

WAYNE MEMORIAL HOSPITAL	PFS POLICIES & PROCEDURES	Policy#: 112
	Issue Date:	Revised Date: 10/12, 06/23, 02/25
Subject: Indigent_Charity Care	Approved By: Rhonda Blue, PFS Director	

ICTF/Charity Care

ICTF/Charity Care is a benefit where anywhere from 10% up to 100% of the patient's bill will be written off. ICTF/Charity Care is available for WMH patients who meet family income criteria based on Federal Poverty Guidelines. Any WMH patient may apply for program and all applications will be considered without regard to race, color, gender, national origin or religious preference. Patients must be a legal US citizen and a permanent Georgia resident to receive ICTF/Charity benefits

Availability

- a. A ICTF/Charity application will be made available to anyone who requests it or is identified with a need & meets eligibility screening criteria as outlined in the ICTF/Charity Care requirements. **See Appendix A**
- b. Patients may submit a ICTF/Charity application prior to their visit to WMH. The application will be held until services have been rendered.
- c. WMH will post notices as required by law regarding the availability of the ICTF/Charity Care program.
- d. Patients may receive ICTF/Charity Care after all other financial resources available to the patient have been exhausted & the patient is without sufficient income to cover out of pocket expenses as defined by WMH. Other financial resources include, but are not limited to, private health insurance, CHIP, Medicare, Medicaid or Auto Medical Payments.
- e. If the ICTF/Charity Care is approved, ICTF/Charity will apply to balances after all third party coverage has been collected.
- f. A determination of eligibility for ICTF/Charity Care will be effective for ninety (90) days and will be applicable toward all eligible patient balances incurred prior to approved ICTF/Charity Care for up to one (1) year from date of service(s) unless they have been turned over to collections in a legal status. The one year period may be waived if there is a life changing event that impacts the financial state of the patient/guarantor. Ex: Patient on payment plan and had been paying consistently and their income has been impacted by the loss of income beyond their control.

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Rights & Responsibilities

- a. If a patient does not have Medicaid or other private agency funding, but may qualify, the patient must cooperate with the application process to be considered for ICTF/Charity Care. If patient does not cooperate with the application process for any available funding, ICTF/Charity Care will be denied or revoked if active approval is on file and the patient will be responsible for any balances. The patient is required to provide documentation to include but not limited to evidence of third party coverage, employment status, verification of employment, and family size.
- b. Only patient balances will be considered for ICTF/Charity Care write-off. Patient balance is the amount for which there is no third party coverage or other funding available or balances after insurance payments.
- c. If the patient's household income is less than or equal to 295% of the current FPG for the family size, the patient will be eligible for ICTF/Charity Care.
- d. Once determination has been made regarding ICTF/Charity Care eligibility, the patient will be notified in writing unless determined by Presumptive Financial Assistance to which case, no notification will be sent.
- e. If a patient's income or family size changes, a new ICTF/Charity application may be submitted with supporting documentation for re-evaluation of their ICTF/Charity Care status.
- f. Any payments made to date will be counted toward the amount due and will not be refunded.
- g. The patient has the right to appeal a denied application for ICTF/Charity Care. The appeal will be reviewed by the PFS Director. The patient will be notified in writing of the appeal outcome.
- h. Patients must be able to show legal citizenship.

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Extraordinary Circumstances/Other Applicant Categories

Qualification under extraordinary circumstances not outlined below, requires approval from PFS Director.

- a. Homeless Persons -- A homeless person is an individual who has no income or place of residence and depends on charity or public assistance. Such individuals will be eligible, even if they are unable to provide all the documentation required for the ICTF/Charity Care application. The application needs to indicate in the address field that the patient is homeless, and the application must be signed by the patient.
- b. Deceased Patients -- The charges incurred by a patient who has died may still be considered eligible for ICTF/Charity Care. For the ICTF/Charity Care application, the deceased patient will count as a family member, but their income will be zero.
- c. Inmates -- Charges incurred by a patient who has subsequently become incarcerated may still be considered eligible for ICTF/Charity Care. His/her income will be deemed zero for the purposes of the ICTF/Charity Care application from the date of entry into the correctional facility until the date of release from the correctional facility. Written proof from the correctional facility that the patient is an inmate including date of entry and proposed date of release shall suffice as the ICTF/Charity Care application. **Note** : All charges incurred during the incarceration are the responsibility of the correctional facility.

Notification

- a. Once completed and submitted, an application will be reviewed within 15 business days against WMH's eligibility criteria for services previously rendered. For those patient's that requesting review prior to services being rendered, the application will be reviewed immediately as long as required documentation is presented.
- b. Once approved or denied, a notification letter will be sent.
- c. If additional documentation is required to reach a determination, a request for additional information will be sent to patient

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Revision 06/29/23

Presumptive Financial Assistance Eligibility:

There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. In the event there is no evidence to support a patient's eligibility for charity care, Wayne Memorial Hospital will use a third-party analytics service vendor to determine estimated income amounts for the basis of determining charity care eligibility and potential discount amounts. If a patient is determined presumptive eligible for charity they will not be notified. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

- a State-funded prescription programs;
- b Homeless or received care from a homeless clinic;
- c Participation in Women, Infants and Children programs (WIC);
- d Food stamp eligibility;
- e Subsidized school lunch program eligibility;
- f Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
- g Low income/subsidized housing is provided as a valid address; and
- h Patient is deceased with no known estate.

