

Williamson Medical Center Charitable Care, Prompt Payment, Uninsured/Underinsured Discount Policy

Effective January 1, 2013

Updated February 2, 2021

1. Policy:

Williamson Medical Center is committed to providing high quality patient care for services. This policy provides for treatment of uninsured and/or underinsured patients, who are non-elective and/or in a life-threatening condition or illness. Elective cases will be evaluated on a case-by-case basis. Williamson Medical Center has guidelines for providing relief for patients who do not have the ability to pay medical bills incurred at WMC.

Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with WMC's procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay.

Patients will be required to assign or pay, to the Medical Center, all insurance payments or liability settlements designated as remuneration for medical expenses. Payments received on an account with a charity adjustment will be applied to the account and the adjustment reversed up to the amount of the charity adjustment.

Credit reports will be considered in the approval process and will be pulled when it is necessary to substantiate data on file.

WMC reserves the right to amend and/or update this policy at any time.

2. Definitions:

Charity Care: Charity care results from a provider's policy to provide health care services free or at a discount to individuals who meet the established criteria.

Family: A group of two or more people who reside together and who are related by birth, marriage, or adoption. According to the Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for the purposes of the provision of financial assistance.

Family Income: Family Income is determined using the following guidelines:

- Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;
- Non-cash benefits (such as food stamps and housing subsidies) do not count;
- Determined on a before-tax basis;
- Excludes capital gains or losses;
- Non-relatives, such as housemates, do not count;
- Self-employed applicants' income will be calculated using the most recent federal income tax return.

Uninsured: The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

Underinsured: The patient has some level of insurance or third party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

3. Procedures:

A. Services Eligible Under this Policy:

- Emergency medical services provided in an emergency room setting;
- Services for a condition, which, if not promptly treated, would lead to an adverse change in the health status of an individual;
- Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting;
- Medically necessary services.

B. Eligibility for Charity:

Eligibility for charity will be considered for any U.S. citizen or legal immigrant with active accounts at WMC who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. (In the event citizenship or immigration status cannot be determined based on the application, the applicant will be asked to provide information to prove citizenship and/or immigration status.) The granting of charity shall be based on an individualized determination of financial need, and shall not take into account, age, gender, race, social status, sexual orientation, or religious affiliation.

For scheduled procedures, the patient must live within 60 miles of Williamson Medical Center in order to apply for assistance. Cases outside the area will be reviewed on a case by case basis.

C. Determination of Financial Need:

Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may:

- Include an application process, in which the patient or guarantors are required to cooperate and supply personal, financial, and other information and documentation relevant to making a determination of financial need;
- Include the use of external publicly available data sources that provide information on a patient's or a guarantor's ability to pay (such as credit reports);
- Include reasonable efforts by WMC to explore appropriate alternative sources of payment and coverage from public and private sources and to assist patient to apply for such programs;
- Take into account the patient's available assets.

It is preferred but not required that a request for charity and a determination of need occur prior to rendering of services. However, the determination may be done at any point in the collection cycle. The need for payment assistance shall be re-evaluated every 6 months, meaning that accounts occurring within 6 months of a previous approval may be added to the previous approval. WMC reserves the right to require a new application within the 6-month period of a patient's financial situation appears to, or has been suspected to change.

WMC shall process requests for financial assistance promptly and will notify the applicant upon their determination.

If an applicant returns an incomplete application, WMC will contact the patient to notify them of the need for additional information, and the patient will have 20 days to return the required information to WMC. Failure to do so will result in a denial of the application.

WMC understands that a patient's financial situation may change during the course of an account; therefore, WMC reserves the right to re-evaluate previous financial aid approvals based on more current information. The re-evaluations will be handled on a case-by-case basis.

D. Patient Charity Guidelines:

Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination, as follows:

