

**WEST TENNESSEE HEALTHCARE
MANAGEMENT GUIDEBOOK POLICY**

SUBJECT: Patient Financial Assistance		POLICY NO.: 8170
APPLICATION: System-Wide		1 of 6 + PAGE(s): Attachments (2)
DEPT. RESPONSIBLE: Quality Council		EFFECTIVE: 08/89
		REVIEWED: 02/02/21
		REVISED: 07/30/24
APPROVED BY:		
	President/CEO	Date:

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. Applicants may be uninsured or insured through a managed care or other contracted or non-contracted third-party health insurance carrier.
- An uninsured patient is defined as a current or past patient who is not enrolled in third-party, medical insurance carrier for cost-sharing coverage. This definition is assigned per date of service for each patient encounter.
 - An insured patient is defined as a current or past patient who is enrolled into third-party, medical insurance carrier for cost-sharing coverage. This definition is assigned per date of service for each patient encounter.

>See **Attachment 1** for schedule of discounts for insured and uninsured patients.

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. Members of the household are defined as all persons in the home who are dependent for personal reasons or to comply with IRS dependency guidelines. Income is required for all unmarried, household partners and their dependents. WTH will not deny financial assistance based on an applicant's failure to provide information or documentation unless the information is specified on the Patient Financial Assistance Services ("PFAS") application.

Assets: Asset qualification restrictions are intended to identify patients who qualify for financial assistance under the income qualification section, but who have adequate liquid assets to satisfy their obligation to WTH and therefore should not qualify for financial assistance.. The asset test is an independent calculation from the income test and may exclude the patient from the program's eligibility. Assets may include cash, checking accounts, savings accounts, CDs, money market accounts, investments (excluding all retirement investments (401(k), 403(b), etc.)), and real property (excluding primary residence). WTH's asset test will calculate the sum of all assets with proof of account balances, bank statements and real property tax appraisal records. With exception of a "Catastrophic Medical Event", referenced in Section II, applicants with a sum of assets in excess of \$20,000.00 will be ineligible for any financial assistance discount.

- **Application:** Patients and guarantors wishing to apply for financial assistance must complete an application and provide necessary documents of household income. The application and a copy of this policy can be obtained online at www.wth.org, locations of PFAS and Patient Access staffing (e.g. JMCGH Registration, JMCGH ED Registration, WTH Dyersburg Hospital Registration, etc.), location of WTH Patient Financial Services ("PFS") office at 257 BancorpSouth Parkway, Jackson, TN 38305, or by request, Patient Financial Assistance Services, at 731-541-7000.

C. 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 through medical or automobile insurance, or other liability, third-party coverage before approval of financial assistance.

D. 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.

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5. Products and services deemed not medically necessary and/or considered as non-covered, either in part or in full, by the patient's medical insurance plan. Patient balances for non-covered services, other than service exclusions referenced in this policy, can be included in total financial assistance calculations for CMS and other cost reporting methods or requirements; this can include, but is not limited to, services denied by Medicaid or other governmental payers for length of stay, or admission order and validation.
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	Henry
Carroll	Lauderdale
Chester	Lake
Crockett	Madison
Decatur	McNairy
Dyer	Obion
Gibson	Weakley
Hardeman	Pemiscot Co., MO
Hardin	Fulton Co., KY
Haywood	Graves Co., KY
Henderson	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.

- E. 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.
- F. 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.
- G. 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.
- H. Patients/Guarantors will be eligible to apply for financial assistance for up to eight months after first patient billing.

- I. Financial assistance approval is valid for twelve (12) 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 applicant's annual household income. "Unreimbursed medical expenses" for insured patients are defined as guarantor balances after each claim has been processed and adjudicated by the insurance carrier. "Unreimbursed medical expenses" for uninsured patients are 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, cosmetic, elective or non-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 financial assistance. 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 defined thresholds. After reasonable and standard collection efforts have been made for at least 110 days following first patient billing, 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. COLLECTION ACTIONS

1. The following process will be followed for balances remaining after application of financial assistance discount, or balances otherwise owed by patients/guarantors:

Guarantors will be contacted via mailed statements or other digital communications at least every 30 days to request payment in full or request for satisfactory payment arrangements. The WTH self-pay collections

communications plan will last at least 120 days from the date the balance became due from the guarantor. After all WTH initiated collection communications have been completed and an account balance is still outstanding, a final evaluation will be performed. If it is determined that the account cannot be collected through normal collection practices and there has been no activity or unsatisfactory activity after 120 days from the date the balance became due, then the account will be considered delinquent.

Delinquent accounts will be written off the active accounts receivable system and transferred to the bad debt system. The accounts will be referred to outside collection agencies for additional collection activities.

Our outside collection agencies are instructed to follow reasonable collection techniques and adhere to the Fair Debt Collection Practices Act and Health Insurance Portability and Accountability Act (HIPAA). They are instructed not to attach personal property. They are instructed to use legal suit and garnishment of wages only as a last resort after all reasonable collection efforts have been exhausted. They are instructed to verify all accounts with authorized WTH personnel prior to suit being initiated. Additionally, they may report bad debt accounts to credit reporting agencies as collection lines. Maintenance of the credit files will be the responsibility of the collection agencies.

- V. Exceptions to this policy may be made on a case-by-case basis with Vice-President approval.

- VI. 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
 - 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).

- VII. 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](#). Effective 10/1/23, an uninsured discount is applied as 70% of gross charges per patient encounter for all WTH acute-based and emergent care facilities, and an uninsured discount is applied as 50% of gross

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charges per patient encounter for all WTH Medical Group or Medical Associates primary care and specialty clinic locations. A reference of these facilities and providers are included in this Policy as Attachment 2.

