

Consent Forms and Interpreter Services - Permission for treatment must be given with a signature by each patient (see Conditions of Services Form). Parents or guardians must sign for minors. For non-English speaking patients, Skyline Hospital will provide an interpreter. When an interpreter is not available on-site, a phone interpreter service is available at all times.

Advance Directives - Skyline Hospital supports the right of a patient to exercise responsibility in the health care decision making process. Patients admitted to Skyline will be asked by the nursing staff if they have an existing Advance Directive and its location. They will be given information on how they may initiate an Advance Directive or Durable Power of Attorney if desired. Hospital employees are not permitted to witness in writing the execution of an advance directive, nor are they permitted to discuss with a patient or a patient's family/friends issues or concerns beyond hospital policy.

Non-discrimination - Skyline Hospital serves the people of our community by responding to their health needs with a commitment to provide the highest quality of care. Our patients have a right to receive treatment without discrimination as to age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, disability, veteran or military status, source of payment or any other basis prohibited by federal, state, or local law. We accomplish this by continuously monitoring and evaluating our performance to ensure clinical and service excellence. Please see the Non-discrimination policy on our website for more information.

Notice of Privacy Practices/HIPAA - Skyline is required by law to protect the privacy of certain health information called "Protected Health Information" ("PHI"), which may reveal a person's identity, any personal information (including your address and telephone number), a patient's health condition, the healthcare services they have received or may receive in the future, the insurance coverage, and any other health-related information which may identify the patient. We are also required to provide the patient with a copy of this notice, which describes the health information privacy practices of Skyline Hospital. Skyline Hospital performs work duties and responsibilities in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations. Please see the full Notice of Privacy Practices in the new admissions folder or our website.

Financial Assistance - Skyline 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 criteria are established for the provision of financial assistance and charity care, consistent with the requirements of the Washington Administrative Code (WAC), Chapter 246-453. 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. Please see the full Financial Assistance Policy or speak to a Patient Services Representative for more information.

Patient Rights and Responsibilities - Patients enter into an important relationship with Skyline Hospital. Their care, comfort, and peace of mind are prime concerns to the hospital. It is with this spirit of teamwork between patients and hospital staff that the list of Patient's Rights and Responsibilities was created. We believe that observance of the Patient Rights and Responsibilities will contribute to better care of our patients. It is important to also note that our hospital is responsible for educating the staff about patient rights and their role supporting the patient rights. Patients will initial that they have received the Patient Rights and Responsibilities Form upon admission on the Conditions of Services Form. For the complete list of Patient Rights and Responsibilities, please see the Patient Admission packet or the hospital's website.

**SKYLINE HOSPITAL
POLICY & PROCEDURE**

DEPARTMENT: Patient Services Dept.

DATE: 2/1/2014

SUBJECT: Advance Directive

REVISED:

PURPOSE: Skyline Hospital respects the right of a patient to make decisions regarding their own health care, including the right to accept or reject certain recommended care.

POLICY: Patients admitted to Skyline Hospital will be asked if they have an existing Advance Directive and its location, or given information on how they may initiate an Advance Directive if desired to determine their course of treatment.

Every patient admitted for care will be provided with an Admissions Folder, containing a copy of the Advance Directive Policy

Skyline will provide patients with information which will aid in making their decisions regarding Advance Directives if so desired by the patient. Hospital employees are not permitted to witness in writing the execution of an advance directive, nor are they permitted to discuss with a patient or a patient's family/friends issues or concerns beyond hospital policy.

The admitting nurse will also ask every patient on admission whether they currently have an Advance Directive and whether Skyline has a current copy.

Patients will not in any way be discriminated against based on whether they do or do not have Advance Directives.

The hospital will honor, to the best of its ability, the provisions stipulated by the patient in their Advance Directives. If the provider cannot implement an advance directive based on moral or ethical objections, the hospital will include in the medical record the legal authority for such objection and whether the objection is institution-wide or being raised by the individual provider.

If an individual has complaints concerning the advance directives requirements; such grievance may be filed with Skyline's Compliance Officer, Brenda Schneider, or the Washington State Department of Health.

