



Willapa Harbor Hospital Family Assistance Policy

Business Office

11004

Policy/Procedure

Official (Rev: 1)

PURPOSE:

It is the policy of Willapa Harbor Hospital to establish guidelines for identifying patients eligible for uncompensated care based on their financial need.

POLICY:

Willapa Harbor Hospital is committed to the provision of health care services to all persons in need of medical attention regardless of their ability to pay. Consideration for Financial Assistance/Sliding Fee Scale is available to all persons regardless of race, color, sex, religion, age, or national origin. In order to protect the integrity of operations and fulfill this commitment, the following criteria for the provision of Financial Assistance/Sliding Fee Scale, with the requirements of WAC 246-453, are established. This criteria will assist staff in making consistent and objective decisions regarding the eligibility for Financial Assistance/Sliding Fee Scale while ensuring the maintenance of a sound financial base. Additionally, the hospital has agreed to comply with the WSHA voluntary efforts on billing to the uninsured. All Financial Assistance/Sliding Fee Scale write offs will be approved by the CFO.

PROCEDURE:

Communications to the Public

Willapa Harbor Hospital's Financial Assistance Policy shall be made publicly available through the following elements:

1. Notices posted or prominently displayed within public areas of the hospital advising patients that financial assistance is provided.
2. Written notice of the availability of the Financial Assistance/Sliding Fee Scale will be made available to all patients. This is done at the time that the hospital requests information pertaining to third party coverage. This written information shall also be verbally explained at this time. If for some reason, for example in an emergency situation, the patient is not notified of the existence of the Financial Assistance/Sliding Fee Scale policy before receiving treatment, he/she shall be notified as soon as possible thereafter.
3. Written information about the hospital's Financial Assistance/Sliding Fee Scale policy shall be made available to any person who requests the information.
4. The hospital shall train front-line staff to answer Financial Assistance/Sliding Fee Scale questions effectively or direct such inquiries to the appropriate department in a timely manner.

Eligibility Criteria

Financial Assistance is secondary to all other financial resources available to the patient, including all other third party payment sources. The guidelines used as criteria will include but not be limited to the following.

1. Persons eligible for Financial Assistance/Sliding Fee Scale will be comprised of those deemed to have undue financial hardships, considering income, resources, and obligations as determined by the hospital that make them unable to pay for all or a portion of their medical care. Such considerations will include a review of gross income and family size, and may also include other pertinent factors peculiar to each financial assistance request; such as net worth (including short and long term debts and liabilities) for those above 100% of the current federal poverty guidelines.
2. The full amount of hospital charges will be determined to be the basis for financial Assistance/Sliding Fee Scale for any patient whose gross family income is at or below 150% of the current federal poverty guidelines.
3. The following sliding fee schedule shall be used to determine the amount which shall be written off for patients with income levels between 151% and 250% of the current federal poverty level:

151% -- 170% Eight percent (80%) Financial Assistance/Sliding Fee Scale patient max \$ 990.00

171% -- 190% Eight percent (60%) Financial Assistance/Sliding Fee Scale patient max \$2,400.00

191% --210% Eight percent (40%) Financial Assistance/Sliding Fee Scale patient max \$4,000.00

211% -- 230% Eight percent (25%) Financial Assistance/Sliding Fee Scale patient max \$5,900.00

231% -- 250% Eight percent (10%) Financial Assistance/Sliding Fee Scale patient max \$8,700.00

The responsible party's financial obligation which remains after the application of the sliding fee schedule may be payable in monthly installments over a reasonable period of time, without interest or late fees, as negotiated between the hospital and the responsible party.

4. Applicants residing in a nursing home, long term care facility, or custodial care facility with a disposable income of less than \$150 per month may qualify for Financial Assistance/Sliding Fee Scale even if their income exceeds the guideline limit but is used for their principal care.
5. Prima Facie Write offs: The hospital may choose to grant financial Assistance/Sliding Fee Scale based solely on the initial determination. In such cases, the hospital will not complete full verification or documentation of any request.
6. Catastrophic Financial Assistance: The hospital may write off as Financial Assistance amounts for patients with family incomes in excess of the sliding fee schedule, or may provide a higher percentage adjustment within an income category when circumstances and/or large balance amount indicate severe financial hardship or personal loss.
7. Financial assistance may cover necessary or emergency medical treatment, received in the hospital inpatient or outpatient setting. Services not qualifying under financial assistance may include transportation cost, elective procedures, or separately billed professional services provided by the hospital's medical staff. Non-residents of Washington State are eligible for Financial Assistance consistent with WAC 246-453-060, which includes emergent, non-scheduled services only.

