

# CAMPBELL COUNTY HEALTH

## Patient Financial Policies & Procedures

SUBJECT: FINANCIAL ASSISTANCE

---

### PURPOSE:

---

The purpose of this program is to provide free or discounted care to those who have limited or no means to pay for their medically necessary healthcare services. This policy may not provide coverage for some elective procedures. The policy includes patients deemed uninsured or underinsured. The Campbell County Health (CCH) Financial Assistance program is committed to advocating for patients when they are unable to pay in full for their care. This program includes assisting patients and/or guarantors with potential eligibility for public or private coverage.

### DEFINITIONS:

---

**Amounts Generally Billed:** This refers to the maximum amount CCH will bill and/or collect from a patient eligible for financial assistance under this policy.

**Emergency Medical Care** – treatment of an emergency medical condition as defined in section 1867 (e) (1) of the Social Security Act as “a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,
- Serious impairment to bodily functions, or
- Serious dysfunction of any bodily organ or part; Or with respect to a pregnant woman who is having contractions,
  - That there is inadequate time to affect a safe transfer to another hospital before delivery, or
  - That transfer may pose a threat to the health or safety of the woman or the unborn child.

**Federal Poverty Guidelines (FPG)** –A measure of income issued every year by the Department of Health and Human Services (HHS). Federal poverty levels (FPL) are used to determine eligibility for certain programs and benefits such as health insurance and/or financial assistance.

**Household Yearly Gross Income** – the estimated total income of an individual and all working adults who reside with them. Estimated total income is calculated using the most recent year to date paystubs, Social Security/Disability income, child support, retirement/401k cash outs and any other income included, but not limited to Self-Employed, Unemployment, Worker’s Compensation and Royalties.

**Medically Necessary Care** – Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.

**Underinsured** – A patient that has third party healthcare insurance, however, the coverage is inadequate for their healthcare needs in such a way that the costs for care are a significant financial burden.

**Uninsured** - A patient that does not have coverage for healthcare services by a third party such as Medicare, Medicaid, Workers Compensation, or a group health insurance company.

POLICY:

---

***Non-Discrimination of Services:***

In compliance with all EMTALA (Emergency Medical Treatment & Labor Act) rules and regulations, Campbell County Health (CCH) will provide Emergent medical services regardless of a patient’s ability to pay. CCH will provide emergency medical screening examinations and stabilizing treatments to patients regardless of their ability to pay.

Campbell County Health will offer financial assistance to patients unable to pay for their services. CCH will base program eligibility on family size and income and will not discriminate based upon the individuals’ ability to pay. CCH does not discriminate against any one individual’s race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.

***Calculation of Amounts Generally Billed (AGB):***

Campbell County Health determines AGB using the look-back method, including Medicare and private health insurers as defined by IRS 501r-5(b)(3). A written explanation of the calculation may be obtained upon request, free of charge. Submit request in writing to Patient Financial Services, PO Box 3011, Gillette, WY 82717.

Individuals who are eligible for financial assistance under this policy will not be charged more than AGB for emergency or medically necessary care.

***Measures to Widely Publicize the Financial Assistance Policy:***

To serve the community, Campbell County Health takes measures to widely publicize the availability of financial assistance. Patients and members of the public may obtain copies of the financial assistance policy, the application and a plain language summary of the financial assistance policy, free of charge:

- On the website, at [www.cchwyo.org/as-our-patient/paying-for-care/financial-assistance](http://www.cchwyo.org/as-our-patient/paying-for-care/financial-assistance)
- By phone, call 307-688-1482
- In person, at any registration desk and the customer service office at 501 S. Burma Ave., Gillette, WY 82716
- By mail, by writing “Attention: Financial Assistance,” PO Box 3011, Gillette, WY 82717

***Financial Assistance Eligibility:***

Eligible individuals include patients who do not have insurance (Uninsured) or patients who have insurance but are Underinsured. Patients must cooperate with any insurance claim submission, referral procedures, authorization requirements, and exhaust their insurance or potential private, federal, state, and local insurance coverage (including Marketplace) before becoming eligible for financial assistance.

