Policy Title: Financial Assistance Policy (English)	Policy # 472
	VERSION # 6
DEPARTMENT: Patient Financial Services Check for Attachments	PAGE: **1** of **11** EFFECTIVE: 07/31/2026
APPROVED BY: Board of Trustees, Board QPI Committee, Beau McNeff (CEO)	Current Review Date: 09/03/2026 Next Review Date: 09/03/2027

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Purpose:

This Policy establishes the framework pursuant to which Weiser Memorial identifies patients that may qualify for financial assistance, provides financial assistance, and accounts for financial assistance. With the Understanding that at any time a patient has the right to apply on their own for Medicaid (within time limits) as well as Charity Care.

Definitions

Amount Generally Billed (AGB): The amounts generally billed for emergencies or medically necessary care provided to patients who have insurance covering such care.
Definition of "Charged": A FAP-eligible individual is only "charged" the amount they are personally responsible for paying after all discounts, contractual allowances, and insurance reimbursements have been applied.
EMTALA: Emergency Medical Treatment and Labor Act. A federal mandate to screen and stabilize anyone regardless of age, race, color, national origin, religion, gender identity, or ability to pay.
Eligibility Period: The period during which FMC will accept and process Financial Assistance applications. This period will be, at least, from the date of service until 240 days after FMC provides the patient with the first billing statement for the care provided.
Emergency Medical Condition: Defined within the meaning of section 1867 of the Social Security Act (42 USC 139dd).
Extraordinary Collection Actions (ECA's): Those actions that WMH may take in event of non-payment following the expiration of the notification period. These may include referral to an external collection agency, the reporting of adverse information about the individual to consumer credit reporting agencies or credit bureaus, garnishment of an individual's wages, and/or commencement of a legal civil action against an individual.
Financial Assistance: Healthcare services that have been or will be provided by WMH but are not expected to be paid for by the patient. Fallon Medical Complex policy will provide healthcare services free or at a discount to individuals who meet this policy's criteria.
Household: A household consists of all people who occupy the same housing unit as the applicant whether they are legally related to each other or not and would be recognized as being in the same household under the governmental income poverty guidelines. WMH will

consider making income to decide on financial assistance under this program.

Household Income: Household Income is determined using the following factors:

- Includes household 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.
- Determined on a before–tax
- Excludes noncash benefits (such as food stamps and housing subsidies
- May in some instances exclude certain sources of household income at WMH's exclusive discretion.

Income Poverty Guidelines: The most recently published income poverty guidelines for a household, which shall be revised and attached to this policy as they are published by a government agency.

Medically Necessary Services: As defined by Medicaid; Medically Necessary Care is a service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate, or prevent the worsening of conditions in a patient which:

· Endanger life.
· Cause suffering or pain.
· Result in illness or infirmity.
· Threaten to cause or aggravate a handicap; or
· Causes physical deformity or malfunction

A service or item is medically necessary only if there is no other equally effective, more conservative, or subsequently less cost course of treatment medically appropriate for the patient requesting the service, or when appropriate, not treatment at all.

Minor Children/Divorced Parents: Both legal parents/guardians will be responsible for the payment of medical services provided to minor children. Both households will be required to complete a Financial Assistance Application. However, if after reasonable efforts, circumstances prevent obtaining financial information from both households, the residing household of the minor child/children will be used to make the determination.

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Notification Period: The period during which WMH will make every reasonable effort to inform the patient of the availability of financial assistance under this policy prior to initiating extraordinary collection actions. This period shall be from the date the first self-pay billing statement is provided to the patient by WMH for a period of 12 months.
Underinsured: The patient has some level of insurance but still has out-of-pocket expenses that exceed his/her financial abilities.
Uninsured: The patient has no level of insurance or third–party assistance to aid with meeting his/her payment obligations.

