SCOPE

Washington Regional Medical Center ("WRMC")

PURPOSE

WRMC is committed to improving the health of people in communities we serve through compassionate, high quality care, prevention, and wellness education. We are committed to serving and treating all patients with compassion, from the bedside to the billing office, including our payment collection efforts. The provision of free or reduced cost medical care to those in our primary service area who lack health insurance coverage and who cannot pay for all or part of the medical care they receive at WRMC is only one aspect of WRMC’s charitable mission.

WRMC is committed to maintaining a financial assistance policy that is consistent with its mission and values and that takes into account an individual’s ability to pay for medically necessary health care services.

GENERAL POLICY STATEMENTS

Who is Eligible for Financial Assistance:

It is the policy of WRMC to offer financial assistance to patients who reside within the WRMC primary service area who are unable to pay their hospital bills due to difficult financial situations. WRMC follows federal guidelines in making reasonable efforts to determine a patient’s eligibility for financial assistance, and WRMC utilizes federal poverty guidelines to inform financial assistance determinations.

What Type of Care is Eligible for Financial Assistance:

WRMC will provide care for emergency medical conditions and medically necessary services to individuals regardless of their ability to pay or eligibility for financial or government assistance, and regardless of age, gender, race, national origin, immigrant status, disabilities, sexual orientation, religious affiliation, or any other classification protected by federal, state or local law.
WRMC provides financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government health care program, or otherwise unable to pay, for medically necessary care or emergency medical conditions based on their individual financial situation.

Non-emergent or non-urgent health care services (i.e., elective or primary care services) may be delayed or deferred based on consultation with WRMC clinical staff or the patient’s primary care provider. WRMC may decline to provide a patient with non-emergent, non-urgent health care services in those cases where WRMC is unable to identify a payment source, eligibility for a public financial assistance program, or obtain a required primary care provider referral.

Patients who present to the WRMC Emergency Department and have been determined after receiving a medical screening examination to have a non-emergent or non-urgent medical condition will be given the option of seeking treatment at a clinic or making arrangements with the admission clerk to be seen in the ED. Patients will be given information on the WRMC Urgent Care Clinic and advised of the option of going to their primary care physician for treatment.

Patients with non-emergent or non-urgent conditions that choose to receive care in the WRMC Emergency Department will be required to pay an initial payment to be applied to the patient’s deductible and co-payment as a precondition to receiving further services. The amount of the initial payment will be determined on the basis of the patient’s insurance plan. Patients who do not have health insurance or whose applicable co-payment or co-insurance requirements cannot be determined will be asked for an initial payment of $200.00. Medicare patients with supplemental insurance, Medicaid recipients, VA and Workers’ Compensation beneficiaries are exempt from the initial payment policy.

How Financial Assistance is Determined:

A WRMC Business Office representative or committee with authority to offer financial assistance will review individual cases and make a determination regarding the extent to which any financial assistance may be offered.

WRMC determines an individual’s need for financial assistance by reviewing the particular services requested or received for medical necessity, available insurance coverage or other sources of payment, and the individual’s historical financial profile and current financial situation.

This policy outlines WRMC’s practices and procedures for evaluating and awarding financial assistance to patients who require medically necessary treatment after exhausting all available or potential sources of insurance payment. Financial assistance is provided to patients with a demonstrated inability to pay, as contrasted to
an unwillingness to pay, which is considered bad debt. Financial assistance is not considered to be a substitute for personal responsibility. Individuals applying for financial assistance are expected to cooperate with WRMC procedures for obtaining financial assistance or other forms of payment, and to contribute to the cost of their care based on their individual ability to do so.

**List of Providers Covered by this Financial Assistance Policy:**

WRMC maintains a “Provider List” addendum to this Financial Assistance Policy. This addendum lists all providers, other than WRMC, who provide emergency or other medically necessary care at WRMC and who are not subject to this Policy. The Provider List is included at the back of this policy and may otherwise be obtained in the same manner and procedure as obtaining a copy of this Financial Assistance Policy.

