



Patient Financial Assistance Program – Frequently Asked Questions

1. What is the Patient Financial Assistance Program at West Tennessee Healthcare?

In keeping with the Mission of West Tennessee Healthcare (“WTH”) “to improve the health and well-being of the communities we serve while providing exceptional and compassionate care,” the WTH Patient Financial Assistance Program (“FAP”) is to reduce patient out-of-pocket financial responsibility for medically necessary services rendered at WTH based upon the ability of the patient or their family to pay for those services. The Patient Financial Assistance Program is not a comprehensive medical coverage plan, and has exclusions and limitations at WTH.

2. What types of discounts can I receive?

The WTH Patient Financial Assistance Program offers four types of discounts:

Uninsured Discount- All patients found to be uninsured receive a discount from the total charges of WTH facilities. The amount of this discount varies from year-to-year based upon State of Tennessee legislation and regulation. The Uninsured Discount may not be applicable to products or services that are considered cosmetic, medically unnecessary, or other services rendered outside of a hospital setting.

Financial Assistance Discount- For eligible hospital services, those patients approved for a FAP discount will have medically-necessary services reduced by 100%. In WTH clinics, approved patients for the FAP discount will owe a \$25 co-payment for primary care and specialist care visits without referral for services covered by Charity Care or considered medically necessary. For certain elective service lines, like physical therapy, there may be limitations to coverage of services. To be eligible for the FAP discount, the household income for the most recent twelve months may not exceed 200% of the Federal Government’s Poverty Income Guidelines.

Sliding Fee Discount- Uninsured patients meeting financial assistance criteria for the Sliding Fee Discount criteria will receive an additional 40% or 60% discount on the balances due on applicable accounts. The level of this discount is based on a scale for patients with household income between 200% and 400% of the federal poverty guideline level.

Catastrophic Medical Events- Catastrophic Medical Events are 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 are defined as the balance remaining after application of uninsured discount and any other discounts applicable under WTH policies. In the case of a Catastrophic Medical Event, balances due for all applicable accounts will be reduced to 25% of the verified gross household income.

3. How do I apply for a financial assistance?

An applicant can pick up an application packet at any of the West Tennessee Healthcare hospitals at points of Patient Access and Registration areas, at the West Tennessee Healthcare Patient Financial Services Department at 257 Bancorp South Pkwy in Jackson, or at the West Tennessee Healthcare entity where you are receiving treatment. Additionally, the FAP application is available on the www.wth.org website and the application can be obtained by calling the Hospital Billing Department's Customer Service line toll free at 800-233-2108.

4. What are the qualifying factors for financial assistance?

Verified gross household income and the number of household members are the two primary determination factors for eligibility for the WTH Financial Assistance program. The amount of the reduction of patient out-of-pocket expenses for applicable and medically-necessary services rendered is based upon Federal Poverty Guidelines. In some circumstances, patients may meet eligibility for financial assistance under the WTH Patient Financial Assistance policy as the result of catastrophic medical events.

5. How are financial assistance determinations made

All FAP applications are reviewed on a first-come, first-served basis for accuracy and completeness prior to final determination. If information on the application or the supplemental information required to make a determination is incomplete, then FAP staff will contact the patient either by phone or by mail to inform the applicant that the application is pending or denied for missing/incomplete information. Once an application and all necessary information are obtained, a final determination of approved or not approved is made according to standard criteria. The final determination is given to the applicant in the form of a mailed letter.

6. What is considered verified gross household income?

Verified income can be qualified by proof of income or other acceptable means of obtaining income information. Gross income is the total amount of income received prior to deductions for taxes and other reduction factors. Household income is any income that is received by all members of the household. Sources of income may include, but not be limited to:

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| Employment by Others | Unemployment Compensation | Social Security |
| Workers Compensation | Education Grants/Work-Study | Self-Employment |
| AFDC Payments | SSI Payments | Retirement Funds |
| Alimony | Income from Assets | Pensions |
| Disability | Union Benefits | Family Support |
| Annuity Payments | Cash Gifts | Other agency support |

If you have questions regarding other sources of income that may be considered under the WTH Patient Financial Assistance Program, contact Patient Access at the entity for which you are applying.

7. I am an adult (18 years or older) and still live with my parents. Do I have to provide gross household income for my parents?

Yes, your parents will be counted as household members and your parent's gross household income has to be provided to apply for eligibility. This is standard for most assistance programs and their support of your housing is considered an auditable benefit. While we require your parent's household income information, this does not necessarily mean that we will pursue them for any amounts due for your account.

8. How long does eligibility under the program last if approved?

Approval under the WTH FAP Program provides eligibility under the program for six weeks starting with the date of approval.

9. Do I need to reapply before it expires?

In order to reapply for the financial need discount, your current approval must be expired and you must have a reentered into services at WTH or have a bill from a WTH entity that does not fall within the timeframe of your previous eligible period.

10. How long will the process take before I get a determination?

The length of the process varies and really is determined by you, the patient. If all needed documents are returned with the application the determination will be made that day and you will receive a determination letter via mail within the next few days. However, if all needed documents are not returned with the application, you will receive a denial letter due to lack of required information. All denied applications for lack of information will be held for 30 days in order to give you time to get the rest of the information in.

11. If I am approved does that mean my family is approved too?

If one person in a household is approved, then everyone in the household listed on the application is also approved as long as their income was used in the determination process and they meet the other qualifications.

12. What are acceptable forms of proof of income?

Acceptable forms of proof of income include: Tax returns, W2s, recent paystubs, SS benefit letters, SSI benefit letters, bank statements showing direct deposits, Food stamp benefit letters, child support benefit letters, and alimony benefit letters. For non-standard forms of income, signed and notarized attestations of that income may be required. If there is no income, a binding attestation of no income will be required.

13. After approval, how do I use the program?

If approved, you will receive an approval letter in the mail. You will need to bring it with you anytime you present for services at West Tennessee Healthcare entities. Please remember that the FAP is not a comprehensive medical coverage plan or program and has exclusions and limitations depending upon service lines at WTH.

14. Can I be pre-approved for the Patient Financial Assistance Program at West Tennessee Healthcare?

No, you cannot be pre-approved or be allowed to apply for the FAP before having services at a West Tennessee Healthcare entity.

15. Will the Patient Financial Assistance program at West Tennessee Healthcare cover my prescription medications?

No, prescription medications are not covered by West Tennessee Healthcare under the Patient Financial Assistance program. The program is designed to reduce out-of-pocket costs for financially-needy patients of West Tennessee Healthcare and is not a comprehensive medical coverage plan or program. There are programs available to patients that do not have prescription drug benefits to give those patients access to affordable medications.