- VIII.** 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.
- 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 2023 thru June 2024, calculated AGB for all WTH hospitals was 24.7%.
 - C. AGB calculation will be re-evaluated on an annual basis for all WTH hospitals. The same calculation will apply to all.

Attachment 1

West Tennessee Healthcare 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

West Tennessee Medical Group, and Medical Associates:

Household Income % of Federal Poverty Level	Financial Assistance Discount	Applies To:
< 200%	Clinics: Discount to: \$25 primary care; \$25 specialty Hospital-Based: 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 Hospitals, Facilities, and Clinics

Bolivar General Hospital
Camden General Hospital
Hospice of West Tennessee
Jackson-Madison County General Hospital
Kirkland Cancer Center
Lift Therapy and Fitness
Medical Center Anesthesia
Medical Center EMS
Medical Center Lab
Medical Center Medical Products
Medical Center Infusion Services
Milan General Hospital
Pathways
SportsPlus Rehab & Therapy
Therapy and Learning Center
West Tennessee Healthcare Dyersburg Hospital
West Tennessee Healthcare North Hospital
West Tennessee Healthcare Sleep Disorders Clinic
West Tennessee Healthcare Volunteer Hospital
West Tennessee Imaging Center
West Tennessee Surgery Center
West Tennessee Medical Group and Medical Associates:
 Acute Care Surgery
 Cardiology
 Digestive Health
 GYN Specialists
 Heart Rhythm Clinic
 Hillview Clinic
 Infectious Disease
 Internal Medicine
 Jackson Center for Technology School Health Clinic
 Jackson General Hospitalists
 Jackson Surgical Associates
 Lexington Medical Clinic
 MedSouth Medical Center
 Milan School Health Clinic
 Northside Family Practice
 Palliative Care
 Plastic Surgery

Primary Care
Prime Care Clinic
Pulmonary
Specialty Care, Endocrinology
Specialty Care, Gastroenterology
Surgery, Jackson, Martin, and Dyersburg
Urology
UT Family Medicine
Walk-In Clinic
West Tennessee Healthcare Dyersburg Hospitalists
West Tennessee Healthcare Martin Hospitalists
West Tennessee Neurosciences
Women's Health
Wound Care

Outside Providers for West Tennessee Healthcare Not Covered by this Policy

Advanced Gastroenterology
Advanced Kidney Specialists
Advanced Orthopedics & Sports Medicine
Amen Clinic
American Anesthesiology
Apex Cardiology
Arthritis Clinic, PLLC
Baptist Medical Group
Bethesda Health Services
Bingham Nerve & Muscle
Cape Regional Eye Center, PLLC
Cardiovascular Clinic of West TN
Care Rite, PLLC
Centennial Heart, LLC
Center for Adult Healthcare
Christ Community Health Services
Christian Family Medicine & Pediatrics
Core Heart & Medical Center
DC Medical Services, Inc.
Delta Clinics, PLC
Dermatology & Skin Cancer Consultants, PLLC

Dresden Family Clinic
Drewery, Richard, Ph.D.
Dyersburg Hospitalists Group
Emergency Medical Care Facilities
Envision Emergency Group
Excelsior Podiatry Clinic
Eye Clinic, PC
Family Cancer Center, PLLC
Family Foot Care Center
Family Medical Center
FirstCare Medical Center
Gastroenterology Associates
Gibson County Podiatry Clinic
Goldberg, David S, M.D.
Grace Family Practice Clinic
Happy Teeth Pediatric Dentistry
Heart and Vascular Center of West TN
Hopla, Anna K. M.D.
Hughes Eye Center
Independent Radiology Associates
Inspire Women's Health
Jackson Allergy & Asthma Clinic, PLLC
Jackson Anesthesiology Group, PLLC
Jackson Clinic, P.A.
Jackson Hematology And Oncology, PLLC
Jackson Pathology Group
Jackson Radiology Associates
Jackson Urological Associates
Jackson-Madison County Hospitalists Group
Khumalo Foot and Ankle
Korban Cardiology, PLLC
Le Bonheur Children's Hospital
Liberty Medical Clinic
Madison County Child Advocacy Center
Martin Anesthesia Group
Martin Medical Center
McCulley Allergy, Sinus & Asthma Center
Mid-South Dental Implant & Oral Surgery Center, P.C.
Mid-South Heart Center
Mid-South Perinatal Associates
Mid-South Retina Associates

Moore Dental Office
New Life Medical Group
Northstar Anesthesia
Northwest TN Foot Clinic
OB Hospitalist Group, LLC
Oncology Consultants, P.C.
OneGI
Pacific Companies
Patient Centered Physicians Care
Physicians Quality Care
Plastic Surgery Clinic of Jackson
Podiatry Clinic of Jackson
Quest Diagnostics
Quinco Mental Health Center
Rainbow Pediatrics
Reelfoot Family Walk-In Clinic
Royal Care Clinic, P.C.
Short, George M, D.D.S.
Sound Emergency Medicine Group
Southeastern Hematology Oncology Associates, PLLC
SpecialtyCare, Neurology
Sport Orthopedics & Spine
Surgery Clinic of Milan
Tennessee Foot Care Center
The Children's Clinic, P.A.
The Kidney Experts, PLLC
Tristate Neurology
USARAD, Radiology
Vanderbilt University Medical Center, Hospital, and Institutes
Walker Foot & Ankle
West Clinic, P.C.
West Tennessee Bone & Joint
West Tennessee ENT Clinic
West Tennessee Oncology Consultants, PLLC
West Tennessee Rehab Group, P.C.
West Tennessee Surgical, PLC
Wild Smiles Pediatric Dentistry
Woman's Clinic, P.A.