Reference:

The Patient Self-Determination Act was adopted as Sections 4206 and 4751, 'Medicare Provider Agreement Assuring the Implementation of a Patient's Right to Participate in and Direct Health Care Decision Affecting the Patient,' of the Omnibus Budget Reconciliation Act of 1990, P.L. 101-508. The PSDA was signed into law on November 5, 1990 and became effective December 1, 1991.



CONDITIONS OF SERVICES Outpatient

FINANCIAL AGREEMENT AND ASSIGNMENT OF INSURANCE BENEFITS

I hereby authorize payment directly to Skyline Hospital for hospital benefits otherwise payable to me but not to exceed the hospital's regular charge for this period of service. I understand I will receive a statement each month if my account has an outstanding balance. I further understand the hospital cannot accept responsibility for collecting my insurance claim or for negotiating a settlement on a disputed claim; and that I am responsible for the timely payment of my account, and for all delinquency charges resulting from a failure to pay that account timely. Should the account be referred to an attorney or collection partner for collection, the undersigned shall pay reasonable attorney's fees and collection expense.

I further authorize the Hospital to make such inquiry as it determines necessary to confirm my coverage and my financial responsibility, from any third party payors or financial references I may have named, and I hereby authorize those payors and/or references to release such information to the Hospital.

The undersigned agrees, whether he/she signs as agent or as patient, that in consideration of the services to be rendered to the patient, he/she is hereby individually obligated to pay the account, as well as obligating the patient, and the hospital may look to either or both for payment. Any balance on the account that is the patient or guarantor's responsibility could be combined with other accounts and a payment plan established, per hospital board policy.

FOR MEDICARE PATIENTS ONLY

Medicare does not cover self-administered medications for Out Patient Services. You will be responsible for charges of self-administered medications.

I certify that the information given by me in applying for payment under the appropriate titles of the Social Security Act of HB-89-97 is correct. I authorize release of any information to act on this request. I request that payment of authorized benefits be made in my behalf.

I assign payment for the unpaid charges of the physician(s) for whom the hospital is authorized to bill in connection with its laboratory services. I understand I am responsible for any health insurance deductible and coinsurance. For outpatient service, I request that this authorization apply to the anticipated period of treatment but not to exceed one (1) year.

MEDICAL CONSENT

The undersigned authorizes and consents to any medical treatment, release of medical information, x-ray examination, laboratory procedure (these tests may include HIV testing) or other hospital service that may be deemed advisable or necessary by attending or consulting physicians. The patient is under the care of his physicians and the hospital shall not be held liable for any act or omission in following said physicians orders. The undersigned recognizes that many doctors of medicine, including radiologists, pathologists, and anesthesiologists, are independent contractors and not employees of the hospital and may bill the patient separately.

RELEASE OF INFORMATION

The Hospital may disclose to third party payors, or their collection partners, billing affiliates and other health care providers the patient's record and any other information needed relating to my treatment and/or admission.

LOST OR STOLEN ITEMS

It is the Policy of Skyline Hospital that patients assume responsibility for the care of their own property unless it is submitted for safe keeping.

PATIENT RIGHTS

I acknowledge that I have received the Patient Rights and Responsibilities.

(Please Initial)

**MEDICAL SCREENING EXAMINATION AND NECESSARY STABILIZING TREATMENT WILL BE PROVIDED
EVEN IF THE PRESENTING PATIENT CANNOT PAY**

Signature

Name (please print)

Signature of Person Authorized to Consent for Patient

Relationship to Patient

Witness

Date

Time

GENERAL EMPLOYMENT

HIPAA & Confidentiality

PURPOSE:

To ensure that disclosures, uses and requests for protected health information (PHI) are limited to the minimum amount of information that is reasonably necessary to perform work duties and responsibilities in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations.

