SUBJECT: Financial Policy for Patient Services

POLICY: It is the policy of Pullman Regional Hospital to be committed to providing the highest quality of patient care within a framework of sound fiscal management. To attain this objective, patients receiving services at Pullman Regional Hospital are expected to pay for the services provided.

Definitions:
1. Acceptable insurance shall be defined as:
   - Assignable Health Insurance.
   - Governmental contracts and payers specific to Pullman Regional Hospital such as Medicare, Medicaid, and other insurances and contracts listed in the insurance master file.
2. Acceptable “cash” includes:
   - United States currency and coin.
   - Personal checks pre-printed with bank name, branch, address, as well patient/family name and address.
   - Certified checks, cashiers checks, bank drafts, money orders, and travelers checks.
   - Visa, Master Card, and Discover transactions with limit approval.

Financial Policy for Patient Service:
1. Patients whose insurance pays less than 100 percent of the charges will be expected to pay the balance within 30 days of receiving their bill. Patients that are able to pay the balance of the bill within 10 days of receiving the bill or that pay online could be eligible for a discount.
2. If the patient is unable to pay their portion within 30 days, a financial screening of the patient could be completed to determine if there is other assistance available.
3. When patients are unable to meet our financial requirements, the following guidelines should be observed depending on the type of services:
   - **Elective**: Financial evaluation of the admission should be documented. Following managerial and/or supervisor review and in consultation with the service department manager, a determination should be made as to the urgency of the admission versus postponing the case until financial matters can be reviewed further. The physician’s office may also need to be notified.
   - **Urgent**: Financial evaluation should be documented as described under “Elective Admission.” The urgent admission should be reviewed for medical necessity and recommended for immediate or alternative care. The physician’s office may also need to be notified.
   - **Emergent**: As defined by Emergency Department protocol and EMTALA regulations, “A hospital shall not delay providing appropriate medical screening examination or treatment to persons who come to the hospital requesting an examination or treatment of a medical condition by qualified medical personnel in order to inquire about the individual’s method of payment or insurance status.” Pullman Regional Hospital will provide emergency services and care to any person for whom services or care is requested. The hospital will not discriminate in providing these services based on race, ethnicity, religion, national origin, citizenship, age, sex, pre-existing medical condition, physical or mental handicap, insurance status, and/or economic status, ability to pay for medical services except to the extent that a circumstances such as age, sex, pre-existing
medical condition, or physical or mental handicap is medically significant to the provision of appropriate medical care to the patient.

**Resources for Patient Financial Assistance:**

1. Patient Financial Services will refer the patient needing financial assistance for medical care to county, state and/or federal agencies as appropriate. Pullman Regional Hospital also has Financial Assistance available for patients who may qualify under specific Federal guidelines. These resources must be verified in advance by the Patient Financial Services Director or a designee before a determination is made.

2. Pullman Regional Hospital Assistance Program is defined as healthcare provided at no charge or at reduced charges to patients who do not have or cannot obtain adequate financial resources or other means to pay for their care. Partial and full assistance would be based solely on ability to pay and will not be based on race, ethnicity, religion, national origin, citizenship, age, sex, pre-existing medical condition, physical or mental handicap, insurance status, and/or economic status. Pullman Regional Hospital Assistance Program would be considered only when a reasonable effort has been made to seek other financial resources. Assistance will not be approved for non-medical necessary services (cosmetic surgery, patient convenience hospital days and services, or elective services, etc.). Every reasonable effort is to be made to secure Financial Assistance approval or denial prior to admission. See Charity Care Policy for additional details.

**Administration Exceptions:** In cases when an individual does not qualify for financial assistance, or cannot pay the patient liability portion, or establish reasonable payment options, the Patient Financial Services Director or a designee can make exceptions.

