Snoqualmie Valley Health

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Policy : Charity Care/Financial Assistance Policy

Scope: This policy applies to all hospital and clinic operations effective July 1, 2022

Purpose: To put in place charity care procedures that comply with

RCW 70.170 and Substitute House Bill 1616

Statement: This policy pertains to charity care procedures at Snoqualmie Valley Health

Snoqualmie Valley Health 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 and clinic-based services at **Snoqualmie Valley Health** we provide free care and financial assistance/charity care to indigent persons. No patient eligible for financial assistance/charity care will be charged more than amounts generally billed to patients who have insurance . **Eligibility on a completed application is valid for services received within the subsequent 180 days from application approval date.**

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 or clinic appointment;
- By telephone: 425-831-2310
- On our website at**: www.snoqualmiehospital.org Located in the Billing section under Patients & Visitors.**
- In person**: 9801 Frontier Ave SE, Snoqualmie WA 98065, 35020 SE Kinsey Street Snoqualmie, WA 98065**
- To obtain documents via mail free of charge: **Business Office 425-831-2310**
- Through the patient's personal MyChart account.

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 and Veterans Affairs benefits) 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 __30__ days. The balance can be paid in any of the following ways: credit card, payment plan, debit card, check, or online bill pay. If you need a payment plan, please call the number on your billing statement.

Emergency Care: Snoqualmie Valley Hospital 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.

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1. **RCW 70.170.060**

(1) "Department" means the Washington state department of health

(2) "Hospital" means Snoqualmie Valley Hospital

(3) "Hospital-Based Clinic" means a department of the Hospital that meets the definition of a provider-based clinic as defined in 42 CFR Sec. 413.65

(3) "Manual" means the *Washington State Department of Health Accounting and Reporting Manual for Hospitals*

(4) "Indigent persons" are those patients or their guarantors who qualify for charity care based on the federal poverty level, adjusted for family size, and who have exhausted any third party coverage.

(5) "Financial Assistance" means appropriate hospital-based and clinic based medical services provided to indigent persons, as defined in this section. This term is interchangeable with "charity care".

(6) "Bad debts" means uncollectible amounts, excluding contractual adjustments, arising from failure to pay by patients whose care has not been classified as Financial Assistance;

(7) "Appropriate hospital-based medical services" means those hospital and clinic 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;

(8) "Medical staff" means physicians, dentists, nurses, and other professional individuals who have admitting privileges to the hospital, and may also participate as members of the medical staff committees, serve as officers of the medical staff, and serve as directors or chiefs of hospital departments;

(9) “Uninsured” means that the responsibility to pay for services rendered falls directly on the individual without any intervening third-party. “Uninsured” does not apply to co-payments or deductible amounts for which an individual is responsible after a third party has paid their part under the terms of an individual or group policy including Medicare and Medicaid.

(10) "Third-party coverage" and "third-party sponsorship" means an obligation on the part of an insurance company, health care service contractor, health maintenance organization, group health plan, governmental program, tribal health benefits, or health care sharing ministry as defined in 26 U.S.C. Sec. 5000A to pay for the care of covered patients and services, and may include settlements, judgments, or awards actually received related to the negligent acts of others which have resulted in the medical condition for which the patient has received hospital services. The pendency of such settlements, judgements, or awards must not stay hospital obligations to consider an eligible patient for charity care.

(11) "Unusually costly or prolonged treatment" means those services or combinations of services which exceed two standard deviations above the average charge, and/or three standard deviations above the average length of stay, as determined by the department's discharge data base;

(12) "Emergency care or emergency services" means services provided for care related to an emergency medical or mental condition;

(13) "Emergency department" and "emergency room" means that portion of the hospital facility organized for the purpose of providing emergency care or emergency services;

(14) "Emergency medical condition" means 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

(a) 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;

(b) Serious impairment of bodily functions;

(c) Serious dysfunction of any bodily organ or part.

