

## FINANCIAL ASSISTANCE PROGRAM

Note: Printed copies are for reference only. Please refer to SharePoint for the latest version.

### PURPOSE

Consistent with its mission to work together to provide excellence in healthcare, Olympic Medical Center is committed to providing financial assistance to uninsured and underinsured individuals who are in need of emergency or medically necessary treatment and have a household income between 100% and 300% of the Federal Poverty Level Guidelines (FPL).

In accordance with the Patient Protection and Affordable Care Act (PPACA) and section 501(r) of the Internal Revenue Service code, all financial assistance eligible patients will not be charged more for emergency or medically necessary care than the amount generally billed (AGB) to insured patients.

The purpose of this policy is to outline the circumstances under which financial assistance (also referred to as charity care) may be provided to qualifying low income patients for medically necessary healthcare services provided by Olympic Medical Center.

### POLICY

In recognition of the need of individuals with limited financial resources to obtain certain critical healthcare services, Olympic Medical Center is committed to the provision of medically necessary healthcare services to community members and those in emergent medical need.

Financial assistance is provided only when care is deemed medically necessary and after patients have been found to meet all financial criteria. Olympic Medical Center offers both free care and discounted care, depending on individuals' family size and income.

Consideration for financial assistance will be given equally to all qualifying individuals, regardless of race, color, sex, religion, age, national origin, veteran's status, marital status, sexual orientation, immigration status or other legally protected status.

Patients seeking assistance may first be asked to apply for other external programs (such as Medicaid) as appropriate *before* eligibility under this policy is determined. Additionally, any uninsured patients who are believed to have the financial ability to purchase health insurance may be encouraged to do so to help ensure healthcare accessibility and overall well-being.

Individuals eligible for financial assistance under this policy shall not be charged more than the amounts generally billed (AGB) to individuals who have insurance. This value shall be calculated using the "look-back" method based on actual paid claims from Medicare fee-for-service and private health insurers. The current AGB can be obtained by contacting the Patient Financial Services Department and is updated annually.

## DEFINITIONS

The following terms are meant to be interpreted as follows within the policy:

1. **Financial assistance:** Healthcare services provided which are not expected to result in cash inflows; medically necessary services rendered without expected payment to individuals meeting established criteria.
2. **Medically Necessary:** Hospital services or care rendered to a patient, both inpatient and outpatient, in order to diagnose, alleviate, correct, cure, or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in overall illness or infirmity per WAC 246-453-010(7).
3. **Emergency Care:** Immediate care which is necessary to prevent serious jeopardy to a patient's health; serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts.
4. **Family:** per WAC 246-453-010 (18) as a group of two or more persons related by birth, marriage or adoption that live together; all such related persons are considered as members of one family.
5. **Uninsured:** Patients with no insurance or third-party assistance to help resolve their financial liability to healthcare providers.
6. **Underinsured:** Patients who have limited healthcare coverage, or coverage that leaves the patient with an out of pocket liability, and therefore may still require financial assistance.
7. **Catastrophic Care Assistance:** Financial assistance given to patients whose medical expenses exceed one-fourth of their total household income.
8. **Application Period:** Begins on the date healthcare services are provided and ends on the date that an account has been legally suited/garnished per legal judgement.

## ELIGIBILITY REQUIREMENTS

To be eligible for Financial Assistance, a person may be deemed to have undue financial hardships, considering income and family size as determined by the hospital that make them unable to pay for all or a portion of their medical care. Financial Assistance shall be applied to those charges that are not covered by public or private sponsorship in accordance with WAC 246-453-020(4). Such consideration will include a review of gross income and family size Per WAC 246-453-030 For the purpose of reaching an initial determination of sponsorship status, hospitals 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.

The following documents shall be considered sufficient evidence upon which to base the final determination of charity care sponsorship status, when the income information is analyzed as may be appropriate:

- Pay stubs with the year to date totals
- Income tax return from the most recently filed calendar year or verification of non-filing
- Forms approving or denying eligibility for Medicaid and or state funded medical assistance

- Forms approving or denying unemployment compensation
- Written statements from employers or welfare agencies
- Last three months of checking and saving bank statements
- Letter of support from the individuals providing for basic needs

Olympic Medical Center patients who are deemed financial assistance eligible will not be charged more than amounts generally billed to insured patients for emergency or medically necessary care.

### **CRITERIA FOR EVALUATION**

Any unusual circumstances or special hardships, including catastrophic hospitalization costs, will be considered and constitute justification for extending Financial Assistance to patients who do not meet all of the additional criteria. Administration has the discretion to bypass the charity care application process for those patients who cannot complete the application process or provide documentation supporting their application for charity care, in compliance with WAC 246-453-030(4).

Any person of the family classified as indigent or medically indigent, but ineligible for state or federal medical assistance, is eligible for consideration to receive discounted care. Medical indigence refers to those who are too impoverished to meet their medical expenses. It may also include those whose income is sufficient to pay for basic living costs but not for medical care and those persons with generally inadequate income who are suddenly faced with catastrophic medical bills.

