

**WEST TENNESSEE HEALTHCARE  
MANAGEMENT GUIDEBOOK POLICY**

<b>SUBJECT:</b> Patient Financial Assistance		<b>POLICY NO.:</b> 8170
<b>APPLICATION:</b> System-Wide		1 of 5 + <b>PAGE(s):</b> Attachments (2)
<b>DEPT. RESPONSIBLE:</b> Quality Council		<b>EFFECTIVE:</b> 08/89
		<b>REVIEWED:</b> 02/05/07
		<b>REVISED:</b> 02/05/19
<b>APPROVED BY:</b>		
	<b>President/CEO</b>	<b>Date:</b>

**PURPOSE:** The mission statement of West Tennessee Healthcare (WTH) is as follows:

“To improve the health and well-being of the communities we serve while providing exceptional and compassionate care.”

West Tennessee Healthcare (WTH) is committed to fulfilling this mission. We will provide financial assistance for all emergency, medically necessary care, and non-elective services, provided by WTH medical staff and other substantially-related entities, to individuals who meet approved eligibility criteria. As defined by Centers for Medicare & Medicaid Services (“CMS”), medically necessary is defined as healthcare services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.

**POLICY:** West Tennessee Healthcare will render services, including all emergency care, as referenced under Subchapter G of Chapter IV of Title 42 of the Code of Federal Regulations, to all persons in need of treatment, regardless of race, creed, color, sex, religion, national origin, age, disability, handicapping conditions, ability to pay, or financial assistance eligibility.

**PROCEDURE:**

**I. FINANCIAL ASSISTANCE:**

- A. Patient accounts meeting financial assistance criteria will receive a discount on patient responsible balances for qualifying services as defined in this policy. **See Attachment 1 for schedule of discounts.**
- B. Income: To be eligible for WTH’s financial assistance program the patient’s household income for the most recent twelve months may not exceed 400% of the Federal Government’s Poverty Income Guidelines.
  - Federal Poverty Guidelines are updated annually by the Department of Human Services and published in the Federal Register.
  - All sources of household income are considered and proof of income will be required prior to approval. WTH will not deny financial assistance based on an applicant’s failure to provide information or documentation unless the

Management Guidebook Policy

POLICY RE: Patient Financial Assistance

REVISED: 02/05/19

POLICY NO.: 8170

PAGE 2 of 8

- information is specified on the Patient Financial Assistance Services (“PFAS”) application.
- Patients may meet income guidelines, but still have substantial liquid assets with which to satisfy the balances for services they have received. Asset qualification restrictions are meant to identify patients who qualify for charity care assistance under the income qualification section, but who have adequate liquid assets to satisfy their obligation to WTH and therefore should not qualify for charity care assistance. Liquid assets may include cash, checking accounts, savings accounts, CDs, money market accounts, investments (stocks, bonds, mutual funds, etc.), including retirement accounts.
- C. Application:** Patients/Guarantors wishing to apply for financial assistance must complete an application and provide documents necessary for verifying the amount of household income. The application may be obtained on-line at [www.WTH.org](http://www.WTH.org), locations of the PFAS department (i.e. JMCGH Admitting, JMCGH ED registration), or at WTH Patient Financial Services (“PFS”) office location, WTH Building- 1<sup>st</sup> Floor, 1804 Hwy 45 Bypass, Jackson, TN, 38305, at West Tennessee Healthcare North Hospital location, 367 Hospital Blvd., Jackson, TN 38305, or by phone, Patient Financial Assistance Services, 731-541-5000.
- D. Other Payment Sources:** Applicants may be required to apply for TennCare or other coverage through the Insurance Marketplace or HealthCare.gov, or pursue any other available payment sources before being approved for financial assistance. WTH charity write-off will be the option of last resort.
- E. Exclusions** - The following will not be eligible for financial assistance:
1. Cosmetic surgery.
  2. Routine sterilization and sterilization reversals.
  3. Account balances more than 240 days after first statement of patient billing.
  4. Retail products and services.
  5. Products and services deemed not medically necessary by the patient’s insurance plan.
  6. Other products and services indicated in [Management Guidebook Policy #8125 – Financial Responsibility for Elective Services](#).
  7. Patients with non-emergent and non-urgent medical conditions whose primary residence is outside the District's service area.
    - For purposes of this policy the District's service area consists of the following counties:
- |          |            |
|----------|------------|
| Benton   | Hardeman   |
| Carroll  | Hardin     |
| Chester  | Haywood    |
| Crockett | Henderson  |
| Decatur  | Henry      |
| Dyer     | Lauderdale |
| Gibson   | Lake       |

