

# PATIENT FINANCIAL ASSISTANCE

## **POLICY:**

Teton Valley Healthcare will have a policy that sets guidelines for Business Office staff to address payment, settlements, and collection of patient accounts. These guidelines are based on National Health Care Service Corps and IRS 501 (c)(3) requirements (26 CFR part 1)

## **PURPOSE:**

To set consistent and approved parameters for all patient accounts

## **DEFINITIONS:**

**Disposable Income** – Income after taxes that is available for spending and saving

**Responsible Party** – The individual who is financially responsible for the account

**Guarantor Responsibility** – The patient or the patient's guarantor's responsibility for payment of the bill

**Patient** – The recipient of health care services at Teton Valley Healthcare

**Patient Financial Services** – Teton Valley Health Care services that include Patient Financial Services, Admissions, Business Office personnel, and Financial Counseling personnel

**TVHC** – Teton Valley Health Care

## **PROCEDURE:**

1. TVHC certifies and demonstrates that it will not withhold treatment from any patient because of lack of ability to pay. In such cases, TVHC will use a sliding scale to determine the charges that the patient or guarantor owes.
2. In order to qualify for the Patient Assistance Program, the following eligibility guidelines must be satisfied:
  - a. Total household income must be less than 200% of the current Federal Poverty Guidelines published annually by the Department of Health and Human Resources.
  - b. A patient assistance application and confidential financial statement with all requested documents must be completed.
  - c. The patient/guarantor must have exhausted all other reimbursement possibilities.
3. When determining a guarantor's ability to pay for the self-pay portions of health care services, TVHC will use the guarantor's disposable income, tax refunds, other sources of income and family size. In addition, Patient Financial Services will ensure the patient and guarantor do not qualify for any other forms of assistance including Medicaid, County Assistance and other government programs before patient assistance is granted.
4. Guarantors needing assistance must first fill out a confidential financial statement. Using this statement, Patient Financial Services will determine what forms of assistance the patient and guarantor may qualify for. After all other forms of assistance have been exhausted, Patient Financial Services will means test the guarantor to see if they are below 200% of the current Federal Poverty Guidelines.
5. A separate policy, "Patient Assistance – Sliding Fee Scale" contains a sliding fee schedule used as a guideline to determine the amounts written off to patient assistance and applied to self-pay.
6. The portion determined to be self-pay must be paid off within 36 months. No finance charge will be applied to these balances.
7. **A confidential financial statement is only valid for the designated admission and follow-up care for that admission.**