



## Financial Assistance Policy Procedure-ENG

---

### Disclaimer

PDF DISCLAIMER LEGAL NOTICE: This PDF was requested on 6/3/2022 and will be made available in the Lucidoc application until midnight on the requested day. PDFs should not be used as official documentation. Contents of official documents are subject to change without notice. Lucidoc makes no representation or warranty whatsoever regarding the completeness, accuracy, "up-to-dateness", or adequacy of the information or materials contained herein. Please refer to Lucidoc for the most up to date information.

CONFIDENTIALITY LEGAL NOTICE: This PDF may contain confidential information and is intended solely for the addressee. The information may also be legally privileged. This transmission is sent in trust, for the sole purpose of delivery to the intended recipient. If you have received this transmission in error, any use, reproduction, or dissemination of this transmission is strictly prohibited. If you are not the intended recipient, please immediately notify the sender and permanently delete this file.

---

### Revision Insight

Document ID:	11004
Revision Number:	14
Owner:	Scot Attridge, CFO
Revision Official Date:	6/2/2022

Revision Note:  
Update for federal guidelines.

---

## PURPOSE:

Willapa Harbor Hospital is committed to the provision of emergency health care services to all persons in need of medical attention 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, consistent with the requirements of Washington Administrative Code (WAC) 246-453, are established. These criteria will assist staff in making consistent and objective decisions regarding eligibility for Financial Assistance while ensuring the maintenance of a sound financial basis.

The written policy includes: (a) eligibility criteria for Financial Assistance, (b) describes the basis for calculating amounts charged to patients eligible for Financial Assistance (c) describes the method by which patients may apply for Financial Assistance and (d) describes how the Hospital will publicize the policy with the community serviced by the Hospital.

## POLICY:

Financial assistance may cover all appropriate hospital-based medical services, received in the hospital inpatient or outpatient/clinic setting. Services not qualifying under financial assistance may include transportation costs, elective procedures, or separately billable professional services provided by the hospital's medical staff. Non-residents of Washington State are eligible for Financial Assistance consistent with Washington Administrative Code 246-453, which includes emergent, non-scheduled services only.

## PROCEDURE:

### ELIGIBILITY CRITERIA

Financial Assistance is generally 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.

Does not discriminate in the provision of services to an individual (i) because the individual is unable to pay; (ii) because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP); or (iii) based upon the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. [May or may not be applicable to Indian Health Service, Tribal or Urban Indian Health Clinics (ITUs), free clinics, or correctional facilities].

In those situations where, appropriate primary payment sources are not available, patients shall be considered for Financial Assistance under this Hospital policy based on the following criteria consistent with requirements of WAC 246-453-040:

- A. The full amount of patient or guarantor responsibility for hospital charges will be determined to be charity care for a patient or their guarantor whose income is at or below 200% of the current federal poverty level, adjusted for family size (consistent with WAC code 246-453-050). These patients shall receive a 100% adjustment on their patient balance.
  1. Hospital will not consider the value of assets to reduce charity care discounts for individuals in this category.
- B. Seventy-five percent of patient or guarantor responsibility for hospital charges will be determined to be charity care for a patient or their guarantor whose income is between 201% and 250% of the current federal poverty level, adjusted for family size. **Federal Poverty Guidelines-Attachment A**. The Guidelines shall take into account the potential necessity for allowing the responsible party to satisfy the maximum amount of charges for which the responsible party will be expected to provide payment over a reasonable period of time, without interest or late fees. In determining the maximum amount of charges, the Hospital calculates this by using the Amounts Generally Billed (AGB) look-back methodology. For the current year, the Hospital's AGB percentage is listed on **Attachment A**. No individual qualifying under the Financial Assistance Policy shall be charged more than the AGB for emergency care or other medically necessary services.
- C. Fifty percent of uncovered hospital charges will be determined to be charity care for a patient or their guarantor whose income is between 251% and 300% of the current federal poverty level, adjusted for family size.

