



## Financial Assistance Policy

### Patient Financial Services

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#### **Policy:**

Kittitas Valley Healthcare is committed to the provision of health care services to all persons in need of medical attention regardless of ability to pay. In order to protect the integrity of the operations and fulfill this commitment, the following criteria for the provision of financial assistance, consistent with the requirements of the Washington State Hospital Association, are established. These criteria will assist staff in making consistent objective decisions regarding eligibility for financial assistance.

This program helps support individuals and families with healthcare expenses. Our program provides financial assistance in the form of free or reduced-price healthcare, depending on income.

#### **Communications to the Public:**

Kittitas Valley Healthcare's Financial Assistance Program shall be made publicly available through the following elements:

1. A notice advising individuals and families that the hospital has financial assistance available shall be posted in key areas of the hospital including Registration, Emergency Department, Emergency Department waiting area and the Outpatient waiting area.
2. The hospital will distribute a written notice of the hospital's financial assistance program and sliding payment schedule to individuals and families at the time the hospital requests information pertaining to third party coverage. If for some reason, for example in an emergency situation, the patient is not notified of the existence of the financial assistance program before receiving treatment, he/she will be notified in writing thereafter. All uninsured patients will receive the financial assistance notice in their first billing from the hospital.
3. The hospital shall train front-line staff to answer financial assistance questions effectively or direct such inquiries to the Patient Financial Department.
4. Written information about the Financial Assistance Program and the sliding payment schedule shall be made available to *any person* who requests the information, either by mail, telephone, e-mail or in person.

**Eligibility Criteria:**

All responsible parties with family income equal to or below one hundred percent of the federal poverty standard, adjusted for family size, shall be determined to be indigent persons qualifying for charity sponsorship for the full amount of hospital charges related to appropriate hospital-based medical services that are not covered by private or public third-party sponsorship.

All responsible parties with family income between one hundred and two hundred percent of the federal poverty standard, adjusted for family size, shall be determined to be indigent persons qualifying for discounts from charges related to appropriate hospital-based medical services in accordance with the hospital's sliding fee schedule and policies regarding individual financial circumstances.

The sliding fee schedule shall consider the level of charges that are not covered by any public or private sponsorship in relation to or as a percentage of the responsible party's family income;

Family Size	Less Than	More Than	But Less Than	More Than						
1	11,670	11,670	15,521	15,521	19,372	19,372	23,340	23,340	35,010	35,010
2	15,730	15,730	20,921	20,921	26,112	26,112	31,460	31,460	47,190	47,190
3	19,790	19,790	26,321	26,321	32,851	32,851	39,580	39,580	59,370	59,370
4	23,850	23,850	31,721	31,721	39,591	39,591	47,700	47,700	71,550	71,550
5	27,910	27,910	37,120	37,120	46,331	46,331	55,820	55,820	83,730	83,730
6	31,970	31,970	42,520	42,520	53,070	53,070	63,940	63,940	95,910	95,910
7	36,030	36,030	47,920	47,920	59,810	59,810	72,060	72,060	108,090	108,090
8	40,090	40,090	53,320	53,320	66,549	66,549	80,180	80,180	120,270	120,270
9	44,150	44,150	58,720	58,720	73,289	73,289	88,300	88,300	132,450	132,450
10	48,210	48,210	64,119	64,119	80,029	80,029	96,420	96,420	144,630	144,630
Patient Pays	0%	20%		40%		60%		75%		100%

The responsible party's remaining financial obligation after the application of the sliding payment schedule will be payable at minimum monthly payment of 10% of remaining balance. The responsible party's account will not be referred to a collection agency unless the responsible party defaults on the minimum payment or the hospital is unable to make mail or telephone contact with the responsible party.

**Process for Eligibility Determination:****A. Initial Determination:**

1. The hospital will use an application process for determining eligibility for financial assistance. Requests to provide financial assistance will be accepted from either the patient, responsible party, physicians, community or religious groups, social services and/or patient financial personnel, provided that any further disclosure of the information contained in the request shall be subject to the Health Insurance Portability and Accountability Act, Privacy Regulations and the hospital's Privacy Policies.
2. The initial determination of eligibility for financial assistance can be completed prior to admission, at the time of admission, following completion of treatment or as soon as possible after receiving the original billing.
3. Pending final eligibility determination, the hospital will not initiate collection efforts or request deposits, provided that the responsible party is cooperative with the hospital's efforts to reach a final determination.

**B. Final Determination:**

1. Financial Assistance applications shall be furnished to the responsible party when financial assistance is requested, when need is indicated, or when financial screening indicates potential need. All applications, whether initiated by the responsible party or the hospital, should be accompanied by documentation to verify information indicated on the application form. Any one of the following documents will be considered sufficient evidence on which to base the final determination:
  - Pay stubs from employment; and
  - A "W-2" withholding statement; or
  - Last year's income tax return; or
  - Letters approving or denying WA Apple Health, medical assistance; or
  - Letters approving or denying unemployment compensation; or
  - Written statements from employers or welfare agents.
2. During the initial request period, the patient and the hospital will pursue other sources of funding, including Medicaid and legal liability situations. The responsible party will be required to provide written verification of eligibility for all other sources of funding.
3. Usually, the relevant time period for which documentation will be requested will be three months prior to the date of application. However, if such documentation does not accurately reflect the applicant's current financial situation, documentation will only be requested for the period of time after the patient's financial situation changed.
4. In the event that the responsible party is not able to provide any of the documentation described above, the hospital will rely upon written and signed statements from the responsible party for making a final determination of eligibility.

5. The hospital will allow a patient to apply for financial assistance at any point up until the point a court has entered judgment against a patient, recognizing that a patient's ability to pay over an extended period may be substantially altered due to illness or financial hardship, resulting in the need for financial assistance.

6. In the event that the responsible party's identification as an indigent person is obvious to hospital personnel, and the hospital can establish that the applicant's income is clearly within the range of eligibility, the hospital will grant financial assistance based solely on the initial determination. In these cases, the hospital is not required to complete full verification or documentation.

C. Time frame for final determination and appeals:

1. Each financial assistance applicant who has been initially determined eligible for financial assistance, will be given at least fourteen calendar days, or such time as may reasonably be necessary, to secure and present documentation in support of his or her financial assistance application prior to receiving a final determination.
2. The hospital will notify the applicant of its final determination within fourteen days of receipt of the application and supporting documentation.

D. Adequate notice of denial:

1. When an application for financial assistance is denied, the responsible party will receive a written notice of denial, which includes:
  - The reason or reasons for the denial;
  - The 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. During the appeal process all collection activity will cease until the appeal is finalized.
3. The Patient Financial Manager 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.

**Documentation and Records:**

1. If a patient has been determined to be eligible for financial assistance and continues receiving services for an extended period of time, the hospital will re-evaluate the patient's eligibility for financial assistance at least annually to confirm that the patient remains eligible. The hospital may require the responsible party to submit a new financial assistance application.
2. 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.

3. Documents pertaining to the financial assistance shall be retained for five years.

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