



POLICY AND PROCEDURE

NUMBER: 853000-006	REVIEWED AND REVISED: 06/01/22	EFFECTIVE DATE: 07/01/22	SUPERSEDES NO./DATE: 10/01/2018
DISTRIBUTION: Patient Accounts, Admitting, Accounting, Administration, Social Services & Nurse Admin			
SUBJECT: FINANCIAL ASSISTANCE/CHARITY CARE POLICY		APPROVED BY:  DEPARTMENT DIRECTOR  ADMINISTRATION	

PURPOSE:

The purpose of this policy is to set forth Columbia Basin Hospital and Columbia Basin Family Medicine (CBH/CBFM) Financial Assistance/Charity Care policy. Thus, providing those without the ability to pay access to medically necessary care.

POLICY:

Columbia Basin Hospital and Columbia Basin Family Medicine 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 the Washington Administrative Code (WAC), Chapter 246-243 and Section 501(r)(4) of the Internal Revenue Code, to establish in this policy. These criteria along with education provided by WSHA will assist staff in making consistent objective decisions regarding eligibility for Charity Care while ensuring the maintenance of a sound financial base for CBH/CBFM. Any changes to this policy will be submitted to the WA Department of Health for approval as required by state law before changes are put into effect.

PUBLIC NOTICE:

A notice advising patients that the hospital provides charity care shall be posted in key public areas of the hospital and clinic including; Admitting, Emergency Room, and Billing.

The written notices, verbal explanations, policy summary and application form shall 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 who cannot understand the writing and/or explanation. Written information about the hospital's Financial Assistance/Charity Care policy shall be made available to any person who requests the information, either by mail, telephone, or in person. This policy and application will be available on the CBH/CBFM website.

Billing statements and other written communications concerning collections will include the following statement, in both English and Spanish: You may qualify for financial assistance, whether you have insurance or not. Call us to ask about our Financial Assistance Program (509) 717-5210 or billing@columbiabasinhospital.org

METHOD OF APPLICATION REQUIREMENTS:

CBH/CBFM uses an application process to determine eligibility.

- A. Patients or guarantors can request an application by:
 - 1. Request an application from either Admitting, Emergency Room, or Billing.
 - 2. Download an application form from columbiabasinhospital.org.
 - 3. Request an application form by calling 509-717-5210.

- B. One of the following financial documentation must be included in the application for assistance, that includes but not limited to the following:
 - 1. W-2 withholding statement
 - 2. 3 months of bank statements
 - 3. Pay stubs or unemployment documentation from relevant time period
 - 4. The most recently filed Income tax return
 - 5. List of personal or family assets

- C. Written notice of denial or approval of Medicaid eligibility is required to be included with the application. CBH/CBFM reserves the right to waive such requirement for financial documentation for those who fall well below 100% of FPL.

ELIGIBILITY:

Columbia Basin Hospital and Columbia Basin Family Medicine will comply with federal and state laws and regulations relating to emergency medical services, patient financial assistance and charity care, including but not limited to Section 1867 of the Social Security Act, RCW 70.170.060 and WAC Ch. 246-453.

Charity Care is secondary to all other financial resources available to the patient, including group or individual medical plans, worker's compensation, Medicare, Medicaid or medical assistance programs, other state, federal, or military programs, third party liability situations (e.g. auto accidents or personal injuries), or any other situation in which another person or entity may have a legal responsibility to pay for the costs of medical services.

Charity Care shall be limited to appropriate medical services as defined in WAC 246-453-010(7). Charity Care will be granted regardless of race, creed, color, national origin, sex, sexual orientation, or the presence or any sensory, mental or physical disability or the use of a trained dog guide or service animal by a disabled person.

Columbia Basin Hospital and Columbia Basin Family Medicine at its discretion may approve financial assistance outside of the scope of this policy. Presumptive or uncollectible charity can be approved due

to but not limited to the following: social diagnosis, homelessness, bankruptcy and/or deceased with no estate. All documentation must support the patient/guarantor's inability to pay and why collection agency assignment would not result in resolution of the account.