**FINANCIAL ASSISTANCE POLICY PROCEDURE**

**Publication of FAP**

The WRMC plain language summary of the financial assistance policy shall be provided in writing to patients, visitors and local community service agencies. Written information describing the WRMC financial assistance policy shall be available both in English and Spanish and any other required translations to any party seeking such information at the following locations:

- Admitting offices
- By mail upon request
- Financial assistance availability and office phone numbers are printed on the bottom of all hospital bills.
- Signs are posted at entry-ways in English, Spanish and other required translations advising patients of the WRMC business locations where application can be made for financial assistance. WRMC shall offer a plain language summary of the Financial Assistance Policy as part of either the intake or discharge process.
Identification of Patients Eligible to Receive Financial Assistance

A patient may be identified and evaluated for financial assistance in connection with medically necessary care prior to, during, or following care. The following is a non-exclusive list of examples as to how a patient who may be eligible for financial assistance can be identified prior to their receipt of services:

- The patient or their legal representative makes a request for financial assistance.
- A member of the WRMC Medical Staff refers a patient they believe may be in need of financial assistance to the Business Office.
- A WRMC employee may refer a patient they believe may be in need of financial assistance to the Business Office.
- A governmental or community organization may refer a patient they believe may be in need for financial assistance.

A patient can also be referred to the Business Office for evaluation of financial assistance following the patient’s receipt of medically necessary services. The following is a non-exclusive list of examples as to how a patient who may be eligible for financial assistance can be identified following their receipt of services:

- The patient or their legal representative makes a request for financial assistance.
- A member of the WRMC Medical Staff may refer a patient they believe may be in need of financial assistance to the Business Office.
- A WRMC employee may refer a patient they believe may be in need of financial assistance to the Business Office.
- A governmental or community organization may refer a patient they believe may be in need for financial assistance.
- A collection agency may refer patients back to WRMC for evaluation of possible financial assistance.
- Business Office personnel may identify financial need through interactions with patients regarding billing and payment.
- Business Office personnel may use credit screening services utilizing social security numbers and credit scores to identify individuals who may qualify for financial assistance. At no time, however, would the use of such information be used to deny or otherwise restrict emergency or other medically necessary care.

Method of Applying for Financial Assistance

Determination of eligibility for financial aid will be made as early in the care planning and scheduling process as possible. Services requested by or on behalf of an individual who presents to WRMC seeking evaluation or treatment for an emergency medical condition will never be delayed pending financial determinations. Patients who wish to apply for financial assistance or who have been identified as being potentially eligible for financial assistance will be informed of the application process either before receiving services or after the billing and collection process has begun.
A financial assistance application may be obtained at no charge by mail by contacting the WRMC Business Office at (479) 463-6000, or by downloading and printing the financial assistance application from the Washington Regional website http://www.wregional.com/main/financial-assistance.aspx

**Documents needed in addition to Application:**

All patients/guarantors who receive a financial assistance application should make every effort to fully complete and return the financial assistance application within ten (10) working days, together with the following supporting documentation that collectively serve as the minimum information necessary for WRMC to process an application for financial assistance:

- A copy of the most recent federal and Arkansas tax returns, including all schedules of patient, spouse or any person who claims the patient as a dependent for tax purposes.
- A copy of the two (2) most recent bank statements from all banking institutions of the household.
- Proof of household income (pay stubs for the past sixty (60) days).
- Full disclosure of claims, potential claims and/or payments received from personal injury and/or accident related claims.

**Other Documents May be Required:**

WRMC reserves the right to request additional documentation before finalizing a request for financial assistance. While telephone applications will not be accepted because supporting documentation is required, WRMC may contact applicants by phone or other electronic means to obtain other information needed to process the financial assistance application.