POLICY:

A. Routine and Non-Routine Activities

1. For routine activities the following factors should be considered for each role/function within each hospital department:
 - a. Who may access/receive the PHI?
 - b. Which types of PHI may be accessed/received?
 - c. In the records of which patients?
 - d. During what time period, for what activities or under what conditions?
2. The above factors should be considered when determining PHI access or disclosure and the appropriate minimum necessary guidelines in this policy must be followed.
3. All hospital computer systems must be designed to include only the documented minimum necessary PHI for each role/function within each department.
4. For non-routine uses, disclosures or requests, the following criteria should be reviewed by the department supervisor, on an individual basis, in determining the minimum necessary standard:
 - a. What is the purpose of the use, disclosure or request?
 - b. What type of information is needed to accomplish the intended purpose?
 - c. What information is likely to be attached to this information and is the attached information needed to accomplish the intended purpose?
5. Consult with the Compliance Officer or CEO for guidance in determining routine and non-routine activities, and for interpreting this policy

B. De-Identification & Limited Data Sets

1. When specific patient information is not necessary to accomplish the intended job functions, the information should be de-identified or a limited data set should be used.

C. Permitted Access to PHI by Job Title/Job Classification

Job Title/Classification	Type of PHI	Conditions for Access to PHI
Physicians	Entire Medical Record	Treatment of Individuals
Allied Health Professionals	Entire Medical Record	Treatment of Individuals
Nursing Staff	Entire Medical Record, where necessary to perform authorized job functions	In support of treatment of individuals
Registration Staff	Limited Medical Record	For registration and insurance verification
Billing Staff	Limited Medical Record	For reimbursement processing, payment and financial services
Quality Management/Risk Management Staff	Entire Medical Record, where necessary to perform authorized job functions	For quality reporting, quality reviews and compliance, investigations, complaint review and resolution
Infection Control	Entire Medical Record where necessary to perform authorized job functions	For epidemiological investigations and reporting
Medical Records/Coding Staff	Entire Medical Record where necessary to perform authorized job functions	To assign diagnostic codes, transcribe, file, release information, and input registry data
Information Technology Staff	Entire Medical Record where necessary to perform authorized job functions	For computer systems maintenance and support
Administration	Entire Medical Record where necessary to perform authorized job functions	For operations and management, executive decisions for hospital operations

Ancillary Staff (Laboratory, Radiology, Physical Therapy)	Entire Medical Record where necessary to perform authorized job functions	In support of treatment of individuals
Financial Services	Limited Medical Record	For oversight of reimbursement, payment and financial services
Operations Support Staff	No need for access	
Volunteers	No need for access	

D. Exceptions

1. The following uses, disclosures and requests are not limited by the minimum necessary guidelines:
 - a. Requests from, or disclosures to, another healthcare provider for treatment purposes.
 - b. Disclosures to the patient or personal authorized representative.
 - c. Uses or disclosures made pursuant to an authorization.
 - d. Disclosures made to the Secretary of the Department of Health and Human Services (HHS) in determining or investigating compliance.
 - e. Uses and disclosures required by law.

E. Responsibilities

1. It is the responsibility of all medical staff members and hospital staff members to comply with this policy. Hospital staff members include all employees, students, volunteers, consultants, contractors and subcontractors.

F. References: Standards for Privacy of Individually Identifiable Health Information, 45 CFR § 164.514(d)

Operations, activities, and business affairs, including those relating to patient matters, shall be kept confidential, subject to necessary compliance with state and federal laws, rules and regulations including, but not limited to, state open records law pertaining to government hospital districts.



PATIENT RIGHTS AND RESPONSIBILITIES

Quality care is a long-standing commitment of Skyline Hospital. Your rights and responsibilities as our patient are an integral part of that care. As an individual, you have certain basic human rights that do not end when you're in the hospital. At Skyline Hospital, we believe your rights of personal dignity, free expression and free decision are very important factors in your recovery.

This statement of Patient Rights and Responsibilities has been developed to help you fully understand your involvement in the healing process. Please read these rights and responsibilities carefully and completely. We believe that observance of them will contribute to better care of you as our patient.

