Cheyenne Regional Medical Center

Policy and Procedure Manual

Financial Assistance Policy (FAP)

Policy #:	7.01.004
Chapter:	Leadership
Effective Date:	07/01/1995
Date Revised:	01/26/2023

Scope of Responsibility:

Entire Facility

POLICY

Cheyenne Regional Medical Center is committed to excellence in providing high quality health care services while serving the diverse needs of those living within its service area. Cheyenne Regional provides non-elective patient care regardless of ability to pay or insurance coverage status.

Cheyenne Regional believes that medically necessary health care services should be accessible to all, regardless of age, gender, religion, geographic location, cultural background, physical mobility or ability to pay. Cheyenne Regional is committed to providing health care services and acknowledges that in some cases the patient will not be financially able to pay for the services received.

This policy describes Financial Assistance eligibility requirements and approval process. Generally, eligibility for Financial Assistance is determined by comparing the patient's income at the time of service to the Federal Poverty Level Income Guidelines as established by the Department of Health and Human Services. These guidelines are published annually, and Cheyenne Regional will update its policy each year, accordingly.

DEFINITIONS

A. **Modified Adjusted Gross Income (MAGI)** – MAGI has two principal components: income counting and household composition. First, MAGI counts income according to federal tax law. Second, MAGI rules determine household composition and family size. Cheyenne Regional then compares the income and household size to the Federal Poverty Level (FPL) to determine eligibility for the financial assistance program.

B. **Amounts Generally Billed** – the amounts generally billed (AGB) for emergency or other medically necessary care to individuals who have insurance covering such care after discounts have been applied per the individual's insurance contract. Cheyenne Regional calculates the AGB pursuant to the look back method, as described by Treasury Regulation

Section §1.501(r) 5. The look back method is based on actual past claims paid to the hospital facility by Medicare Fee for Service along with all private health insurers paying claims to the hospital facility. The amounts billed for emergency and other medically necessary medical services to those eligible for financial assistance will not be more than the AGB to individuals with insurance covering such care. The AGB percentage will be reviewed and updated annually by the 120th day after the 12-month period the hospital facility used in calculating the AGB percentage, which is July 1st for Cheyenne Regional.

C. **AGB percentage** –a percentage of gross charges that a hospital facility uses to determine the AGB for any emergency or other medically necessary care it provides to an individual who is eligible for financial assistance. You may request a copy of the AGB percentage from Patient Financial Services at the number listed below.

D. **Discount** – a reduction from the full or gross charges for services rendered.

E. **Extraordinary Collection Actions (ECAs)** – actions taken by a hospital facility against an individual related to obtaining payment for a bill for care and services provided that may require a legal or judicial process, involve selling an individual's debt to another party or involve reporting adverse information about an individual to consumer reporting agencies or credit bureaus.

F. **Episode of care** – all clinically related services for one patient for a discrete diagnostic condition from the onset of symptoms until treatment is complete.

G. **Gross Charges** – the total charges for care and services provided, as listed on the hospital's charge master, before any applicable discounts are applied.

H. **Medically Necessary** – any service or procedure reasonably determined by the patient's treating provider to prevent, diagnose, correct, cure, alleviate, or avert the worsening of conditions that endanger life. The physical, mental, cognitive, or developmental effects cause suffering or pain, result in illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, if there is no other equally effective, more conservative or less costly course of treatment available. It may also include a course of treatment that includes mere observation or no treatment at all.

I. **Area of Service –** Laramie County, Wyoming

J. **Federal Poverty Guidelines** – a measure of income published annually by the U.S. Department of Health and Human Services. *See* https://aspe.hhs.gov/2019-poverty-guidelines for the current guidelines.

K. **Third-Party Liability Claims** – any claim a patient may have against another individual, insurer, or entity responsible for covering the patient's cost of medical services.

L. **Application Period** – the time in which a patient has to complete the Financial Assistance application. It begins on the first day care is provided and ends on the 240th day after Cheyenne Regional sends the individual the first post-discharge billing statement for the care provided.

