

 <p><b>Iverson</b> MEMORIAL HOSPITAL AN AFFILIATE OF UHealth</p> <p><u>Title</u> <b>Financial Assistance</b></p> <p><u>Scope/Number</u> <b>HW060</b></p>	<p><u>Effective Date</u> January 2018</p> <p><u>Last Review Date</u> April 2025</p> <p><u>Next Review Date</u> April 2026</p>
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**SCOPE:** All Iverson Memorial Hospital (IMH) departments and clinics.

**INTENT:** To provide a framework for IMH’s provision of free or reduced-cost care or financial assistance to certain IMH patients who meet the guidelines set forth in this Policy.

**DEFINITIONS:**

- **Amounts Generally Billed (AGB):** The amount a hospital generally bills insured patients for a covered service, determined using the “look-back method” as set forth in 26 CFR 1.501(r)-5(b)(3).
- **Area of Service:** Albany County, Wyoming
- **Application Period:** The time in which a patient has to complete the Financial Assistance application. It begins on the date the care is provided and ends 240 days after the date that the first post-discharge billing statement for the care is provided.
- **Catastrophic Assistance:** Assistance provided to patients who may qualify for Financial Assistance but do not meet the definition of indigent. This takes into consideration the cost for a specified plan of care and the ability to pay or borrow money to pay. This may result in the adjustment of some or all of the outstanding balance.
- **Emergency Medical Condition:** The term Emergency Medical Condition is defined as set forth in EMTALA (42 U.S.C. § 1395dd) and Patient Care policy.
- **Emergency Treatment:** Emergency Treatment means the medical evaluation, care or treatment provided for an Emergency Medical Condition.
- **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. If a 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. Significant others are also considered family.
- **Family Income:** Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- 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;
  - Noncash benefits (such as food stamps and housing subsidies) do not count;
  - Determined on a before-tax basis;
  - Excludes capital gains or losses; and
  - If a person lives with other individuals, includes the income of all individuals (Non-relatives, such as housemates, do not count) contributing to the household.
- **Medical Indigence:** The lack of adequate financial reserves to pay for medical care from a person or family able to manage other basic living expenses.
  - **Medically Necessary Care:** Medically Necessary Care is defined as those health care services that satisfy the definition of "Medically necessary" for purposes of the Wyoming Medicaid Program set forth by the Wyoming Administrative Procedures Act in Chapter 25, Section 4 of the Wyoming Rules and Regulations. Medically Necessary Care services are required to diagnose, treat, cure or prevent an illness, injury or disease which has been diagnosed or is reasonably suspected to relieve pain or to improve and preserve health and be essential to life.
  - **Responsible Party:** A Responsible Party in this Policy is the patient if patient is at least eighteen (18) years old and not claimed by another person as a dependent for federal tax purposes. If the patient is under eighteen (18), the Responsible Party are the patient's parents (natural or adoptive) or legal guardians, unless someone else claims the patient as a dependent for federal tax purposes. If claimed by another person for federal tax purposes, they are the Responsible Party.
  - **Students:** Individuals who are enrolled full-time in an accredited college or university and are receiving at least nine(9) credit hours a semester or individuals enrolled in a full time accredited program (i.e. WyoTech, LHS)
  - **Uninsured Patient:** A patient without a level of insurance or third-party assistance to meet his/her payment obligations.
  - **Financial Assistance:** Refers to health care services provided by IMH without charge or at a discount to qualifying patients. The following health care services are eligible for Financial Assistance:
    - Medically Necessary Care. These services must be:
      - Consistent with the diagnosis and treatment of the patient's condition;

- In accordance with the standards of good medical practice among the provider's peer group;
  - Required to meet the medical needs of the patient and undertaken for reasons other than the convenience of the patient and the provider; and
  - Performed in the most cost effective and appropriate setting required by the patient's condition.
- Emergency Treatment. IMH will provide Emergency Treatment to persons who present themselves to IMH's Emergency Department (ED), without discrimination, regardless of ability to pay or to qualify for Financial Assistance and in accordance with the requirements of EMTALA. In recognition of its obligations under EMTALA, IMH will not undertake any action that would discourage an individual from seeking Emergency Treatment.

