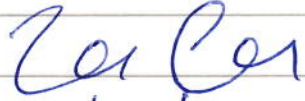


Inland Northwest Behavioral Health Policy and Procedure

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| Policy Number: | | Manual: | Business Office |
| Policy Title: | Charity Care and Financial Assistance | | |
| Contributors: | | Affected Departments: | Business Office |
| Review Responsibility: | Troy Cherry | Approved by: |  |
| Effective date: | 7/1/2022 | Last Reviewed/Revised Date: | 6/10/22 |

POLICY:

Inland Northwest Behavioral Health is committed to the provision of health care services to all persons in need of medically necessary care regardless of ability to pay. In order to protect the integrity of operations and fulfill this commitment, the following criteria for the provision of financial assistance and charity care, consistent with the requirements of Washington Administrative Code (WAC), chapter 246-453, are established. Charity Care and/or Financial Assistance means medically necessary hospital health care rendered to indigent persons when third-party coverage, if any, has been exhausted, to the extent that the persons are unable to pay for the care or to pay deductible, coinsurance, or copay amounts required by a third-party payer based on the criteria in this policy. These criteria will assist staff in making consistent objective decisions regarding eligibility for financial assistance and charity care while ensuring the maintenance of a sound financial base.

PROCEDURE:

1. Information about the hospital's financial assistance and charity care policy shall be made publicly available as follows:
 - The hospital will make available on its web site, current versions of this policy, a plain language summary of this policy, and the hospital's charity application form.
 - Hospital billing statements and other written communications concerning the billing or collection of a hospital bill by the Hospital will include the following statement on the first page of the statement in both English and Spanish:

"You may qualify for free or a discount on your hospital bill, whether or not you have insurance. Please contact our Financial Counselors at 509-992-1888 or <https://www.inlandnorthwestbh.com>."
 - A notice advising patients that the Hospital provides Financial Assistance and Charity Care is posted in the Admissions Offices, Ambulance Bay, Psychiatric Assessment Rooms, Front Lobbies, and Receptions Areas of all Hospital locations.
 - The written notices, the verbal explanations, the policy summary, and the application form will be available in any language spoken by more than ten percent of the population in the hospital's service area, and interpreted for other non-English speaking or limited English-speaking patients and for other patients who cannot understand the writing and/or

explanation. The following non-English translations are currently made available: Russian and Spanish.

2. The hospital will distribute a written notice about the availability of charity care during the admission process. Admissions staff will also verbally explain the written notice in the course of the admission. If for some reason (e.g., emergency situation), the patient is not notified of the existence of financial assistance and charity care before receiving treatment, he/she shall be given the written notice as soon as possible thereafter.
 - Admissions Staff will make reasonable efforts to determine the existence or non-existence of private or public sponsorship which might cover the charges for the patient's hospital care. Admissions Staff will verify insurance, if available, and assist the patient or responsible party in completing an application for public assistance if appropriate.
 - Annual Family Income of the Applicant will be determined as of the time the appropriate hospital-based medical services are provided, or at the time of the application for Charity Care or Financial Assistance if the application is made within two years of the time the hospital-based services were provided, the Applicant has been making good faith efforts toward payment for the services, and the Applicant demonstrates eligibility for Charity Care and/or Financial Assistance.
3. All applications for Financial Assistance or Charity Care should be accompanied by documentation to verify income information indicated on the application form, such as W-2 forms, pay stubs from employment during the relevant period (3 months prior to hospitalization), Social Security statements, and income tax return from the most recently filed calendar year, or forms proving or denying Medicaid eligibility. The existence and availability of assets are not considered for the purpose of reducing the charity care discount.
4. In the event that the responsible party is unable to provide any of the documentation described above, the hospital shall rely upon written and signed statements from the responsible party for making a final determination of eligibility for classification as an indigent person.
5. Charity care is secondary to all other financial resources available to the patient, including group or individual medical plans, workers' compensation, Medicare, Medicaid, Tribal Funding, other State, Federal, or Military programs.
6. Patients will be granted Financial Assistance or Charity Care regardless of race, creed, color, national origin, sex, sexual orientation, or the presence of any sensory, mental, or physical disability. Charity Care shall be limited to medically necessary hospital-based services as defined in WAC 246-253-010.
7. In those situations where financial resources are not available to cover the entire hospital bill, patients shall be considered for charity care or financial assistance under this policy based on the following criteria:
 - The full amount of uncovered hospital charges will be determined to be Charity Care for a patient whose gross family income is at or below 300% of the Federal Poverty Level.
 - For patients with income between 301% and 350% of the Federal Poverty Level, the discount will be 75%.

- For patients with incomes between 351% and 400% of the Federal Poverty Level, the discount will be 50%.
 - If the patient has insurance, Financial Assistance or Charity Care may be applied to patient copays, coinsurance, and deductibles.
8. While the application for financial assistance/charity care is being processed and an eligibility determination is being made, the hospital will not initiate collections efforts.
 9. If the hospital becomes aware of factors which might qualify the patient for Charity Care or Financial Assistance, Staff shall advise the patient of this potential and make an initial determination that such an account is to be treated as qualified to receive Financial Assistance.
 10. The responsible party's financial obligation which remains after the application of the charity care discount schedule shall be payable as negotiated between the hospital and the responsible party.
 11. Hospital Business Office Staff shall notify the applicant of the final determination regarding Charity Care or Financial Assistance within 14 days of receipt of the application and all supporting documents.
 12. When an applicant is denied for Charity Care or Financial Assistance, the responsible party shall receive a written notice of denial which includes the reason for denial, the date of the decision, and instructions for reconsideration. If the decision was due to a lack of information, the denial notice must include: 1) a statement that eligibility for Charity Care or Financial Assistance cannot be established based on the information available to the hospital; and 2) that eligibility will be determined if, within 30 days from the date of the denial notice, the applicant provides the specified information previously requested but not provided.
 13. The responsible party may appeal a denial of eligibility for Charity Care or Financial Assistance by providing additional verification of income or family size to the Business Office Director within 30 days of receipt of notification. The Business Office Director will review all appeals. If this review affirms the previous denial of Charity Care/ Financial Assistance, written notification will be sent to the responsible party.
 14. The hospital has established a standardized training program on its Financial Assistance and Charity Care policy and the use of interpreter services to assist persons with limited English proficiency and non-English-speaking persons in understanding information about its Financial Assistance and Charity Care policy. The hospital will provide regular training to front-line Staff who work in Admissions and Billing, and any other appropriate Staff, to answer Financial Assistance and Charity Care questions effectively, obtain any necessary interpreter services, and direct inquiries to the appropriate department in a timely manner.