SCOPE

This policy applies to Cheyenne Regional Medical Center and Cheyenne Regional Medical Group. Cheyenne Regional Medical Center and Cheyenne Regional Medical Group will collectively be referred to as Cheyenne Regional throughout this policy.

This policy applies to residents of the area of service as defined above.

This policy does not apply to services that are not deemed medically necessary by the patient's treating provider. It typically will not apply to (1) balances resulting from cosmetic services; (2) balances resulting from bariatric services; and (3) pregnancy-related treatment for patients who are eligible for Presumptive Programs for pregnant woman through Medicaid; (4) virtual self-pay clinic visits. This list is not exhaustive.

A list of any providers, other than the hospital facility itself, delivering Emergency Services or other Medically Necessary Services in the hospital facility and whether or not their services are covered under this Policy, is maintained in a separate document that may be obtained, free of charge: (1) from the front desks at the emergency department within each Hospital Facility; (2) by calling the telephone number set forth in this Policy; (3) by sending a written request to the address set forth in this Policy; or (4) by visiting http://cheyenneregional.org/billing-and-insurance/. Cheyenne Regional will update this list quarterly.

PROCEDURE

A. Compliance with EMTALA and HIPAA:

1. EMTALA: Cheyenne Regional will not delay the provision of a medical screening exam (MSE), stabilizing treatment, or appropriate transfer, or otherwise engage in any activities that would discourage an individual from seeking emergency medical care, in order to inquire about the individual's method of payment or insurance status. The Hospital will not seek, request, direct an individual to seek, or allow a health plan coordinator to request prior authorization for services before the individual has received a MSE and initiation of stabilizing treatment as required by EMTALA. See Policy 7.01.034
2. HIPAA: All application information, such as financial statements, will be maintained in accordance with the Health Information Portability and Accountability Act and the Cheyenne Regional Records Retention Policy.

B. Financial Assistance Program:

1. Requesting information:
    a. Applicants may receive information regarding eligibility and the Financial Assistance application process from a Financial Navigator at either the Patient One-Stop located at Admissions located at West Campus (214 East 23rd Street Cheyenne, WY 82001), by calling 307-996-4793 or on the Cheyenne Regional website at http://cheyenneregional.org/billing-and-insurance/.
    b. The application for financial assistance may be downloaded free of charge at http://cheyenneregional.org/billing-and-insurance/. The application may also be mailed free of charge to applicants upon their request by contacting the Financial Navigator Department at the addresses or phone number listed above. Applicants may also request paper copies of the application, policy, and plain language statement from the staff at front desk of the emergency department or front desk of the admissions department.
    c. In addition to the financial assistance application, Cheyenne Regional also posts the following on its website:

i. Cheyenne Regional policies regarding EMTALA (7.01.034), Payment Plans (15.04.008) and self-pay discounts (15.04.002).
ii. the plain language summary of the financial assistance policy, and
iii. Community Health Needs Assessment (CHNA)
iv. contact information for Cheyenne Regional Financial Navigator.

2. Cheyenne Regional communicates with community programs whose target populations are likely to qualify for Cheyenne Regional financial assistance to educate the community about Cheyenne Regional's financial assistance program.
3. Cheyenne Regional notifies and informs patients of the financial assistance program by: (1) Asking at each registration if the patient would like to meet with a Financial Navigator (2) offering a paper copy of the plain language summary of the financial assistance policy upon admission or discharge; (3) including a conspicuous statement on all billing statements that includes the availability of financial assistance, how to reach a financial navigator, and how to request copies of documents required to apply for financial assistance; and (4) setting up conspicuous public displays that are noticeable in size and placed in the emergency and admissions departments.

C. Application process:

1. A financial assistance application may be initiated by the patient, a Cheyenne Regional staff member, an outsource agency, a Cheyenne Regional community partner, a physician or an interested party on behalf of the patient.
2. Cheyenne Regional strives to identify patients who may be eligible for financial assistance as early as possible in the patient care cycle. Whenever possible, Cheyenne Regional Financial Navigator Department will determine whether a patient qualifies for financial assistance prior to or at the time of admission.

