

Financial Assistance Policy and Procedure

Purpose

In accordance with our Mission, Vision, and Values Statement, Astria Health believes it is imperative to provide our patients with not only the best medical care and accessibility that we can provide, but to also extend our commitment to our patients throughout the entire billing process in compliance with 501(r)(4A) and Washington Administrative Code (WAC), Chapter 246-453. It is the goal of Astria Health to provide quality care regardless of a patient's ability to pay for services. The application process is not intended to impose an undue burden on the responsible party considering any physical, mental, intellectual sensory deficiencies or language barriers which may hinder the responsible party's capability of complying with the application procedures. Applicants shall be given 14 days from the application date to provide documentation, during which time no collection efforts will occur.

Audience

Individuals receiving care at Astria Health hospitals and clinics and Astria Health personnel or representatives.

Key Concepts and Terms

For the purpose of this policy, the terms below are defined as follows:

Charity Care: The definition of Charity Care, as defined within RCW 70.170.020 (4) is "Charity care" 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 deductibles or coinsurance amounts required by a third-party payer, as determined by the department. Charity care results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

Family: The Census Bureau and WAC 246-453-010 (18) definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption.

Family Income: as defined within WAC 246-453-010 (17) is "Income" means total cash receipts before taxes derived from wages and salaries, welfare payments, Social Security payments, strike benefits, unemployment or disability benefits, child support, alimony, and net earnings from business and investment activities paid to the individual;

o If a person lives with a family, includes income of all family members. (Non-relatives, such as housemates, do not count.)

Uninsured: The patient has no level of insurance or third-party assistance to assist with meeting his/her payment obligations.



Underinsured: The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

Gross Charges: The total charges at the organization's full established rates for the provision of patient care services before deduction from revenue are applied.

Emergency Medical Conditions: Defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd).

Medically Necessary: As defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury).

Poverty Guidelines: The poverty guidelines are a simplified version of the Federal Government's statistical poverty thresholds used by the Bureau of Census to prepare its statistical estimates of the number of persons and families in poverty. The poverty guidelines are used primarily for statistical purposes. However, the Department of Health and Human Services uses the thresholds for administrative assistance or services under a particular federal program. Other programs, such as our Financial Assistance Program, use the guidelines for the purpose of giving priority to lower income persons or families in the provision of assistance or services. Our poverty guidelines are based on last (calendar) year's increase in prices as measured by the Consumer Price Index. The poverty guidelines are published in the Federal Register and are revised yearly.

Amounts Generally Billed (AGB): No person eligible for financial assistance under the FAP will be charged more for medically necessary care than amounts generally billed (AGB) to individuals who have insurance covering such care. Astria Health determines AGB based on all claims paid in full to Astria Health by Medicaid and/or private health insurers over a 12-month period, divided by the associated gross charges for those claims.

Policy

In accordance with State and Federal Law, our Financial Services Department offers financial assistance to qualified patients who are exempt from insurance in accordance with the ACA (Affordable Care Act) or are underinsured and do not have adequate resources to pay for medically necessary services that have been provided. Emergent and Medically Necessary services are eligible for coverage under the Financial Assistance Program (FAP). Financial assistance applications are processed in accordance with the policy. No patient/resident that meets these requirements shall be denied uncompensated health care based upon race, creed, color, sex, national origin, sexual orientation, disability, age, or source of income.

Our program is a payer of last resort, the Affordable Care Act (ACA) states that everyone must have insurance, but Astria Health does consider hardship and debt ratio for those who are uninsured and do not qualify for subsidized insurance plans (i.e. Medicaid). If the financial counselor believes that another program could be utilized and was denied, a denial will be requested before consideration can be given. If the denial cannot be obtained, our financial



counselors will then work with the patient to arrange payment terms, based on the unique circumstances and in accordance with Astria Health's payment policy.