AS A PATIENT, YOU HAVE THE RIGHT:

- To receive considerate and respectful care necessary for your medical problems, without discrimination because of race, creed, sex, national origin, or source of payment for your care.
- To have family or your representative and physician notified promptly of any admission to the hospital.
- To include participation of you family or representatives in care decisions when appropriate.
- To have access to people outside of the hospital including visitors and/or by verbal and written communication.
- To designate a decision maker in case you become incapable of understanding proposed treatment or procedure or if you are unable to communicate your wishes regarding your care.
- To know the names and responsibilities of all those caring for you. To know who is responsible for authorizing and performing any procedures or treatment.
- To clear and complete information concerning your condition and care, including explanations in understandable language of procedures, tests, or treatment before you consent to them. This information includes a description of the procedure or treatment, the significant risks involved, reasonable medical alternatives, a prediction of the effect on you and approximate cost.
- To be notified of any change in the plan of care before the change is made.
- To formulate advance directives, orders to withhold resuscitative services and/or forgo or withdraw life-sustaining treatment and have hospital staff comply with the directives.
- To privacy and respect as you are examined and treated. You may request to have a person of your own sex present if you wish. This means you may:
 - Refuse to talk with or see anyone not officially connected with the hospital including visitors, or those not directly involved in your care.
 - Wear appropriate clothing and religious or other symbolic items, as long as they do not interfere with your treatment.
- The assurance that any discussion of your health care is confidential and the handling of your records will be done so according to federal and state laws and regulations.
- The assurance of confidential management of information about your health, social and financial circumstances, and about what takes place in your home.
- To have your spiritual needs met through chaplains, visiting clergy or qualified volunteers.

- To seek another medical opinion or change physicians as well as refuse treatment or leave the hospital, even if this is against medical advice. To be informed of consequences of such action.
- To reasonable safety and security insofar as hospital practices and environment are concerned.
- To make a complaint and know that Skyline Hospital must investigate the complaint and document the resolution of said complaint in a timely manner.
- To request a transfer to another room if another patient or visitor in the room is unreasonably disturbing you.
- To be transferred to another facility only after you have received a complete explanation of the need for such a transfer.
- To access protective services.
- To be free from all forms of abuse, neglect or harassment.
- To be free from any form of restraints (physical or chemical) when they are used as a form of coercion, discipline, convenience or retaliation.
- To accept or refuse to participate in research studies.
- To refuse to see anyone not officially connected with the hospital or your care.
- To have the services of an interpreter and or/access to telecommunication devices for the deaf if you do not speak or understand the language of the community.
- To appropriate assessment and management of pain.
- To request no resuscitation or life-sustaining treatment.
- To end of life care.
- To donate organs and other tissues according to RCW 68.50.500 and 68.50.560
- To receive information about continuing health care requirements following your discharge.
- To receive an itemized and detailed explanation of your hospital bill when requested.
- To receive a copy of your medical records according to state and federal statutes and a copy of you hospital bill with an explanation of charges.
- To be informed about the outcomes of care, including unanticipated outcomes.

AS A PATIENT, YOU HAVE THE RESPONSIBILITY:

- To actively participate in decisions regarding your health care.
- To be as accurate and complete as possible when providing information about your medical history.
- To ask for clarification about any aspect of your care which you do not understand.
- To follow your physician's advice and instructions. Should you refuse treatment, however, you are responsible for those actions.
- To notify your physician or nurse if you notice any change in your health.
- To be considerate of other patients, visitors, volunteers, and hospital personnel and, to the extent possible, see that your visitors are considerate as well, especially with reference to noise and smoking.
- To regard other patients' medical information as confidential.
- To respect hospital property and equipment.
- To pay your bill promptly. If there is a hardship, to let us know so that we may help you.
- To tell your caregivers if they have not fulfilled their commitment to your care or showed concern and respect for you.



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

SUMMARY OF THIS NOTICE

Skyline Hospital respects your privacy. We maintain physical, electronic, and procedural safeguards to protect your information. This notice covers only the health information collected, created, and maintained by, through, or at Skyline Hospital. This document outlines how we use and disclose your health information, your rights regarding your health information, and our duties regarding your health information.

