

 SHERIDAN MEMORIAL HOSPITAL	Number <i>09001.503</i>	Title <i>Medical Assistance Policy</i>		
Departments Affected: <i>All revenue generating departments</i>		Effective Date 05/04/2023	Revision Date 12/11/2023	Page 1 of 1
Approvals: 1. Committee – Date 2. Leadership – 3. Officer –		Policy Author(s): Korissa Duff, Lead Financial Advocate		

I. POLICY: Sheridan Memorial Hospital’s (SMH) and Sheridan Memorial Clinic’s (SMC) Medical Assistance (MA) Program provides qualifying patients with a means of medical financial assistance on their medical expenses when all other payment resources have been exhausted.

II. DEFINITIONS:

- A. **Family** – Defined by the Census Bureau as a group of two or more people who reside together who are related by birth, marriage or adoption. Per Internal Revenue Service’s rules, if the patient claims someone as a dependent on their income tax return, they are considered a dependent for purposes of the provision of financial assistance.
- B. **Family Income** – Income is the total annual cash receipts before taxes from all sources which includes, but not limited to, gross wages and salaries before deductions, net receipts from nonfarm self-employment income, net receipts from farm self-employment, social security payments, railroad retirement, unemployment compensation, workers compensation benefits, veteran’s payments, public assistance payments, Supplemental Security Income, Social Security Disability Income, alimony, child support, military allotments, private pensions, government pensions, annuity payments, college or university grants, fellowships, dividends, interest, net rental income, bonuses, net gambling or lottery winnings, assistance from outside the household and other miscellaneous sources. Noncash benefits (such as food stamps and housing subsidies) do not count as income.
- C. **Medically Necessary Care:** those health care services that satisfy the definition of “medically necessary” for purposes of Medicare. Medically Necessary Care services are required to diagnose, treat, cure or prevent an illness, injury or disease, which has been diagnosed or is reasonably suspected to be essential to life. Medical necessity does not apply to cosmetic and non-medically necessary care and procedures such as infertility services, vasectomy reversal, hearing aids, etc. There are instances where overlap can occur for specific treatment in which used for one case may not be covered but used in a specific circumstance may be covered. These services are reviewed on a-case by-case basis.
- D. Financial assistance under this policy is available without regard to the patient’s race, color, creed, religion, national origin, gender, gender identity, sexual orientation, age, marital status, genetic information or disability.
- E. Patients are expected to cooperate with SMH Financial Advocates for obtaining medical financial assistance through all available means and to contribute to the cost of their care based on an individual’s ability to pay as determined by the medical assistance process. This policy does not apply to patients with sufficient financial means who refuse to pay for medical services rendered to them and their family members. Sheridan Memorial Hospital’s Medical Assistance Program is not a

substitute for personal financial responsibility or unwillingness to enroll in health insurance coverage.

- F. In order for SMH to responsibly manage its resources and provide the appropriate level of assistance to the greatest number of persons in need, patients are expected to contribute to their cost of care based on their individual ability to pay.
- G. In-house financial counseling related to medical financial circumstances is provided at no cost. All applicants for medical assistance are expected to cooperate with the counseling services.
- H. If information is obtained of a positive change in a patient's financial situation during the approved Medical Assistance period, SMH reserves the right to withdraw a previously approved medical assistance discount and pursue the outstanding balances on the account.
- I. Failure to comply (refusal) with physician care plan can disqualify you for medical assistance.
- J. If information is obtained that a person or persons were approved based on incomplete or fraudulent information, SMH reserves the right to reverse any previously forgiven or discounted debt based on the fraudulent information.

III. PROCEDURES:

- A. SMH Financial Assistance will only be in effect for a maximum of 12 months, or by deadlines stated, whichever is less.
- B. Once a patient requests medical assistance, they will be scheduled time to meet with the Financial Advocate (FA) team. A letter of required documentation will be provided to the patient prior to meeting if time allows.
- C. At the FA meeting, the FA will review patient's situation, determine resources available, including insurance options.
 - 1. Insurance qualifier: To be eligible for medical financial assistance patient or patient's guarantor will have exhausted all other payment options including private coverage, federal, state and local medical assistance programs and other forms of assistance provided by third-parties. Eligible patients that fail to apply for all resources such as Medicaid, ACA, or other sources of medical financial assistance and fail to apply for such resources within thirty (30) days of the hospital request are not considered eligible for medical assistance under this policy.
 - a. Failure to maintain eligible coverages will result in immediate revocation of medical assistance.
 - 2. Income Qualifier: Eligibility will be determined on an individual basis taking into consideration family size, family income, family liabilities, and liquid assets. Family income must not exceed 200% of the Federal Poverty Level. Income at or below 250% of federal poverty level will be considered for a capped catastrophic consideration for hospital expenses.
 - a. If patient attestation is of no income, a sworn statement from the person providing basic financial support, validating the claim of no income must be completed. Proof of residency for the support person dated within 30 days of the application date must also be provided.
 - 3. Residency Qualifier: Patient must be an established resident of Sheridan County, Wyoming; non-county residents will be considered on case-by-case basis.
- D. All supporting documentation must be submitted to Financial Advocate within 30 days of meeting with a Financial Advocate.
- E. Eligibility:
 - 1. Only medically necessary services during urgent or emergent situations

will be covered. Any services considered elective, preventative, or cash based are not eligible for Medical Assistance. (Medicare Definition of Medically Necessary Services & Resource below).

2. Patient accounts or services received by a patient who is involved in pending litigation that relates to or may result in a generation of recovery based on charges for services do not qualify for medical financial assistance (bad debt).
3. There will be cost share on all services provided; refunds will not be issued from previous payments.
4. Each application expires on Nov 15 of each year, and we reserve the right to revoke assistance at any time.

IV. ATTACHMENTS:

- A. Introduction letter to Financial Counseling
- B. [SMH List of Medically Necessary Care](#)

V. RESOURCES:

- A. Glossary of Medical Words defined by CMS: <https://www.medicare.gov/glossary/m>
- B. Medically necessary, covered by Part B- <https://www.medicare.gov/what-medicare-covers/what-part-b-covers>
- C. Not covered Part B- <https://www.medicare.gov/what-medicare-covers/whats-not-covered-by-part-a-part-b>

VI. DISCLAIMER (As applicable): Clinical situations may warrant adaptation due to unique patient characteristics and will be evaluated on a case-by-case basis.

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