

WINNER REGIONAL HEALTHCARE CENTER	
FINANCIAL ASSISTANCE	
BUSINESS OFFICE	Date Effective: 07/28/2014
Originator: CFO	Date Revised: 12/28/2015; 01.2017
Approved By: GOVERNING BOARD	Date Reviewed:

FINANCIAL ASSISTANCE

1. Winner Regional Healthcare Center’s mission is to improve the quality of life in our region by providing comprehensive healthcare, in a local nurturing environment, exceeding the expectations of those we serve, through professionals who consider healthcare a calling. Our role as a committed steward to our region will be sustained through fiscal responsibility, ensuring personalized healthcare for generations to come. As part of that commitment, Winner Regional Healthcare Center appropriately serves patients in difficult financial circumstances and offers financial assistance to those who have an established need to receive medically necessary medical services.

2. Financial assistance is defined as healthcare services provided at no charge or at a reduced charge to patients who do not have nor cannot obtain adequate financial resources or other means to pay for their care. This is in contrast to bad debt, which is defined as a patient and/or guarantor who, having the financial resources to pay for health care services, has demonstrated by their actions an unwillingness to resolve a bill. The granting of charity shall be based on an individualized determination of financial need, and shall not take into account race, creed, gender, national origin, disability, age, social immigrant status or sexual orientation.

PURPOSE

1. To establish policies and procedures necessary to insure that patients of Winner Regional Healthcare Center, who for economic and financial reasons cannot meet the requirements of the collection policy, are provided with the Winner Regional Healthcare’s Financial Assistance Policy.

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

3. Financial Assistance: Healthcare services that have been or will be provided but are never expected to result in cash inflows. Financial assistance results from the

organization's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

4. **Family:** Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to the Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.
5. **Family Income:** Family income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:
 - a. Includes earnings, unemployment compensation, worker's 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 miscellaneous sources;
 - b. Noncash benefits (such as food stamps and housing subsidies) do not count;
 - c. Determined on a before-tax basis;
 - d. Excludes capital gain or losses; and
 - e. If a person lives with a family, includes the income of all family members (Non-relatives, such as housemates, do not count).
6. **Uninsured:** The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.
7. **Underinsured:** The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.
8. **Medically necessary:** As defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury).

PROCEDURE TO DETERMINE ELIGIBILITY

1. For purposes of this policy, "financial assistance" refers to healthcare services provided by Winner Regional Healthcare without charge or at a discount to qualifying patients. The following healthcare services are eligible for financial assistance:
 - a. Emergency medical services provided in an emergency room setting;

- b. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
 - c. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
 - d. Medically necessary services, evaluated on a case-by-case basis at Winner Regional Healthcare's discretion.
2. Eligibility for financial assistance will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social immigrant status, sexual orientation or creed. Winner Regional Healthcare shall determine whether or not patients are eligible to receive financial assistance for deductibles, co-insurance, or co-payment responsibilities.
3. Services eligible under this policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination. The basis for the amounts Winner Regional Healthcare will charge patients qualifying for financial assistance is as follows:
 - a. Patients whose family income is at or below 100% of the FPL are eligible to receive free care;
 - b. Patients whose family income is over 100% and below 150% of the FPL will be eligible for up to a 50% discount.
 - c. Patients whose family income exceeds 150% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of Winner Regional Healthcare; however, the discounted rates shall not be greater than the amounts generally billed commercially insured patients. Once the patient has been deemed eligible, Winner Regional Healthcare will apply the FAP discount to the patient's account.
4. During an application process in which the patient or the patient's guarantor are required to cooperate and supply personal, financial, and other information and documentation relevant to making a determination of financial need: Information collected from the application will include:
 - a. Name, address, date of birth and social security number of applicant and spouse