**POLICY:** Financial Assistance may be provided to qualifying patients who cannot afford to pay all or a portion of their medical bills based on the eligibility rules identified in this policy.

Consistent with its mission to deliver compassionate, high quality, and affordable health care services, and to advocate for those who are in financial need, IMH strives to ensure that the financial capacity of persons who need health care services does not prevent them from seeking or receiving proper care. IMH will provide Emergency Treatment to persons who present themselves to IMH's emergency department, without discrimination, regardless of their eligibility for financial or government assistance

IMH does not consider Financial Assistance to be a substitute for personal responsibility. Patients are expected to follow IMH's procedures for obtaining Financial Assistance or other forms of payment, and to contribute to the cost of their care based on their ability to pay. Persons with the financial capacity to purchase health insurance are encouraged to do so, for their overall personal health, protection of their individual assets and access to health care services.

IMH considers a patient with a non-contracted Medicaid plan eligible for a presumptive charity care write off for emergent services performed in the IMH Emergency Department.

- a. The following factors may be used in determining the amount of Financial Assistance granted:
  - i. Individual or family income and net worth;
  - ii. Employment status and earning capacity;
  - iii. Family size;
  - iv. Other financial obligations; and
  - v. Other sources of payment for the services rendered.
- b. Assets: Assets also affect the amount of Financial Assistance that may be awarded. It is not the desire or intent of this Policy to force people to sell

assets or incur additional debt as a result of having to receive Emergency Treatment or other Medically Necessary Care. However, as a county facility, IMH and its Board of Directors have certain fiduciary duties to the residents of Albany County, Wyoming that require Financial Assistance only be granted to those residents truly in need. Therefore, the following asset limits apply:

- i. Individual: Liquid asset threshold equals \$8,000.
- ii. Family: Liquid asset threshold equals \$15,000.
- iii. Liquid assets are those assets that are easily converted into cash. Money market accounts, certificates of deposit (CDs), cash, checking and savings accounts, stocks, bonds, mutual funds and life insurance cash value, are examples of liquid assets. The liquid asset threshold is calculated using these types of accounts.
- iv. If the patient’s liquid assets total exceeds \$8,000 (Individual) or \$15,000 (Family) and the excess over \$8,000 (Individual) or \$15,000 (Family) is more than the outstanding balance, the patient does not qualify for Financial Assistance.
- v. If the patient qualifies under the sliding fee scale for a 100% discount, and liquid asset total exceeds \$8,000 (Individual) or \$15,000 (Family) and the excess over \$8,000 (Individual) or \$15,000 (Family) is less than the outstanding balance, the patient will owe the excess amount, and the balance will qualify for Financial Assistance.

**Example 1:** An individual patient that meets income guidelines for 100% write off, has a \$25,000 balance.

Liquid Assets	\$ 10,000.00
Threshold (\$8,000 single/\$15,000 family)	\$ 8,000.00
<b>Excess</b>	<b>\$ 2,000.00</b>

Invoice Amount	\$ 25,000.00
Excess	\$ 2,000.00
<b>Sub Total</b>	<b>\$ 23,000.00</b>

Sub Total	\$ 23,000.00
Write off %	100%
<b>Financial Assistance Write Off</b>	<b>\$ 23,000.00</b>

Invoice Amount	\$ 25,000.00
Financial Assistance Write Off	\$ 23,000.00
<b>Balance Due</b>	<b>\$ 2,000.00</b>

**Example 2:** A family of 3 that qualifies for a 60% write off, has a \$5,000 balance.

Liquid Assets	\$ 18,000.00
Threshold (\$8,000 single/\$15,000 family)	\$ 15,000.00
<b>Excess</b>	<b>\$ 3,000.00</b>

Invoice Amount	\$ 5,000.00
Excess	\$ 3,000.00
<b>Sub Total</b>	<b>\$ 2,000.00</b>

Sub Total	\$ 2,000.00
Write off %	60%
<b>Financial Assistance Write Off</b>	<b>\$ 1,200.00</b>