3. Timing of application:
    a. Applicants must apply for Financial Assistance within the application time period defined above.
    b. Exceptions to this requirement are at the discretion of the CFO or his/her designee and likely include situations of patient death or patient condition that prevents timely application.
4. During the application process, all requests related to eligibility will be referred to the Financial Navigator Department.
5. In order to be evaluated for financial assistance, it is the responsibility of the applicant to:
    a. submit a complete and signed application for qualification under any offered Federal or State medical benefit program or other health insurance program (e.g.: Medicaid, Social Security, COBRA)
        i. **OR** provide proof of denied application for public benefits and state or federal medical benefit programs.
    b. submit an application for qualification under any offered state or federal medical program: Medicaid, Social Security, Social Security Disability, and/or health insurance exchange during open enrollment within 30 days of a qualifying event.
        i. Qualifying events include death in a family, birth, marriage, divorce, etc.
    c. submit a signed and completed financial assistance application to Financial Navigator Department located Admissions or Financial Navigators at West Campus (214 East 23rd Street Cheyenne, WY 82001) along with a copy of his or her picture ID, proof of residency, and proof of income (as discussed further below) within the application period.
        i. Initial applications can be submitted through Cheyenne Regional MyChart at, https://mychart.crmcwy.org/MyChart/
6. An applicant must provide information about his or her household size. Household size includes all members of the immediate family and other dependents in the household as defined by healthcare.gov/income-and-household-information/household-size (located https://www.healthcare.gov/income-and-household-information/household-size/)

7. An applicant must provide proof of residency, which may include copies of utility bills, mortgage statements, lease agreements, and/or housing assessments dated within the last 30 days of the application.
8. An applicant must provide proof of income, which may include:
    a. Copies of the applicant's paycheck stubs from the 90 days prior to the submission of the application,
    b. Copies of the applicant's most recent social security award letter,
    c. Copies of the statements from the applicant's disability and/or unemployment benefits,
    d. A complete copy of the applicants most recent federal income tax return,
    e. A copy of the W-2 issued by the applicant's employer,
    f. Copies of most recent statements describing supplemental security income, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony and child support,
    g. An application from an outside agenda, (Cheyenne Regional will make its own determination of eligibility for financial assistance based on this policy and may require additional documents to determine eligibility), or
    h. If the applicant does not have any of the listed documents to prove household income, he or she may call the Cheyenne Regional Financial Navigator office and discuss other evidence that the applicant may provide to demonstrate eligibility. At Cheyenne Regional's discretion, it may accept a notarized letter stating how the applicant is financially surviving.
        i. In very limited situations, at Cheyenne Regional's discretion, it may rely on the applicant's oral representations as to his or her income to make a determination about his or her eligibility.
    i. The above list is not exhaustive as circumstances vary for each applicant.
    j. In order to establish a catastrophic level of Financial Assistance, additional information may be required.

9. Notification of Determinations:
    a. Cheyenne Regional Financial Navigator department will notify applicants of their eligibility determination in a timely manner.
    b. If an applicant is eligible, Cheyenne Regional will immediately arrange for payment of the outstanding balance, if any, after the applicable discount has been applied.
        i. Cheyenne Regional offers payment plans on an individual basis pursuant to Cheyenne Regional Policy 15.04.008.
    c. If an applicant is ineligible, Cheyenne Regional will issue a letter to the applicant explaining the reason for the denial and listing a contact number for the Financial Navigator office.

D. Eligibility Requirements:

1. Cheyenne Regional will generally provide financial assistance only after all other means of financial support are exhausted from available payment sources, including but not limited to: Medicare, Medicaid and Marketplace Health Insurance.
2. Cheyenne Regional determines an applicant's financial assistance eligibility based on the applicant's financial status on the date of application.
3. The Administrator of Aging Services, in consultation with the CFO or his/her designee, will establish department protocols for whether financial assistance is applicable for charges stemming from Home Health Services, hospice room and board at the Davis Hospice Center or hospice room and board provided in the main hospital setting on a case-by-case basis.
4. An Application for Financial Assistance is generally required:
    a. Every six (6) months or until the next open enrollment effectuation date, whichever is sooner, for residents of the area of service;
    b. The CFO or his/her designee will approve residents outside the area of service and non-US citizens on a case-by-case basis;
    c. If a resident outside the area of service or a non-US citizen requires continued and medically necessary care, the patient must provide a letter form his or her physician that explains the necessity of care in Laramie County and unavailability of care in the patient's home county or state. The CFO or his/her designee will make the eligibility determination.

d. Cheyenne Regional reserves the right to reevaluate an application at any time.

