

# Charity Care Policy

This policy is pending Department of health approval. 11.2016



## POLICY:

Financial Assistance

## PURPOSE

In furtherance of its charitable purpose, Yakima Valley Memorial Hospital Association (“YVMH”) is committed to providing emergent and medically urgent care to all persons in need of such care regardless of their ability to pay. YVMH shall provide financial assistance to eligible patients in conformance with federal and state law.

## SCOPE

This policy applies to the YVMH Family of Services.

## DEFINITIONS

- **Amounts Generally Billed (AGB):** Financial assistance-eligible patients will not be charged more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance covering such care by using the prospective method described in section 501(r)(5)(b)(4) of the Internal Revenue Code. For 2016, YVMH is using the “look-back method” to calculate the AGB for each Providence Hospital. This method bases AGB on fully paid hospital claims with a primary payer of either Medicare fee-for-service or a commercial payer (including both the amount that would be reimbursed by Medicare or a commercial payer and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance, and deductibles during the period of November 1, 2015 through October 31, 2016.
- **Family Unit:** a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as member of one family (WAC 246-453-01)
- **Financial Assistance:** Financial Assistance is provided in the hospital or clinic setting for no fee or a discounted fee, based on the patient’s demonstrated inability to pay. YVMH reserves the right to limit Financial Assistance to hospital services in accordance with state and federal law.
- **Financial Assistance Application form (aka: Confidential Financial Statement):** A confidential disclosure of patient financial status
- **Income:** defined per WAC 246-453-010(17) as total cash 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.
- **Medically Indigent.** Persons who are generally not eligible for free or discounted care under this Financial Assistance policy but who YVMH may determine to have catastrophic costs or conditions which may cause extraordinary financial hardship to the patient or the patient’s family.

- **Emergent.** Medically necessary services provided after the onset of a medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine to result in placing the health of the person or another person in serious jeopardy, serious impairment to body function or serious dysfunction of any body organ or part or, with respect to a pregnant woman, as further defined in section 1867(e) (1) (B) of the Social Security Act, 42 U.S.C. § 1295dd(e) (1)(B). A medical screening examination and treatment for emergency medical conditions or any other such service rendered to the extent required pursuant to EMTALA (42 USC 1395(dd) qualifies as Emergency Care. Emergent services also include:
  - Services determined to be an emergency by a licensed medical professional;
  - Inpatient medical care which is associated with the outpatient emergency care; and,
  - Inpatient transfers from another acute care hospital to YVMH for the provision of inpatient care that is not otherwise available.
- **Medically Urgent.** Medically urgent services provided after sudden onset of a medical condition, whether physical or mental, manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson would believe that the absence of medical attention within 24 hours could reasonably expect to result in: placing the patient's health in jeopardy, impairment to bodily function, or dysfunction of any bodily organ or part. Urgent services are provided for conditions that are not life threatening and do not pose a high risk of serious damage to an individual's health.
- **Non-Emergent, Non-Urgent.** Non-emergent, non-urgent services can generally be sub-classified as either:
  - **"Elective Services":** Medically necessary services that do not meet the definition of Emergent or Urgent above. The patient typically, but not exclusively, schedules these services in advance.
  - **"Other Services":** Services where medical necessity has not been demonstrated to the reviewing clinician.
  - **"Post-Acute Care":** Medically necessary services provided at a Hospital that is classified as post-acute care including rehabilitation services.
  - **"Behavioral Health Services":** Medically necessary services provided in a number of settings focused on the patient's psychological and mental health.

YVMH may decline to provide a patient with non-emergent, non-urgent services in those cases when the Hospital is not successful in determining that payment will be made for its services. Services that are determined to be non-medically necessary may be deferred indefinitely until suitable payment arrangements can be made. These include, but are not limited to: cosmetic surgery; social, educational, and vocational services; tele-health and e-visit services; primary care services, specialty consults, and preventive care services at Memorial Physician Clinics.

- **Residency:** For the purposes of Financial Assistance eligibility, patients must be able to provide proof of residency within Yakima, Kittitas, or Klickitat Counties.
- **Should/May:** Indicates that staff may use his/her own judgment regarding compliance with actions described or defined.
- **Staff, Staff Member:** A person employed by Yakima Valley Memorial Hospital.
- **Will:** Indicates that staff must comply with action(s) described or defined.

## POLICY

1. Financial Assistance shall be available and without discrimination as to race, color, creed, national origin, religion, sex, sexual orientation, disability, age, source of income, or any other class protected by federal or Washington state law.