**Processing Requests for Financial Assistance**

WRMC Registration personnel will:

1. Provide each patient who is identified as being uninsured or underinsured with information regarding available government assistance programs and the WRMC financial assistance policy.
2. Provide contact information for assistance in making inquiries regarding and completing applications for the WRMC financial assistance program and government assistance programs.
3. Document on the patient’s registration that this information was provided.
WRMC Financial Counselors/Public Benefit Advocates will:

1. Attempt to contact each inpatient who is uninsured or underinsured to provide information regarding government assistance programs and the WRMC financial assistance program while the individual is still receiving inpatient care.
2. Verify insurance coverage and benefits for all patients scheduled for services, and contact those who are uninsured or underinsured to provide information regarding government assistance programs and the WRMC financial assistance program, including a plain language summary of the financial assistance policy and an application for financial assistance.
3. Document in WRMC’s financial record system any information pertinent to the financial assistance process and that information regarding government assistance programs was provided prior to discharge, specifically the plain language summary of the financial assistance policy and a financial assistance application.

The WRMC Business Office will:

1. Attempt to contact all uninsured and underinsured patients to discuss government assistance programs and the WRMC financial assistance program. Staff must inform the patient about the financial assistance policy in all oral communications regarding the balance due that occur during the notification period.
2. Provide each uninsured and underinsured patient a copy of the plain language summary of the financial assistance policy, the financial assistance application, and respond to any and all requests for information and assistance regarding the financial assistance application process.
3. Document the following information: (i) the name of the person to whom the financial assistance application was provided, and if not the patient, the relationship of the person to the patient; (ii) the applicable date(s) of service; (iii) the date the financial assistance application was provided; and (iv) the date the financial assistance application is expected to be received from the patient.
4. The Business Office must provide each patient at least three statements showing the patient’s financial obligation for items and services received at WRMC and at least one final notice advising the patient that in the event the financial assistance application or payment is not received prior to the end of the notification period the account may be assigned to an outside collection agency and/or subject to extraordinary collection activities as described in the notice. Each billing statement must be accompanied with a copy of the plain language summary of WRMC’s financial assistance policy. WRMC will not employ any extraordinary
collection actions prior to 120 days from the date of issuance of the first post discharge billing statement.

5. Where a mailed application is returned due to an incorrect address, document all efforts taken and explored in attempting to obtain correct contact information for the patient before referring the account for collection.

6. Where it appears that the patient may be eligible for government assistance programs, Business Office personnel shall assist the patient in making application for such programs or refer the patient to the appropriate governmental agency for a determination of eligibility.

7. As necessary, conduct a verbal interview with the patient and have the patient sign the financial assistance application.

8. Review each financial assistance application and ensure that it is complete and that all supporting documentation has been received. Where an application is deemed incomplete, the missing information shall be documented in the patient account and the applicant will be sent a “Request for Additional Information” letter requesting that the missing information be provided within thirty (30) days. The “Request for Additional Information” letter should advise the applicant that if he/she fails to return the requested information necessary for the application to be deemed complete for processing, he/she will be financially responsible for the account and that extraordinary collection actions may be taken including a description of those extraordinary collection actions.

9. Once the financial assistance application is complete, the date of that determination shall be documented and a decision to the applicant’s eligibility for financial assistance shall be made within the next thirty (30) days.

10. The completed financial assistance application, supporting documentation, and financial assistance worksheet shall be forwarded in accordance with the following thresholds for a determination in accordance with this Policy as to the extent, if any, to which financial assistance may be offered:
   - $0-$25,000 – Public Benefits Manager.
   - $25,000 ≥ 50,000 – Director of Business Services
   - Amounts > $50,000 – A financial assistance committee comprised of the Director of Business Services, Chief Financial Officer, General Counsel, or their respective designees.

11. If a patient is approved for financial assistance, an approval letter and revised statement shall be sent to the patient reflecting the amounts generally billed for the medically necessary services received, the amount of financial assistance granted, the balance owed, if any, and the appropriate adjustment shall be entered into the WRMC information system as “approved and write off complete”.

12. If a patient is denied financial assistance, a denial letter shall be sent to the patient advising the patient as to the reasons for denial and the
patient’s right to request reconsideration of that decision in accordance with this Policy.