Eligibility for financial assistance shall be based on need at the time of application. All income of the family as defined by Washington law governing charity care ("income and family are defined in WAC 246-453-010(17)-(18) and is considered when determining eligibility. Patients seeking assistance must provide any and all supporting financial documents, unless otherwise indicated by CBH.

The failure of a patient or guarantor to reasonably complete appropriate application procedures (within 14 days after the application is made or 240 days after the date the first statement was sent to the patient, whichever is later per the 501[®] regulations) shall be sufficient grounds for CBH to determine the patient or guarantor ineligible for financial assistance and to initiate the collection process.

DETERMINATION:

Determination of Financial Assistance coverage is considered on the balance after all insurance has paid for insured patients and 100% of gross charges for uninsured patients.

Eligible persons with income below 200% of the poverty income guidelines will have their balance written off with no obligation to pay. (See poverty guideline attachment for most current income levels). Persons with income from 201% – 300% of the poverty guidelines will have their balance reduced per the Reduced Payment Schedule of:

201% – 250% 75% of account balance
251% – 300% 50% of account balance

The charity application will include an income disclosure section with a request for documentation to be attached to verify the data reported. The following documents will be accepted as proof of income upon which to base eligibility: W-2 withholding statements, pay stubs from all employment, income tax return from the most recently filed calendar year, Medicaid approvals or denials, unemployment compensation notices, or written statements from employers. Determination is based on one full year's income from the time period that services were rendered. Income consideration may be used based on the time the application is received providing that the patient has been making a good faith effort towards payment for their health care services and the application is received within 240 days after the date the first statement was sent.

Income is defined as: total gross wages before taxes derived from wages and salaries, Medicaid benefits, Social Security payments, strike benefits, unemployment or disability benefits, child support, alimony, and net earnings from business and investment activities paid to the individual. Supporting documentation is needed for all forms of income listed.

If the applicant's income is below 200% of the poverty level it is not necessary to fill out the optional asset disclosure section of the application. The asset disclosure section of the application requests

asset information that is required if the patient does not meet the 200% poverty guideline and wishes to be considered for a reduction in the cost of their services based on a sliding fee scale. Asset information requested are: stocks, bonds, retirement plans other than 401(k) plans, Health Savings Account balances, Trusts, secondary Property, or business ownership.

The hospital will not initiate collection efforts on an account once a request for financial assistance is received providing the responsible party is cooperative with the Hospital's efforts to reach a final determination and supplies the information necessary in order to make that determination. This is normally within 14 days of the request for assistance unless a person's medical condition may require more time.

Business Office Staff will work with the patient in order to obtain the documentation needed to complete the determination of eligibility for financial assistance. If the applicant is unable to furnish the information, eligibility will be determined based on the information given and a signed statement from the applicant attesting to the correctness of the information.

In the event that hospital personnel can clearly establish that an indigent person qualifies for financial assistance, the account can be granted Financial Assistance without an application based on this determination.

THIRD PARTY PAYMENT SOURCE

Any and all insurance or third-party payment sources must be exhausted prior to financial assistance being available. All available benefit funds on such coverage must be paid to the hospital. If there is insurance coverage, an explanation of benefits or insurance information should be attached to the application form. This includes an obligation on the part of the insurance company, health care service contractor, health maintenance organization, group health plan, government program, tribal health benefits, or health care sharing ministry as defined on 26U.S.C. Sec. 5000A to pay for care of the covered patient and services, and may include settlements, judgements, or awards actually received related to the negligent acts of others which have resulted in the medical condition for which the patient has received hospital health care services. Patient balances that are pending settlements, judgement, or awards will still be considered for financial assistance eligibility.