Invoice Amount	\$ 5,000.00
Financial Assistance Write Off	\$ 1,200.00
<b>Balance Due</b>	<b>\$ 3,800.00</b>

- c. The income level criteria for Financial Assistance are based on current Federal Poverty Guidelines which are issued in January of each year in the Federal Register<sup>1</sup>. The following are general guidelines for Financial Assistance approval:

Federal Poverty Level %		
From	To	W/O %
0.00%	150.99%	100%
151.00%	220.99%	80%
221.00%	240.99%	60.00%
241.00%	260.99%	40.00%
261.00%	299.99%	20.00%

- d. Patients whose family income exceeds 300% of the Federal Poverty Level may be eligible to receive discounts as determined by IMH at its discretion on a case-by-case basis based on their specific circumstances.
- e. IMH, at its discretion and based on information obtained, may leave some financial responsibility to the patient.

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<sup>1</sup> The Poverty Guidelines are posted on the U.S. Department of Health & Human Services' Website, at <http://aspe.hhs.gov/poverty/15poverty.cfm>

## 1. Limitation on Charges

- a. All patients who qualify for Financial Assistance under this policy will not be charged more than AGB for covered services.
  - b. Iverson Memorial Hospital uses the “look -back” method to calculate AGB. This method involves looking at qualified claims over a 12-month period and dividing the amounts allowed by Medicare and commercial insurances for covered individuals by the gross charges. This calculation will be updated annually.
  - c. To obtain a written copy of the current AGB percent and the calculation method free of charge, contact Patient Financial Services at (307)755-4385 or via email at .
2. **A free copy of the hospital’s financial assistance policy and the application forms are available on the Iverson website** in both Spanish and English. Copies are also available in the Iverson Business Office or can be mailed upon request by calling (307)755-4380. The Patient Financial Services staff is available to answer any questions and provide information about the Financial Assistance Policy at (307)755-4380.

## PROCEDURE:

2. **Financial Assistance Process:** Financial need will involve an individual assessment including the following:
- a. **Step 1.** The patient or Responsible Party will complete and submit an application for Financial Assistance to the IMH Patient Financial Services Department. The patient or Responsible Party will provide personal, financial and other information and documentation relevant for IMH to make a proper determination of financial need as listed on the Financial Assistance application.
  - b. If required documentation is not received with the application, the patient or responsible party will be notified of the additional information required and given 10 business days to provide. If the requested information is not received within the 10 business days, the financial assistance application will be denied.
  - c. **Step 2.** IMH will review the applications for Financial Assistance. As part of its review process, IMH may use external publicly available data sources that provide information on a patient or Responsible Party’s ability to pay (such as credit scoring). IMH may make reasonable efforts to explore appropriate alternative sources of payment and coverage from public and private payment programs. IMH may consider the patient or the Responsible Party’s available assets, and all other financial resources available to the patient.
- a. **Step 3.** IMH will review the patient or the Responsible Party’s outstanding accounts at IMH and payment history.

- b. **Step 4.** All completed applications will be reviewed by IMH's Financial Counselor, the PFS or Revenue Cycle Director and the CFO for final approval/denial. Requests for Financial Assistance will be processed promptly.
- d. **Step 5.** IMH will notify the patient or applicant in writing within 30 days of receipt of a completed application.
- e. If a patient's financial situation changes, they may submit a new financial application as long as they are within the application period.

### **3. Eligibility Criteria for Patients**

- f. Eligibility for Financial Assistance will be considered for those persons who are who are unable to pay for Emergency Treatment or Medically Necessary Care, based upon a determination of financial need in accordance with this Policy. The granting of Financial Assistance is based on an individualized determination of financial need, and does not consider age, gender, race, social or immigrant status, sexual orientation or religious affiliation.
- g. Accounts with final outstanding balances of at least \$1,500.00. Individuals who are active with Laramie Downtown Clinic with an outstanding balance of at least \$500.00.
- h. Patient must be an established resident in the Service Area; non-county residents will be considered on a case-by-case basis.
- i. A patient's coinsurance, deductible and copays are not eligible for Financial Assistance.

