Financial Assistance

MISSION OF THE HOSPITAL WITH RESPECT TO FINANCIAL ASSISTANCE

Uninsured or under-insured 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.

Financial assistance will be made publicly available in accordance with WAC 246-453-020(2).

Tri-State Memorial Hospital Financial Assistance program will be made available to patients seeking care at the Washington campus, and Idaho Clinics; Tri-State Family Practice Lewiston and Tri-State Clearwater Medical Clinic.

DESCRIPTION OF ELIGIBILITY CRITERIA

Financial Assistance is available to qualified uninsured or under-insured patients for appropriate hospital and clinic 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.

Eligible services include Emergency Room and Minor Care, Hospital Inpatient, Outpatient and Observation, Clinic services; including Family Practice, Internal Medicine, Rheumatology, Nephrology, Surgical Specialists, Urology, Tele Health, Infectious Disease, Pulmonology, Diabetes Education, Medical Nutrition Therapy and Behavioral Health. Hospital outpatient services; including Sleep Lab, Wound Care, Podiatry, Respiratory Therapy, Day Surgery, Endoscopy, Pain Clinic, Radiology, Dialysis, Laboratory and Interventional Pain Consultants; including outpatient surgical services.

Many doctors, ambulance companies, and labs are separate businesses with their own billing and account procedures. Although this list is not all-inclusive, the groups that regularly provide care for patients at Tri-State Memorial Hospital are Kootenai Heart Clinics, Lewis Clark Kidney & Hypertension, Lewiston Orthopedics, Valley Medical Center, Catalyst Medical Group, Rural Physician Group, Pathologist Regional Laboratory, Lewiston/Clarkston Ambulance, MedStar/LifeFlight, St. Joseph Regional Medical Center Providers, Larsen...
Gastroenterology, Valley ENT, Jennifer Kaufman, Dr. Dettwiler, Gem State Endoscopy, Dr. Berg. If you receive a bill from one of these entities and have questions about it, please contact them.

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.

Exclusions/Services not eligible for Financial Assistance: Office visit co-pays, elective services; such as sterilization procedures, Ideal Protein and HMR, Sports Physicals, Department of Transportation Physicals, contracted Occupational Health, elective circumcision, Spa services, retail products, or any other service determined to be "not medically necessary" by the health insurance plan.

Uninsured or under-insured patients will have the opportunity to be considered for Financial Assistance under this Financial Assistance 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, 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 under-insured Washington and Idaho patients may qualify for a discount. Determination will be made by Leadership 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.

D. Tri-State Memorial Hospital emergency room services and outpatient primary care sites will utilize only income and family size in determination of Financial Assistance eligibility, per National Health Services Corp. (NHSC) sliding fee requirements.

**PROCESS FOR ELIGIBILITY DETERMINATION**

**Initial Determination:** The hospital will make an initial determination of eligibility based upon verbal or written application for Financial Assistance. In the event a patient cannot provide documentation supporting their application for Financial Assistance, Administrative discretion will apply.

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. No collection efforts will be made for parties during the determination process for Financial Assistance in accordance with WAC 246-553-010(1), WAC 246-453-020(1)(a), and WAC 246-453-020(1)(c).
The hospital will exercise the following options:

A. The hospital shall use an application process to determine qualification for Financial Assistance.

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:

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<th>Option</th>
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<td>1:</td>
<td>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.</td>
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| 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. Any one of the following documentation items may be acceptable for purposes of verifying income:  
  - Last year's 1040 Federal tax form.  
  - "W-2" withholding statement.  
  - Letters approving or denying Unemployment Compensation.  
  - Letters approving or denying Medicaid medical assistance.  
  - Pay stubs with year to date earnings from all household employment.  
  - Written statements from employers or welfare agents.  
  - Other acceptable documentation, should none of the above be accessible: Schedule `C` Federal tax form, current bank statements, documentation of student loans and/or grants, Social Security Awards Letter, other legal document showing dependent(s). |
| 3:     | During the initial request period, the hospital may pursue other sources of funding including Medicaid, Crime Victims, or County Aid (for Idaho residents). |
| 4:     | Income shall be based on prior years Federal tax return and include documentation of current economic situation. In the absence of tax forms, current pay stubs (3) will be accepted. 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. |

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

In the event that a responsible party pays a portion or all of the charges related to appropriate medical services, and is subsequently found to have met the financial assistance criteria at the time that services were provided (via completed application), any payments in excess of the amount determined to be appropriate in accordance with WAC 246-453-040 shall be refunded.
to the patient within thirty days of achieving the financial assistance designation.

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

- Collection efforts will cease if an appeal has been filed for Financial Assistance in accordance with WAC 246-453-020(9)(b).

STAFF TRAINING, 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.

C. Staff Training: Standardized training based on this Financial Assistance Policy and the use of interpreter services to assist persons with limited English proficiency and non-English speaking persons in understanding information about the availability of Financial Assistance will be provided on an annual basis. The training shall help ensure staff can answer Financial Assistance questions effectively, obtain any necessary interpreter services, and direct inquiries to the appropriate department in a timely manner.

Policy submitted to DOH August 2019. 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.

Attachments:
- Financial Assistance Application
- Financial Assistance Instruction Sheet
- Financial Assistance/Patient Financial Counselor Worksheet
- Special Consideration Application

Approval Signatures

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<td>Julie Leonard: CFO</td>
<td>08/2019</td>
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<tr>
<td>Jen Charlo</td>
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