13. If WRMC denies partial or total financial assistance then the patient (or his/her agent) can request reconsideration of that decision within thirty (30) days. The patient must write a letter to the Director of the Business Office to explain why the patient believes the decision was inappropriate. The patient may submit any additional documentation or information that the patient believes should be considered in conjunction with the initial application. The request for reconsideration will be reviewed by the financial assistance committee identified in paragraph 9 of this Section who shall evaluate the request and either approve or disapprove the requested reconsideration and afford written notice of such decision to the patient within thirty (30) days of the receipt of the request for reconsideration.

14. Once approved, WRMC will adjust the account for which the application was made and all other accounts for emergency and medically necessary care which are incurred for six months after the approval date. For services received after this period, a new application for financial assistance must be submitted and processed. WRMC may, in the exercise of its discretion, extend financial assistance to outstanding accounts for emergency and medically necessary care that predate the services for which the financial assistance application has been made.

15. Accounts for patients who have completed financial assistance applications shall not be sent to collections while applications are in process.

16. Applications for financial assistance will be accepted for a period of 240 days from and after the date of the first billing statement sent to the patient, regardless of whether the account has been referred for collection.

**Basis for Calculating the Amounts Charged to Patients under the WRMC FAP**

The amount that a patient is expected to pay and the amount of financial assistance offered depends on the patient’s insurance coverage and income and assets as set forth in the eligibility section of this Policy. The Federal Income Poverty Guidelines will be used to determine the amount of the write-off and the amount charged to patients, if any, after an adjustment.

Amounts charged for emergency medical conditions and medically necessary services to patients eligible for financial assistance will not be more than the amount generally billed.

WRMC computes the Amount Generally Billed (AGB) by using a look-back method using Medicare fee for service plus all private health insurers. The calculation for determining AGB will be adjusted annually.
Eligibility Criteria Considered for Financial Assistance

Individuals who may be eligible for financial assistance include the uninsured and underinsured. Except for emergency medical services, patients must reside within WRMC’s primary service area for a medically necessary item or service to be categorically eligible for financial assistance. Eligibility for financial assistance for Arkansas residents who reside in counties outside WRMC’s primary service area will be determined on a case-by-case basis.

Individuals must cooperate with any insurance claim submission and exhaust their insurance or potential insurance, from whatever source (i.e., third-party liability), before they can be eligible for financial assistance. WRMC requires compliance with the application process of appropriate governmental agencies that may provide coverage for care, such as Medicaid, Medicare, and the Arkansas Medicaid Private Option. Individuals with Healthcare Reimbursement Accounts (HRA) or Healthcare Savings Accounts (HSA) are considered to have insurance if the HRA or HSA can be used to pay for patient “out-of-pocket” responsibility amounts, i.e., deductibles, co-payments, or co-insurance amounts.

WRMC makes every reasonable effort to collect from insurance companies and other third-party payers. WRMC may consider paying COBRA or other health insurance premiums for a limited period of time if a patient is approved to receive financial assistance.

Other factors affecting eligibility for financial assistance include:

- **Income** – Provided no other sufficient financial resources are identified to pay the cost of an individual's medically necessary care, the Federal Poverty Level Guidelines (“FPG”) shall be utilized to determine the amount of financial assistance. The FPG are published by the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services and updated annually each January.
  
  - The minimum criteria for full financial assistance (i.e., 100% write off) will be households whose income is equal to or less than 138% of the most recent FPG.
  - Patients whose household income falls between 138% and 150% of the FPG will be eligible for a partial discount up to 90% of the amounts generally billed.
  - Patients whose household income falls between 151% and 200% of the FPG will be eligible for a partial discount up to 75% of the amounts generally billed.
Patients whose household income exceeds 201% of the FPG are not eligible for financial assistance. However, depending on the circumstances of each situation, patients whose household income exceeds 201% of the FPG but is less than 400% of the FPG may receive a discount of 50% off WRMC’s gross charges if they are uninsured and cannot receive or do not otherwise qualify for public or private insurance or are underinsured.

- Evaluation of Assets – the patient’s household savings, checking, investment assets, real property assets, and overall financial position will be evaluated.

- Other Considerations – Eligibility is contingent upon patient cooperation with the application process, including making application for governmental assistance programs (e.g., Medicaid, ARKids, or Arkansas Medicaid Private Insurance Option) where applicable, and submission of all information and documentation that WRMC deems necessary in order to determine the level of any financial assistance that may be considered.