Director of Patient Registration Services

Effective: 1/03
Reviewed: 6/11 JZ:klv
Revised: 3/12 EO:klv
SUBJECT: Patient Rights and Responsibilities

OBJECTIVE: To support the needs/desires of patients, families, and caregivers in a manner that is consistent with our Philosophy of Care.

POLICY: Pullman Regional Hospital shall provide mechanisms that support our philosophy of care, and are responsive to the rights of all individuals.

Philosophy of Care: It is our belief that all individuals are active partners in their own health and healing activities, including a flexible environment in which information is shared, while participation and personal choice are encouraged supports this belief.

Process for Utilization:

Patient Rights:

Access to Care:
1. Individuals shall be accorded impartial access to medically indicated and available treatment or accommodations, without regard to race, creed, sexual orientation, age, national origin, political affiliation, or sources of payment.
2. Patients shall be provided with a reasonable response to requests and/or need for treatment, within the context of the mission of the hospital and applicable laws and regulations.
3. If the hospital is unable to provide the required treatment or accommodation, the patient may be transferred to another facility or organization when medically permissible. Such transfer shall be made only after the patient/kinship caregiver/domestic partner has received an explanation of the needs for a transfer and of the alternatives to a transfer; the transfer must be acceptable to the receiving organization / facility.

Respect and Dignity:
1. All patients shall be given considerate, respectful care at all times and under all circumstances. This includes consideration of the individuality of each patient and of the personal value and belief system which may influence response to treatment/care.
2. Patient’s spiritual beliefs and cultural practices will be accommodated in a collaborative manner with the planned medical treatment while considering the well-being of others.

Security, Protection from Abuse, and Access to Protective Services:
1. All patients have the right to feel safe and secure and be assured that appropriate measures are taken by the hospital to provide the necessary to maintain security.
2. All patients have the right to be protected from abuse from staff, family members, and all individuals accessing the hospital, and have the right to access protective services (See Abuse Identification and Reporting, Administrative Policy A-1).

Communication:
1. All patients have the right to timely and appropriate communication that is respectful.
2. All patients have the right to timely communication regarding unexpected outcomes of care as defined in the Sentinel Never Event Policy, Administrative Policy S-3.

End of Life Care and Organ Donation:
1. All patients have the right to end of life care in accordance with hospital policy (See End of Life Care and Decisions, Patient Care Policy E-5) and applicable state and federal laws.
2. Patients have the right to donate organs as defined by hospital policy (See Death: Organ and Tissue Donation, Patient Care Policy D-2) and applicable state and federal laws.

Privacy and Confidentiality:
1. All hospital staff shall maintain the privacy of patients’ personal information.
2. Education shall be provided to all patients regarding his/her rights to privacy.
3. Patients may wear personal clothing, religious or symbolic articles that do not interfere with medical treatment.
4. During examination, interview, or the delivery of physical care, patients may expect that necessary modifications in the environment will be made to assure reasonable visual and auditory privacy.
5. The presence of a third person during an examination, treatment or procedure will be accommodated, if possible, when requested by the patient or provider.
6. Patients may request a transfer to a different room if another patient or visitor in an adjacent room is unreasonably disruptive, and if another room that is equally suitable for medical care is available.
7. Patients may have access to their medical record and may request amendments, which will be granted as appropriate.
8. Patient authorization will be obtained for non-routine disclosures of information, as required by law. A history of non-routine disclosures will be provided upon request of the patient.
9. The medical record is considered confidential and, other than the patient, may be accessed only by persons involved in treatment, payment, healthcare operations, or if requested by legal authority.
10. Patients have the right to request that certain information not be disclosed.
11. Patients have the right to complain / file a grievance with the hospital without fear of retribution. In addition, patients have the right to timely resolution of the complaint (See Patient Complaint / Grievance Management, Administrative Policy P-3).

