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Owner Stephanie Geisler: Revenue Cycle Director
Policy Area Business Office
Scopes Business Office, Finance

Financial Assistance Policy

Policy:

It is the policy of White Mountain Regional Medical Center to establish a consistent policy to establish a procedure in determining "Financial assistance."

Procedure:

Charity Care is defined as an inability to pay for a medically necessary procedure or test. Medical necessity will be determined by the hospital in conjunction with the patient's provider.

Process for Eligibility Determination

1. At the time of admission, self-pay patients will be notified of the charity care option and be asked to apply for Medicaid if they appear to be eligible and have not applied. If patients feel they might need assistance, they will be given an application to fill out and sign at that time.
2. Patients eligible for financial assistance, and the amount of assistance, will be determined using the Federal Poverty Guidelines as established annually by the U.S. Government. Determination will be based on a sliding scale up to 200% of the FPG. Patients may pick up financial assistance application request forms at the business office or request them by telephone or electronically and provided upon request by mail, e-mail, fax or any other means practicable.
3. Initial determination: The initial determination of eligibility for financial assistance will be made at the time of admission or as soon as possible following initiation of services to the patient. Pending final eligibility determination, the hospital will not initiate collection efforts or requests for deposits, provided that the responsible party is cooperative with the hospital's efforts to reach a determination of sponsorship status. The patient will be asked to return income verification information to the hospital within 14 days.
4. Final Determination: Prima Facie write-offs. The hospital may choose to grant charity care

based solely on the initial determination. In such cases, the hospital may choose to not complete full verification or documentation of any request.

5. Charity care form instructions and written applications shall be furnished to patients when charity care is requested, when need is indicated or when financial screening indicates potential need. All applications, whether initiated by the patient or the hospital, should be accompanied by documentation to verify income amounts indicated on the application form. The following are examples of what may be requested for the purpose of verifying income.
 - a. W-2 withholding statements for all employment during the relevant time period
 - b. Pay stubs from all employment for the last three months and/or information about current employment
 - c. An income tax return from the most recently filed calendar year
 - d. Forms approving or denying eligibility for Medicaid and/or state-funded Medical Assistance
 - e. Forms approving or denying unemployment compensation
 - f. Written statements from employers or welfare agencies
6. Patients may be asked to provide verification of ineligibility for Medicaid or Medical Assistance. During the initial request period, the hospital may pursue other sources of funding, including Medicaid.
7. Income shall be annualized from the date of application based on documentation provided and upon verbal information provided by the patient. The process for annualizing income will be determined by the hospital and will take into consideration seasonal employment and temporary increases and/or decreases of income.
8. In the event that the responsible party is not able to provide any of the documentation described above, the hospital will rely on written and signed statements from the patient for making a final determination of eligibility.
9. The hospital will notify the patient of its final determination of eligibility for charity care or financial assistance within thirty (30) days of receipt of all application and documentation material. If the hospital confirms that no other financial resources are available to pay for the services and the patient meets the income eligibility, the billing department will apply the criteria mentioned above and determine the amount of charity care to be granted.
10. Denials will be written and include the basis for the denial along with instructions for appeal or reconsideration as follows: The patient/guarantor may appeal the determination of ineligibility for charity care by providing additional verification of income or family size to the Business Office Manager within thirty (30) days of receipt of notification. All appeals will be reviewed by the CFO. If the determination on appeal affirms the previous denial of charity care, written notification will be sent to the patient/guarantor. Final appeal process will conclude within 30 days of the receipt of a denial by the applicant. Any patient denied financial assistance will be treated as any other patient owing the facility and will enter the regular billing cycle. For any patient refusing to pay their bill or set up payment arrangements, see "Collection Agency Accounts" policy.
11. Patients will need to reapply every 12 months to continue to qualify for charity care assistance. Allowances may be made for extenuating circumstances such as significant household

change (i.e. loss of a spouse, birth of a child, or loss of income for more than a three month period during a calendar year). The charity care determination will be limited to the person applying and all dependents living in the household.

12. WMRMC Billing Policy and Financial Assistance Policy are two separate policies and in the event a guarantor and/or patient would like a free copy of the Billing Policy it can be obtained from the facility at the Registration Office and/or Billing Office. For this request you can contact the Registration Office and/or Billing Office at 928-333-4368.
13. WMRMC Financial Assistance Policy centers around patients that are in need of financial assistance based on their financial need and will be subject to approval based on the guidelines listed above. A free copy of this policy can be obtained from the facility at the Registration Office and/or Billing Office. For this request you can contact the Registration Office and/or Billing Office at 928-333-4368.
14. The actions WMRMC may take in the event of nonpayment are described in a separate Billing and Collections Policy.

Documentation:

1. Confidentiality: All information relating to the application will be kept confidential. Copies of documents that support the application will be kept with the application form.
2. Documents pertaining to charity care shall be retained for six (6) years.

References:

1. Federal Poverty Guidelines per Charity Care write off grid (attached)
2. Collection Agency Account policy

Attachments

[2023 Federal Poverty Guidelines\).xlsx](#)

[Financial Assistance Policy Spanish Version.pdf](#)

Approval Signatures

Step Description	Approver	Date
Governing Board	Laura Logan: Medical Staff Credentialing Manager	03/2024
CFO	Ashley Jaramillo: CFO	01/2024

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