No individual eligible for financial assistance will be charged more for emergency or other medically necessary care than the amounts generally billed. FAP eligible patients who are pre-approved for and receive care for non-emergent, non-urgent conditions shall be entitled to a discount of 50% off WRMC’s gross charges if they are an uninsured patient who cannot receive or do not otherwise qualify for public or private insurance or an underinsured patient.

Persons known to be homeless (e.g., indicate they are homeless at registration or provide a known homeless shelter as their residence) may be granted 100% financial assistance based solely on their homeless status and need not submit an application. Similarly, deceased patients with no insurance or estate may be granted 100% financial assistance based solely on their status and no application is required.

Right to Reverse a Financial Assistance Determination

WRMC reserves the right to reverse financial assistance adjustments and pursue appropriate reimbursement or collections. This may occur as a result of a variety of reasons, such as newly discovered information such as available insurance coverage or pursuit of a personal injury claim related to the services in question.
Exclusions and Reasons for Denial of Financial Assistance Applications

There are some circumstances where individuals may be excluded from consideration for financial assistance pursuant to this Policy. They include:

- There is an insurance carrier or other party responsible for payment.
- Individuals who did not follow the rules and requirements of their insurance policy (e.g., using a non-participating provider, failing to obtain a required referral, services were not medically necessary).
- Patients/guarantors refusing to provide information necessary to process the financial assistance application.
- Any third parties who may be liable for payments for items or services.
- Professional fees of physicians and other health care providers who treat patients at WRMC but are not employed by WRMC and who bill separately from WRMC.
- Items or services that are not medically necessary (e.g., elective procedures, such as cosmetic surgery).
- Any responsible party (or agent of such responsible party) who attempts to revoke an assignment of insurance benefits will cause the patient to be ineligible for financial assistance under this policy.

WRMC may deny an application for financial assistance for a variety of reasons. They include:

- Sufficient income
- Sufficient assets
- Patient/guarantor is uncooperative or unresponsive to reasonable efforts to work with the individual
- Incomplete financial assistance application despite reasonable efforts to work with the individual
- Pending insurance or third party liability claim
- Withholding insurance payment and/or insurance settlement funds, including insurance payments sent to the patient to cover services provided by WRMC, and personal injury and/or accident related claims.
BILLING AND COLLECTION POLICY

WRMC’s billing and collection policies shall comply with federal and state laws governing healthcare billing and collections.

Pre-Collection Billing Statement Process

**Uninsured** patients will typically be sent a billing statement within 14 days after the date of service which shall be followed by billing statements approximately every 30 days for a minimum of 3 statements. At the minimum, the plain language summary of the WRMC financial assistance policy will be sent to the patient or the party responsible for paying at least once.

**Insured** patients will be billed upon receipt of the remittance advice from the patient’s insurance carrier. Patients will be sent a billing statement promptly, and will receive billing statements approximately every 30 days until the statement sequence is complete.

EXTRAORDINARY COLLECTION ACTIONS

If an account remains unpaid, WRMC may initiate collection of that account. If after 120 days from the first post-discharge billing statement, the account remains unpaid, and upon having made reasonable efforts to determine whether the patient or other party responsible for paying the bill is eligible for Financial Assistance and upon notice to the patient or other party responsible for paying the unpaid bill, WRMC may initiate the following Extraordinary Collection Actions:

- Report the adverse information to a Credit Reporting Agency
- File a lawsuit and attempt to get a judgment for the total amount due including all costs and attorney fees.
- Register any judgment as a judicial lien
- File a writ of garnishment on wages and/or bank accounts

Prior to Initiating Extraordinary Collection Action

WRMC will notify the patient and/or other party responsible for the payment of the account about this Financial Assistance Policy for a minimum of 120 days after the first post-discharge billing statement has been sent.

