

Policy & Procedures

Title: Charity Care Program (Compassionate Care/Financial Assistance)

Affected Departments: Business Office

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Approved By: Kevin Abel (Chief Executive Officer)

Financial Assistance/Charity Care Policy

Lake Chelan Community Hospital & Clinics is committed to ensuring our patients get the hospital care they need regardless of ability to pay for that care. Providing health care to those who cannot afford to pay is part of our mission and state law requires hospitals to provide free and discounted care to eligible patients. You may qualify for free or discounted care based on family size and income, even if you have health insurance.

If you think you may have trouble paying for your health care, please talk with us. When possible, we encourage you to ask for financial help before receiving medical treatment.

What Is Covered? For emergency and other appropriate hospital-based services at Lake Chelan Community Hospital & Clinics we provide financial assistance/charity care to eligible patients on a sliding fee scale basis for those whose income is below 300% of the Federal Poverty Guideline. No patient eligible for financial assistance/charity care will be charged more than amounts generally billed to patients who have insurance.

How to Apply: Any patient may apply to receive financial assistance/charity care by submitting an application and providing supporting documentation. If you have questions, need help, or would like to receive an application form or more information, please contact us:

- When you are checking in or checking out of the hospital;
- By telephone: 509-682-6101 or 509-726-6017
- On our website at: www.lakechelancommunityhospital.com
- In person: In the Business office building- Financial assistance office
- To obtain documents via mail: please request a copy at phone numbers above

If English is Not Your First Language: Translated versions of the application form are available upon request.

Other Assistance:

Coverage assistance: You may be eligible for other government and community programs. We can help you learn whether these programs (including Medicaid/Apple Health) can help cover your medical bills. We can help you apply for these programs.

Uninsured discounts: We offer a discount for patients who do not have health insurance coverage. Please contact us about our discount program.

Payment plans: Any balance for amounts owed by you is due within 90 days. The balance can be paid in any of the following ways: credit card, payment plan, cash, check, or online bill pay. If you need a payment plan, please call the number on your billing statement.

Emergency care: Lake Chelan Community Hospital & Clinics has a dedicated emergency department and provides care for emergency medical conditions (as defined by the Emergency Medical Treatment and Labor Act) without discrimination consistent with available capabilities, without regard to whether or not a patient has the ability to pay or is eligible for financial assistance.

Thank you for trusting us with your care.

PROCEDURE

DEFINITIONS

This Financial Assistance Policy is intended to ensure that residents of Washington State who are at or near the federal poverty level receive Appropriate Hospital-Based Medical Services at a cost that is based on their ability to pay for services up to and including care without charge. Financial Assistance will be granted to all eligible persons regardless of age, race, color, religion, sex, sexual orientation or national origin in accordance with WAC Chapter 246-453 and RCW 70.170.

Financial Assistance: Appropriate LCCHC Hospital-Based Medical Services provided to persons, to the extent that such persons are unable to pay for the care or to pay deductibles or co-insurance amounts required by a third-party payer. Persons who have exhausted any third-party sources, including Medicare and Medicaid, and whose income is equal to or below 300% of the federal poverty guidelines, adjusted for family size or is otherwise not sufficient to enable them to pay for the care or to pay deductibles or coinsurance amounts required by a third-party payer, may be eligible for Financial Assistance.

Emergency Medical Condition: A medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:

1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
2. Serious impairment of bodily functions;
3. Serious dysfunction of any bodily organ or part.

With respect to a pregnant woman who is having contractions the term shall mean:

4. That there is inadequate time to effect a safe transfer to another hospital before delivery; or
5. That the transfer may pose a threat to the health or safety of the woman or the unborn child.

LCCHC Physicians Members: For purposes of this policy, a physician or other qualified healthcare professional who has executed a practice agreement with LCCHC, or has otherwise reassigned their services to LCCHC under a contractual arrangement, and provides services at approved LCCHC sites of practice.

ELIGIBILITY CRITERIA

Persons seeking Financial Assistance must meet eligibility requirements and complete an application process, as described herein.

Residence and Scope of Services

Eligibility for Financial Assistance requires that a person be a Washington State resident and that the medical services sought are Appropriate Hospital-Based Medical Services, as opposed to services which are investigational, elective or experimental in nature. A person is not a Washington State resident and is not eligible for Financial Assistance when that person enters Washington State solely for the purpose of seeking medical care. Refugees, asylees, and those seeking asylum are exempt from the Washington State residency requirement for Financial Assistance eligibility. Also exempt from the Washington State residency requirement are those patients who have an Emergency Medical Condition. Financial Assistance will not be denied based on immigration status. Exceptions to residence and scope of services requirements outlined in this paragraph may be made only in extraordinary circumstances and with the approval of the LCCHC Chief Financial Officer or designee.

Third-Party Coverage

Financial Assistance is generally secondary to all other third-party payment resources

available to the patient. This includes:

1. Group or individual medical plans.
2. Workers' compensation programs.
3. Medicare, Medicaid or other medical assistance programs.
4. Other state, federal or military programs.
5. Third-party liability situations. (e.g.: auto accidents or personal injuries).
6. Other situations in which another person or entity may have legal responsibility to pay for the costs of medical services.

Financial Assistance for otherwise eligible patients who do not follow through in obtaining insurance coverage potentially available to them (e.g. Medicaid) will be individually evaluated.