### MEDICAID AND HEALTH BENEFIT EXCHANGE OBLIGATIONS

Identification of Patients Eligible for Certain Third-Party Coverage: For services provided to patients on or after July 1, 2022, the following procedures will apply for identifying patients and/or their guarantors who may be eligible for health care coverage through Washington medical assistance programs (e.g., Apple Health) or the Washington Health Benefit Exchange:

- A. As a part of the charity care application process for determining eligibility for financial assistance and charity care, HOSPITAL will query as to whether a patient or their guarantor meets the criteria for health care coverage under medical assistance programs under chapter 74.09 RCW or the Washington Health Benefit Exchange.
- B. If information in the application indicates that the patient or their guarantor is eligible for coverage, Hospital will assist the patient or their guarantor in applying by, among other things:
  1. Helping individuals and families complete their *Washington Healthplanfinder* application and enroll in health insurance coverage,
  2. Supporting individuals with cultural, linguistic, disability, or other special needs, and
  3. Explaining coverage options and the availability of financial assistance to lower the cost of insurance premiums
    1. In providing assistance to the application process, Hospital will take into account any physical, mental, intellectual, sensory deficiencies or language barriers which may hinder either the patient or their guarantor from complying with the application procedures and will not impose procedures on the patient or guarantor that would constitute an unreasonable burden.
- C. If the patient or guarantor fails to make reasonable efforts to cooperate with Hospital in applying for coverage under chapter 74.09 RCW or the Washington Health Benefit Exchange, Hospital is not obligated to provide charity care to such patient.
- D. If a patient or their guarantor is obviously or categorically ineligible or has been deemed ineligible for coverage through medical assistance programs under chapter 74.09 RCW or the Washington Health Benefit Exchange in the prior 12 months, Hospital will not require the patient or their guarantor to apply for such coverage.

### CATASTROPHIC FINANCIAL ASSISTANCE

The Hospital may also write off as Financial Assistance amounts for patients with family income in excess of 300% of the federal poverty standards or at a higher percentage for those above 200% of the poverty guidelines, when circumstances indicate severe financial hardship or personal loss. This will be done only upon recommendation by the patient accounts representative or Director, Business Office with adequate justification and only upon approval by the Chief Financial Officer and the Hospital's Board of Commissioners.

## **PROCESS FOR ELIGIBILITY DETERMINATION**

### **Initial Determination**

For the purpose of reaching an initial determination of eligibility, the Hospital shall rely upon information provided orally or in written form for Financial Assistance as outlined in the Financial Assistance Application form instructions. The Hospital may require the responsible party to sign a statement attesting to the accuracy of the information provided to the Hospital for purposes of the initial determination of eligibility. Pending final eligibility determination, the Hospital will not initiate collection efforts or requests deposits, provided that the responsible party is cooperative with the Hospital's efforts to reach a determination of sponsorship status, including return of applications and adequate documentation. The Hospital shall use an application process for determining initial interest in and qualification for Financial Assistance. Should patients not choose to apply for Financial Assistance, they shall not be considered for Financial Assistance unless other circumstances become known to the Hospital.

Requests to provide Financial Assistance will be accepted from sources such as a physician, community or religious groups, social services, financial services personnel, or the patient. If the Hospital becomes aware of factors which might qualify the patient for Financial Assistance under this policy, it shall advise the patient/guarantor of the potential and make an initial determination that such account is to be treated as Financial Assistance.

**Note that some independent providers practice at or deliver emergency or other medically necessary services for Hospital patients. Those providers are listed on [Independent Providers-Attachment B](#).**

### **Final Determinations**

Financial Assistance forms, instructions, and written applications shall be furnished to patients when Financial Assistance is requested, when need is indicated, or when financial screening indicates potential need. Applications, whether initiated by the patient or the hospital and/or clinics should be accompanied by documentation to verify income amounts indicated on the application form. One or more of the following types of documentation may be acceptable for purpose of verifying income:

1. W-2 withholding statements for all employment during the relevant time period;
2. Pay stubs from all employment during the relevant time period;
3. An income tax return from the most recently filed calendar year;
4. Forms approving or denying unemployment compensation; or
5. Written statements from employers or welfare agencies. Patients will be asked to provide verification of ineligibility for Medicaid or Medical Assistance. During the initial request period, the Hospital may pursue other sources of funding, including Medicaid.
6. In the event that the patient is not able to provide any of the documentation described above, the Hospital shall rely upon written and signed statements from the patient for making a final determination of eligibility for purposes of granting Financial Assistance.

