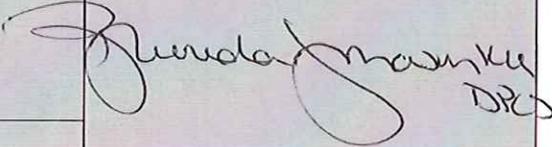


Effective Date: 12/94	Revised Date: 6/98, 7/00, 3/03, 6/06	Reviewed: 4/08, 1/13, 3/14	Approved By: 
Location to be placed: Administrative Manual			

DEPARTMENT: ORGANIZATION WIDE

SUBJECT: PATIENT RIGHTS BROCHURE

POLICY:

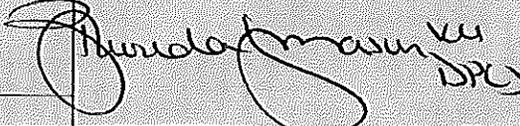
Tri-State Memorial Hospital informs patients of their rights and responsibilities.

A brochure will be given to inpatients, day surgery patients, and new dialysis patients. A Tri-State employee will review the information with the patient and/or person signing for the patient and be able to explain or answer questions. This education will be documented on the nursing assessment.

For other patients, rights and responsibilities brochures are available throughout the hospital.

Tri-State employees will treat all patients with dignity, respect, and courteousness. Tri-State upholds patient's rights by educating staff about their role in supporting those rights.

Policy submitted to DOH March 2014. All subsequent review/revisions to this policy will be forwarded in pdf format to hospitalpolicies@doh.wa.gov. The policy will also be updated on the hospital's website per regulation.

Effective Date: 6/93	Revised Date: x4 8/99, 1/00, 08/02, 10/03, 5/06, 7/06, 5/12, 3/14	Reviewed:	Approved By: 
Location to be placed: Administrative Manual			

DEPARTMENT: ORGANIZATION WIDE

SUBJECT: COMPLAINTS AND GRIEVANCES: PATIENT (formerly titled
QUALITY CARE PROGRAM)

POLICY:

All interactions with patients/family/visitors related to grievances or complaints will be acted on and documented according to the standards detailed below. These records will be maintained in the online incident report software (Healthcare SafetyZone Portal) and will be regarded as confidential (protected) information.

SCOPE:

This policy encompasses patient/family/visitor grievances or concerns directed to Administration or Community Relations or those not solved at the department level. Further, results of patient satisfaction surveys or “We Care” calls—in which a patient verbalizes or indicates a suggestion for improvement for the hospital—are not included under the auspices of this policy.

PURPOSE:

To describe appropriate methods for documentation of patient/family interactions or complaints regarding privacy practices with a hospital representative.

PROCEDURE:

1. Concerns from patients/family/visitors are recorded using the Healthcare SafetyZone Portal. If the concern is received other than verbally (such as in writing) – the patient will be contacted within 7 days to convey receipt of the complaint and that an investigation will take place and to expect follow up within 30 days.
2. An investigation of the incident by the appropriate department manager(s) will be conducted as outlined in the policy related to Incident Reports. Whenever possible, corrective action should be taken immediately or as soon as possible to solve an immediate problem. Results of the investigation may also initiate any of the following actions:
 - A. Procedural changes
 - B. Adjustments to a patient bill
 - C. Identification of a problem that may be forwarded for further process review (such as Risk/Quality Committee, etc.)
 - D. Staff education
 - E. Other

3. The patient/family/visitor will be notified either in writing or via telephone by authorized personnel *within 30 days of the date of the initial complaint whenever possible*. The following information will be conveyed
 - A. Decision
 - B. Steps taken on behalf of the patient to investigate the grievance (as appropriate)
 - C. Results of the investigation
 - D. Date of completion
4. Information from patient/family/visitor complaints will be reviewed monthly through the Quality/Risk Management Committee in a summary form to identify patterns and trends.

If the patient/family/visitor is not satisfied with the internal handling process, he/she has the right to lodge a complaint as follows:

- www.doh.wa.gov/LicensesPermitsandCertificates/FileComplaintAboutProviderorFacility/FacilityComplaintProcess.aspx. If you'd like to speak to someone about filing your complaint, call 360-236-4700. You may also print and send the completed form to Washington State Department of Health, Health Systems Quality Assurance, Complaint Intake, P.O. Box 47857, Olympia, WA 98504-7857; or
- Call 1-800-633-6828

The public may contact The Joint Commission's Office of Quality Monitoring to report any concerns or register complaints about a Joint Commission accredited healthcare organization by either calling 1.800.994.6610 or email at complaint@jointcommission.org.

If a patient/family/visitor would like to make a complaint regarding *hospital privacy practices* the complaint must be filed within 180 days of when the individual knew or should have known the act or omission in violation of the privacy requirement occurred. Contact information as follows:

- Send the complaint in writing to Privacy Officer, Tri-State Memorial Hospital, PO Box 189, Clarkston, WA 99403; or
- Send the complaint in writing to the Department of Health, Office of Civil Rights—Region X, US Department of Health and Human Services, 2201 Sixth Avenue—MS: Rx-11, Seattle, WA 98121-1831, or call 206.615.2290. FAX 206.615.2297. TDD 206.615.2296; or
- Electronic filing: OCRComplaint@hhs.gov.

Policy submitted to DOH March 2014. All subsequent review/revisions to this policy will be forwarded in pdf format to hospitalpolicies@doh.wa.gov. The policy will also be updated on the hospital's website per regulation.