Eligibility Determination

The hospital will make an initial determination of eligibility based on verbal or written application for Financial Assistance/Sliding Fee Scale. Pending final eligibility determination, the hospital will not initiate collection efforts or requests for deposits, provided the responsible party is cooperative with the hospital's efforts to reach a determination of sponsorship status, including return of applications and documentation within fourteen (14) days of receipt.

1. The hospital shall use an application process for determining initial interest in and qualification for Financial Assistance/Sliding Fee Scale. Should patients not choose to apply for Financial Assistance/Sliding Fee Scale, they shall not be considered for Financial Assistance/Sliding Fee Scale unless other circumstances or intent become known to the hospital.
2. Requests to provide Financial Assistance/Sliding Fee Scale will be accepted from sources such as a physician, community or religious groups, social services, financial services personnel, or the patient. If the hospital becomes aware of factors which might qualify the patient for Financial Assistance/Sliding Fee Scale under this policy, it shall advise him or her of the potential and make an initial determination that such account is to be treated as Financial Assistance/Sliding Fee Scale.

Final Determination

The hospital will exercise the following options in making the final determination for Financial Assistance/Sliding Fee Scale:

1. Financial Assistance/Sliding Fee Scale forms shall be furnished to patients when Financial Assistance/Sliding Fee Scale is requested, when indicated, or when financial screen indicates potential need. All applications whether initiated by the patient or the hospital should be accompanied by documentation to verify income amounts indicated on the application form. One or more of the following types of documentation may be acceptable for purposes of verifying income:
 - a. W2 withholding statements for all employment during the relevant time period.
 - b. Pay stubs from all employment during the twelve (12) months prior to the date of request.
 - c. An income tax return from the most recently filed calendar year.
 - d. Forms approving or denying eligibility for Apple Care and/or state funded medical assistance.
 - e. Forms approving or denying unemployment compensation.
 - f. Written statements from employers or welfare agencies.
2. In the event that the responsible party is not able to provide any of the documentation described above, the hospital shall rely upon written and signed statements from the responsible party for making final determination of eligibility for classification as an indigent person.
3. Patients may be asked to provide verification or eligibility for Apple Health or other Medical Assistance. During the initial request period, the hospital may pursue other sources of funding, including Medicaid.

4. Income shall be annualized from the date of application based upon documentation provided and upon verbal information provided by the patient. The annualizing process will be determined by the hospital and will take into consideration temporary increases and/or decreases of income.

The hospital shall provide final determination within fourteen (14) days of receipt of the application and documentation.

Denial

When a patient's application for Financial Assistance is denied, the patient will receive a written notice of denial which includes:

- The reason or reasons for the denial and the rules to support the hospital's decision.
- The date of the decision; and
- Instructions for appeal or reconsideration.

When the applicant does not provide requested information and there is not enough information available for the hospital to determine eligibility, the denial notice also includes:

- A description of the information that was requested and not provided, including the date the information was requested;
- A statement that eligibility for Financial Assistance cannot be established based on information available to the hospital; and
- That eligibility will be determined if, within thirty days from the date of the denial notice, the applicant provides all specified information previously requested but not provided.

The patient or guarantor may appeal the determination of non-eligibility for Financial Assistance/Sliding Fee Scale by providing additional verification of income or family size to the hospital within thirty (30) days of receipt of notification. The Chief Financial Officer will review all appeals. If this determination affirms the previous denial, written notification will be sent to the patient or guarantor.

If a patient has been found eligible for Financial Assistance/Sliding Fee Scale and continues receiving services for an extended period of time without completing a new application, the hospital shall re-evaluate the patient's eligibility for Financial Assistance/Sliding Fee Scale at least semi-annually to confirm that the patient remains eligible. The hospital may require the responsible party to submit a new Financial Assistance application and documentation.

Documentation and Records

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. Documents pertaining to Financial Assistance/Sliding Fee Scale shall be retained for six (6) years.

Referenced Documents

Reference Type	Title	Notes
Effective	06/16/2016	Document Owner
Original Effective Date	01/24/2011	Hjembo, Phil
Revised	[01/24/2011 Rev. 0], [06/16/2016 Rev. 1]	

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at

[https://www.lucidoc.com/cgi/doc-gw.pl?ref=whh:11004\\$1](https://www.lucidoc.com/cgi/doc-gw.pl?ref=whh:11004$1).