Financial assistance eligibility is based on an application and supporting documentation which are used to validate the patient's financial status. CCH's financial assistance discount is based on the applicant's income and the Federal Poverty Guidelines. Assets may also be considered at management discretion.

Other factors affecting eligibility are as follows:

- The financial assistance discount will apply to the individual responsibility after any insurance payments and adjustments.
- Healthcare services must be deemed medically necessary. Services listed on Exhibit I will not be considered for Financial Assistance.
- Services offered by other providers, not billed through Campbell County Health are not eligible for financial assistance (i.e., independent physicians, transportation, hotel, etc.)
- Financial assistance will be offered only to those patients who are residents of CCH's Primary and Secondary Service area. Patients who have been residents of the following counties for at least 3 months qualify for Financial Assistance: Campbell, Weston, and Crook Counties. Patients who have utilized CCH EMS services will be eligible for Financial Assistance on the EMS charges only.

PROCEDURE:

---

**The following guidelines will be followed:**

**Application Process:** The patient/guarantor must complete a Financial Assistance application in its entirety. By signing the application, applicants attest the submitted information provides a complete and accurate financial position, and authorizes CCH to confirm all information disclosed on the application form. Providing incomplete or false information on an application will result in an automatic denial of assistance.

- *Completed* Financial Assistance applications and required documentation can be submitted to Patient Financial Services. Acceptable methods of submission are:
  - Mail – “Attention: Financial Assistance,” PO Box 3011, Gillette, WY 82717
  - In-Person Delivery – Patient Financial Services, 501 S. Burma Ave, Gillette, WY 82716
  - Fax – “Attention: Financial Assistance,” (307) 688-1420
- *Income Verification:* Applicants must provide the following:
  - Two most recent Year's Tax Return
  - Two most recent pay stubs
  - Three months of Bank Statement(s), for each deposit account (checking and savings)
  - Proof of income, wages, SSI/SSD, work comp benefits, or unemployment benefits
  - Proof of child support
- *Asset Verification:* Applicants must provide the following:
  - Flex Spending Account (FSA) statements
  - Health Savings Account (HSA) statements
  - Investment account statements
- Campbell County Health will accept a Financial Assistance Application for up to 240 days (“Application Period”) after the first billing statement.
- An individual who has questions about Financial Assistance or would like help with the application process can contact Patient Financial Services by calling (307) 688-2690 or by visiting 501 S. Burma Ave Gillette, Gillette, WY 82716
- CCH offers interpretation services. Refer to CCH Language Access policy.

**Income Criteria:** Using US Department of Health and Human Services Federal Poverty level (FPL) guidelines, discounts will be based on income and family size only; CCH uses the definitions provided by the United States Census Bureau for both.

- 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.
- Income includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security income, interest, dividends, rents, royalties, income from estates, trusts, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits (such as food stamps and housing subsidies) are not included.

**Discounts:** Applicants with incomes at or below 200% of the FPL will receive a full 100% discount (free care). Those with incomes above 200% of poverty, and at or below 275% of the FPL, will be charged according to the sliding fee schedule seen in Exhibit II. The sliding fee schedule will be updated annually with the latest Federal Poverty Level guidelines.

**Exceptions:**

- **Minor Children/Divorced Parents** – for the minor children of divorced parents, when both parents/legal guardians are responsible parties, information regarding both parents is required to complete a Financial Assistance Application. However, if after reasonable efforts, circumstances prevent the applicant from obtaining financial information for all responsible parties, information from responsible parties residing in the same household of the minor child/children are used to make the determination.
- **Patients who are aged 18 to 26** who are students in High School or College, must include parent's income when determining financial need, if claimed as a dependent by either parent.
- **Catastrophic Circumstances** - Campbell County Health recognizes the fact that there may be instances in which a patient's income exceeds the previously mentioned guidelines, but the patient's expenses also exceed his or her ability to afford care. A charity care adjustment may be approved for these individuals by the Chief Financial Officer (CFO).

