



Financial Assistance Policy

Patient Financial Services

Policy:

Kittitas County Public Hospital District 1, d/b/a Kittitas Valley Healthcare (KVH) is committed to providing health care services to all persons in need of medical attention regardless of ability to pay. In order to fulfill this commitment, the following criteria for the Financial Assistance Program has been developed based on the requirements of the Washington State Hospital Association. The criteria will assist staff in making consistent objective decisions regarding eligibility for the Financial Assistance Program.

Purpose:

To provide, within reasonable limitations and the financial ability of KVH, medical care to patients who do not have sufficient financial resources to pay for services rendered or to be rendered.

Communications to the Public:

Information regarding the Financial Assistance Program shall be made publicly available through the following;

1. Notice of the availability of financial assistance will be prominently displayed in areas where patients are admitted and registered including; the Emergency Department, Patient Financial Services and billing areas.
2. A current version of KVH Financial Assistance Policy and application will be available on the KVH website.
3. KVH billing statements will include a message indicating that financial assistance is available.
4. Front-line staff will be trained and knowledgeable of the Financial Assistance Program.
5. Written information about the Financial Assistance Program shall be made available to any individual requesting program information.

Eligibility Criteria:

1. The patient's family income must be equal to or below 300% of the federal poverty guidelines, adjusted for family size.

2. The patient must be screened to determine eligibility for WA Apple Health coverage. Financial Assistance is available to those patients both eligible and ineligible for WA Apple Health coverage.
3. Any medical expenses that are the responsibility of any third-party entity are not eligible for financial assistance.
4. All other primary payment sources must be exhausted.

Eligibility Determination:

A. Initial Determination

Initial determination of eligibility for the Financial Assistance Program will be established at the time the responsible party indicates they may meet the criteria for financial assistance.

1. The initial determination of eligibility for financial assistance can be completed prior to admission, at the time of service, following completion of treatment, or upon receiving a billing statement.
2. At the time of the initial determination of eligibility, the responsible party will be provided a Financial Assistance Application.
3. Pending final eligibility determination, KVH will not initiate collection efforts or request payments, provided that the responsible party is cooperative with KVH's efforts to reach a final determination.

B. Final Determination

1. Financial Assistance applications will be accepted from any source. KVH will allow a patient to apply for financial assistance at any time.
2. All applications, whether initiated by the responsible party or KVH, should have supporting financial documentation attached.

The following documents may be considered as sufficient evidence on which to base the final determination;

- Pay stubs from employment; or
- A "W-2" withholding statement; or
- Last year's income tax return; or
- Social Security Benefits Award Letter of SSA-1099 tax document; or
- Letters approving or denying Washington Apple Health (Medicaid); or
- Letters approving or denying unemployment compensation; or
- Written statements from employers or welfare agents.

3. The patient and KVH will pursue third party sponsorship and the responsible party will be required to provide written verification of eligibility.

4. KVH will determine if a patient may be eligible for Medicaid coverage by comparing the income information to the Washington Apple Health (Medicaid) Program requirements. Assistance is available to patients applying for coverage.
5. If the responsible party is not able to provide any of the documentation described above, KVH will rely upon written and signed statements from the patient to make a final determination of eligibility.
6. In the event that the responsible party is identified as an indigent person, KVH can establish that the applicant's income is clearly within the range of eligibility and will grant financial assistance based solely on the initial determination. In these cases, KVH is not required to complete full verification or documentation.
7. KVH does not include assets when determining eligibility for financial assistance.

C. Time frame for final determination

1. Each applicant who has been initially determined eligible for financial assistance, will be given fourteen calendar days, or such time as reasonably necessary to secure and present required documentation prior to receiving a final determination.
2. KVH will notify the applicant of final determination within fourteen calendar days of receipt of the application and supporting documentation.

D. Adequate notice of approval

1. When an application for financial assistance is approved, the responsible party will receive a written notice of approval, which includes:
 - Financial assistance discount amount and
 - Approval time frame and
 - Date of the decision
2. The amount of KVH charges will be adjusted for patient's whose gross family income is:
 - At or below 200 percent of the current federal poverty level, shall be adjusted in full
 - Between 201 and 250 percent of the federal poverty level, shall be adjust at 75 percent of the patient responsibility
 - Between 251 and 300 percent of the federal poverty level, shall be adjusted at 50 percent discount of the patient responsibility
3. The approval for financial assistance will apply to services received through the end of the calendar year that the application was completed as indicated on the approval letter.

E. Adequate notice of denial

1. When an application is denied, the responsible party will receive a written notice of denial, which includes:
 - Reason or reasons for the denial and
 - Date of the decision and
 - Instructions for appeal or reconsideration
2. The responsible party may appeal the determination of eligibility for financial assistance by providing verification of income or family size to the Patient Financial Representative within thirty days of receipt of notification.
3. The Revenue Cycle Director and the Chief Financial Officer will review all appeals. If this review affirms the previous denial for financial assistance, written notification will be sent to the responsible party and the Department of Health.
4. The responsible party's remaining financial obligation will be payable at a rate in compliance with the KVH Payment Plan Policy. The account will not be referred to a collection agency unless the guarantor defaults on the minimum payment or the KVH is unable to make contact with the guarantor.

Documentation and Records:

1. All information relating to the application shall be subject to the Health Insurance Portability and Accountability Act.
2. Documents pertaining to the Financial Assistance Program shall be retained for five years.

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| | | Policy Owner: | Tara Preciado | | |
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