5. Services not covered by Medicaid because of patient coverage program may qualify for Financial Assistance. This does not include Medicaid and Kid Care (CHIP) co-payments.
6. Patient copayments, deductibles, and coinsurance will not be reduced or adjusted under financial assistance.

E. Determination of Eligibility

1. Eligibility criteria:
    a. Cheyenne Regional will use the proof of income and the application to assess the applicant's eligibility.
    b. Cheyenne Regional will determine the applicant's FPL and eligibility using a Modified Adjusted Gross Income (MAGI) approach. In instances where a substantial financial resource is available that is not otherwise counted as income according the MAGI, such as certain unearned income not reported on taxes, approval of financial assistance is at the discretion of the CFO or his/her designee.
    c. Cheyenne Regional may presumptively assume the applicant qualifies for the same level of financial assistance that he or she qualified for in his or her prior applications.
        i. Cheyenne Regional notifies the patient (if he or she is a resident of the area of service) that his or her original eligibility determination will be valid based on Section D.5 and if the patient has another episode of care within that time period that the patient may re-apply for more generous assistance (if his or her financial status has changed) within the application period.

F. Approved Financial Assistance Adjustment Amounts:

1. See attachment A for the list of applicable discounts.
2. Catastrophic Financial Assistance – An applicant may qualify for a discount or an additional discount when his or her patient financial responsibility exceeds 30% of the household income but no less than $1,000. Senior management approval is required. At the time of the eligibility determination, Cheyenne Regional will examine the applicant's account files for any other outstanding obligations

related to the specific episode of care . Cheyenne Regional will only apply the discount to those charges related to the episode of care at issue.

3. For those applicants within income requirements and within service area, initial determination will be made by the Financial Navigators. If a patient is deemed eligible and has already made payments to Cheyenne Regional for the episode of care, Cheyenne Regional will issue a refund to the patient if the payments were in excess of the approved financial assistance rate or established amount for the **same** episode of care for which the applicant seeks financial assistance.

G. Continued eligibility, revocation of eligibility, and requirement to supplement:

1. For patients to remain eligible for Financial Assistance, patient/guarantor must apply for and/or continue to pursue all benefits for which they are presently entitled to or may become entitled to, including Medicare, Medicaid, Social Security Disability, or any other state or Federal programs, until patient/guarantor are either approved or denied.
2. If patient/guarantor is denied benefits through any Federal or State program due to lack of cooperation, Financial Assistance may not be granted or may be revoked, and discounts will be reversed, resulting in all outstanding debts to Cheyenne Regional becoming patient/guarantor responsibility.
3. Cheyenne Regional retains the right to require any applicant to reapply if new information pertaining to any change in his or her income level becomes available that may change his or her eligibility for Financial Assistance. Applicants may also request to reapply if their income level or family status changes.

H. Third Party Liability and duty to supplement application:

1. In instances of Third Party Liability (TPL) or Worker's Compensation (WC), Cheyenne Regional will not apply financial assistance until there is sufficient evidence of patient responsibility. A letter of settlement is required from the third party insurance or an attorney. Cheyenne Regional will consider workers' compensation claims similarly.
2. Patients obtaining a financial award through a Third Party Liability (TPL) situation must report the amount of the award as income to Cheyenne Regional. A new Financial Assistance application will be re-processed based on the new income amount.