Patients will be provided with applications for Financial Assistance upon request or review. Any and all other benefits will be assessed to determine eligibility for Financial Assistance. Those who meet the criteria mentioned above will be considered for full or partial Financial Assistance eligibility. Patients with documented income under 100% of Federal Poverty Level (FPL) will receive a full discount. A sliding payment schedule, based on the Federal Poverty Guidelines (between 100% and 300% of FPL), is used as a guide to determine the amount for which a family is responsible, with added consideration for any special circumstances. The sliding fee schedule applies only to those charges that are not covered by any public or private sponsorship in accordance with WAC 246-453-050(1)(a).

The patient will receive written notice that will include the level of discount allowed. Approval will be valid for 90 days and a new application will be required after such time. If the outstanding balance is not paid, the hospital reserves the right to assign unpaid balances to an outside collection agency.

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. Olympic Medical Center shall make a determination within fourteen (14) days after receipt of the application. If the Financial

Assistance application is denied, the written notice will include a reason for denial, payment terms and instructions for the appeal process. The patient may appeal the decision by providing additional proof of income or family size within 30 days. If Olympic Medical Center has initiated collection activities and discovers an appeal has been filed, they shall cease collection efforts until the appeal is finalized. The patient will receive a written notice of the final decision. In making a determination, the applicant may be required to provide the hospital with additional documentation of items on the application. Failure to provide such documentation may result in denial of the application. In the event that Olympic Medical Center's final decision of appeal affirms the previous denial of charity care designation under the criteria described in WAC 246-453-040, 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.

Per WAC 246-453-020(11) 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 charity care criteria at the time that services were provided, 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 (30) days of achieving the charity care designation.

#### **PUBLIC NOTIFICATION**

Notice shall be publicly available in accordance of WAC 246-453-020(2) that charges for services provided to those persons meeting the criteria established within WAC 246-453-040 may be waived or reduced. Olympic Medical Center assistance policy, financial assistance application, and summary of the financial assistance policy are available to patients in English and Spanish. These documents are available free of charge at our facilities, by mail, and online. All patients are provided with information about the availability of Financial Assistance upon registration. Signs advertising Financial Assistance will be posted throughout Olympic Medical Center facilities. Billing statements sent to responsible parties will contain information regarding the availability of Financial Assistance.

A document that identifies providers who comply with Olympic Medical Center's Financial Assistance Policy and those who maintain their own separate policies is available on our website and maintained by Medical Staff Services. This document will be updated by Medical Staff Services on a quarterly basis.

#### **PLAIN LANGUAGE SUMMARY**

In accordance of the 501 (r) charity requirements, a "Plain Language Summary" of the Olympic Medical Center Financial Assistance Policy will accompany all billing statements and be presented to patients during all financial discussions.

Olympic Medical Center will not pursue extraordinary collections actions against an individual without first using reasonable efforts to determine if such individual is eligible for financial assistance.

**COLLECTION EFFORTS FOR OUTSTANDING PATIENT ACCOUNTS**

Pending final eligibility determination, Olympic Medical Center will not initiate collection efforts or requests for deposits, provided that the responsible party within a reasonable time is cooperative with Olympic Medical Center’s efforts to reach a determination of Financial Assistance eligibility status. Extreme Collection Activities (ECA) may only be initiated 120 days after the date of first billing statement. Accounts that have had a judgement and or garnishments applied will not be considered eligible for Financial Assistance.

**ATTACHMENT A - CHARITY CARE PERCENTAGE SLIDING FEE SCHEDULE**

The full amount of charges will be reviewed to be charity care for any guarantor whose gross family income is at or below 100% of the current federal poverty guidelines, consistent with WAC 246-453, provided that such persons are not eligible for other private or public health coverage sponsorship RCW 70.170.060(5). In determining the applicability of the Olympic Medical Center sliding fee schedule gross income and family size are taken into account for guarantors with income between 101% and 300% of the federal poverty guidelines.

The Collection Department will process each application for approval or denial, and the application along with a Determination of Eligibility form will be forwarded to the Supervisor of Patient Accounts for final approval based on the following guidelines:

\$0.00 - \$2,500	Financial Services Representatives
\$2,500 - \$10,000	Financial Services Supervisor
\$10,000 - \$50,000	Director of Revenue Cycle Management
Over \$50,000	Chief Financial Officer

**APPROVED BY:**



**Eric Lewis  
Administrator**

*Reviewed 11/93, 4/96, 10/98, 02/01, 6/03; 5/05, 01/07 J. Nutter; 04/09, 05/11 M. Sager; 6/12 J. Weber; 10/15 J. Weber, B. Shillington, J. Weber 11/16  
Revised 6/87, 12/89, 5/91, 10/98, 02/01, 6/03: by W. Lyon, E. Lewis, CFO, 9/14 B.Shillington; 10/15 J. Weber, B. Shillington, J. Weber, B. Shillington, DOH, 02/16, J. Weber 11/16*