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Manual:	Administration Corporate Policy and Procedure	Origination Date:	12/16/2024
		Approval Date:	12/23/2024
Title:	Financial Assistance Policy/Sliding Fee Discount Program	Next Periodic Review:	04/27/2026
		Owner:	PFS Manager
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**POLICY:**

It is the policy of Weatherford Regional Hospital to provide emergency or other non-elective medically necessary care to all patients living in our service area, without regard to the patient's financial ability to pay for services provided.

In addition, Weatherford Hospital Authority dba: Weatherford Regional Hospital is designated as a charitable organization under Internal Revenue Code Section 501(c)(3). Pursuant to IRC Section 501(r), Weatherford Regional Hospital is required to adopt and publicize its financial assistance policy in order to remain tax-exempt.

The purpose of this policy is to outline the circumstances under which Weatherford Regional Hospital will provide free or discounted care to patients who are unable to pay for emergency or other non-elective medically necessary services and how Weatherford Regional Hospital will calculate amounts charged to those patients.

Non-elective medically necessary services are defined as a medical condition that, without immediate attention:

- Places the health of the individual in serious jeopardy, as defined by a physician
- Causes serious impairment to bodily functions or serious dysfunction to a bodily organ, as defined by a physician

Patient types assumed to be covered by this definition include, but are not limited to:

- Emergency Department Outpatients
- Emergency Department Admissions
- Inpatient/Outpatient follow-up related to the previous Emergency visit
- Care management of chronic severe illnesses, ex. Diabetes Mellitus, COPD, etc.

**PROCEDURE:**

Upon registration, and after all EMTALA requirements are met, hospital patients without Medicare, Medicaid, third-party insurance, other local health care financial assistance or



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adequate health insurance shall receive financial counseling assistance from Weatherford Regional Hospital staff, including a packet of information that addresses the financial assistance policy and procedures and an application for financial assistance (if requested).


Patients requesting financial assistance will be required to complete the Financial Assistance Application Form in order to establish eligibility (see attached Exhibit). In certain situations, the application process may be initiated by Weatherford Regional Hospital. Requests for financial assistance will be honored up to 240 days after the date the first post-discharge billing statement is sent to the individual either by mail or electronic bill presentation.

It is the patient/guarantor's responsibility to provide, to the best of their knowledge, accurate, honest and complete information regarding their application and billing information.

Weatherford Regional Hospital will consider financial resources not only of the patient and other members of the household, but also of other persons having legal responsibility to provide for the patient. The financial assistance assessment methodology shall consider income of the patient/guarantor/household and family size (See Eligibility Criteria/Basis for Calculating Amounts Charged to Patients below).

**Bad Debt Procedure**

After an account is reviewed and the balance is deemed patient responsibility, a statement is sent to the patient within 20 days. The statement includes insurance and patient payments credited to the account if applicable. Thirty days after the initial statement is sent to the patient a follow up statement is sent. If no payment is made after ninety days, another statement and separate letter is sent to notify that the account is past due. The letter references to connect our office to set up a payment plan or to fill out a financial assistance packet. Accounts with patient balances and no payment activity for 120 days are sent to an outside collection agency.

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After collections efforts, all unsatisfied accounts are returned from an outside collection agency who conclude that all internal and external collection efforts by mail and telephone are exhausted, and it has been established that there is no likelihood in the future for payment, for commercial payers the non-Medicare bad debt uncollectible code should be used in the practice management system. If the payer is Medicare, the account is reviewed and the Medicare Bad Debt uncollectible code should be used to adjust the account balance.

**Presumptive Eligibility:**

Individuals may be considered eligible for the most generous financial assistance in the absence of a completed Financial Assistance Application (FAA) if:

- Individual is homeless
- Individual is deceased and has no known estate able to pay hospital debts
- Individual is incarcerated for a felony (verified on OSCN.net website)
- Individual has received Medicaid benefits. Service dates for up to one year prior to the Medicaid qualification and six months past the Medicaid eligibility date will be considered for Financial Assistance.

A credit report may be generated for the purpose of identifying additional expenses, obligations and income to assist in developing a full understanding of the individual's financial circumstances. A third-party scoring tool may be used to justify financial assistance eligibility. In the event household size is not indicated on the credit report or third-party scoring tool, Weatherford Regional Hospital will use the demographic information provided by the patient/guarantor at time of admission. Financial assistance adjustments will be applied to dates of service for emergency or other non-elective medically necessary services for up to six months prior to the presumptive eligibility and will extend an additional one year into the future.

For any individual presumed to be eligible for financial assistance in accordance with this policy, the same actions described in the Section and throughout this policy would apply as if the individual had submitted a completed a Financial Assistance Application.



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**Approved Financial Assistance:**

Patients/Guarantors will be notified by U. S. mail when Weatherford Regional Hospital determines the amount of financial assistance discount eligibility related to emergency or other non-elective medically necessary services provided by Weatherford Regional Hospital. This eligibility does not extend to services provided by non-facility employees or other independent contractors (physicians, physician practices, anesthesiologists, radiologists, pathologists, etc.) Financial assistance adjustments will be applied to dates of service for emergency or other non-elective medically necessary services for up to six months prior to the application approval and will extend an additional one year into the future. After that, a new verification of financial status shall be required to continue financial assistance discounts. Accounts will be adjusted at the time Financial Assistance is approved.