Policy
All patients will be eligible to apply for financial assistance at any time during the continuum of care or billing cycle. All medically necessary and emergent services are covered by this policy. We operate in full compliance with EMTALA guidelines, ensuring immediate medical screening and stabilization for all patients experiencing an emergency medical care to all individuals without discrimination based on age, race, color, national origin, religion, gender identity, or ability to pay. Furthermore, this hospital strictly prohibits any actions or policies that would discourage individuals from seeking emergency medical care. Patients are given the opportunity to apply for financial assistance up to 240 days after the first post-discharge billing statement. Each patient's situation will be evaluated according to relevant circumstances, such as income, assets or other resources available to the patient or patient's family when determining the ability to pay the outstanding patient account balance based on their individual financial situation. Weiser Memorial's Financial Assistance Policy will be administered under the Eligibility Guidelines consistent with federal and state laws for budgeting, determining, and reporting financial assistance. Information gathered to determine whether a patient qualifies for Financial Assistance is kept confidential and is limited to only those directly involved with the determination process and is considered "protected health information" under HIPAA. Financial Assistance is not to be considered a substitute for personal responsibility. All patients seen at Weiser Memorial Hospital are expected to contribute to the cost of their care, based upon their individual ability to pay.

How we publicize this policy
This policy, plain language summary and application are widely publicized in aligned with §1.501(r)-

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4(b)(5). Patients may request an application, policy and plain language summary in several locations to be picked up, mailed or accessed online listed below:

- Online at https://www.weisermemorialhospital.org/information#billing
- Office Complex call 208-549-4408/ 208-549-4447 to have them mailed or come in person at 650 State St. Weiser, ID 83672
- Family Medical Center 208-549-4424 360 E Liberty St. Weiser, ID 83672
- Hospital registration front desk and ER desk 208-549-0370 645 E 5TH St, Weiser, ID 83672

Filled out applications can be dropped off at any locations, but preferred location would be ***Office Complex at 650 State St. Weiser, ID 83672***.

Financial assistance application

A Financial Assistance Application must be provided to any person requesting financial assistance. Financial assistance may only be granted if sufficient information is available to allow for a determination that the patient satisfies the eligibility guidelines of this policy and according to the current year's HHS Poverty Guidelines. The percentage of charity care is based upon annual income, family size, and the amount of charges. Weiser Memorial may utilize information reported on financial applications and information gathered from independent third-party sources to evaluate a patient's eligibility for financial assistance. If patient disputes determination concerning charity care, other information may be provided by the patient to justify expenses that may be considered reasonable to exclude from their income.

No patient will be denied financial assistance because of their race, religion, or national origin or any other basis which is prohibited by law. In implementing this financial assistance policy for the benefit of the communities that Weiser Memorial serves, Weiser Memorial will comply with all applicable federal, state, and local laws, rules, and regulations.

Completed applications with all supporting documents are processed within fourteen (14) days of receiving completed application and a letter of determination is mailed to all patients who apply. Failure to provide requested information may result in delay or denial of application. Only one application is necessary, and consideration will be taken for multiple accounts for the patient/guarantor. If a patient qualified for a partial reduction in their account balance but cannot pay their remaining balance in full, an interest free payment plan is available so patients can pay through

monthly installments up to 12 months. Patients also have the option to apply for a low-interest loan with terms of up to 60 months, depending on their preference, through a third-party vendor affiliated with Weiser Memorial. No credit check is required.

Services eligible for financial assistance

1. All Emergency medical services provided in emergency rooms setting and medically necessary care at Weiser Memorial facility.
2. Services for a condition which, if not properly treated, would lead to an adverse change in the health status of an individual.
3. Non-elective services provided in response to life-threatening circumstances in a nonemergency room setting.
4. Medically necessary services evaluated on a case-by-case basis at Weiser Memorial Hospital's discretion.

Eligibility for financial assistance

Eligibility for financial assistance will be considered for residents of Idaho who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. A person who is not an Idaho resident is not eligible for financial assistance when that person enters Idaho solely for the purpose of seeking medical care. Exempt from the Idaho residency requirement are those patients who have an emergency medical condition, Ex: Medicaid out of state insured patients. The granting of assistance shall be based on individualized determination of financial need, and shall not consider age, gender, race, social or immigrant status, sexual orientation, or religious affiliation. Patients will not be eligible for assistance if they refuse to apply for government insurance programs if it is determined the patient is eligible. Patients who are non-compliant during any part of the application process will forfeit their ability to qualify for assistance.