WRMC will provide patients or other parties responsible for the payment of the account with a notice, a minimum of 30 days in advance of initiating any extraordinary collection activity. This notice will inform patients of any extraordinary collection activity, including
all ECA’s listed above, that WRMC may initiate if the patient has not paid the outstanding balance or initiated the financial assistance process. This notice will also provide a plain language summary of the WRMC financial assistance policy.

**Extraordinary Collection Action Process**

Accounts remaining unpaid more than 120 days from the date of the first post-discharge billing statement may be referred to a third party collection agency. The third party collection agency, however, shall comply with WRMC’s policies at all times. While balances may be referred to credit reporting agencies after placement with the third party collection agency, no extraordinary collection action (including but not limited to a referral to credit reporting agencies) will be undertaken by or on behalf of WRMC unless WRMC has made reasonable efforts to determine if patients are eligible for the WRMC financial assistance program. The Director of the Business Office maintains oversight and responsibility for determining if WRMC has made such reasonable efforts and whether extraordinary collection action is appropriate. Such accounts will be adjusted internally as bad debt.

WRMC and any contracted collection agencies will not discriminate, either in its collection efforts or its determination of collectability, between Medicare and non-Medicare accounts.

**Financial Assistance Application Time Period**

Patients are eligible to apply for financial assistance *during or after* the 120 day period and up to 240 days from the date of the first post-discharge billing statement.

In the event financial assistance is approved after an account has been referred to a collection agency, the balance will be recalled by WRMC and WRMC will send a request to the collection agency to remove any adverse credit reporting.

All extraordinary collection action and collection activity will be suspended when a patient disputes a balance within the 240 application period. WRMC will review, document and research the account for prompt resolution of any dispute. Any corrections will be made promptly, accounts will be returned from collections, and adverse reporting removed as appropriate. Collection activities will resume on outstanding balances that are determined to be valid in accordance with the Fair Debt and Collection Practices Act.
Patients may dispute their balance by calling (479) 463-6000 or by written communication to:

WRMC Business Office  
Attn: Collections Manager  
3215 N. North Hills Boulevard  
Fayetteville, AR 72703

All extraordinary collection action will be suspended where a patient submits a complete financial assistance application within the 240 day application period. Any extraordinary collection action will be suspended while WRMC reviews the application. WRMC will promptly process the application for financial assistance. If financial assistance is awarded, the account will be adjusted accordingly, the balance will be recalled by WRMC, and WRMC will send a request to the collection agency to remove any adverse credit reporting or take such other action as is appropriate. Extraordinary collection action may resume if the financial assistance application is denied.

No extraordinary collection actions will be initiated or pursued against any patient within the 120 day period without first making reasonable efforts to determine whether the patient is eligible for financial assistance as described in this Policy. Reasonable efforts are described in the Financial Assistance Policy Procedure section of this policy and include, but not be limited to:

(i) confirming that the patient owes the unpaid bill and that all sources of third-party payment have been identified and billed by WRMC;
(ii) instituting a prohibition on collection actions pursued against an uninsured patient until reasonable attempts have been made to make the patient aware of WRMC’s financial assistance policy;
(iii) notifying the patient in writing of any additional information or documentation that must be submitted for a determination of financial assistance;
(iv) confirming whether the patient submitted an application for health care coverage under Medicaid, or other publicly supported health care programs and obtaining documentation of such submission. WRMC will not pursue collection actions while this application is pending, but once coverage is determined, normal collection actions will ensue;
(v) sending the patient written notice of the extraordinary collection actions that WRMC may initiate or resume if the patient does not complete the financial assistance application or pay amount due by the later of 30 days after this written notice or 30 days from the date provided to the patient to complete the application for financial assistance.
WRMC may pursue normal collection actions against patients found ineligible for financial assistance, or patients who are no longer cooperating in good faith to pay the remaining balance.

No collection agency, law firm or individual may initiate legal action against a patient for non-payment of a WRMC bill without the written approval of an authorized WRMC employee.

Patients may be offered payment plans if they are not able to make reduced payments in full. If a patient makes a deposit, it is included as part of a payment towards his/her financial aid balance. To the extent a patient has made a deposit or payment that exceeds the amount, if any, that the patient is required to pay once a financial assistance application has been approved, WRMC will refund the patient any excess amount. WRMC does not charge interest on patient balances with the exception of interest that may be awarded by a court of competent jurisdiction upon entry of a judgment.