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

(d) That there is inadequate time to effect a safe transfer to another hospital before delivery; or

(e) That transfer may pose a threat to the health or safety of the woman or the unborn child;

(15) "Responsible party" means that individual who is responsible for the payment of any hospital charges which are not subject to third-party sponsorship;

(16) "Limited medical resources" means the non-availability of services or medical expertise which are required or are expected to be required for the appropriate diagnosis, treatment, or stabilization per federal requirements of an individual's medical or mental situation;

(17) "Publicly available" means posted or prominently displayed within public areas of the hospital, and provided to the individual in writing and explained, at the time that the hospital requests information from the responsible party with regard to the availability of any third-party coverage, in any language spoken by more than five percent of the population in the hospital's service area, and interpreted for other non-English speaking or limited-English speaking or other patients who can not read or understand the writing and explanation;

(18) "Income" means 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;

(19) "Family" means a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family;

(20) "Initial determination of sponsorship status" means an indication, pending verification, that the services provided by the hospital may or may not be covered by third party sponsorship, or an indication from the responsible party, pending verification, that he or she may meet the criteria for designation as an indigent person qualifying for Financial Assistance; and

(21) "Final determination of sponsorship status" means the verification of third party coverage or lack of third party coverage, as evidenced by payment received from the third party sponsor or denial of payment by the alleged third party sponsor, and verification of the responsible party's qualification for classification as an indigent person, subsequent to the completion of any appeals to which the responsible party may be entitled and which on their merits have a reasonable chance of achieving third-party sponsorship in full or in part.

Criteria for Financial Assistance and Charity Care

For medically necessary hospital care, Snoqualmie Valley Hospital will consider patients for financial assistance and charity care under this policy, when third-party coverage, if any, has been exhausted, based on the following criteria:

(1) The full amount of patient or guarantor responsibility for hospital and/or clinic charges will be determined to be charity care for a patient or their guarantor whose income is at or below 200% of the current federal poverty level, adjusted for family size.

(2) Seventy-five percent of patient or guarantor responsibility for hospital and/or clinic charges will be determined to be charity care for a patient or their guarantor whose income is between 201% and 250% of the current federal poverty level, adjusted for family size.

(3) Fifty percent of patient or guarantor responsibility for hospital and/or clinic charges will be determined to be charity care for a patient or their guarantor whose income is between 251% and 300% od the current federal poverty level, adjusted for family size.

(4) Thirty percent of patient or guarantor responsibility for hospital and/or clinic charges will be determined to be charity care for a patient or their guarantor whose income is between 301% and 500% od the current federal poverty level, adjusted for family size.

(5) Snoqualmie Valley Hospital will not consider the existence, availability, or value of assets for individuals in any category above.

Medicaid and Health Benefit Exchange Obligations

The following procedures will apply for identifying patients and/or their guarantors who may be eligible for health care coverage through Washington medical assistance programs (e.g. Apple Health) or the Washington Benefit Exchange:

(1) As a part of the charity care application process for determining eligbility for financial assistance and charity care, Snoqualmie Valley Health will query as to whether a patient or their guarantor meets the criteria for health coverage under medical assistance programs under chapter 74.09 RCW or the Washington Health Benefit Exchange.

(2) If information in the application indicates that the patient or their guarantor is eligible for coverage, Snoqualmie Valley Health will assist the patient or their guarantor in applying by, among other things, providing the patient or their guarantor with information about the necessary forms that must be completed or connecting them with a Certified Application Counselor (CAC) that is located at Snoqualmie Valley Health. The CAC will then go through the online application procedures for the Washington Benefit Health Exchange.

> (a) In providing assistance to the application process, Snoqualmie Valley Health will take into account any physical, mental, intellectual, sensory deficiencies, or language barriers which may hinder either the patient or their guarantor from complying with the application procedures and will not impose procedures on the patient or guarantor that would constitute and unreasonable burden.

(3) If the patient or guarantor fails to make reasonable efforts to cooperate with Snoqualmie Valley Health in applying for coverage under chapter 74.09 RCW or the Washington Health Benefit Exchange, Snoqualmie Valley Health is not obligated to provide charity care to such patient.