### **2. Students**

- a. Students are not eligible for Financial Assistance set forth in this Policy. Instead, Students may apply for an interest-free, \$50 per month payment plan for four years or until they graduate, whichever occurs first. If a patient's spouse or significant other is a student, the patient is only eligible for the student payment plan as described in this section.
- a. The patient will be required to provide verification of current enrollment from the institution before a student payment plan will be initiated and verification for each semester thereafter.
- b. Each semester, letters will be sent to patients who have failed to provide verification of their enrollment. These patients will be given a three week period to return required documentation. If not received by the end of that three-week period, the student payment plan becomes void, and the patient is responsible for the full balance due.
- c. The student repayment plan remains in effect for three months following graduation. At that time the patient is responsible for payment in full, setting up a standard payment plan or applying for Financial Assistance.

#### **4. Communication of the Financial Assistance Program to Patients and Within the Community**

- a. Financial Assistance available from IMH is communicated via notices in patient bills; on the IMH Consent form; in admitting locations and waiting rooms; in the IMH Business Office; and other public places as IMH may elect. IMH publishes a summary of this Policy on the Iverson website [www.iversonhospital.org](http://www.iversonhospital.org), in brochures available in patient access sites, and at other places within the community served by IMH as IMH may elect. Such notices and summary information is provided in the primary languages spoken by the population serviced by IMH.
- b. Referral of patients for Financial Assistance may be made by any member of the IMH staff or medical staff. A request for Financial Assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

#### **5. Relationship to Collection Policies**

- a. IMH maintains policies and procedures for internal and external collection practices (including actions IMH may take in the event of non-payment, including collections action and reporting to credit agencies) that consider the extent to which the patient qualifies for Financial Assistance, a patient's good faith effort to apply for a governmental program or for Financial Assistance from IMH, and a patient's good faith effort to comply with his or her payment agreements with IMH.
- b. IMH will not impose extraordinary collections actions such as 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 under this Policy. Reasonable efforts include:
  - i. Validating that the patient owes the unpaid bills and that all sources of third-party payment have been identified and billed by IMH;
  - ii. Documentation that IMH has or has attempted to offer the patient the opportunity to apply for Financial Assistance pursuant to this Policy and that the patient has not complied with IMH's application requirements;
  - iii. Verification that the patient does not qualify for Financial Assistance on a presumptive basis.

#### **6. Regulatory Requirements:** IMH will review this Policy at least annually.

**SANCTIONS:** Violations of Iverson Memorial Hospital policies or procedures will be reviewed on a case by case basis and may be met with disciplinary action up to and including termination.

#### **APPENDICES:**

- Appendix A: Hospital Provider List

**RELATED POLICIES:**

- HW105 EMTALA

**REFERENCES:**

- Federal Poverty Guidelines: <http://aspe.hhs.gov/poverty/14poverty.cfm>

This policy is intended as a guideline to assist in the consistent application of Ivinson Memorial Hospital policies and programs for employees. The policy does not create a contract implied or expressed, with any hospital employees who are employees at will. The hospital reserves the right to modify this policy in whole or in part, at any time, at its sole discretion.

### Appendix A: Hospital Provider List

The following list contains Hospital Providers, by Department or Group, that provide Medically Necessary services with Ivinson Memorial Hospital and which of those Hospital Providers are covered by this Policy.

<b>Department or Group</b>	<b>Covered</b>	<b>Non-Covered</b>
Ivinson Memorial Hospital- Hospitalists	X	
Ivinson Memorial Hospital- Medical Group	X	
Non-Ivinson Employed Specialists		X
UCHealth Employed Providers		X
Aligned Providers (ER Providers)		X
Northern Colorado Anesthesia Providers	X	
Advanced Medical Imaging Providers		X
Summit Pathology		X
Ivinson Ground Transfer Ambulance	X	
City Of Laramie Ambulance prior to 09/01/2025	X	
City Of Laramie Ambulance 09/01/2025 and after		X
All out of area Ambulance		X
All Air Ambulance		X