If a patient is uninsured, CBH personnel are available to assist our patients in determining whether they are eligible for Medicaid or other government sponsored health insurance programs available. Staff is available to answer questions or assist in the sign-up process. As Medicaid is a third-party payment source, applicant may be required to apply for determination of eligibility before financial assistance is granted. If patient is found to be eligible for Medicaid or other no cost insurance, patient must cooperate in signing up so that services will be covered. Eligibility for Financial Assistance is determined by the patient or Guarantor's ability to pay after all available insurance has been utilized.

Balances after insurance payments are eligible for consideration of coverage under the Financial Assistance program.

EXCLUSIONS

Elective and cosmetic services will be reviewed for financial assistance consideration but are generally excluded from financial assistance through the Charity Care program.

Financial assistance and charity care shall be limited to appropriate hospital-based medical services as defined in WAC 246-453-010(7) and consist of Acute care and hospital outpatient services received at Columbia Basin Hospital, and appropriate and necessary professional services received at Columbia Basin Family Medicine.

Nursing Home, Swing Bed, and Assisted Living services will not be considered for financial assistance under the Charity Care Financial Assistance Program.

Non-employee Providers consisting of: Ambulance transportation services, the provider who interprets your Echo test or Mammography test; or physicians from Physicians who provide care to Hospital Acute Care Inpatients are not covered under the Charity Care Financial Assistance Program of the Hospital. The patient will be billed separately for these services from the performing physician's Office.

Accounts that have been assigned to a collection agency and have a judgment granted through the court system will still be considered for financial assistance. A patient may apply for financial assistance at any time.

REVIEW PROCESS

Information, applications, and interviews for financial assistance will be handled by the Business Office. All requests for Financial Assistance Services will be processed within fourteen (14) business days of receipt of application and the applicant notified of the approval, denial, or need for more documentation. An application missing information needed for processing may be held up to 14 days, or such time as may reasonably be necessary from the date the applicant is notified of the need for additional documentation, in order to allow the applicant time to secure and present supporting documentation prior to receiving a determination. Missing information needed to determine eligibility may result in a denial of financial assistance until the information is received and the application can be reprocessed. Once documentation is received, the Hospital will make the determination and notify the applicant within 14 days.

Completed applications with documentation will be prepared and the final determination for eligibility is performed by the Director of Business Operations. The applicant will be sent an Eligibility Determination notifying them of the approval or disapproval, the reason for the denial, and the amount of their balance that is their responsibility.

APPEAL RIGHTS

Included in the notice of eligibility are the appeal rights. The patient has 30 days from the date of determination to request an appeal. This request must be made in writing to the Director of Business Operations providing any additional information necessary to process the reconsideration. The appeal will be reconsidered by the Finance Committee and a final determination will be issued to the patient. A copy will be sent to the WA Dept. of Health as per State Regulation.

PATIENT RESPONSIBILITY FOR PAYMENT

Payment arrangements will need to be set up for any balance due after receiving determination of eligibility. The applicant's financial obligation which remains after the Financial Assistance reduction is applied shall be payable as negotiated between the Hospital and the responsible party allowing a reasonable time period for payments to be made. If payments are missed or there are periods of inactivity on the account the balance will be turned over to an external collection agency.

CONTINUING SERVICES

If a patient has qualified for financial assistance and continues to receive services for an extended period of time, the Hospital, at their discretion, may require the responsible party to submit a new application and income documentation at least yearly, or when there is an increase in the Poverty Level guidelines, to ensure that they still qualify under the program.

CONFIDENTIALITY

Use and disclosure of any information contained in the request and processing of financial assistance thru the Charity Care Program shall be subject to the Health Insurance Portability and Accountability Act Privacy Regulations and the hospital's Privacy Policies. All information and documents pertaining to the financial assistance application will be kept with the application and shall be retained for five years.

STAFF TRAINING

CBH/CBFM 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 and Charity Care Policy. The hospital will provide regular training to front-line staff who work in admitting, 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.