

WILLIAMSBURG REGIONAL HOSPITAL Department: PFS 009 (Patient Financial Services)	Policy No.: 8421-009 Policy: Financial Assistance Policy
Date of Original: October 1, 2012	Revision Dates: 05-22-2015, 8-18-2017 5-8-19
Applies To: Patient Financial Services	Reviewed 9/13/2016

PURPOSE: How we can help patients who qualify for Financial Assistance for their medical expenses.

POLICY/PROCEDURE:

Williamsburg Regional Hospital (WRH) is committed to providing health care to patients without regard to their financial ability to pay. WRH also strives to ensure that an individual's financial capacity to pay for health care does not prevent them from seeking or receiving appropriate health care. WRH provides the following Financial Assistance and Charity Care policy.

Individuals eligible for Financial Assistance: WRH provides Financial Assistance and Charity Care to patients who are uninsured, underinsured, ineligible for government programs, or otherwise unable to pay for medically necessary care due to their financial circumstances.

How to apply for Financial Assistance: Patients and Individuals must complete a Financial Assistance/Charity Form which can be obtained from Registration personnel at Williamsburg Regional Hospital or found online at wmbgrh.com. The completed form can be handed in to the Cashier in Patient Registration, faxed to 843-355-0152 or mailed to 500 Nelson Blvd, Kingstree, SC 29556 Attn: Patient Registration - Charity Application. After review, WRH personnel will contact the patient and/or individual to review and determine eligibility.

Services and/or amounts eligible for Financial Assistance: All self-pay and uninsured balances for emergency and medically necessary non-emergency care provided by WRH are eligible for Financial Assistance and/or Charity care. For purposes of this FAP (Financial Assistance Policy), Emergency Services eligible under this policy are as follows:

1. Emergency Medical Services provided in an Emergency Room setting.
2. Medical Care provided for a condition which, if not promptly treated, would leave to an adverse change in the health status of an individual.
3. Non-Elective Medical Care provided in response to life threatening circumstances in a Non-Emergency Room setting.
4. Medically Necessary Medical Care provided, evaluated on a case by case basis at WRH discretion

Methods for determining eligibility for Financial Assistance and/or Charity

Care: The granting of Financial Assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

WRH's Financial Assistance and Charity care determination will utilize the Income poverty Guidelines published annually by the Department of Health and Human Services, household income, and assets. Financial Assistance provided will be secondary to all other financial resources available to the patient, including group and individual health Insurance coverage, worker's compensation, Medicare, Medicaid, their party liability, or person, or legal representative that may have implied responsibility to pay for the cost of medical services.

Amounts to be charged for Patients and Individuals who qualify for Financial Assistance: All WRH patients are charged the same and no patients are charged more than the amounts generally billed (AGB) for emergency or medically-necessary care.

This FAP is not considered to be a substitute for personal responsibility. Patients are expected to cooperate and assist with WRH Patient Accounting Department in obtaining insurance coverage and/or other forms of payment or financial assistance as may be available. Further, Patients are expected to contribute to the cost of their care based on their individual ability to pay.

Communication of FAP to Patients and Individuals utilizing WRH services: WRH will make copies of this FAP readily available to all patients and individuals utilizing WRH services as requested. Financial Assistance and Charity Care forms will be provided by Admission and Registration personnel. In addition, a current copy of the FAP will be posted on WRH's website, WRH will make available copies of the FAP in both Spanish and English. The website is wmbgrh.com

What happens in the event of nonpayment of a bill:

1. Self-Pay balances, both residual after insurance & uninsured patient account balances: Assigned to RSI (Receivable Solutions Inc. - Billing Services) as Early Out after one statement is mailed, normally about 15 days after the balance becomes the patient's responsibility.
2. During the Early Out process, statements are mailed out to patients monthly.
3. RSI's Early Out collectors react to incoming calls from debtors and initiate phone contact.
4. After four (4) statements during the Early Out program, if no payment plan has been achieved with the patient, the debt is sent to BAD DEBT Collections.
5. During the Bad Debt collection process, statements are still mailed monthly and phone calls from the Bad Debt Collection staff continue for a period of at least 150 days. The account will remain in Bad

- Debt status until it is placed in the GEAR program.
6. Annually, all Bad Debt accounts that have aged at least 150 days are designated as GEAR accounts.
 7. In September of each year WRH sends letters to GEAR accounts advising that unless paid within 30 days, the account will be placed for collection with the GEAR program.
 8. **In November the GEAR accounts information is provided to the GEAR program collection services at South Carolina Department of Revenue.**

POSITION

Patient Account
Representative/Cashier

1. Granting FAP for Medical Services

- a. Explain FAP Policy
- b. Hand patient or representative a Williamsburg Regional Hospital Financial Assistance/Charity Form.

(Documents may have been printed off website. If there are any questions the applicant may call Williamsburg Regional Hospital at 843-355-0145 or 843-355-8888.)

SEE Financial Assistance/Charity Form

- c. Thoroughly explain application and all documents necessary for completion.
- d. Explain to the patient that application must be returned with proper documents within 30 days of date of 1st bill.
- e. When patient returns, go over application, checking for completion and all necessary information.
- f. If information is missing, return all papers to patient, explain what other information is needed and grant 5 more days for completion.
- g. When patient returns and all information is available, obtain the patient's phone number and inform him/her that the application will be reviewed and all consideration given; he/she will be contacted.
- h. Evaluate the entire application and documentation.
- i. Present application to CEO for FAP determination.
- j. Call patient to come in and discuss determination.

- k. If FAP is granted, write an adjustment form for amount allowed.
- l. Hospital will send adjustment request to Finance Department.

List of Providers covered by the hospital facility's FAP

The following providers are covered under the hospital's FAP in reference to delivering emergency or medically necessary care in Williamsburg Regional Hospital facility:

Samuel J. Tomlinson, M.D,
Angela Morris, NP
Jessica Grimsley, FNP
Edward C. Keith, M.D.
Michelle Butterworth, DPM
Wright Sparks Skinner, III, M.D.
Ariane Lieberman, M.D.
Robert Whitfield, Rhame, M.D. - *PENDING*
Michael S. Kitchen, M.D.
Joseph Asaro, M.D.