(4) If a patient or their guarantor is obviously or categorically ineligible or has been deemed ineligible for coverage through medical assistance programs under chapter 74.09 RCW or the Washington Health Benefit Exchange in the prior 12 months, Snoqualmie Valley Health will not require the patient or their guarantor to apply for such coverage.

Uniform procedures for the identification of indigent persons.

For the purpose of identifying those patients that will be classified as indigent persons the following will apply:

(1) The initiation of collection efforts directed at the responsible party is *precluded* pending an initial determination of sponsorship status, provided that the responsible party is cooperative with the hospital's efforts to reach an initial determination of sponsorship status;

(a) Collection efforts shall include any demand for payment or transmission of account documents or information which is not clearly identified as being intended solely for the purpose of transmitting information to the responsible party;

(b) The initial determination of sponsorship status shall be completed at the time of admission or as soon as possible following the initiation of services to the patient;

(c) If the initial determination of sponsorship status indicates that the responsible party may meet the criteria for classification as an indigent person, as described in WAC 246-453-040, collection efforts directed at the responsible party are precluded pending a final determination of that classification, provided that the responsible party is cooperative with the hospital's reasonable efforts to reach a final determination of sponsorship status;

(d) During the pendency of the initial determination of sponsorship status and/or the final determination of the applicability of indigent person criteria, hospital may pursue reimbursement from any third-party coverage that may be identified to the hospital;

(2) Notice shall be made publicly available that charges for services provided to those persons meeting the criteria established within WAC 246-453-040 may be waived or reduced.

(3) Any responsible party who has been initially determined to meet the criteria identified within WAC 246-453-040 shall be provided with at least fourteen calendar days or such time as the person's medical condition may require, or such time as may reasonably be necessary to secure and to present documentation as described within WAC 246-453-030 prior to receiving a final determination of sponsorship status.

(4) Hospital will make every reasonable effort to determine the existence or nonexistence of third-party sponsorship that might cover in full or in part the charges for services provided to each patient.

(5) Hospital will require potential indigent persons to complete its application process and attest to the accuracy of the information provided to the hospital for purposes of determining the person's qualification for Financial Assistance sponsorship. Hospital does not impose application procedures for Financial Assistance sponsorship which place an unreasonable burden upon the responsible party, taking into account any physical, mental, intellectual, or sensory deficiencies or language barriers which may hinder the responsible party's capability of complying with the application procedures. The failure of a responsible party to reasonably complete appropriate application procedures shall be sufficient grounds for the hospital to initiate collection efforts directed at the patient.

(6) Hospital will not require a deposit from responsible parties meeting the criteria identified within WAC 246-453-040 (1) or (2), as indicated through an initial determination of sponsorship status.

(7) Hospital will notify persons applying for Financial Assistance sponsorship of their final determination of sponsorship status within fourteen calendar days of receiving information in accordance with WAC 246-453-030; such notification must include a determination of the amount for which the responsible party will be held financially accountable.

(8) In the event that the hospital denies the responsible party's application for Financial Assistance sponsorship, the hospital must notify the responsible party of the denial and the basis for that denial.

(9) All responsible parties denied Financial Assistance sponsorship under WAC 246-453-040 (1) or (2) shall be provided with, and notified of, an appeals procedure that enables them to correct any deficiencies in documentation or request review of the denial and results in review of the determination by the hospital's chief financial officer or equivalent.

(a) Responsible parties shall be notified that they have thirty calendar days within which to request an appeal of the final determination of sponsorship status. Within the first fourteen days of this period, the hospital may not refer the account at issue to an external collection agency. After the fourteen day period, if no appeal has been filed, hospital may initiate collection activities.

(b) If the hospital has initiated collection activities and discovers an appeal has been filed, they shall cease collection efforts until the appeal is finalized.

(c) In the event that the hospital's final decision upon appeal affirms the previous denial of Financial Assistance designation under the criteria described in WAC 246-453-040 (1) or (2), the responsible party and the department of health shall be notified in writing of the decision and the basis for the decision, and the department of health shall be provided with copies of documentation upon which the decision was based.