Changes to the Policy or Eligibility Criteria

ICTF/Charity Care eligibility criteria will be reviewed annually by the PFS Director and will be updated to reflect published changes in the FPG. Revisions may be made at any time to the criteria or the policy based on changes in WMH's financial ability to provide financial assistance or changes in state or federal regulations.

Wayne Memorial Hospital
Sliding Scale for Patient Liability
2024 Poverty Guidelines

Year: 2024

Percent of Federal Poverty Level Discount Percentage

At least	But <	
0	150%	100%
150%	175%	90%
175%	190%	80%
190%	205%	70%
205%	220%	60%
220%	235%	50%
235%	250%	40%
250%	265%	30%
265%	280%	20%
280%	295%	10%

Family Size	Annual Income
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36,580
6	\$41,960
7	\$47,340
8	\$52,720
Add	\$8,070

<u>1 Person</u>			<u>2 People</u>			<u>3 People</u>		
Disc. %	At least	But <	Disc. %	At least	But <	Disc. %	At least	But <
100%	0	\$22,590	100%	0	\$30,660	100%	0	\$38,730
90%	\$ 22,590	\$26,355	90%	\$ 30,660	\$35,770	90%	\$ 38,730	\$45,185
80%	\$ 26,355	\$28,614	80%	\$ 35,770	\$38,836	80%	\$ 45,185	\$49,058
70%	\$ 28,614	\$30,873	70%	\$ 38,836	\$41,902	70%	\$ 49,058	\$52,931
60%	\$ 30,873	\$33,132	60%	\$ 41,902	\$44,968	60%	\$ 52,931	\$56,804
50%	\$ 33,132	\$35,391	50%	\$ 44,968	\$48,034	50%	\$ 56,804	\$60,677
40%	\$ 35,391	\$37,650	40%	\$ 48,034	\$51,100	40%	\$ 60,677	\$64,550
30%	\$ 37,650	\$39,909	30%	\$ 51,100	\$54,166	30%	\$ 64,550	\$68,423
20%	\$ 39,909	\$42,168	20%	\$ 54,166	\$57,232	20%	\$ 68,423	\$72,296
10%	\$ 42,168	\$44,427	10%	\$ 57,232	\$60,298	10%	\$ 72,296	\$76,169

<u>4 People</u>			<u>5 People</u>			<u>6 People</u>		
Disc. %	At least	But <	Disc. %	At least	But <	Disc. %	At least	But <
100%	0	\$46,800	100%	0	\$54,870	100%	0	\$62,940
90%	\$ 46,800	\$54,600	90%	\$ 54,870	\$64,015	90%	\$ 62,940	\$73,430
80%	\$ 54,600	\$59,280	80%	\$ 64,015	\$69,502	80%	\$ 73,430	\$79,724
70%	\$ 59,280	\$63,960	70%	\$ 69,502	\$74,989	70%	\$ 79,724	\$86,018
60%	\$ 63,960	\$68,640	60%	\$ 74,989	\$80,476	60%	\$ 86,018	\$92,312
50%	\$ 68,640	\$73,320	50%	\$ 80,476	\$85,963	50%	\$ 92,312	\$98,606
40%	\$ 73,320	\$78,000	40%	\$ 85,963	\$91,450	40%	\$ 98,606	\$104,900
30%	\$ 78,000	\$82,680	30%	\$ 91,450	\$96,937	30%	\$ 104,900	\$111,194
20%	\$ 82,680	\$87,360	20%	\$ 96,937	\$102,424	20%	\$ 111,194	\$117,488
10%	\$ 87,360	\$92,040	10%	\$ 102,424	\$107,911	10%	\$ 117,488	\$123,782

<u>7 People</u>			<u>8 People</u>			<u>Add'l PEOPLE</u>		
Disc. %	At least	But <	Disc. %	At least	But <	Disc. %	At least	But <
100%	0	\$71,010	100%	0	\$79,080	100%	Add'l	\$12,105
90%	\$ 71,010	\$82,845	90%	\$ 79,080	\$92,260	90%	Add'l	\$14,123
80%	\$ 82,845	\$89,946	80%	\$ 92,260	\$100,168	80%	Add'l	\$15,333
70%	\$ 89,946	\$97,047	70%	\$ 100,168	\$108,076	70%	Add'l	\$16,544
60%	\$ 97,047	\$104,148	60%	\$ 108,076	\$115,984	60%	Add'l	\$17,754
50%	\$ 104,148	\$111,249	50%	\$ 115,984	\$123,892	50%	Add'l	\$18,965
40%	\$ 111,249	\$118,350	40%	\$ 123,892	\$131,800	40%	Add'l	\$20,175
30%	\$ 118,350	\$125,451	30%	\$ 131,800	\$139,708	30%	Add'l	\$21,386
20%	\$ 125,451	\$132,552	20%	\$ 139,708	\$147,616	20%	Add'l	\$22,596
10%	\$ 132,552	\$139,653	10%	\$ 147,616	\$155,524	10%	Add'l	\$23,807

This sliding scale was effective January 11, 2024

Catastrophic Eligibility as Medically Indigent	
If Patient's Yearly Income Exceeds 295% of the Federal Poverty Guidelines	
	Discount
Balance Due is equal to or greater than 100% of the patients yearly income	90%
Balance Due is equal to or greater than 90% and less than 100% of the patients yearly income	85%
Balance Due is equal to or greater than 80% and less than 90% of the patients yearly income	80%
Balance Due is equal to or greater than 70% and less than 80% of the patients yearly income	75%
Balance Due is equal to or greater than 60% and less than 70% of the patients yearly income	70%
Balance Due is equal to or greater than 50% and less than 60% of the patients yearly income	65%