal to pay. At this point in time, MHLC can explore options not limited, but including offering the patient a payment plan, waiving of charges, or referring the patient to bad debt.

Patient Financial Assistance Program provided/ notification to Public

Notice will be appropriately posted. Applications will be available from the MHLC Registration or Finance Department and on the Hospital Website. Finance Department personnel will screen self pay balances for possible candidate(s).

Candidate Appeal Process

A Candidate who is denied Assistance shall be advised in writing of the right to have an initial determination reviewed. The review request must be in writing and submitted to the attention of the Director of Finance within 30 days of denial notification. Submit to:

Memorial Hospital of Lafayette County
ATTN: Finance Manager
800 Clay Street
Darlington, Wisconsin 53530

A panel consisting of the Finance Manager and the Chief Executive Officer or Chief Operating Officer shall conduct a review. The decision of the review panel shall be final.

Attachments

[Financial Assistance Application - English.docx](#)

[Financial Assistance Application - Spanish.docx](#)

[Financial Assistance Attachment A Tables.docx](#)

Approval Signatures

Step Description	Approver	Date
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Policy Review Committee	Cheyenne Kubatzke	09/2022
Policy Review Committee	Deanna Wright	09/2022
Policy Review Committee	Molly Wiegel	09/2022
Policy Review Committee	Matt Solverson: MD	09/2022
Policy Review Committee	Kathy Kuepers	09/2022
	Apryll Wang	09/2022