Astria Health's financial assistance program is administered in conjunction with the Federal Poverty Guidelines that are used nationwide and that pertain to medical services provided at Astria Health only. These guidelines incorporate rationale for age, number and ages of dependents and provide definitions of family and gross income. The United States Department of Health and Human Services sets the Federal Poverty Income Guidelines and applies annual revisions to account for increases in the Consumer Price Index.

Astria Health utilizes the federal poverty income levels for eligibility purposes. The guarantor's household gross income is compared to this poverty level. If this total is at or below the 300% level, 100% of the patient responsibility balance on approved accounts will be forgiven.

Astria does not consider the existence, availability, and value of assets in order to reduce the charity care discount.

Procedure

Eligibility Requirements

1. Astria Health's Financial Assistance Program shall be consistently and equitably administered in accordance with established eligibility requirements. Astria Health employs staff whose role it is to screen for uninsured patients and visits and proactively reach out to patients to assist them in applying for sources of Medical coverage such as Medicaid, ACA Marketplace plans, and direct them to Financial Assistance applications as needed or requested these staff are certified Navigators for the State of Washington.
2. All patients with a self-pay balance may be eligible for financial assistance which can include free or discounted care. However, financial assistance generally excludes care found not to be medically necessary, or disallowed by government or third-party payers including procedures considered elective, experimental or cosmetic in nature.
3. The full application process must be completed, preferably by the patient/responsible party. Falsification of the application information, failure to fully disclose all assets and/or income, or refusal to cooperate will result in denial of the financial assistance application.
4. All third-party resources and non-hospital financial aid programs, including public assistance available through the state Medicaid program must be exhausted before financial assistance can be considered. If an individual has applied for and has not yet received a determination, the eligibility for financial assistance will be postponed until the Medicaid Eligibility determination has been made.
5. Prima Facie Write Offs: In the event that the responsible party's identification as an indigent person is obvious to Astria Health's personnel and they can establish that the applicant's income



is clearly within the range of eligibility, Astria Health will grant Charity Care based solely on this initial determination. In these cases, Astria Health is not required to complete a full verification or documentation. (in accordance with WAC 246-453-030(3)).

Method for applying for financial assistance:

The Financial Assistance Application (Attachment C) can be completed before or after services are provided.

The forms may be completed by the applicant at home or onsite with the assistance of Patient Financial Services personnel. All required supporting documentation must be included with the application.

The application can be obtained as described in the section below:

By Telephone: 509-837-1554

At our address: Astria Health, 1016 Tacoma Avenue, Sunnyside, WA 98944

On our website: <https://www.astria.health>

A patient will not be deferred or denied medically necessary care based on the non-payment of previously provided care, if financial assistance has not yet been determined.

Extraordinary Collection Actions (ECA):

Astria Health will not take any ECA actions without making a reasonable effort to determine at patient's financial assistance eligibility in accordance with limitations outlined in the policy.

Measures to widely publicize this policy within the community served by the facility:

1. Financial Counselors will make paper copies of the financial assistance policy, application, attachment B) and plain language summary (Attachment A).
 - The paper copies are available upon request and without charge.
 - Documents are readily available during normal business hours either directly from the Financial Counselor or by mail.
 - Each document is available in English and in the primary language of any populations with limited proficiency in English that constitutes more than either (a) 1,000 individuals or (b) 5% of the residents of the community serviced by the facility, whichever is less.
2. As part of the intake or discharge process, patients are offered a Patient Information Packet that outlines payment plan options and Financial Assistance Policy information including the Plain Language Summary (Attachment A).

3. Notify and inform members of the community served by the hospital facility about the Financial Assistance Policy with the information available on each billing statement.
4. Astria Health's financial assistance contact information is posted on the home page of the facility website at <https://www.astria.health>
5. The financial assistance documents can be accessed, downloaded, viewed and printed from the website.