- b. Marital status
- c. Over 65, blind or permanently disabled, and date of disability determination
- d. Employer information, including position and years employed; if less than 3 years name of former employer
- e. Health insurance provider, including group number and insured subscriber number, Medicare number and Medicaid number
- f. Monthly household income including:
 - i. Employment (Gross/Net Pay)
 - ii. Part-time jobs (Gross/Net Pay)
 - iii. Social Security/Disability
 - iv. Veteran Pension
 - v. Retirement (all sources)
 - vi. Unemployment compensation
 - vii. Workers' compensation
 - viii. ADC/WIC/Food stamps
 - ix. Alimony/child support
 - x. Other income
- g. Assets
 - i. Cash on hand/bank savings
 - ii. Investments/CD's (Market value)
 - iii. Loan/cash value of life insurance
 - iv. Residence: sq. ft. total
 - 1. Purchase price
 - 2. Improvements
 - 3. Estimated value now
 - v. Vehicle: Year/Model (Primary and Secondary vehicles)
 - vi. Other property value
 - vii. Other assets
- h. Monthly Household Expenses
 - i. Rent
 - ii. Food
 - iii. Car payments
 - iv. Child care
 - v. Insurance (car, medical, etc.)
 - vi. Credit cards
 - vii. Bank loan payments
 - viii. Other (list each)
- i. Liabilities
 - i. All medical bills
 - ii. All credit cards

- iii. Loan on furniture and appliances
- iv. Home loan
 - v. Vehicle loan (primary and secondary vehicles)
 - vi. Real estate loan
 - vii. Loan on rental property
 - viii. Loan on business
 - ix. Amount owed to collection agency
 - x. Amount owed on other
- j. Banking Name (List All)
 - i. Checking account number and balance
 - ii. Savings account number and balance
- k. Name, address and phone number of contract/mortgage holder
- l. Name, address and phone number of landlord
 - Take into account if insurance was offered from employer.
 - Take into account if employer denied health insurance coverage.
 - Take into account if eligibility for COBRA benefits.
 - Take into account if application for Medicaid or other government assistance program.
 - Include the use of external publically available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring);
 - Include reasonable efforts by Winner Regional Healthcare or explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs;
 - Take into account the patient's available assets, and all other financial resources available to the patient; and
 - Include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.
 - The patient is required to submit documentation of their financial status. The patient must submit a completed Financial Assistance Application.
 - Accounts eligible for financial assistance are to be addressed within 240 days of first bill.

NOTICE TO THE PUBLIC OF FINANCIAL ASSISTANCE PROGRAM

1. Notification about financial assistance available from Winner Regional Healthcare which shall include a contact number shall be disseminated by Winner Regional Healthcare by various means, which may include, but are not limited to, the publication of notices in

patient bills and by posting notices in emergency rooms, admitting and registration departments, hospital business offices.

2. Winner Regional Healthcare also shall publish and widely publicize of this financial assistance policy on the facility website and in brochures available in patient access sites.
3. Such notices and summary information shall be provided in English and the primary language of any populations with limited English that constitute more than 5% or 1,000 person threshold, whichever is less, of the residents in the community served.

LIST OF PROVIDERS COVERED BY FINANCIAL ASSISTANCE POLICY

1. Below is a list of providers covered by this policy. Unless listed below it should be assumed that they are not covered.
 - Winner Regional Healthcare Center
 - Winner Regional Clinic
 - Winner Regional Long-term Care
 - Winner Regional Home Health
2. Services provided by non-Winner Regional Healthcare Center providers are not eligible for financial assistance granted through this policy.

FINANCIAL ASSISTANCE APPLICATION PROCESS

1. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need determined by the Financial Assistance Application Process.
 - a. Patients or guarantors seeking financial assistance can obtain a financial assistance application from Patient Financial Services by the following methods:
 - By telephone at 605-842-7175
 - By Mail at 745 East 8th Street, Winner, SD 57580
 - By visiting www.winnerregional.org
2. Patients or guarantors seeking financial assistance have the following obligations:
 - a. Complete, sign and submit a financial assistance application.
 - b. Submit sufficient documentation to establish financial need, including documents such as latest filed IRS tax return and the two most recent pay stubs.

