

**Title/Description**

GWCH Financial Assistance Program  
Policy

**Filing Number**

9000.004

**Effective Date:**

01.24.2018

**Revision Date:**

04.27.2022

**Purpose:**

To provide financial assistance for emergency and medically necessary healthcare services received as an inpatient or outpatient from GWCH in a fair, consistent, respectful, and objective manner to indigent, medically indigent, uninsured or underinsured patients.

**A. ELIGIBILITY CRITERIA:**

- 1.) The Financial Assistance Program (FAP) employs a sliding scale discount that takes into consideration a patient's household income and number of occupants.
- 2.) Eligible patients are individuals who have received emergency and medically necessary services, and are indigent, medically indigent, uninsured or underinsured. The patient's household income (as defined below) must be less than 200% of the Federal Poverty Level (FPL) to qualify for financial assistance discounts.
- 3.) Financial Assistance determination will be consistent among patients, regardless of race, color, sex, national origin, disability, religion, age, sexual orientation, and gender identity.
- 4.) Financial Assistance is secondary to all other financial resources available to the patient, including employer-based insurance coverage, commercial insurance, government program, and third-party liability.

**B. MEASURES TO PUBLICIZE THE FINANCIAL ASSISTANCE PROGRAM:**

The following measures are used to publicize the Program to the community and patients:

- Posting the Financial Assistance Program, Financial Assistance Application and a summary of the Policy on the GWCH website at the following location: [www.gwch.org](http://www.gwch.org)
- Providing paper copies of the Program, application and summary of the Program upon request in the GWCH Billing Office.
- Posting notices about the Program in the admitting areas.
- Informing patients about the Program in person or during billing and customer service phone contacts.
- Articles in local newspapers as well as local PSA's as appropriate through current media outlets.

**C. APPLICATION PROCESS:**

- 1.) All qualifying applicants will be granted Financial Assistance for *medically necessary services* in accordance with the qualifications and guidelines set forth.

2.) An application for financial assistance can be obtained by a patient in as follows:

- In person at admissions
- Upon Discharge from GWCH
- In the GWCH Business Office
- Over the phone by calling (620)583-7451
- Through the mail at 100 W. 16<sup>th</sup> Street, Eureka, KS, 67045.

**PLEASE NOTE: IT IS ULTIMATELY THE PATIENT'S RESPONSIBILITY TO PROVIDE THE NECESSARY INFORMATION TO QUALIFY FOR FINANCIAL ASSISTANCE. THERE IS NO ASSURANCE THAT THE PATIENT WILL QUALIFY FOR FINANCIAL ASSISTANCE.**

3.) The application process includes completion of a Financial Assistance Application and providing verification documents. Verifiable information may include, but is not limited to the following:

- Individual or family income (income tax return with copies of earnings, statements-W-2 forms, I 099 forms, etc.)
- Copies of the most recent 90 days of payroll stubs, Social Security Checks, or unemployment checks.
- Copies of the most recent 60 days of bankstatements
- Current trust fundstatements
- In the absence of income, a letter of support from individuals providing for the patient's basic living needs.
- Household family size
- Denial letter from Medicaid
- A list of outstanding medical bills with supporting statements
- Most recent copies of electric bill, gas bill, water bill
- Letter from the bank or landlord showing amount of rent or house payment
- History of prior financial assistance

**NOTE: The object of requiring this documentation is to document the need for financial assistance. If a patient or the person who has financial responsibility for emergency and *medically necessary services* is unwilling or unable to provide all necessary and pertinent information to make a conscientious and fair determination of their financial net worth; financial assistance WILL NOT BE GRANTED.**

4.) Once the application has been completed and the required documentation has been assembled, the patient or the person who has financial responsibility will need to bring everything to the GWCH Business Office. At that time, Business Office representative will review the documentation and application to ensure that all requested documents have been provided. If all requested documentation has not been provided, the application will not be considered until those documents have been provided.

- 5.) Once the application for FAP is considered complete, it will be submitted during the Financial Assistance meeting held weekly, the account will be put in "hold" status while the application is being reviewed (no longer than 30 days). The hold status will prevent account(s) from proceeding through the collection process, including assignment to a collection agency. Once the Financial Assistance application has been processed and approved/denied, the Hospital will send written notice within 7-10 days of approval to the patient and/or person having financial responsibility for the account(s).
- 6.) The application and the required Financial Assistance meeting must be completed within 180 days from the date GWCH provides the patient with the first billing statement for patient services.
- 7.) Should a patient's account be transferred to a collection agency and subsequently a completed financial assistance application is received and approved and the mandatory Financial Assistance meeting completed, the Hospital will:
  - Suspend all extraordinary collection actions (ECA)
  - Make and document a determination regarding qualification
  - Notify the individual in writing of the eligibility determination and the basis of the determination (including the assistance for which the individual is eligible.)
- 8.) If the Hospital determines an individual is eligible for an FAP discount the Business Office personal assigned to Financial Assistance will do the following:
  - Call applicant to let them know of the approval and set up a payment plan to satisfy the balance of their account. They will also send a letter detailing the current balance, the sliding fee discount applied, the balance going forward, and the amount of the payment plan agreed upon within 7 days of the call.
  - If the patient or guarantor has made payments to the hospital facility (or any other party) for the care in excess of the amount he or she is determined to owe as an FAP eligible individual, refunds those excess payments.
  - Take all reasonable available measures to reverse an ECA taken against the individual to collect the debt.
  - The Hospital Business Office will continue to work with the patient or guarantor to resolve remaining account balances. If a patient needs to change the previously agreed upon Contract Payment plan, then the Business Office will need to be contacted.
  - If there is a remaining balance after the FAP discount is applied and the patient or guarantor does not make any payments, the account will be eligible to be sent to collections.
  - If the patient or guarantor fails to initiate or complete the Financial Assistance process, the Hospital may elect to begin collection activity, including possible transfer of the account(s) to a collection agency.