Administration/Guidelines of Financial Assistance Program:

1. Astria Health Financial Assistance Program will be administered according to the following guidelines:
 - a. Astria will make an initial determination of potential eligibility based on the verbal request for charity care. Pending final eligibility determination, the hospital will not initiate collection efforts or requests for deposits, provided that the responsible party cooperates with hospital efforts to obtain payment from other sources, including Medicaid.
 - b. Astria will furnish an application and instructions to the responsible party when charity care is requested, or when financial screening indicates potential need. The responsible party will return a completed application as soon as possible, but not to exceed 14 days from date of request.
 - c. The application information, along with all the required documentation will be reviewed by the Patient Financial Counselor.
 - d. Patient Financial Counselor will complete the Worksheet for Annual Income, Worksheet for Income and Asset Calculation, and Worksheet for Discount Calculation.
 - e. After reviewing the application, the CFO or designee will determine if the patient/responsible party qualified for financial assistance based on the supporting documentation and the recommendation of the Patient Financial Counselor who verified the information contained in the application.
 - f. Patient Accounts Data Entry personnel will write off approved amounts from the patient's account(s) per established procedures.
 - g. The patient/responsible party will be notified in writing within thirty (30) days from applying (when all documentation has been received) if they were approved for financial assistance.
 - h. The application will be kept on file for seven (7) years.
 - i. Providing the patient/responsible party's finances change significantly between tax seasons, current income for the household as defined in Attachment C will determine eligibility in lieu of the federal income tax requirements. An approved application will be a one-time grant.

j. If an applicant is habitually non-compliant with the program guidelines and assistance efforts made by the financial counselors and staff, the applicant may be required to submit a fully completed application with all required documents prior to a non-emergent service(s). Astria may initiate collection efforts for failure to complete application, patient balances will be eligible for collection and credit reporting after 30 days from the date of service.

Appeal Process:

1. The patient/responsible party has the right to appeal the financial assistance decision.
2. The appeal must be received within thirty (30) days of the determination.
3. The appeal must include documented proof justifying why the patient/responsible party is unable to pay.
4. The appeal is forwarded to the Business Office Manager and is reviewed with the CFO.
5. The patient/responsible party will be notified within sixty (60) days from submission of the appeal if they are approved.
6. Per WAC 246-453-020 (9)(c): "In the event that the hospital's final decision upon appeal affirms the previous denial of charity care designation under the criteria described in WAC 246-453-040 (1) or (2), the responsible party and the department of health shall be notified in writing of the decision and the basis for the decision, and the department of health shall be provided with copies of documentation upon which the decision was based." Astria Health will notify the responsible party in writing of the decision and the basis for the decision as well as provide the Department of Health with copies of all documentation pertaining to the decision.

Implementation/Education Plan:

Policy will be reviewed and implemented by Provider Financial Services Staff.

Related Documents:

- Attachment A: Plain Language Document
- Attachment B: FA Acuity Indicator
- Attachment C: Assistance Application

References:

- 501(r)(4A) and Washington Administrative Code (WAC), Chapter 246-453
- WAC 246-453-030(3)
- WAC 246-453-020(10)

Astria Health Hospitals and Clinics

- Astria Sunnyside Community Hospital
- Astria Toppenish Hospital (SHC Medical Center- Toppenish)
- SHC Medical Center Yakima
- Ahtanum Ridge Family Medicine
- Vintage Valley Family Medicine
- Central Washington Occupational Medicine – Toppenish
- Central Washington Surgical Associates – Toppenish
- Cardiac & Thoracic Institute of Central Washington
- Valley Medi-Center
- Westside Medi-Center
- Selah Clinic
- Summitview Family Medicine
- Terrace Heights Family Physicians
- Central Washington Occupational Medicine – Yakima
- Central Washington Orthopedic Surgeons
- Central Washington Surgical Associates – Yakima
- Central Valley Vascular Center
- Central Washington Rehabilitation Clinic
- Central Washington Anesthesia Services
- Central Valley Gastroenterology - Yakima
- Sunnyside Dental
- Yakima Home Care
- Yakima Regional Home Health
- Spavinaw Dental

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