

## WESTCARE HEALTH SYSTEM

**Finance Office Policy**  
**Patient Assistance Program**  
**File Name: FIN\_109**

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**Effective: 01/01/2009**  
**Revised: 12/01/2008**

### Purpose

To establish clear guidelines and definition for the patient assistance program, at WestCare and to ensure unbiased access to charity care dollars, regardless of sex, race, or creed as dictated by the following guidelines.

### Policy

WestCare Health System is dedicated to providing financial assistance and charity care for medical expenses incurred by patients who do not have adequate resources to pay for medical care received at any Westcare facility

### Procedure

#### **Patient Assistance Program**

WestCare budgets a portion of its annual expenses to provide free or reduced cost care to patients who are not financially able to pay for their medical care rendered at a WestCare facility. These funds will be used to credit a patient's account balance after approval of a Patient Assistance Application as long as budgeted funds are available. The following steps will be followed in the approval process for this program.

1. Annual budget amounts for the Patient Assistance or Charity Care Program will be developed by the Chief Financial Officer and approved by the Finance Committee of the Board of Trustees.
2. WestCare Health System's charity guidelines are established based upon Family Size and Income Poverty Guidelines published annually by the Department of Health and Human Services.
3. All other avenues to obtain financial assistance and third party payment must be exhausted prior to receiving WestCare Patient Assistance dollars. WestCare Patient Assistance will only apply to the remaining balance after all third party payments are applied. Elective and cosmetic services are not eligible. Failure to apply for any assistance (Medicare, Medicaid, Insurance, etc.) may result in the denial of Westcare Patient Assistance.
4. A Patient Assistance Program application is available to any WestCare patient in the registration offices, at the financial counselor station or in the patient accounting offices. The application may also be obtained at the Westcare website in the patient registration and patient billing area. The website address is [www.westcare.org](http://www.westcare.org)

5. Formal applications for consideration must be complete, accurate and include verifiable proof of income and/or assets. (i.e. W-2 forms, tax returns, YTD payroll check stub, a statement from an employer, bank statements, etc.) The application must be submitted with appropriate documentation to the Customer Service Supervisor for consideration and review. (application is attached).
6. The review process is conducted using the following guidelines for income and assets. The percentages represent the portion that WestCare will apply to charity care based on the family size and income levels

**Income Guidelines:**

Charity Discount Amount	Percentage of HHS Poverty Guidelines
100%	Less than or equal to 150%
75%	151% - 200%
50%	201% - 250%
25%	251% - 300%

**Asset Guidelines:**

Asset Limits	Patient Liability required before assistance
Up to \$10,000	No effect on assistance
From \$10,001 - \$15,000	\$2,500
From \$15,001 - \$20,000	\$5,000
Over \$20,000	No assistance

7. Patients with balances of \$15,000 or greater will be eligible for consideration for an additional catastrophic discount, even if the patient did not qualify based on poverty guidelines. In order to qualify, the patient's balance due after any charity discount must exceed \$15,000. The patient's balance will be discounted such that the remaining balance will not exceed 25% of the family unit's total gross annual income as documented on the financial assistance application.
8. A response letter will be mailed to each applicant indicating program acceptance or denial. The patient has the right to appeal the denial and the application letter will be placed under appeal review with the Patient Financial Services Director. The PFS Director will make the final notification and inform the patient of the final decision.
9. Once an application is approved for WestCare Assistance, all outstanding balances on patient accounts with WestCare Health System, with service dates within the prior year, may be included in the eligibility determination. Services received in the future beyond the current episode of care will not automatically be approved. Future services within 90 days of the initial application will be eligible. Services beyond 90 days will require an updated financial service application form and will be reevaluated for eligibility based on the current application. Applications and documentation will be kept on file in the patient accounting office for audit purposes. Collection notes are placed on each account once a patient has been notified of eligibility, and the charity adjustment has been posted

10. Westcare Health System reserves the right to reverse any adjustments made to accounts for WestCare financial assistance if the information provided on the application is determined to be falsified or if proof that the applicant has received compensation for services from another source is obtained.

**Responsibility for Administration of the Program**

Funding utilization for the patient assistance program will be monitored by the Director of Finance and reported monthly to the Finance Committee via the WestCare Financial Statements.

The Director of Patient Financial Services will be responsible for the interpretation and administration of this policy.

Attachments: Patient Assistance Application  
Financial Assistance Worksheet  
Asset Allowances