Income shall be annualized from the date of application based upon documentation provided and upon verbal information provided by the patient. This process will be determined by the Hospital and will take into consideration seasonal employment and temporary increases and/or decreases of income. Applications will be processed within 14 days of receipt of the application to the Business Office.

Financial Assistance will be granted based on the approval guidelines as outlined in [Attachment A](#). The initial determination shall remain valid for 180 days. After that, the Hospital may request updated information or re-verification of the patient's qualification status.

Patients may be asked to provide verification or eligibility for Apple Health or other Medical Assistance. During the initial request period, the hospital may pursue other sources of funding, including Medicaid.

Income verification is required as outlined in the Hospital's Financial Assistance Application form instructions.

For elective services not covered please contact the respective clinic or hospital department.

In the event of non-payment or a patient does not reasonably cooperate with the financial assistance process, the Hospital may take actions as outlined in its Patient Billing and Collection Policy; which is available by request and online.

### **Approvals**

Financial Assistance applications will be approved once all required information is received and the income guidelines for granting Financial Assistance have been met. Applications will be processed within 14 days of receiving the application in the Business Office.

Eligibility on a completed and approved application is valid for eligible services received within the subsequent (180) days from application approval date and will be retroactive for eligible services for all dates of service that the Financial Assistance is being granted.

In the event that a responsible party pays a portion of all of the charges related to appropriate hospital-based medical care services, and is subsequently found to have met the Financial Assistance criteria at the time that services were provided, any payments in excess of the amount determined to be appropriate in accordance with WAC 246-453-020 shall be refunded to the patient within thirty days of achieving the Financial Assistance designation.

### **Time Frame for Final Determination and Appeals**

The Hospital shall provide final determination within fourteen (14) days of receipt of all application and documentation material.

### **Denial-**

When a patient's application for Financial Assistance is denied, the patient will receive a written notice of denial which includes:

- The reason or reasons for the denial and the rules to support the hospital's decision.
- The date of the decision; and
- Instructions for appeal or reconsideration.

When the applicant does not provide requested information and there is not enough information available for the hospital to determine eligibility, the denial notice also includes:

- A description of the information that was requested and not provided, including the date the information was requested;
- A statement that eligibility for Financial Assistance cannot be established based on information available to the hospital; and
- That eligibility will be determined if, within thirty days from the date of the denial notice, the applicant provides all specified information previously requested but not provided.

Denials will be written and include instructions for appeal or reconsideration as follows. The patient/guarantor may appeal the determination of eligibility for Financial Assistance by providing additional verification of income and family size to the Patient Accounts Representative within (30) calendar days. After the first fourteen (14) days of this period, if no appeal has been filed, the hospital may initiate collection activities.

If the Hospital has initiated collection activities and discovers an appeal has been filed, they shall cease collection efforts until the appeal is finalized. All appeals will be reviewed by the Patient Accounts Representative and the Director, Business Office

If this determination affirms the previous denial of Financial Assistance, written notification will be sent to the patient/guarantor and the Department of Health in accordance with state law.

#### **DOCUMENTATION AND RECORDS**

- A. Confidentiality: All information relating to the application will be kept confidential. Copies of documents that support the application will be kept with the application form.
- B. Documents pertaining to Financial Assistance shall be retained for six (6) years.

#### **PROCESS FOR COMMUNICATION**

Willapa Harbor Hospital's Financial Assistance Policy shall be made publicly available through the following elements:

- A. Notices Posted or prominently displayed within public areas of the hospital advising patients that financial assistance is provided.
- B. Written Notice of the availability of Financial Assistance will be made available to all patients. This is done at the time that the hospital requests information about pertaining to third party coverage. This written information shall also be verbally explained at this time. If for some reason, for example in an emergency situation, the patient is not notified of the existence of the Financial Assistance policy before receiving treatment, patient/guarantor shall be notified as soon as possible thereafter.
- C. Written information about the Hospital 's Financial Assistance policy shall be made available to any person who requests the information.
- D. The Hospital shall train front-line staff to answer Financial Assistance questions effectively or direct such inquiries to the appropriate department in a timely manner.