I. Incomplete Applications:

1. If an applicant submits an incomplete financial assistance form, within the application period, Cheyenne Regional will:
    a. Provide the applicant with a written notice that describes the additional information and/or documentation required by this policy or the application that he or she must submit to complete his or her application;
        i. Incomplete application packets will remain open for 30 days after submission. A letter will be sent upon review of the packet and determining what is missing. An additional letter will be sent 10 days prior to closing the case informing the individual of what is required to process the application packet.
    b. Provide the applicant with at least one written notice that informs him or her that the hospital may engage in adverse reporting to consumer credit reporting agencies/credit bureaus if the applicant does not complete the application or pay the amount due by a specified deadline.
        i. The deadline date must not be earlier than the last day of the application period or thirty days after the written notice is provided to the individual.
    c. Reporting to consumer credit reporting agencies/credit bureaus occurs after 250 days from the first statement if a completed application packet is not received prior;

J. Collection Activity:
    1. Cheyenne Regional Medical Center will not engage in extraordinary collection actions before it makes a reasonable effort to determine whether an applicant is eligible for financial assistance under this policy.
    2. Reasonable efforts shall include:
        a. Validating that the patient owes the unpaid bills and that all sources of third-party payment have been identified and billed by the hospital;
        b. Offering or attempting to offer the patient the opportunity to apply for financial assistance pursuant to this policy and documenting if the patient has not complied with the hospital's application requirements;
        c. Sending three billing statements and sending at least one written notice of the ECAs that Cheyenne Regional intends to use if the patient does not complete a financial assistance application or pay his or her outstanding

balance within the appropriate time period. This notice will also state a deadline for when ECAs may be initiated that is no earlier than 30 days after the notice was sent.

d. Extraordinary collections actions may include actions such as:
    i. Reporting to consumer credit reporting agencies/credit bureaus
    ii. Wage garnishments
    iii. Liens on primary residences, or
    iv. Other legal actions

K. Additional References:

1. Letter of instruction sent to patient explaining the Financial Assistance Application process
2. Financial Assistance Application
3. Financial Assistance Guidelines
4. Current year Poverty Level Guidelines (to be updated annually)
5. Provider list
6. Plain Language Summary
7. Community Health Needs Assessment (CHNA)

References: 26 U.S. Code § 501(r) and Wyoming Statute sections 18-8-806 and 16-4-502
Policy Cross Reference: Patient Accounting, Policy 7.01.034 EMTALA
This policy replaces the following policy:
Key Words: Medical Assistance**,** Financial Assistance, Poverty Level, Co-payment, Guidelines, Income Guidelines, FAP

Originator: Chief Financial Officer	
Signatures:	
President, Board of Trustees:	**Date:**

Cheyenne Regional Medical Center Cheyenne Regional Medical Group

Cheyenne Regional Financial Assistance Program

	A/B/C Rate 0-100% FPL	D/E Rate 100-149% FPL	F/G Rate 150-199% FPL	H Rate 200-249% FPL	M Rate 250-400% FPL
Outpatient Visits including Primary Care Clinic, Behavioral Health Clinic & Home Health Visits	$15	$15	$30	70% discount off Gross Charges	60% discount off Gross Charges
Specialty Care	$30	$30	$60	70% discount off Gross Charges	60% discount off Gross Charges
Laboratory	$0	$0	$10	70% discount off Gross Charges	60% discount off Gross Charges
Radiology/Imaging including (CT/MRI/Nuclear Med)	$30	$30	$120	70% discount off Gross Charges	60% discount off Gross Charges
Physical, Occupational, Speech Therapy, Cardiac Rehab	$30	$30	$90	70% discount off Gross Charges	60% discount off Gross Charges
Wound Care, IV Therapy, Radiation, & Anticoagulation	$100	$100	$200	70% discount off Gross Charges	60% discount off Gross Charges
Emergency Department Visit	$75	$75	$200	70% discount off Gross Charges	60% discount off Gross Charges
Inpatient Hospital, Inpatient Behavioral Health & Outpatient Surgery	$100	$100	$800	70% discount off Gross Charges	60% discount off Gross Charges
CRMG Hospital Based Physician Services	$100	$100	$200	70% discount off Gross Charges	60% discount off Gross Charges