

Financial Assistance Policy | Wickenburg Community Hospital

Purpose: Wickenburg Community Hospital/Community Hospital Clinics (WCH/CHC) has a mission to meet the 501r guidelines and the community need through the provision of financial assistance for medically necessary “voice recorded interpretation” based on CMS guidelines and services healthcare in a fair, consistent, respectful, and objective manner to low-income patients who do not have insurance coverage or the ability to pay Co-Pays or Coinsurance or Deductibles. WCH/CHC will not discriminate or deny care to anyone based on inability to pay or financial circumstances.

Policy: Provides healthcare services to individuals with limited financial resources who are unable to qualify for entitlement programs (AHCCCS) shall be eligible for free or reduced healthcare services based on established guidelines. Eligibility guidelines will be based upon the Federal Poverty Guidelines and will be updated annually in conjunction with the published updates by the Department of Health and Human Services. If the patient’s income is below 200% of the federal Poverty Income Guidelines they may qualify for 100% Financial Assistance for their hospital and/or clinic bill if the patients income is above the 200% of the federal poverty guidelines the AGB will be taken into consideration to help with financial assistance with the hospital and/or clinic bill.

Procedure:

1. Patient presents to registration, central scheduling, or clinic.
2. During the process of registration if any of the following are noted patient then moves to the next step regarding financial counseling. If the patient does not meet any of these they continue with normal registration process:
 - a. Indicators:
 - i. Patient does not have insurance (self-pay)
 - ii. Patient has high co-pay or deductible and states they do not have the ability to pay at the time of service
 - iii. Patient is unemployed due to loss of job
 - iv. Patient has a bad debt balance
 - v. Patient requests to establish payments terms
 - vi. Patient states and appears to be homeless
3. Once it is determined that the patient meets one of the indicators above, a Financial Disclosure Worksheet will be given to the patient to fill out, attach proof of income and return to the forms to the Supervisor in Admitting, the Clinic or Business Office.
4. The supervisor in Admitting, the Clinic or Business Office will process the Financial Disclosure Worksheet as follows:
 - a. Initial application will be taken. If proof of income is not attached, a letter will be sent to the patient requesting income verification. The Financial Disclosure Worksheet will be held for 120 days before it is turned over to collections for non-compliant with income verification.

- b. This process will determine if the patient may be AHCCCS eligible, needs to be placed on a payment program, or may be eligible for Financial Assistance as established by 501r Guidelines or federal poverty levels.
 - c. If they are thought to be eligible for AHCCCS we will assist them in the application process and fax to DES.
 - d. If they need to be established on a payment program the terms of the agreement will be determined and an estimate sheet will be completed and signed by the patient/guarantor with notes placed on the patient's account, a copy scanned in to the account, and copy given to the patient.
5. All applications for Financial Assistance will be worked on a monthly basis before the 15th of each month. Any Financial Disclosure Worksheets received after the 15th of the month will be processed the next month. The business office will be informed when application of Financial Assistance is received so future action will be held until determination is made.
6. Once financial Assistance applications are approved, a letter will be sent to the patient indication what has been approved based on 501r guidelines or federal poverty levels.
7. The amount of Federal Assistance granted is based upon the total income in household and number in the household. Poverty Guidelines and AGB percentages can be requested.
8. This Financial Assistance Application will be effective for 1 year from the date of approval. At the time of approval the patient acct will be noted and the business office will be informed that all collection process must stop. Notes will be entered into the patient account and the Patient Profile will be noted for future visits up to 1 year from approval and referrer to WCH collection policy.
9. The supervisor in Admitting, Clinic or the Business Office will be responsible for logging the amounts adjusted to Financial Assistance.