Effective Date: 7/12	Revised Date: 3/14	Reviewed:	Approved By: 
Location to be placed: Administrative Manual			

DEPARTMENT: ORGANIZATION WIDE

SUBJECT: FINANCIAL ASSISTANCE

I. Mission of the Hospital with Respect to Financial Assistance:

Uninsured or underinsured patients may be eligible for financial assistance regardless of race, creed, 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 the disabled person.

II. Description of Eligibility Criteria:

Financial Assistance is available to qualified uninsured or underinsured patients for appropriate hospital based medical services in accordance with WAC 246453 section 010 which states: "Those hospital services which are reasonably calculated to diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective more conservative or substantially less costly course of treatment available or suitable for the person requesting the service. For purpose of this section, "course of treatment" may include mere observation or, where appropriate, no treatment at all;"

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, county aid, 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.

Uninsured or underinsured patients will have the opportunity to be considered for Financial Assistance under this hospital policy based upon the following criteria calculated upon the patient's financial documentation at the time of the request. Potential patient responsibility will be determined upon the sliding fee schedule and may have an expectation of payments set forth within Tri-State Memorial Hospital's collection policy:

- A. The full patient balance for hospital charges will be evaluated to determine Financial Assistance eligibility for any patient whose gross family income is at or below 100% of the current federal poverty guidelines.

Patients whose gross family income are 101% to 200% of the current federal poverty guideline will be eligible for a discount of 75% to be applied to the patient account balance and will be determined as a Financial Assistance discount.

Patients whose gross family income is 201% to 300% of the current federal poverty guideline will qualify for a discount of 35% applied to the patient responsibility.

- B. **Prima Facie Write-offs:** The hospital may choose to grant Financial Assistance based solely upon the initial determination. Any patients who are on state assistance, are unemployed, disabled, transient or incompetent may be valid "prima-facie" candidates. In such cases, the hospital may not complete full verification or documentation of any request.
- C. **Special Consideration Financial Assistance:** Uninsured and underinsured Washington and Idaho patients may qualify for a discount. Determination will be made by TSMH Administration upon patient's completion of the Special Consideration Financial Assistance Application and the specified supporting documentation as proof of severe financial hardship or personal loss from time of request based on economic situation.

III. Process for Eligibility Determination:

Initial Determination: The hospital will make an initial determination of eligibility based upon verbal or written application for Financial Assistance.

A determination will be made upon the receipt of all requested information from the responsible party, including applications and supporting documentation within fourteen (14) days of receipt of a Financial Assistance application.

The hospital will exercise the following options:

- A. The hospital shall use an application process to determine qualification for Financial Assistance.
- B. Requests to provide Financial Assistance will be accepted from sources such as physicians, community or religious groups, social services, financial services personnel or the patient/family. When the hospital becomes aware of factors which might qualify the patient for Financial Assistance under this policy, the patient will be advised of this potential and will make an initial determination that such account is to be treated as Financial Assistance.

Final Determinations: The hospital will exercise the following options in making the final determination for Financial Assistance:

- Option 1: Financial Assistance may be granted based solely on the initial determination. In such cases, the hospital may not complete full verification or documentation of any request. This falls within the Prima Facie guidelines.
- Option 2: When financial screening indicates potential need, Financial Assistance applications and instructions shall be furnished to patients. All applications, whether initiated by the patient or the hospital should be accompanied by documentation to verify income amounts indicated on the

application form. The following documentation may be acceptable for purposes of verifying income:

- If you list children, provide last year's 1040 Federal tax form or other legal document showing dependent(s).
- If you are self-employed, provide Schedule C Federal tax form and current bank statements.
- If you are unemployed, provide letters approving or denying Unemployment Compensation.
- If you are a student, please provide information regarding student loans and/or grants.
- Last pay stub with year to date earnings from all places worked for you and spouse.
- Copy of Social Security Awards Letter or bank statement showing monthly deposit.
- Letters approving or denying Medicaid medical assistance.

Option 3: During the initial request period, the hospital may pursue other sources of funding including Medicaid, Crime Victims, or County Aid for Idaho residents.

Option 4: Income shall be based on prior years Federal tax return and include documentation of current economic situation. Income will be calculated from the documentation provided by the patient or Medicaid. The process of calculation will be determined by the hospital and will take into consideration seasonal employment and temporary increases and/or decreases of income.

A. Time Frame for Final Determinations: The hospital shall provide final determination within fourteen (14) calendar days of receipt of a complete application.

B. Denial appeals: Denials will be written and include instructions for appeal or reconsideration as follows: The responsible party may appeal the determination of eligibility for Financial Assistance by correcting any deficiencies in documentation to the Patient Accounts Manager or designated representative. Upon the receipt of an appeal, there will be a thirty (30) day hold in the collection process. The Chief Financial Officer will review and respond to all appeals within fourteen (14) days of receipt. If this review 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. If the denial is reversed the patient shall immediately be declared an eligible candidate.

IV. Documentation and Records:

- A. Confidentiality: All information relating to the application will be kept confidential. Complete copies of documents that support the application will be kept with the application form.
- B. Documents pertaining to Financial Assistance shall be retained for four (4) years.

Policy submitted to DOH March 2014. All subsequent review/revisions to this policy will be forwarded in pdf format to hospitalpolicies@doh.wa.gov. The policy will also be updated on the hospital's website per regulation.