

**Policies and Procedures: WVU Physicians of Charleston**  
**“Access WVUPC” Program**

**I. Purpose**

The purpose of this policy is to set forth the processes to be utilized by WVU Physicians of Charleston (“WVUPC”) in implementing its Access WVUPC program.

**II. Scope**

This policy is intended to set forth the processes to be followed by all WVUPC clinical departments for the implementation of the “Access WVUPC” program. FOR THIS POLICY TO BE EFFECTIVE, IT MAY NOT BE OVER-RIDDEN AT THE DEPARTMENT, CLINIC, OR PHYSICIAN LEVEL.

**III. Statement of Policy/Procedure**

As a part of its service mission, WVUPC will, pursuant to this policy and in a manner not inconsistent with applicable law, provide non-elective emergent, urgent, and medically necessary care to patients regardless of their ability to pay. Patients who are, due to financial circumstances, unable to pay in full will be considered for the Access WVUPC program. Once approved, eligibility is maintained for six months. Patients approved for participation in Access WVUPC are required to make a \$10.00 co-payment for each episode of care and, once such co-payment is made, the balance of the charges will be adjusted in full for that episode of care.

**A. Qualifications**

1) The patient seeking to qualify for participation in Access WVUPC is required to complete a financial statement and to provide necessary documentation for income and residency verification in advance of scheduled non-emergent care. Documents may include tax returns, pay stubs, mortgage/lease/rent records, utility bills, driver’s license, etc. Access WVUPC eligibility will be granted where the net annual income is equal to or less than the income criteria indicated below by family size. These income guidelines are based on federal poverty guidelines and will be updated annually as information is made available from the federal government:

Size of Family	Annual Net Income	Size of Family	Annual Net Income
1	\$ 8,980	5	\$21,540
2	\$12,120	6	\$24,680
3	\$15,260	7	\$27,820
4	\$18,400	8	\$30,960

*Family units with more than 8 members, add \$3,140 for each additional member*

- 2) The patient must provide written denial from WV Medicaid or other local, state, and federal health care assistance plans in any case in which a WVUPC financial counselor has referred the patient to such assistance plans based upon a review of the patient's financial statement.
- 3) Program eligibility and access to non-emergent care will be denied to any patient who refuses to take reasonable actions necessary to obtain financial assistance, or who fail or refuse to provide required documentation to verify household income.
- 4) Repeat bad debtors who have demonstrated the ability to pay but who refuse to do so, and/or those patients who refuse to apply to participate in the Access WVUPC program will be dismissed from the practice according to the WVUPC Ambulatory Services Patient Dismissal Policy.
- 5) The AVP of Charleston Health Sciences may, upon request for review by the patient or the WVUPC physician or clinical department, grant exceptions to this policy on a case-by-case basis for patients who do not meet all above criteria.

**B. Terms**

- 1) Eligibility for the Access WVUPC program will be granted to a patient for six months once the patient's application approved. Once eligibility ends, the patient must re-apply to the program and must provide all necessary documentation to enable WVUPC to evaluate the patient's current financial circumstances.
- 2) A \$10 co-pay for each episode of care as defined by standard CPT guidelines & global service standards shall be required. This co-pay must be made at the time of service or the visit will be rescheduled. If the medical director of the clinical area determines the patient has an emergent and/or urgent condition that must be treated that day, then a \$5 statement-processing fee will be assessed. The patient will be billed for the \$10 co-pay for services provided in a hospital location.
- 3) Only non-elective, urgent and medically necessary services are covered under the Access WVUPC program. The patient is expected to pay in full for any elective and/or cosmetic services which they wish to receive in advance of the care. Prescriptions are not covered.

- 4) It is the patient's responsibility to re-apply to the Access WVUPC program once the patient's six month eligibility term has expired.
- 5) Patients who do not qualify for Access WVUPC will be considered for a sliding fee scale adjustment based on their financial circumstances.
- 6) Clinical departments may not refer patients to the area hospitals for emergent, urgent and medically necessary services based upon inability to pay.
- 7) This program will be administered in a manner which takes into consideration the availability of Access WVUPC appointment slots. The number of Access WVUPC slots per clinical department will be determined at the beginning of each fiscal year and will be open to patients on a non-discriminatory basis. Clinical department leadership will determine how to allocate the New & Established Access WVU PC visit types across providers and specialties within their own department.

### **C. Procedures**

- 1) Patients who may be eligible for the Access WVUPC program may include low-income, uninsured, repeat debtors, Heath Right, etc. These patients will be identified based on location of service in advance of care so that the eligibility screening process can be initiated in advance of scheduled non-emergent care.
- 2) Patients seen in the emergency department or admitted as an in-patient from the ED or trauma service who have indicated an inability to pay will be referred to a financial counselor at the point of discharge, adhering to all EMTALA regulations, to begin the eligibility determination process. Also, one medically necessary follow-up visit may be made in order to allow time for application processing without limiting access to care.
- 3) Private pay patients scheduling a clinic visit who indicate that they cannot pay are to be referred to a patient representative at Scott Avenue or to a financial counselor within the POC. Patients who request charity consideration during clinical interactions are referred to Financial Counselors within the POC. In any of these situations, the following procedures will be followed in order to determine eligibility for Access WVUPC:
  - a. The patient is provided with a financial statement (Attachment A) and thorough instructions on how to complete the required information.
  - b. The completed financial statement is reviewed and if it appears the patient would qualify for a local, state, or federal health care funding program, they are provided instruction on how to apply.
  - c. Patients who do not meet other program criteria, but meet the income criteria indicated above are granted six-month eligibility to Access WVUPC. This FSC is set-up in registration with the appropriate coverage

dates and the balance adjusted down to \$10 per episode of care utilizing paycode 767.

- d. All original financial statements are to be filed by adjustment batch and maintained at Scott Ave for 18 months and then forwarded to off-site storage.
- e. Patients who do not meet the qualifications for Access WVUPC will have their income and balance assessed against the sliding fee scale criteria to determine if any fee reduction is available to them. (See Policy Fee Reduction).
- f. Telephonic notification will be attempted in order to inform the patient any the determination for program eligibility which is made from their financial statement. If telephonic notification is unsuccessful, written notification shall be sent.

**D. Program Monitoring**

The financial impact of Access WVUPC, at the corporate and departmental levels, along with the implementation of this program, will be monitored closely. Quarterly reports will be provided to the WVUPC Finance Committee and the WVUPC Board of Directors. Any necessary program modifications will be recommended through Finance Committee and approval gained from the Board.