***Application Determination and Approval:***

- Applications are reviewed by the Patient Financial Counselors for completeness and eligibility. A timely determination will be provided to the applicant, in writing.
- Written notification will include the percentage of discount the applicant is awarded, or, if applicable, the reason for denial.
- If the application is approved for less than the 100% discount or denied, the remaining account balance will be billed per the CCH Billing and Collection Policy.
- CCH requests patients apply for financial assistance as soon as possible. However, patients are allowed up to 240 days from the first billing statement to apply (Application Period). This includes accounts that have been turned over to third-party collection agencies.
- If approved, financial assistance is effective for the 6-month period following approval.
- CCH reserves the right to require a patient to re-apply at any time.

**Presumptive Eligibility: Charges may be adjusted to provide for a financial discount of 100% of billed charges when there are no insurance benefits and the patient established financial need by satisfying one of the following categories of presumptive eligibility criteria.**

- Current Medicaid eligible, but not on date of service or for non-covered service
- The Patient is homeless and/or has received care from a homeless clinic.
- The Patient receives SNAP (Supplemental Nutritional Assistance Program) or CHIP (Childrens Health Insurance Program)
- Section 8 Housing
- The Patient is deceased, without an estate.
- Guarantor debt is discharged through Chapter 7 bankruptcy.
- Patient is mentally or physically incapacitated and has no one to act on his/her behalf.

**Appeals:**

- The patient and/or responsible party may appeal a denial of Financial Assistance by providing additional information, in writing, to the Director of Revenue Cycle within 14 days of receiving a notification of denial. The Director of Revenue Cycle and/or the Chief Financial Officer have the final determination upon review all appeals.

**Billing and Collections:** Campbell County Health has a separate Billing and Collections Policy. The Billing and Collection Policy includes the actions Campbell County Health may take in the event of nonpayment of the remaining liability owed by an individual who has qualified or been denied financial assistance. Copies of the Billing and Collection Policy are available to the public.

---

**Exhibit I**  
Excluded Procedures/Location

**Excluded Items:**

- Cosmetic Services
- Durable Medical Equipment
- Hearing Aids
- Services offered at a discounted cash price
- Services deemed not medically necessary

**Excluded Locations:**

- Home Medical Resources (HMR)
- Audiology
- Wyoming Orthopedics and Spine (WYOS, Power River Orthopedics and Spine-PROS)
- Legacy Living and Rehabilitation Center

**Exhibit II**  
Financial Assistance Income Guidelines 2024 [1]

Family Size	Federal Poverty Guidelines (100% FPG)	FPG 0 – 200%	FPG 201% – 250%	FPG 251% – 275%
<b>Discount</b>		<b>100%</b>	<b>75%</b>	<b>50%</b>
1	\$15,060	\$30,120	\$37,650	\$41,415
2	\$20,440	\$40,880	\$51,100	\$56,210
3	\$25,820	\$51,640	\$64,550	\$71,005
4	\$31,200	\$62,400	\$78,000	\$85,800
5	\$36,580	\$73,160	\$91,450	\$100,595
6	\$41,960	\$83,920	\$104,900	\$115,390
7	\$47,340	\$94,680	\$118,350	\$130,185
8*	\$52,720	\$105,440	\$131,800	\$144,980

\*For family units of more than 8 members, add \$5,830 per additional Member

[1] Updated annually. Source: US Dept. of Health and Human Services (1/17/2024)  
<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

**Exhibit III**  
Covered Providers

<b>Provider Group</b>	<b>Covered</b>
Campbell County Health	Yes
Campbell County Medical Group	Yes
Other providers offering emergency or medically necessary care at CCH and whose professional services are not billed by CCH	No

---

Initiated: December 10, 1996  
Revised: 02-24-2024 Karna Stroschein  
Approved: 02-24-2024 Adam Popp, CFO