**ATTACHMENT A**  
**Willapa Harbor Hospital Percentage of Sliding Fee Scale - 2022**

Family Size	Federal Poverty Level <sup>1</sup>						
	Federal Poverty Guideline	100% - 200%		201% - 250%		251% - 300%	
1	\$ 13,590	\$ 13,590	\$ 27,180	\$ 27,181	\$ 33,975	\$ 33,976	\$ 40,770
2	\$ 18,310	\$ 18,310	\$ 36,620	\$ 36,621	\$ 45,775	\$ 45,776	\$ 54,930
3	\$ 23,030	\$ 23,030	\$ 46,060	\$ 46,061	\$ 57,575	\$ 57,576	\$ 69,090
4	\$ 27,750	\$ 27,750	\$ 55,500	\$ 55,501	\$ 69,375	\$ 69,376	\$ 83,250
5	\$ 32,470	\$ 32,470	\$ 64,940	\$ 64,941	\$ 81,175	\$ 81,176	\$ 97,410
6	\$ 37,190	\$ 37,190	\$ 74,380	\$ 74,381	\$ 92,975	\$ 92,976	\$ 111,570
7	\$ 41,910	\$ 41,910	\$ 83,820	\$ 83,821	\$ 104,775	\$ 104,776	\$ 125,730
8	\$ 46,630	\$ 46,630	\$ 93,260	\$ 93,261	\$ 116,575	\$ 116,576	\$ 139,890
Additional Person	\$ 4,720	\$ 4,720	\$ 9,440	\$ 9,441	\$ 11,800	\$ 11,801	\$ 14,160
Discount	100%	100%	75%		50%		

<sup>(1)</sup> 2022 Federal Poverty Guidelines as published in the Federal Register for the 48 Contiguous States and the District of Columbia. These guidelines are used for calculating charity care eligibility under the Revised Code of Washington (RCW) 70.170

Amounts Generally Billed: 70%

## Attachment B

- Dr. Robert L. Hovanscek - Podiatrist
- Dr. Mark H. Scoons - Audiologist
- vRAD Radiologists
- Cellnetix - Pathologists

## References

Reference Type	Title	Notes
<b>Documents referenced by this document</b>		
Referenced Documents	<a href="#">Federal Poverty Guidelines Attachment A</a>	Federal Poverty Guidelines
Referenced Documents	<a href="#">Federal Poverty Guideline Percentages -Attachment A</a>	Federal Poverty Guideline Percentages -Attachment A
Referenced Documents	<a href="#">Independent providers-Attachment B</a>	Independent providers-Attachment B
<b>Document ID</b>	11004	<b>Document Status</b> Official
<b>Department</b>	Business Office	<b>Department Manager</b> Ekman, Stefanie
<b>Document Owner</b>	Attridge, Scot	<b>Next Review Date</b> 06/02/2023
<b>Original Effective Date</b>	01/24/2011	
<b>Revised</b>	[01/24/2011 Rev. 0], [06/16/2016 Rev. 1], [07/13/2017 Rev. 2], [07/09/2019 Rev. 3], [12/05/2019 Rev. 4], [12/19/2019 Rev. 5], [07/26/2021 Rev. 7], [07/26/2021 Rev. 8], [07/26/2021 Rev. 6], [08/26/2021 Rev. 9], [08/26/2021 Rev. 10], [03/15/2022 Rev. 11], [04/04/2022 Rev. 12], [05/16/2022 Rev. 13], [06/02/2022 Rev. 14]	
<b>Reviewed</b>	[01/03/2012 Rev. 0], [10/04/2012 Rev. 0]	
<b>Keywords</b>	Family Assistance, Federal Poverty guidelines, financial, charity	

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at

[https://www.lucidoc.com/cgi/doc-gw.pl?ref=whh:11004\\$14](https://www.lucidoc.com/cgi/doc-gw.pl?ref=whh:11004$14).