Financial assistance determination

Approval – Prior to Providing Services: Occasionally, a patient or physician may seek an eligibility determination in advance of Weiser Memorial services being provided. In those cases, the

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Financial Assistance Application would be utilized for prior determination of services being performed.

Financial Assistance is based on a sliding scale, taking into consideration the following: Federal Poverty Guidelines, income, assets, family size, medical needs, and catastrophic costs. Financial Assistance ranges between 25% - 100% and is available to all patients regardless of whether they have health insurance. Patients with health insurance may qualify for assistance on their remaining balance (coinsurance/deductibles) after insurance pays. All other resources must be applied first, including applicable health insurance coverage, payment from third party payers and payments from Medicaid, Medicaid HMO plans, or other government sponsored programs.
Financial assistance is available to all patients that meet program qualifications at all our locations.

Determinations for eligibility for full or partial financial assistance will remain valid for 6 months from the date of the application determination for all necessary hospital services and will be applied to current episodes of care and unpaid balances going back 240 days.

Uninsured patient billing practices
The first statement sent to an uninsured patient will reflect the expected payment that is in line with those offered to insurance companies. When sending a bill to a patient, the following statement will be included:

"Financial Assistance may also be available to those who have an inability to pay because they are uninsured or lack other financial resources. An application must be completed to determine eligibility. Please contact our Customer Service Department for more information at 208-549-4447."

INFORMATION FOR PATIENTS:

To be eligible for financial assistance
Complete the Financial Care Application and submit all required supporting documentation.

- Have a family income at or below 400% of the Federal Poverty Level.
- Receive medically necessary services, as determined by the treating physician.

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- Has not received a denial for government assistance due to lack of cooperation.
- Have charges billed to their insurance, if the patient has insurance.

For patients determined eligible for financial assistance under this Policy, Weiser Memorial Hospital will not charge more than the Amounts Generally Billed (AGB) for emergency or other medically necessary care to individuals who have insurance covering such care.

Weiser Memorial Hospital determines AGB using the look-back method described in 26 CFR § 1.501(r)-5. At least annually, the Hospital calculates one or more AGB percentage(s) by dividing (a) the sum of all claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service [and all private health insurers – adjust as appropriate] during a prior 12-month period by (b) the sum of the related gross charges for those claims. The Hospital applies the resulting AGB percentage(s) to the gross charges for emergency and other medically necessary care provided to Financial Assistance Policy-eligible patients to determine the maximum amounts that may be billed to such patients.

Current AGB percentage(s), their effective date(s), and a description of the calculation methodology are available free of charge upon request from Patient Financial Services at Weiser Memorial Hospital and are posted on the Hospital's website.

What is needed to apply for financial assistance

Completed and signed Financial Assistance Application

- Include supporting documentation for all responsible parties in household, including spouses if applicable

At Lease **one** of the following:

- Most recent US Federal Tax Return
- Most recent W-2(s)

And choose at least **two** of the following options:

- Most recent complete bank statement(s)
- Documentation of any other source of income (rental income, unemployment income, worker's compensation income statement)

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- Signed letter of support from individuals providing patient's basic living needs
- Most recent pay stubs.

If Self-employed: Provide three most recent complete bank statements for all accounts
If receiving public or other assistance: Provide documentation (food stamp verification, cash assistance verification, etc.)

Incomplete application will be returned to you. Your account will continue to process through Weiser Memorial Hospital billing process.

Weiser Memorial Hospital values their patients and patient rights. All applications will be processed discretely, fairly, and promptly. Applicants shall be notified in writing within 30 days of receipt of completed application.

Financial Assistance Write-off percentage

100% write off up to 150% federal poverty level
75% up to 150-175% FPL
50% up to 175-199% FPL
25% up to 200-400 FPL
400% eligible for cost share

Financial Assistance application procedure
The patient completes a Financial Assistance Application and provides the required supporting documentation. Once all documentation has been received:

1. Weiser Memorial Hospital verifies family income and compares to current Federal Poverty Guidelines published by the U.S. Department of Health and Human Services.

2. Weiser Memorial Hospital verified household size as supported by US Census Bureau definitions and/or designations. See http://www.census.gov/ for more details.

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3. Weiser Memorial Hospital does not require patients who are below 200% of Federal Poverty Guidelines to report or validate assets.