Informed Decision Making:
1. During the admitting process, all patients shall be informed of their rights and responsibilities. Including the freedom from restraints and seclusion in any form when used as a means of coercion, discipline, retaliation, or convenience for the staff.
2. Patients shall be accorded the opportunity to participate in a collaborative decision making process with their physician(s). They shall be provided with a clear, concise explanation of the condition, proposed clinical treatment and/or procedures, the relative risks involved, including the possibility of mortality or side effects, problems related to recovery, and probability of success.
3. Patients have the right to accept or refuse treatment/care to the extent permitted by law, and to be informed of the medical consequences of refusal. A patient is responsible for his/her healthcare outcome if he/she refuses treatment or does not follow the practitioner’s instructions.
4. Patients may formulate advance directives, and appoint a designee to make health care decisions, in accordance with the Patient Care Policy.
5. Patients may express concerns/complaints regarding their care. The appropriate individual department shall manage all patient complaints. These complaints may be referred to administration if not resolved at the departmental level.

6. In the event that a patient is incompetent to make decisions, unable to communicate his/her wishes, or is incapable of understanding the proposed treatment or procedure, the patient’s guardian, next of kin, kinship caregiver, domestic partner, or legally appointed designee is accorded the opportunity to participate in the decision making process, on behalf of the patient, as prescribed by law.

7. Before participating in any experimental, research, or educational activities in connection with his/her treatment, the patient shall be asked to sign a consent authorizing such activities. The patient shall also be informed of the right to refuse to participate in any such activities.

Parental/Guardian Rights:
When care is provided to newborns, children or adolescents, the family, domestic partner, and/or kinship caregiver shall have the right to involvement throughout the course of treatment, unless restricted by law. This involvement shall include, but is not limited to, input into assessment, treatment, continuing care, education needs, discharge planning, and ongoing communication between staff and family.

Visitation/Support Rights:
- Patients may receive visitors whom s/he designates, including but not limited to spouse, a domestic partner, another family member, or a friend.
- Patients may withdraw this consent at any time during the hospitalization.
- Justified clinical restrictions or limitations may be imposed on a patient’s visitation rights. These may include the following: restraining order, behavior presenting a direct risk to patients or staff, disruptive behavior, a reasonable limitation on number of visitors at any given time, patient’s risk of infection, visitor’s risk of infection, substance abuse treatment protocols, patient’s need for rest or privacy, or when a patient is undergoing a clinical intervention or procedure.
- Patients may verbally designate a support person; this designation does not extend to medical decision-making. The support person, in the event the patient cannot speak for herself/himself, may define who may or may not be admitted as visitors.
- An inpatient has the right to have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital. This will be documented in the medical record.

Patient Responsibilities:
Provision of Information:
- A patient or kinship caregiver/domestic partner has the responsibility to provide, to the best of his/her knowledge, accurate demographic information, complete information regarding present complaint, previous illnesses and hospitalizations, medications, and other relevant medical information, as needed by healthcare practitioners for the provision of care.
- A patient or kinship caregiver/domestic partner has the responsibility to participate in his/her care and discharge planning, to the extent possible.
A patient or kinship caregiver/domestic partner has the responsibility to report to the responsible healthcare practitioner, any unexpected change in his/her medical status.

A patient or kinship caregiver/domestic partner has the responsibility to report whether or not he/she understands the information provided by the healthcare team, including proposed course of treatment, relative risks of treatments, expected outcomes of treatment, required participation, and discharge instructions for home care.

Compliance with Instructions:
- A patient is responsible for complying with instructions necessary to implement a proposed plan of care.
- A patient is responsible for complying with appropriate hospital rules and regulations which address patient care and conduct.

Financial Obligations:
- A patient is responsible for assuring that the financial obligations of his/her healthcare are fulfilled as promptly as possible.

Respect and Consideration:
- The patient is responsible for being considerate of the rights of other patients and hospital personnel.
- The patient is responsible for respecting the property of other persons, and of the hospital.

Medical Staff President Administration

Reference:
Washington Administrative Code (WAC) 246-320-245
Washington State Legislature Senate Bill 5336

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