Before being considered for Financial Assistance, the patient's/guarantor's eligibility for the third-party payment coverage will be assessed and the patient/guarantor may be required to apply for coverage under those programs for which he or she is eligible. Patients who fail to comply with the Financial Assistance application requirements may be denied financial assistance. Patients who do not elect to receive Medicaid benefits when eligible for Medicaid may be denied Financial Assistance; however, LCCHC will not deny Financial Assistance to a patient solely based upon the patient's refusal to enroll in a plan available to the patient on the Health Benefits Exchange.

Income

By policy, persons whose income is below 300% of the federal poverty standard may be eligible to receive Financial Assistance. LCCHC will consider all sources of income in establishing income eligibility for Financial Assistance. Income includes: total cash receipts before taxes derived from wages and salaries; welfare payments; Social Security payments; strike benefits; unemployment or disability benefits; child support; alimony; and net earnings from business and investment activities paid to the individual patient/guarantor.

APPLICATION

When a patient wishes to apply for Financial Assistance, the patient shall complete a Confidential Charity Care / Financial Assistance Form and provide necessary and reasonable supplementary financial documentation to support the entries on the form. LCCHC will make an initial determination of a patient's Financial Assistance status at the time of admission or as soon as possible following the initiation of services to the patient. Financial Assistance application procedures shall not place an unreasonable burden upon the patient, taking into account any barriers which may hinder the patient's capability of complying with the application procedures. Screening for eligibility for Medicaid or other relevant public assistance benefits will be coordinated through the Patient Access Department, Discharge Planning or through Patient Financial Services.

1. Any one of the following documents shall be considered sufficient evidence upon which to base the final determination of Financial Assistance eligibility:
 - a. "W-2" withholding statement;
 - b. Current pay stubs (3 months);
 - c. Bank statements (3 months);
 - d. Last year's income tax return, including schedules, if applicable;
 - e. Written, signed statements from employers or others (letter of support) stating your current financial situation and circumstances if you have no proof of income;
 - f. Forms approving or denying eligibility for Medicaid and/or state funded medical assistance;
 - g. Forms approving or denying unemployment compensation; or written statements from employers or welfare agencies.
2. In addition, in the event the patient is not able to provide any of the documents described above, LCCHC shall rely upon written and signed statements from either the responsible party or another party describing the applicant's income. If none of the above is available, LCCHC may make a determination based on knowledge of a prior LCCHC grant of financial assistance or based on verbal representation.

LCCHC may waive income requirements, documentation and verification if Financial Assistance eligibility is obvious. LCCHC staff discretion will be exercised in situations where factors such as social or health issues exist. In such cases, LCCHC shall rely upon written and signed statements from the responsible party for making a final determination of eligibility.

FINANCIAL CRITERIA

LCCHC will provide Financial Assistance for charges for any patient/guarantor whose gross family income is below 300% of the current federal poverty guidelines. In the event that a responsible party pays a portion or all of the charges related to Appropriate Hospital-Based Services and is subsequently found to have met the criteria for Financial Assistance under this policy, all such payments shall be refunded to the responsible party within 30 days of LCCHC's determination that the patient is eligible for Financial Assistance. Additional information can be found in the billing and collections policy for the applicable hospital.

Responsible Parties: Financial Counseling and/or Patient Financial Services

A. Guidelines/Steps

Accounts assigned to a collection agency and have judgement granted through the court system are no longer eligible for charity consideration. A patient may apply for charity at any time prior to the account receiving a court judgement. The application process consists of filling out a confidential Charity Care/Financial Assistance application (see Attachment 1) which lists documentation that is required as part of the financial assistance assessment process.

Patients will be screened for other forms of coverage such as Medicaid and Health Benefits Exchange eligibility.

This application, along with full disclosure of their financial status with supporting documentation, will be considered in the final determination of eligibility.

LCCHC will not initiate collection efforts until an initial determination of Financial Assistance eligibility status is made. Where LCCHC initially determines that a patient may be eligible for Financial Assistance, any and all extraordinary collection actions (including civil actions, garnishments, and reports to collections or credit agencies) shall cease pending a final determination of Financial Assistance eligibility. However, as set forth in WAC 246-453-020 (5), the failure of a patient or responsible party to reasonably complete Financial Assistance application procedures under this policy shall be sufficient grounds for LCCHC to initiate collection efforts directed at the patient. Accordingly, for purposes of this policy, a patient or responsible party has failed to reasonably complete financial assistance application procedures when the patient or responsible party does not submit application materials within 15 business days of the patient's or responsible party's receipt of the materials. Any collection efforts will be halted if the patient or responsible party reengages in the application process.

LCCHC shall make a final determination within 14 days of receipt of financial assistance applications and supporting documentation. Supporting documentation includes items listed on the Confidential Financial Information Form Instructions.

B. Notifications / Appeals

LCCHC shall notify persons applying for Financial Assistance of its determination of eligibility for Financial Assistance within 14 days of a receiving person's completed application for Financial Assistance and supporting documentation. Approvals, Requests for More Information or Denials for Financial Assistance applications shall be in writing and shall include instructions for appeal or reconsideration. In the event that LCCHC denies Financial Assistance, LCCHC shall notify the person applying for Financial Assistance of the basis for the denial. If denied the patient/guarantor may provide additional documentation to LCCHC or request review/appeal by the Chief Financial Officer or their designee within 30 days of receipt of the notification of denial. If this review/appeal 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.

C. Sliding Fee Schedule

See Attachment 2