## Management Guidebook Policy

POLICY RE: Patient Financial Assistance

REVISED: 02/05/19

POLICY NO.: 8170

PAGE 3 of 8

Madison  
McNairy  
Obion  
Weakley

Pemiscot Co., MO  
Fulton Co., KY  
Graves Co., KY  
Hickman Co., KY

Patients residing in counties that have WTH facilities outside this service area may be eligible for indigent care for services provided by that WTH entity. During any business or patient care evaluation at any WTH practice or facility, exclusion 7 may be waived, for a singular encounter, a temporary timeframe, or an indefinite period, by the Executive Director of Patient Access, Executive Director of Patient Financial Services, or Executive Director of Revenue Cycle.

- F. Patients who have been approved for financial assistance will have the following minimum financial responsibility for services at WTH-owned clinics:
  - 1. Uninsured: \$25.
  - 2. Insured: Lesser of \$25 or patient financial responsibility under insurance plan.
- G. Services not covered by a patient's insurance plan due to being out-of-network will not be eligible for financial assistance if the services could have been provided by an in-network provider.
- H. Administration may deny or reduce financial assistance adjustments based on individual circumstances, including amount of liquid assets owned by the patient or guarantor. This reduction or denial will require vice-president approval.
- I. Patients/Guarantors will be eligible to apply for financial assistance for up to eight months after first patient billing.
- J. Financial assistance approval is valid for six weeks from the date of approval for services that qualify under this policy.

### II. CATASTROPHIC MEDICAL EVENT

- A. Financial assistance is available for patients with a catastrophic medical event, in accordance with the criteria defined in this policy.
- B. Catastrophic medical event is defined as unreimbursed medical expenses at WTH hospitals, in a 12-month period, that exceed the patient's annual household income. "Unreimbursed medical expenses" for uninsured patients is defined as the balance remaining after application of uninsured discount and financial assistance discount per WTH policy.
- C. Assistance is not available under this policy for elective and/or not medically necessary services.
- D. In the case of a catastrophic medical event, an additional discount will be applied to reduce the balance(s) to 25% of the patient's annual household income.

### III. PRESUMPTIVE ELIGIBILITY

- A. In certain cases, WTH may use outside agencies to determine patients' eligibility for charity care. Presumptive eligibility is deemed approved on a per

- encounter basis, and has no given range for approval dates. Presumptive eligibility may be determined on the basis of individual circumstances that may include:
- a. Homeless or received care from a homeless clinic
  - b. Food stamp eligibility
  - c. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down)
  - d. Low income/subsidized housing
  - e. Patient is deceased with no known estate or court has deemed the estate insolvent.
  - f. Estimated household income and estimated net worth below thresholds defined in Patient Financial Assistance department policy for presumptive eligibility. Household income and net worth will be estimated using WTH-approved third-party source.
  - g. A copy of our Financial Assistance Policy and application will be sent yearly to the local health departments for distribution for anyone who may need assistance.
- IV. Exceptions to this policy may be made on a case-by-case basis with Vice-President approval.
- V. This policy will be publicized in the following ways:
- A. The policy, a summary of the program, and the financial assistance application will be posted on West Tennessee Healthcare's website at [www.wth.org](http://www.wth.org)
  - B. Billing statements and collection letters will contain a message with information on how to obtain a financial assistance application or copy of the policy.
  - C. A statement about the policy will be included in the General Conditions of Treatment and/or Admission form that is provided to patients.
  - D. A written or electronic copy of the policy will be available upon request, in English and Spanish.
  - E. Information regarding Financial Assistance is publicly displayed, at points of patient access (i.e. JMCGH Admitting, JMCGH ED registration, West Tennessee Healthcare North Hospital Main Admitting).
- VI. On accounts for the uninsured, the discounts indicated in this policy will be applied on the balance remaining after applying any applicable uninsured discount in accordance with [Management Guidebook Policy #8083 – Discounts for Uninsured Patients](#).
- VII. Individuals approved for financial assistance under this policy will not be responsible for more than the amount generally billed (AGB) on accounts for individuals with insurance covering their care.