- c. Respond to follow up questions and further requests for information so that Winner Regional can accurately and promptly assess eligibility for financial assistance.
 - d. Resolve and finalize any pending matters with applicable insurers and third party payers so that Winner Regional can proceed with processing of a Financial Assistance Application.
 - e. Cooperation in applying for other financial assistance available through state or local agencies if qualified under the eligibility criteria of such programs.
3. Upon receipt of a Financial Assistance Application that is deemed “incomplete” Winner Regional will:
 - a. Suspend all extraordinary collection activity on current accounts and also unpaid accounts that may have been referred to an external collection agency while the application remains incomplete and awaiting all required documents. Extraordinary collection practices would include; wage garnishments, legal actions and liens on personal property.
 - b. Provide written notice of additional information needed and contact information for assistance with completing the application
 - c. Allow patients or guarantor a reasonable amount of time to submit the supporting documentation and to respond to follow up requests. A pending or incomplete Financial Assistance Application will be cancelled if the patient or guarantor fails to submit all required supporting documentation with 30 days, or fails to respond to any follow-up questions and requests with 30 days.
 - d. In the event that the” incomplete” application is cancelled for any reason stated above, the unpaid accounts shall be subject to the terms and provisions of Winner Regional’s collection policy.
4. Upon receipt of a Financial Assistance Application that is deemed “complete”, Winner Regional will:
 - a. Suspend all extraordinary collection activity on current accounts and also unpaid accounts that may have been referred to an external collection agency until such time that Winner Regional makes a final determination on the eligibility for financial assistance. Extraordinary collection practice would include; wage garnishments, legal actions and liens on personal property.
 - b. Make a determination of the eligibility for financial assistance with 30 days of receipt a completed Financial Assistance Application. The Director of Patient Financial Services will review the Financial Assistance Application with the CFO, and a determination of financial assistance will be approved or denied.
 - c. Notify the patient or guarantor by mail within 10 days of Winner Regional’s determination to approve or deny the Financial Assistance Application.

- d. In cases where full or partial financial assistance is approved, make appropriate adjustments in the patient account to reflect the percentage and amount of financial assistance.
5. There are instances when a patient may appear eligible for financial assistance discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient through other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, Winner Regional Healthcare could use outside agencies in determining estimated income amounts for the basis of determining financial assistance and potential discount amounts. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:
 - a. State-funded prescription programs;
 - b. Homeless or received care from a homeless clinic;
 - c. Participation in Women, Infants and Children programs (WIC);
 - d. Food stamp eligibility;
 - e. Subsidized school lunch program eligibility;
 - f. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
 - g. Low income/subsidized housing is provided as a valid address; and
 - h. Patient is deceased with no known estate.If presumptive eligibility is less than the most generous discount the patient will be notified and given 30 days to apply for the additional discount.
6. It is preferred but not required that a request for charity and a determination of financial need occur prior to rendering of non-emergent medically necessary services. However, the determination may be done at any point in the collection cycle. The need for financial assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than a year prior, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.
7. Winner Regional Healthcare's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of financial assistance. Requests for financial assistance shall be processed promptly and Winner Regional Healthcare shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

LIMITATION OF CHARGES

1. The basis for calculating the amount charged to patients, Winner Regional Healthcare has chosen to use the Look-back Methodology to determine the amounts generally billed.
 - a. The Look Back method involves calculating the percentage of charges allowed by health insurers during a prior 12-month period by dividing the claims allowed by the sum of the associated gross charges for the claims.
 - b. Winner Regional Healthcare determined this percentage by including claims allowed by Medicare and private health insurers using the previous October to September data.
2. Winner Regional Healthcare will provide an itemized statement to the patient showing the charges and the discount amount applied to the patient's account.
3. Amounts charged for emergency and medically necessary medical services to patients will not be more than the amount generally billed to individuals with insurance.
4. The discount will be applied once the patient has submitted a complete application for financial assistance.
5. If the patient or guarantor submits a complete application and is determined to be eligible, Winner Regional will refund amounts paid for care in excess of what they would owe, unless less than \$5.00.

COLLECTIONS PRACTICES

Winner Regional Healthcare's management shall develop policies and procedures for internal and external collection practices (including actions the hospital may take in the event of nonpayment, including collections action and reporting to credit agencies) that take into account the extent to which the patient qualifies for assistance, a patient's good faith effort to comply with his or her payment agreements with Winner Regional Healthcare. For patients who qualify for financial assistance and who are cooperating in good faith to resolve their discounted hospital bills, Winner Regional Healthcare may offer extended payment plans, will not send unpaid bills to outside collection agencies, and will cease all wage garnishments, liens on primary residences, or other legal actions for any patient without first making reasonable efforts to determine whether that patient is eligible for financial assistance policy. Reasonable efforts shall include:

- a. Validating that the patient owes the unpaid bills and that all sources or third-party payment have been identified and billed by the hospital;
- b. Documentation that Winner Regional Healthcare has or has attempted to offer the patient the opportunity to apply for charity care pursuant to this policy and that the patient has not complied with the hospital's application requirements;
- c. Documentation that the patient has been offered a payment plan but has not honored the terms of that plan.