2. Financial assistance-eligible patients will be charged less than gross charges for Medically Necessary Care using the AGB prospective method.
3. Patients with primary residency in Yakima, Kittitas, or Klickitat Counties and with gross family income at or below three hundred percent (300%) of the federal poverty guidelines adjusted for family size may be eligible for Financial Assistance at a 100% discount. YVMH reserves the right to consider assets as part of the final determination for Financial Assistance if family Income exceeds 100% of the federal poverty level.
4. A notice advising patients that YVMH provides Financial Assistance shall be posted in check-in areas of the YVMH hospital and MP clinics, including the Front Desk areas and the Emergency Department. Written information about YVMH's Financial Assistance policy shall be made available to patients at admitting or check-in and any time upon request. Notice is also available on YVMH's website, statements and patient brochures regarding fees and billing. Notices shall be provided in the primary language of any population that constitutes more than five percent (5%) or 1000 (whichever is less) of the residents of the community served by YVMH.
5. Patients must first exhaust all other funding sources for which they may be eligible before they will be eligible for Financial Assistance, including, without limitation, the following:
  - Group or individual medical plans
  - Worker's compensation plans
  - Medicaid program (patient should have proof of denial)
  - Medicare
  - Other state, federal or military programs
  - Third party liability (i.e., auto accidents, personal injury)
  - Any other persons or entities who have legal responsibility to pay for the medical service
  - Health saving account (HSA) funds. Yakima Valley Memorial Hospital may require a responsible party to fully utilize any available funds from HSA to satisfy outstanding balances.

YVMH reserves the right to require confirmation a patient is ineligible for alternative funding sources, including, without limitation, written denials (or oral denials followed by documentation) from applicable funding sources.

6. Financial Assistance eligibility excludes persons coming from outside Yakima, Kittitas, or Klickitat Counties solely seeking medical services. For purposes of this policy, patients are considered eligible if, prior to the beginning of their course of care, their primary residence is located within Yakima, Kittitas, or Klickitat Counties. Exceptions to the residency requirement in this Financial Assistance policy are:
  - a. All patients who have an emergency medical condition, consistent with applicable federal and state laws and regulations
  - b. Refugees, asylees, and those seeking asylum who possess and can present United States Citizenship and Immigration Services (USCIS) documentation.
7. Patient Account Specialists will determine a patient's eligibility for financial assistance based on information provided by the patient in the form of a Financial Assistance Application and income verification. All information regarding a patient's Financial Assistance application will be kept confidential. In the event that the patient is not able to provide certain documentation requested on the Financial Assistance application, YVMH may rely upon a written and signed statement from the patient specifying the necessary information to make a final determination of eligibility for Financial Assistance.
8. Only Emergent and Medically Urgent care will be available for Financial Assistance determination. Financial Assistance eligibility excludes treatments provided under experimental and/or investigational protocols and most outpatient pharmacy, equipment and supplies. Any questions regarding the Medical Necessity of care will be given YVMH's Chief Medical Officer or designee.

9. YVMH will make final eligibility determination and notify the patient within fourteen (14) days of receipt of all required financial information. YVMH shall include information on appeal procedures for those denied Financial Assistance.
10. Designations of Financial Assistance, while generally determined at time of patient appointment or prior to admission, may occur at anytime upon learning of facts that would indicate a patient's inability to pay. Should care be designated as qualifying as Financial Assistance under this policy after payment has been made by the patient, any payments in excess of the amount determined to be appropriate under this policy shall be refunded to the patient within 30 days of Financial Assistance determination.
11. The patient/guarantor may appeal a negative determination of eligibility within 30 days of the determination by correcting any deficiencies in documentation or requesting review of the denial by YVMH's Charity Appeal team. Billing and collection efforts will be suspended during the appeal process. If the determination 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.
12. Full or partial discounts may be provided to patients who are not otherwise eligible for Financial Assistance. Such discounts may be provided to patients with catastrophic costs or conditions when circumstances as determined by YVMH indicate that full payment may cause extraordinary financial hardship to the patient or the patient's family. YVMH shall determine, on a case by case basis, whether a patient qualifies as Medically Indigent pursuant to this policy and shall, through Patient Financial Services, determine the amount of the discount, if any. Determinations shall be made expeditiously after submission of financial information by the patient, but shall not be subject to any appeal rights.

**RELATED POLICES    Discounts for Uninsured and Under-insured Patients Policy**

Collection Policy  
 Collection Process Policy  
 Collection Agency Referral Policy

**AUTHOR**

Jamon Rivera, Sr. Director of Revenue Operations

**IMPLEMENTATION PLAN**

E-mail memo to Executive Leadership  
 All Patient Financial Services Supervisors and above  
 Patient Financial Services Staff  
 Outpatient Registration Staff  
 Posting on Organizational Policies Website

**SPONSORING**

AD OR VP        Jamon Rivera, Sr. Director of Revenue Operations  
 Timothy Reed, VP Finance/Chief Financial Officer

**APPROVING BODY and POLICY APPROVAL DATE:**

<b>Approved by:</b>	<b>Date:</b>
Senior Council _____	
YVMH Board of Directors _____	
Washington State Department of Health _____	

**NEXT REVIEW DATE:** September 2018