#### **D. FINANCIAL ASSISTANCE DETERMINATION:**

- 1.) Financial Assistance discounts are determined based on a discount scale and are subject to income and household occupancy. To obtain Financial Assistance, the patient or guarantor must establish that the household income is below 200% of the most recent Federal Poverty Level (FPL) at the date of service.
- 2.) Allowances may be made for extenuating circumstances based on each person's unique life circumstances and mitigating factors.
- 3.) "Household Income" includes all pre-tax income, however derived, for all persons 18 years old and over who reside in the household.
- 4.) Incomplete Financial Assistance applications, or undocumented information within the application, may cause the Hospital to deny the assistance until the completed application or documentation is provided. The Hospital will retain the incomplete application and send written documentation outlining the information needed, and instructions on submitting the necessary paperwork within 7 days of the return of the FAP.
- 5.) The Hospital's Business Office designee will process the Financial Assistance application and determine the appropriate discount.
- 6.) The Hospital's Business Office will call applicant if FAP is approved and send a written notice of determination to the patient or guarantor within 7 after phone call. If FAP is not approved, a letter will be mail to applicant of such decision within 7 days of denial.
- 7.) Patients or their representatives can appeal a denial of Financial Assistance by providing additional information regarding eligibility determination or an explanation of extenuating circumstances, to the Business Office Manager of the Hospital within 30 days of receiving the written denial notification. The party making the appeal will be notified in writing of the final decision made by the Business Office Manager **and CFO**.
- 8) The Federal Poverty Level guidelines will be updated each year using the thresholds from the Federal Register by Department of Health and Human Services (HHS)  
<http://aspe.hhs.gov/poverty>

## **E. APPROVAL & AUTHORIZATION**

Approval and authorization of Financial Assistance discounts will be based on the following:

- \$0 - \$5,000: Business Office Manager
- \$5,000 or higher: CEO/Administrator or CFO and Business Office Manager

## **F. TERMS & DEFINITIONS**

- 1.) *Federal Poverty Level (FPL)*: Poverty thresholds that are issued each year in the Federal Register by the Department of Health and Human Services (HHS).  
<http://aspe.hhs.gov/poverty>
- 2.) *Guarantor*: Refers to person financially responsible for patient's account balance(s).
- 3.) *Indigent*: Refers to patient that has no financial resources to pay obligation.
- 4.) *Medically Indigent*: Refers to situation were payment of obligation will create financial hardship.

5.) *Medically Necessary Services*: Refers to inpatient or outpatient healthcare services provided for the purpose of evaluation, diagnosis, and/or treatment of an injury, illness, disease or its symptoms, which if left untested, would pose a threat to the patients ongoing health status.

Approved by:

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CEO/Administrator

Date:

**Discount/Sliding Fee Scale Income Thresholds Based on 2022 Annual Poverty Guidelines**

<b>Poverty Level</b>	<b>At or Below 100%</b>	<b>125%</b>	<b>150%</b>	<b>175%</b>	<b>200%</b>	<b>Above 200%</b>
<b>Family Size</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>1</b>	\$0-\$13,590	\$13,591-\$16,988	\$16,989-\$20,385	\$20,386-\$23,783	\$23,784-\$27,180	\$27,181 or higher
<b>2</b>	\$0-\$18,310	\$18,311-\$22,888	\$22,889-\$27,465	\$27,466-\$32,043	\$32,044-\$36,620	\$36,621 or higher
<b>3</b>	\$0-\$23,030	\$23,031-\$28,788	\$28,789-\$34,545	\$34,546-\$40,303	\$40,304-\$46,060	\$46,061 or higher
<b>4</b>	\$0-\$27,750	\$27,751-\$34,688	\$34,689-\$41,625	\$41,626-\$48,563	\$48,564-\$55,500	\$55,501 or higher
<b>5</b>	\$0-\$32,470	\$32,471-\$40,588	\$40,589-\$48,705	\$48,706-\$56,823	\$56,824-\$64,940	\$64,941 or higher
<b>6</b>	\$0-\$37,190	\$37,191-\$46,488	\$46,489-\$55,785	\$55,786-\$65,083	\$65,084-\$74,380	\$74,381 or higher
<b>7</b>	\$0-\$41,910	\$41,911-\$52,388	\$52,389-\$62,865	\$62,866-\$73,343	\$73,344-\$83,820	\$83,821 or higher
<b>8</b>	\$0-\$46,630	\$46,631-\$58,288	\$58,289-\$69,945	\$69,946-\$81,603	\$81,604-\$93,260	\$93,261 or higher
<b>For each additional person, add</b>	\$4,720	\$5,900	\$7,080	\$8,260	\$9,440	\$9,441

	<b>Sliding Fee/Discount Percentages</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>CLINIC SLIDING FEE</b>	Pay \$5.00	Pay 20%	Pay 40%	Pay 60%	Pay 80%	Pay Full Charge
<b>HOSPITAL DISCOUNT</b>	100%	80%	60%	40%	20%	0%

\*Based on the 2022 Federal Poverty Guidelines (FPG) for the 48 contiguous states and the District of Columbia.