**Denied Financial Assistance:**


Patients/Guarantors will be notified by U. S. mail if financial assistance is denied along with a brief explanation of the reason for the determination.

**Eligibility Criteria/Basis for Calculating Amounts Charged to Eligible Patients:**

Charges for emergency or other non-elective medically necessary care provided to patients eligible for financial assistance under the policy will be limited to no more than the amounts generally billed (AGB) to those individuals who have insurance. Charges, as defined in this policy, are considered the amount the patient is personally responsible for paying, after all deductions, discounts and insurance reimbursements have been applied. Discounts will be based on income and family size only.

Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family. Discounts under this policy will be applied according to the following sliding scale:

Income includes: gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.

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**Annual Household Income Amount of Discount for Uninsured:**

Annual Household Income	Amount of Discount
Up to 100% of FPG	100%
101-150% of FPG	75%
151-300% of FPG	Account reduced to Medicare Allowable


Income verification: Applicants may provide one of the following: prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit details of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program. Self-declaration of Income may be used. Patients who are unable to provide written verification may provide a signed statement of income.

Discounts: Those with incomes at or below 100% of poverty will receive a full 100% discount for health care services. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged a nominal fee according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest Federal Poverty Line Guidelines.

Nominal Fee: Patients with incomes above 100% of poverty, but at or below 200% poverty will be charged a nominal fee according to the attached sliding fee schedule and based on their family size and income. However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and thus is not a minimum fee or co-payment.

Waiving of Charges: In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges must be approved by Weatherford Regional Hospital's designated official. Any waiving of charges should be documented in the patient's file along with an explanation.

Applicant notification: The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, Weatherford Regional Hospital will work with the patient and/or responsible party to establish payment arrangements. Sliding Fee Discount Program applications cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant

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reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.

Record keeping: Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Admission Office at WRH, in an effort to preserve the dignity of those receiving free or discounted care.

- a. Applicants that have been approved for the Sliding Fee Discount Program will be logged at Weatherford Regional Hospital business office, noting names of applicants, dates of coverage and percentage of coverage.
- b. The WRH Business Office will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials and applications not returned will also be logged.


Policy and procedure review: The Sliding Fee Schedule will be updated based on the current Federal Poverty Guidelines. Weatherford Regional Hospital will also review possible changes in our policy and procedures and examine institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.

**ATTACHMENTS:**

- 2026 Sliding Fee Schedule
- Patient Application for the Sliding Fee Discount Program

**Actions under Billing and Collection Policy in the Event of Non-Payment:**

Weatherford Regional Hospital will not engage in extraordinary collection actions (ECA) for up to 120 days after the date of the patient's first statement. During that time, Weatherford Regional Hospital will make reasonable efforts to determine whether an individual who has an unpaid amount from Weatherford Regional Hospital is eligible for financial assistance.

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Extraordinary collection actions include:

- Reporting a patient's delinquent debt to a credit bureau
- Selling a patient's debt to a third party
- Placing a lien on a patient's real property
- Attaching or seizing a patient's bank account or other personal property
- Commencing a civil action against a patient
- Causing a patient's arrest due to the debt
- Garnishing a patient's wages

Weatherford Regional Hospital will publicize the availability of financial assistance (see next section). Also, notices will be printed on statements to the patient/guarantor, directing the patient/guarantor to contact the WRH Business Office to discuss financial arrangements and the availability of financial assistance.

Also, the patient/guarantor will be sent a written notice 90 days after the initial statement that extraordinary collection efforts (ECA) may be initiated if a complete financial assistance application is not submitted, the bill is not paid, or an arrangement to pay the bill has not been agreed to by both patient and provider within 120 days after the first billing statement. Although Weatherford Regional Hospital may undertake ECAs after this 120-day period, if we have not yet determined whether an individual is FAP-eligible, we will still accept and process an FAP application for an additional 90 days.



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**Publicizing the Availability of Financial Assistance:**

- Weatherford Regional Hospital will post complete and current versions of the following on the Weatherford Regional Hospital website:
  - Financial Assistance Policy (FAP)
  - Financial Assistance Application Form (FAA)
  - Plain Language Summary of the Financial Assistance Policy (PLS)
  - Contact information for WRH Business Office
- Signs will be posted in English to advise patients of the availability of financial assistance. Signage will be displayed in all points of admission and will contain the following:
  - Weatherford Regional Hospital website address where the FAP, FAA, and PLS may be accessed <http://weatherfordhospital.com>
  - Telephone number and physical location that individuals may call or visit to obtain copies of the FAP, FAA and PLS or to obtain more information:
    - Business Office at Weatherford Regional Hospital (580) 772-5551
  - Signage, the FAP, FAA and PLS will be in other languages in instances where lesser than 1,000 individuals or 5% or more of the local population speaks said foreign language.
  - Paper copies of this information will be available upon request at all points of admission.
  - A notice will be included on billing statements that notifies and informs recipients about the availability of financial assistance for eligible individuals under WRH's FAP and includes the telephone number of the Business Office who can provide information about the FAP and application process and the website address where copies of the FAP, FAA and PLS may be obtained.
- Weatherford Regional Hospital will distribute Financial Assistance information at Community Health Fairs.