4. Assets are not included in the determination of Financial Assistance eligibility of patient meeting Federal Poverty Guidelines for current year.

Presumptive financial assistance eligibility

There are instances when a patient may be eligible for assistance, but there is no financial assistance application on file due to no supporting documentation. Often there is adequate information provided by the patient or other sources, which could provide enough evidence to support eligibility for financial assistance.

If there is no evidence to support a patient's eligibility for assistance, Weiser Memorial Hospital could use outside agencies in determining estimate income amounts for the basis of determining eligibility and potential discount amounts. Presumptive eligibility may be determined based on individual life circumstances that may include:

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

Appeal of application denial

The patient/guarantor may appeal the determination of eligibility for financial assistance if there has been a significant change in the information previously provided such as verification of income or family size. The appeal must be sent to Financial Counselor within 30 days of receipt of notification

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from hospital. The Patient Financial Services Manager will review appeals, with final approval from the Chief Financial Officer. Patient /Guarantor will be notified in writing the outcome of appeal.

Any questions please contact us at (208) 549-0370 to speak with a Customer Service Representative.

Billing & Collections

The hospital will not engage in extraordinary collection actions (ECAs) to obtain payment for emergencies or other medically necessary care before the hospital has made reasonable efforts to determine whether the individual is eligible for assistance under this Financial Assistance Policy. Reasonable efforts include providing written notice about the availability of financial assistance and the applicable deadlines, providing a plain-language summary of this policy, and giving individuals the opportunity to submit a Financial Assistance Application during the application period. If an application is submitted during the application period, the hospital will suspend any ECAs while eligibility is determined and will reverse ECAs as required by policy and applicable law. For more detailed information please see Billing & Collections policy/ ECA section aligned to §1.501(r)-6.

Currently covered providers

Ankarberg, Ryan K SPHY- Dr. Blanchard	DeMordaunt, Quinn A	Kirkham, John C	Shearing, Kevin S SPHY -
Ankarberg, Selena J	Eddy, John W	Kirsch, Rebecca M	Shochat, Einav
Ball, Shane K	Elliott, Matthew Kai	Klipper, David M	Shofner Michalsky, Whitney L
Beatty, Zachary	Fisher, Michael T	Kotlyar, Timur	Shriver, Joni E
Bekkers, Erik J	Fuchs, Michael A	Lazzaro, Nicholas A	Smith, Melissa C
Berg, Zachary R	Gallegos, Stephanie M	Lee, Evan W, Jr.	Snider, Jason R
Berlat, Joshua A	Gasser, Tyler G	Liby, Christopher J	Sonntag, Paul D
Blanchard, Jordan V	Gopp, Aaron R	Lussnig, Erich	Starr, Frederick R
Boyce, Cody	Griffin, Alexander B	Martin, Cory M SPHY -	Stucki, Spencer D

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Brady, Christopher M	Hamaker, Justin C	Martin, Sarah A	Sturge, Caleb
Calkins, Elias	Harris, Tyler J	Marx, Steven	Taylor-Spillett, Bethany
Campbell, Joseph	Hathhorn, Melissa A	Maxfield, Adam S	Terry, Bradley W
Capurro, Alison M	Iancu, Mihai F	McMahan, Brian L	Tribble, John B
Carr, Sean M	Jones, Jordan S	Morrissey, Benjamin J	Waltz, John S
Chatlin, Brad	Jones, William F SPHY -	Mortensen, Wayne M	Watson, Russell
Cheng, Stephanie F	Jue, Tyler G	Niederhauser, Blake D	Wheeler, Andrea K
Clive, Stuart E	Katrivesis, James	Odom, Carl I	Wilhelmsen, Jason M
Cohen, Yariv	Kendall, Eric P	Peterson, Andrew A	Wright, Russell W
Daniel, Elaine	Khuong, Y-Lan	Pugsley, Jeffrey M	
de Gennaro, Geoffry, Jr.	Kim, Jessica	Ririe, Daniel D	

Currently <u>non-covered</u> providers

Dr. Box	Dr. Nelson	Dr. Hubele	Dr. Undesser
Dr. Johnson	Dr. Wootton	Dr. McInnes	