All collection agencies under contract with WRMC must obtain the hospital’s written consent before taking any extraordinary collection actions. All collection agencies under contract with WRMC have a copy of the WRMC financial assistance policy. If a collection agency identifies a patient as meeting WRMC’s financial assistance eligibility criteria, the patient’s account may be considered for financial assistance. Collection activities will be suspended on these accounts and WRMC will review the financial assistance application. If the entire account balance is adjusted, the account will be returned to WRMC. If a partial adjustment occurs, the patient fails to cooperate with the financial assistance process, or if the patient is not eligible for financial assistance, collection activity will resume.

WRMC’s policy regarding care for emergency medical conditions prohibits the collection of payment prior to receiving services or permitting collection activities that could interfere with the provision of emergency medical care. This does not preclude, however, hospital staff from following normal registration processes (e.g., obtaining an insurance card) so long as doing so does not delay the provision of a medical screening examination. See Policy #WRMS 1.09 EMTLA (“Emergency Medical Treatment and Active Labor Act”).

DEFINITIONS

Amounts Generally Billed (“AGB”) – The charge for medically necessary services that is determined on the look back basis of actual claims paid in the past by commercial insurers and Medicare to determine the average percentage of WRMC’s gross charges that a patient eligible for financial assistance is expected to pay.
**Emergency Medical Conditions** – A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,
- Serious impairment to bodily functions, or
- Serious dysfunction of any bodily organ or part, or
- With respect to a pregnant woman:
  - That there is inadequate time to effect a safe transfer to another hospital before delivery, or
  - That transfer may pose a threat to the health or safety of the woman or the unborn child.

**Extraordinary Collection Actions** – Reporting to a consumer credit reporting agency, property liens, civil actions, writs of body attachment, writ of garnishment.

**Financial Assistance** – The cost of providing free or discounted care to individuals who cannot afford to pay, and for which WRMC ultimately does not expect payment. WRMC may determine inability to pay before or after medically necessary services are provided.

**Income** – For the purpose of determining financial assistance eligibility, income is defined as the before tax household income of all family members and includes earnings, unemployment compensation, workers compensation, Social Security, Supplemental Security Income, public assistance, veteran’s benefits, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, estate income, trusts, educational assistance, alimony, annuities, and child support.

**Medically Necessary Services** – Services or items reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member. For purposes of this Policy, the term medically necessary services includes all services or items provided within the WRMC Emergency Department for purposes of determining the presence and/or treatment of emergency medical conditions.

**Notification Period** – That period which commences on the date on which care is provided to the patient and ends on the 120th day after WRMC provides the patient with the first billing statement.
**Underinsured Patient** – An individual who has medical insurance coverage that is limited in coverage, has high “out-of-pocket” (e.g., copayments, deductibles) balances and/or policy maximums that would result in his or her medical bills not being fully paid.

**Uninsured Patient** – An individual who does not have any third party health care coverage through either a Federal Health Care Program, including without limitation Medicare, Medicaid, or Tricare, an ERISA plan, Workers’ Compensation, Automobile, Third Party Liability coverage (e.g., personal injury claim), or any other coverage that would pay for all or a part of the individual’s medical care bill.

**WRMC’s primary service area** - The geographic area comprised of the following Arkansas counties: Benton, Boone, Carroll, Madison, Newton and Washington.

**REFERENCES**

1. Patient Protection & Affordable Care Act, Internal Revenue Code Section 9007(a) Pub. L No. 111-148
2. 26 C.F.R. §1.501(r)-4; 26 C.F.R. §1.501(r)-5; 26 C.F.R. §1.501(r)-6

**Attachments**

WRMC Financial Assistance Policy – Plain Language Summary
WRMC Financial Assistance Application
WRMC List of Providers Not Subject to WRMC Financial Assistance Policy

Adopted: WRMC Board of Directors (October 21, 2014)
Revised: March 1, 2016