(10) Hospital will make every reasonable effort to reach initial and final determinations of Financial Assistance designation in a timely manner; however, hospital may make those designations at any time upon learning of facts or receiving documentation, as described in WAC 246-453-030, indicating that the responsible party's income is equal to or below five hundred percent of the federal poverty standard as adjusted for family size. The timing of reaching a

final determination of Financial Assistance status shall have no bearing on the identification of Financial Assistance deductions from revenue as distinct from bad debts.

Data requirements for the identification of indigent persons.

(1) For the purpose of reaching an *initial* determination of sponsorship status, hospital shall rely upon information provided orally by the responsible party. The hospital may require the responsible party to sign a statement attesting to the accuracy of the information provided to the hospital for purposes of the initial determination of sponsorship status.

(2) Any one of the following documents shall be considered sufficient evidence upon which to base the final determination of Financial Assistance sponsorship status, when the income information is annualized as may be appropriate:

(a) A "W-2" withholding statement;

(b) Pay stubs, last three;

(c) An income tax return from the most recently filed calendar year;

(d) Forms approving or denying eligibility for Medicaid and/or state-funded medical assistance;

(e) Forms approving or denying unemployment compensation; or

(f) Written statements from employers or welfare agencies.

(3) In the event that the responsible party's identification as an indigent person is obvious to hospital personnel, and the hospital personnel are able to establish the position of the income level within the broad criteria described in WAC 246-453-040 or within income ranges included in the hospital's criteria, the hospital is not obligated to establish the exact income level or to request the aforementioned documentation from the responsible party, unless the responsible party requests further review.

(4) 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 a final determination of eligibility for classification as an indigent person.

(5) Information requests, from the hospital to the responsible party, for the verification of income and family size shall be limited to that which is reasonably necessary and readily available to substantiate the responsible party's qualification for charity sponsorship, and may not be used to discourage applications for such sponsorship. Only those facts relevant to eligibility may be verified, and duplicate forms of verification shall not be demanded.

Denial of access to emergency care based upon ability to pay and transfer of patients with emergency medical conditions or active labor.

(1) The hospital or its medical staff shall not adopt or maintain admission practices or policies which result in:

(a) A significant reduction in the proportion of patients who have no third-party coverage and who are unable to pay for hospital services;

(b) A significant reduction in the proportion of individuals admitted for inpatient hospital services for which payment is, or is likely to be, less than the anticipated charges for or costs of such services; or

(c) The refusal to admit patients who would be expected to require unusually costly or prolonged treatment for reasons other than those related to the appropriateness of the care available at the hospital.

(2) The hospital shall not adopt or maintain practices or policies which would deny access to emergency care based on ability to pay. Snoqualmie Valley Hospital will not transfer a patient who has an emergency medical condition or who is in active labor unless the transfer is performed at the request of the patient or is due to the limited medical resources of the hospital.

(3) Except as required by federal law and subsection (2) of this section, nothing in this section shall be interpreted to indicate that the hospital or its medical staff are required to provide appropriate hospital-based medical services, including experimental services, to any individual.

Reporting policies for Financial Assistance and bad debts.

(1) The hospital shall submit to the department its Financial Assistance policies and procedures consistent with the requirements included in WAC 246-453-020, 246-453-030, 246-453-040, and 246-453-050. Any subsequent modifications to those policies, procedures, and sliding fee schedules must be submitted to the department no later than thirty days prior to their adoption by the hospital.

(2) The hospital shall develop, and submit to the department, bad debt policies and procedures, including reasonable and uniform standards for collection of the unpaid portions of hospital charges that are the patient's responsibility.

These standards are to be part of each hospital's system of accounts receivable management manuals, which support hospital collection policies. Manuals should cover procedures for preadmission, admission, discharge, outpatient registration and discharge, billing, and credit and collections. All subsequent modifications to these bad debt policies must be submitted to the department no later than thirty days prior to their adoption by the hospital.

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Other Documents: (WHICH REFERENCE THIS DOCUMENT)	Clinic Copay Collection Policy