Charity Care Guidelines					
Family Size	100%	150%	175%	200%	250%
1	\$0 - \$12,880	\$12,881 - \$19,320	\$19,231 - \$22,540	\$22,541 - \$25,760	\$25,761 - \$32,200
2	\$0 - \$17,420	\$17,421 - \$26,130	\$26,131 - \$30,485	\$30,486 - \$34,840	\$34,841 - \$43,550
3	\$0 - \$21,960	\$21,961 - \$3,940	\$32,941 - \$38,430	\$38,431 - \$43,920	\$43,921 - \$54,900
4	\$0 - \$26,500	\$26,501 - \$39,750	\$39,751 - \$46,375	\$46,376 - \$53,000	\$53,001 - \$66,250
5	\$0 - \$31,040	\$31,041 - \$46,560	\$46,561 - \$54,320	\$54,321 - \$62,080	\$62,081 - \$77,600
6	\$0 - \$35,580	\$35,581 - \$53,370	\$53,371 - \$62,265	\$62,266 - \$71,160	\$71,161 - \$88,950
7	\$0 - \$40,120	\$40,121 - \$60,180	\$60,181 - \$70,210	\$70,211 - \$80,240	\$80,241 - \$100,300
8	\$0 - \$44,660	\$40,661 - \$66,990	\$66,991 - \$78,155	\$78,156 - \$89,320	\$89,321 - \$111,650
For each additional person add	\$4,540	--	--	--	--
Discount					
Inpatient or Outpatient	100%	90%	80%	70%	60%

E. Appeals Procedure:

If an applicant is denied, the applicant may appeal the denial, in writing, within 30 days of the denial date. Once a written appeal is received, the application will be re-evaluated by a Financial Counselor and their direct supervisor. A written response to the denial will be provided to the patient and will indicate either approval or the upholding of the denial.

F. Deceased Patients and Estates:

If WMC finds that a patient is deceased, they will follow applicable laws for the handling of the deceased patient's account. If WMC's research finds that the patient has no estate, or that the time to file on the estate has passed, WMC will adjust the account as an indigent estate and documentation

will be maintained (hard copy if available, or notes in system if hard copy is not available) to verify the adjustment(s) made.

G. Communication of the Charity Program to Patients and the Public:

Notification about charity available from WMC shall be disseminated by various means, which may include, but are not limited to, the publication of notices on patient bills and by posting notices in emergency rooms, urgent care centers, admitting and registration departments, business offices, and patient financial services offices that are located on facility campuses, and at other public places as WMC may elect. Referral of patients for charity may be made by any member of the WMC staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, etc.

H. Catastrophic Medical Event:

A major catastrophic health care event is defined as un-reimbursed medical expenses incurred at WMC during a one year period (using a rolling 12 month calendar) that exceed the annual household income of the patient or responsible party.

Assistance under this policy is not available for elective services that are not medically necessary.

Partial payment of the total outstanding balance is required as follows:

Income Level Household	Payment Required
Up to \$50,000 annually	15% of gross annual income
\$50,001 - \$75,000 annually	20% of gross annual income
\$75,001 - \$100,000 annually	25% of gross annual income
Over \$100,000 annually	30% of gross annual income

Note: These limitations are applicable to each date of service for each admission or procedure.

PAYMENT PLAN:

The following guidelines are to be used when a customer requests to set up a payment plan:

WMC Payment Plan

- \$ 0 - \$50 Payment in full
- \$ 51-\$100 Payment in full within 2 months
- \$101-\$300 Payment in full within 4 months
- \$301-\$500 Payment in full within 6 months
- \$501-\$1000 Payment in full within 9 months
- \$1001-\$3000 Payment in full within 18 months
- \$3001-\$5000 Payment in full within 24 months
- \$5001+ Payment amount approved by Supervisor/Director

Note: In the event that collection efforts are unsuccessful, a collection agency may be utilized to assist in the collection of any patient or guarantor responsible balance.

Uninsured /Self-Pay Discount:

"In accordance with TCA-68-11-262, Williamson Medical Center is prohibited from requiring an uninsured patient to pay for services in an amount that exceeds one hundred seventy-five percent (175%) of the cost of services provided."

UNINSURED patients will not be charged more than one hundred seventy-five percent (175%) of the cost for services provided. Therefore, each self-pay patient will be given an automatic 46% discount. Periodic internal audits will be conducted within the Finance Department of Williamson Medical Center to ensure that WMC is in compliance with TCA-68-11-262.

Prompt Payment Discounts:

Patients, during normal contact with WMC personnel, will be offered a **10% discount** for paying their identified portion of the bill in full prior to or at the time of service.

Any discounts or adjustments outside of this policy must be approved based on WMC policy.

Effective Date: January 1, 2013

Updated: February 3, 2017

Instructions to determine eligibility for reduced payments or financial assistance

To determine if you are eligible for reduced payments or financial assistance, you must complete the financial assistance application and return it along with the following:

- Attach copies of any income received within the household. This would consist of two most recent pay stubs, two most recent and consecutive bank statements, social security checks, pension funds, support payments, etc.
- List amounts in checking, savings and CD accounts, IRAs, stocks and bonds.