OUR RESPONSIBILITIES REGARDING YOUR HEALTH INFORMATION

We are required by law to maintain the privacy and security of your health information; provide you with this Notice; and follow the terms of this Notice.

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

The following categories describe various ways we use and disclose health information. Not every use/disclosure is listed.

TREATMENT: We may use and disclose your health information to provide care and to coordinate your treatment/other services. For example, we may provide your health information to your other healthcare providers and their facilities.

PAYMENT: We may use and disclose your health information to bill and collect payment for services you received at Skyline. For example, we may provide your health plan with information regarding your services so your health plan will pay us or reimburse you for treatment.

HEALTHCARE OPERATIONS: We may use and disclose your health information for our operations. For example, we may use your health information to assess quality, review performance of our staff, and improve our services.

APPOINTMENT REMINDERS, TREATMENT ALTERNATIVES, and HEALTH-RELATED BENEFITS & SERVICES: We may use and disclose your health information to remind you about appointments, to provide you with information regarding treatment alternatives, and/or other health related benefits and services related to your treatment or care.

USES AND DISCLOSURES THAT WE MAY MAKE UNLESS YOU OBJECT

We may disclose health information to a friend or family member that is involved in your care or helps pay for your care. If you are an Inpatient/Observation/Emergency patient, we may inform your friends or family members (who ask for you by name), or members of the clergy of your name, location within the hospital, general condition, and religious preference (only to clergy).

USES AND DISCLOSURES WE MAY MAKE WITHOUT YOUR AUTHORIZATION

AS REQUIRED BY LAW: We will disclose your health information when required to do so by federal, state, or local law.

FUNDRAISING: We may disclose limited health information to the Skyline Foundation to inform you of fundraising events and opportunities.

BUSINESS ASSOCIATES: We may disclose your health information to "business associates" with which we contract to perform services on our behalf.

PUBLIC HEALTH & SAFETY PURPOSES: We may disclose your health information as allowed or required by law to public health or legal authorities to prevent or reduce a serious, immediate threat to the health or safety of a person or the public, to protect public health and safety, to prevent or control disease, injury, or disability, and/or to report vital statistics such as births or deaths. We may also disclose health information to an employer about an employee, in certain situations and in compliance with Worker's Compensation claims.

VICTIMS OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE: We may disclose health information as allowed or required by law to a government authority in the event that we reasonably believe that the individual is a victim of abuse, neglect, or domestic violence.

HEALTH AND SAFETY OVERSIGHT ACTIVITIES: We may disclose health information to a health oversight agency, such as the Department of Health, for activities authorized by law; for example, investigations, inspections, audits, and licensure.

LAWSUITS & DISPUTES: We may disclose your health information in response to a subpoena, court order, or other legal process, as allowed or required by law.

LAW ENFORCEMENT ACTIVITIES: We may disclose your health information, if asked, to a law enforcement official, in response to warrants, summons, or similar processes; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim or a crime; about a death we believe may be the result of criminal misconduct; about criminal conduct on our premises; and in emergency cases, to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

CORONERS, MEDICAL EXAMINERS, & FUNERAL DIRECTORS: We may disclose your health information to a coroner or medical examiner to identify a deceased person and/or to determine the cause of death. We may also provide information to funeral directors to allow them to carry out their duties.

ORGAN & TISSUE DONATIONS: We may disclose health information to authorized organizations as required/needed for organ, eye, or tissue donation and transplants.

NATIONAL SECURITY, INTELLIGENCE ACTIVITIES, PROTECTIVE SERVICES, & MILITARY PERSONNEL: We may disclose your health information to authorized federal officials for national security activities. If you are a member of the armed forces, we may disclose your health information as required by your military command authorities.

INMATES: We may disclose health information about an inmate or individual who is in custody to a correctional facility or law enforcement official.

USES AND DISCLOSURES WITH AUTHORIZATION

Uses and disclosures not in this notice will be made only as allowed or required by law or with your written authorization. Specially protected health information, including information regarding treatment for AIDS/HIV/ARC, mental health, drug addiction, alcoholism, and other substance abuse treatment, developmental disabilities, and/or genetic information or records, may require your authorization to be disclosed unless otherwise required or permitted by law.