**Management Guidebook Policy**

**POLICY RE: Patient Financial Assistance**

**REVISED: 02/05/19**

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**POLICY NO.: 8170**

**PAGE 5 of 8**

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- A. To determine the AGB, we will use the “look-back” method to determine the aggregate rate paid by Medicare and private health insurers.
- B. For the period of July 2017 thru 2018, calculated AGB for all WTH hospitals was 31.9%
- C. AGB calculation will be re-evaluated on an annual basis for all WTH hospitals. The same calculation will apply to all.

## Attachment 1

### Hospitals:

Household Income % of Federal Poverty Level	Financial Assistance Discount	Applies To:
< 200%	100%	Uninsured and Insured
200% - 300%	60%	Uninsured
300% - 400%	40%	Uninsured

### Clinics / Physician Billing:

Household Income % of Federal Poverty Level	Financial Assistance Discount	Applies To:
< 200%	<b>Clinics:</b> Discount to: \$25 primary care; \$25 specialty <b>Hospital-Based:</b> 100% discount	Uninsured and Insured
200% - 300%	60%	Uninsured
300% - 400%	40%	Uninsured

### Other Entities:

Household Income % of Federal Poverty Level	Financial Assistance Discount	Applies To:
< 200%	100%	Uninsured and Insured
200% - 300%	60%	Uninsured
300% - 400%	40%	Uninsured

## **Attachment 2**

### **West Tennessee Healthcare Facilities/Providers**

**Jackson-Madison County General Hospital**

**Bolivar General Hospital**

**Milan General Hospital**

**Camden General Hospital**

**West Tennessee Healthcare North Hospital**

**West Tennessee Healthcare Volunteer Hospital**

**West Tennessee Healthcare Dyersburg Hospital**

**Kirkland Cancer Center**

**West Tennessee Surgery Center**

**West Tennessee Imaging Center**

**Skyline Endoscopy**

**Medical Center Lab**

**Medical Center Medical Products**

**Medical Center Infusion Services**

**West Tennessee Healthcare Associated Clinics:**

- **Camden Family Medical Center**
- **Cardiothoracic Surgery Center**
- **Heart Rhythm Clinic**
- **JCT School Health Clinic**
- **Medical Clinic of Jackson**
- **Lexington Medical Center**
- **MedSouth Medical Center**
- **Milan School Health Clinic**
- **PrimeCare Primary Clinic Selmer**
- **PrimeCare Primary Clinic Henderson**
- **PrimeCare Primary Clinic Adamsville**
- **West Tennessee Neuroscience & Spine**
- **West Tennessee Gastro**
- **West Tennessee OB/GYN Services**
- **West Tennessee Medical Group Primary Care Martin**
- **West Tennessee Medical Group Hillview South Clinic**
- **West Tennessee Medical Group Internal Medicine Dyersburg**
- **West Tennessee Medical Group Primary Care Halls**
- **West Tennessee medical Group Endocrinology Dyersburg**
- **West Tennessee Medical Group Internal Medicine Clinic Dyersburg**
- **West Tennessee Medical Group Women's Care Dyersburg**

## **Attachment 2 Continued**

- **West Tennessee Medical Group Surgery Group Dyersburg**
- **West Tennessee Medical Group Urology Dyersburg**
- **West Tennessee Medical Group Surgery Dyersburg**
- **West Tennessee Medical Group Orthopedics Dyersburg**
- **West Tennessee Medical Group Digestive Health Dyersburg**
- **West Tennessee Medical Group Family Medicine Dyersburg**
- **West Tennessee Medical Group Urology Jackson**
- **West Tennessee Medical Group Walk-in Clinic – Thomsen Farms**
- **West Tennessee Medical Group Walk-in Clinic – Meridian Springs**
- **West Tennessee Medical Group Specialty Clinic Martin**
- **West Tennessee Medical Group Parkway Medical clinic**
- **West Tennessee Medical Group Primary care Caruthersville**
- **West Tennessee Medical Group ENT Dyersburg**
- **West Tennessee Medical Group Lift Health**

**West Tennessee Healthcare Sleep Center North**

**West Tennessee Healthcare Outpatient Surgical Services**

**Medical Center EMS**

**Pathways**

**West Tennessee Rehabilitation Center**

**Sports+ Rehab Centers**

**Hospice of West Tennessee**