RULES AND REGULATIONS

1. In implementing this Policy, Winner Regional Healthcare's management shall comply with all other federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this policy.

Title: Financial Assistance		Total Pages 11
POLICY: BUSINESS OFFICE		
Distribution: All Staff		
Review Date	History	Approved By
07/28/2014	New Policy	Gov. Board
12/28/2015	Revised to accommodate the Affordable Care Act	Gov. Board
01.2017	Revised per ACA	Gov. Board



745 E 8th Street
Winner, SD. 57580
Phone: (605) 842-7175
Fax: (605) 842-7173

Patient Financial Representative:
Rhonda Schroeder

FINANCIAL ASSISTANCE PROGRAM

In order to consider your application, please include copies of the last 2 year's completed Federal Tax Returns, last 3 months paystub's for all employed in household. If on SSI, please provide a copy of your Social Security Award letter. Please return as soon as possible!

Circle: Single Married Separated Divorced Widowed

Last Name _____ **First** _____ **Middle** _____ **Soc.Sec.#** _____

Address _____ City _____ State _____

Zip _____

Home Ph# _____ Work Ph# _____ Cell Ph# _____

Occupation _____ Employer _____ Hourly Wage _____
F/T or P/T

Spouse's Occupation _____ Employer _____ Hourly Wage _____
F/T or P/T

Please indicate ALL people living in your household: (use the back if necessary)

Total Household Income & How Often Received

Wages/Salary (gross) _____ Self-employment _____

Income from retirement _____ Income from Social Security _____

Income from Unemployment _____ Income from Workman's Comp _____

Child Support/Alimony _____ Other _____

Total Assets

Checking Account(s) _____ Savings Account _____

IRA's, 401K _____ Homestead Value _____

Other Property Value _____ Automobile(s) Value _____

Other Assets _____

Total Monthly Expenses

	<u>Monthly</u>	<u>Outstanding Balance</u>
Bank Loan Payment(s)	\$ _____	\$ _____
Credit Card Payment(s)	\$ _____	\$ _____

House Payment	\$ _____	\$ _____
Rent Payment	\$ _____	\$ _____
Car/Truck Payment	\$ _____	\$ _____
Insurance Payment(s)	\$ _____	\$ _____
Child Support/Daycare	\$ _____	\$ _____

Utilities

Phone/Cable/Internet	\$ _____
Utilities	\$ _____
Cell Phone	\$ _____
Propane	\$ _____
Gas-Automobile	\$ _____
Groceries	\$ _____
Paid To Other Medical Bills	\$ _____
Prescriptions	\$ _____
Other (Please specify)	\$ _____

1. Have you ever declared **Bankruptcy**? ___ YES ___ NO If YES, when _____
2. Do you have any **judgments or liens** filed against you? If YES, please describe: _____

3. During the past 12 months, have you ever received any benefits such as welfare payments, food stamps, Medicaid, emergency assistance, County Poor Relief, Public Health Services, etc? If yes, describe _____

4. What is the approximate amount of **ALL** health bills you owe? (include hospital, clinic, and physicians): _____

5. What is the amount you pay towards your medical bills each month? \$ _____

Applying for financial assistance is NOT to be considered a substitute for personal financial responsibility, nor will it guarantee full or partial financial assistance. Patients are expected to cooperate with the procedures for obtaining charity or other forms of financial assistance and to contribute to the cost of their care based on their individual ability to pay.

6. The total amount you owe Winner Regional Healthcare Center
 \$ _____

- a. The amount you can pay Winner Regional Healthcare Center each month
\$ _____
7. Please include a short statement with any additional information you would like us to consider with your application with regards to your personal and financial situation.

Assignment of Rights (Please Read Carefully)

By signing below I certify that the information and the statements contained in this application for financial assistance and the supporting documentation which I submit is accurate, true and correct to the best of my knowledge.

I understand that Winner Regional Healthcare Center may make reasonable requests for additional information and verification if necessary.

I understand that the information and the statements I have provided will be kept confidential by Winner Regional Healthcare Center.

I understand that I have the obligation to provide complete and truthful information to Winner Regional Healthcare Center and to cooperate with any of the request for verification and additional information.

I understand that completion of this application will allow Winner Regional Healthcare Center to consider my circumstances and makes NO representation that financial assistance is guaranteed.

Signature _____ Date _____

Printed Name _____

FOR OFFICE USE ONLY	Approved	Denied
	Date	Date
	Signature	Signature