YOUR HEALTH INFORMATION RIGHTS

Although your health records are the property of Skyline Hospital, you have the following rights:

RIGHT TO REQUEST & OBTAIN COPIES: You have the right to request and obtain copies of your health information. Requests will be directed to the Skyline Hospital Medical Records Department. You will be required to complete and sign a Release of Information Form which can be obtained at the Reception desk. You may be charged a reasonable fee for the costs of copying, mailing, or other supplies related to your request.

RIGHT TO MODIFY: You have the right to request changes to your health information if you feel that the information we have about you is incorrect or incomplete. You must give us this request in writing. If your request is denied, you can write a statement of disagreement to be stored in your medical record and included with any release of your records.

RIGHT TO REQUEST A LIST OF DISCLOSURES: You have the right to request a list of disclosures of your health information. The list will not include disclosures made to third party payors. You may receive this information without charge once every 12 months. You will be notified of the charge if you request this information more often.

RIGHT TO REQUEST RESTRICTIONS: You have the right to request restrictions on certain uses and disclosures of your health information. You must deliver this request to us in writing. We are not required to grant the request but we will comply with any request granted.

RIGHT TO A COPY OF THIS NOTICE: You have the right to request and receive a copy of this Notice.

CHANGES TO THIS NOTICE

We reserve the right to make changes to this Notice. The revised Notice will be effective for information we already have about you as well as any information we obtain in the future. The revised Notice will be effective on the new effective date of the Notice, unless required by law.

COMPLAINTS/CONCERNS

If you have questions or concerns regarding your privacy rights, or if you believe your rights have been violated, you may contact Skyline Hospital's Privacy Officer by phone at 509-493-1101 or in writing to:

**Skyline Hospital
PO BOX 99
White Salmon, WA 98672**

You also have the right to file a complaint with the US Secretary of Health and Human Services. You will not be penalized for filing a complaint.

SKYLINE HOSPITAL
POLICY & PROCEDURES

DEPARTMENT: Patient Accounting

Date: 12-1-2000

SUBJECT: FINANCIAL ASSISTANCE

Original: 5-1-1991

Reviewed: 11-28-2000
07-01-2003

1-19-2014
Revised: Yearly for Poverty
Guidelines

The poverty guidelines will be adjusted each year, which are listed in this policy & procedure.

SKYLINE HOSPITAL 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 246-453, are established. 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.

Purpose: To comply with the Department of Health and the Washington State Hospital Association guidelines on procedures and criteria for identifying charity care patients.

"FINANCIAL ASSISTANCE", formerly known as charity care means necessary hospital health care rendered to indigent persons, as defined in this section, to the extent that these persons are unable to pay for the care or to pay the deductibles or coinsurance amounts required by a third-party payer, as determined by the department.

"Indigent" means lacking the means to live; poor or needy.

The Washington State Hospital Association states in their manual:

Financial Assistance Criteria

The language of Article 8, Section 7 prohibits gifts of public money except for certain things, including "necessary support of the poor and infirm":. Washington charity care statutes and regulations clearly define hospital financial assistance as applying to the rendering of necessary health care services to the uninsured, poverty population.

Financial Assistance and charity care shall be limited to "appropriate hospital-based medical services" as defined in WAC 246-453-010(7). Skyline Hospital may choose to provide financial assistance and charity care for additional types of medical services, if deemed to cause catastrophic circumstances to a customer.

Patients will be granted financial assistance and charity care regardless of race, creed, religion, color, national origin, sex, sexual orientation, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a disabled person.

Financial assistance and charity care for "non-emergent" services shall be limited to those residing within Skyline Hospital's designated service area.

ELIGIBILITY CRITERIA

Financial Assistance is generally secondary to ALL other financial resources available to the patient, including:

Group Plans

Individual medical plans

Worker's Compensation

Medicare

Medicaid

Medical Assistance Programs

Federal

Military

Third-Party Liability

Any other situation in which another person or entity may have a legal responsibility to pay for the costs of medical services.

In those situations where appropriate primary payment sources are not available, patients shall be considered for charity care under this hospital policy based on the following criteria as calculated for the 12 months prior to the time of service.

From the Federal Register, the 2014 Federal Poverty Guidelines for all states except Alaska and Hawaii and The District of Columbia:

Size of Family	Poverty Guideline
1.....	\$ 11,670
2.....	15,730
3.....	19,790
4	23,850
5	27,910
6	31,970
7	36,030
8	40,090

For family units with more than 8 members, add \$4,060 for each additional member.

These guidelines go into effect on the day they are published in the Federal Register with the exception of Hill Burton hospitals, which are effective sixty days from the date of publication.

The poverty guidelines will be revised on a yearly basis, from the information given by the Federal Register.

SLIDING FEE SCHEDULE

A. A service area resident whose family income is between one hundred and three hundred percent of the federal poverty standard, adjusted for family size, shall have his/her hospital services that are not covered by public or private sponsorship reduced according to the schedule below. The resulting responsibility may be adjusted by appropriate hospital personnel, after taking into consideration the individual financial obligation, which remains after the application. The amount owing, based on this sliding fee schedule may be payable in monthly installments, over a reasonable period of time.

<i>INCOME AS A PERCENTAGE OF FEDERAL POVERTY LEVEL</i>	<i>PERCENTAGE DISCOUNT</i>
100%	100%
120%	90%
140%	80%
160%	70%
180%	60%
200%	50%
220%	40%
260%	25%
280%	20%
300%	15%

ELIGIBILITY DETERMINATION

Identification of Potential Financial Assistance to Patients:

1. During the Patient Registration process, Skyline Hospital will make an initial determination of eligibility based on verbal or written application for charity care. Our primary focus will be for the hospital service area, which includes Klickitat, Skamania, Hood River and Wasco Counties. Pending the final eligibility determination, Skyline Hospital will not initiate collection efforts, provided that the responsible party is cooperative with the hospital's efforts to reach a determination of sponsorship status, including return of applications and documentation necessary to make this determination within **fourteen (14) days of receipt** of the application.

The hospital shall use an application process for determining initial interest in and qualification for charity care. Should patients not choose to apply for charity care, they shall not be considered for charity care, unless other circumstances or intent become known to Skyline Hospital.

2. Financial Assistance screening forms and Credit applications shall be furnished to patients when financial assistance is requested. When the need is indicated, or when financial screening indicates potential need, ALL applications, whether initiated by the patient or the hospital shall be accompanied by documentation to verify income amounts indicated on the application form. One of more of the following types of documentation may be acceptable for purposes of verifying income:
 - a) W-2 statement for all employment during the previous tax year.
 - b) Payroll check stubs for 12 months prior to the time of service.
 - c) Tax Return form for the most recent filed calendar year.
 - d) Forms approving or denying eligibility for their state Medicaid program.
 - e) Forms approving or denying Unemployment Compensation Benefits.
 - f) Bank Statements to verify income.

Skyline Hospital shall make every reasonable effort to determine the existence of private or public sponsorship which might cover, in full or in part, the charges for the care rendered by the hospital to a patient; the family income of the patient as classified under federal poverty income guidelines; and the eligibility of the patient for financial assistance as defined in RCW 70.170.060 and accordance to our policy.

3. Time Frame: Skyline Hospital shall provide final determination within Fourteen (14) days of receipt of all application and documentation material.
4. Denials: Denials will be written and include instructions for appeal or reconsideration as follows:
 - a) The Patient or Guarantor may appeal the determination of eligibility for financial assistance by providing additional verification of income or family size to the Credit and Collection Representative within Fourteen (14) days receipt of notification of denial. The Controller of Fiscal Services will review all appeals. If this determination affirms the previous denial of charity care, written notification will be sent to the patient/guarantor and the Department of Health, in accordance with Washington State Law.

DOCUMENTATION AND RECORDS

CONFIDENTIALITY

All information relating to the application will be kept in strict confidence. Copies of documents that support the application will be kept with the application form.

Documents pertaining to financial assistance shall be retained for Seven (7) years.