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Committee			Other		
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Purpose:

The purpose of this policy is to set forth Prosser Memorial Health’s Financial Assistance/Charity Care policy, which is designed to promote access to medically necessary care for those without the ability to pay, and to offer a discount from billed charges for individuals who are able to pay for only a portion of the costs of their care. These programs apply solely with respect to emergency and other medically necessary healthcare services provided by Prosser Memorial Health. This policy and the financial assistance programs described herein constitute the official Financial Assistance Policy (“FAP”) for each hospital and clinic that is owned, leased or operated by Prosser Memorial Health and covers all employed medical providers.

Prosser Memorial Health (PMH) includes Prosser Hospital, Benton City Clinic, Prosser Clinic, Prosser Women’s Health Clinic, Grandview Clinic, Prosser Comprehensive Pain Clinic, Prosser Specialty Clinic, Prosser ENT & Allergy Clinic, Prosser Rehabilitation Services and any other services acquired or managed and billed for by PMH.

Policy:

Prosser Memorial Health does business under the license of Prosser Public Hospital District of Benton County and provides medically necessary healthcare services to community members and those in emergent medical need, without delay, regardless of their ability to pay. For purposes of this policy, “financial assistance” includes charity care and other financial assistance programs offered by Prosser Memorial Health.

1. Prosser Memorial Health will comply with federal and state laws and regulations relating to emergency medical services, patient financial assistance, and charity care, including but not limited to Section 1867 of the Social Security Act, RCW 70.170.060, WAC Ch. 246-453 and HB 1616, effective July 1, 2022
2. Prosser Memorial Health will provide financial assistance to qualifying patients or guarantors with no other primary payment sources to relieve them of all or some of their financial obligation for emergency and medically necessary healthcare services.
3. In alignment with its Core Values, Prosser Memorial Health will provide financial assistance to qualifying patients or guarantors in a respectful, compassionate, fair, consistent, effective and efficient manner.

4. Prosser Memorial Health will not discriminate on the basis of age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, disability, veteran or military status, or any other basis prohibited by federal, state, or local law when making financial assistance determinations.

5. In extenuating circumstances, Prosser Memorial Health may at its discretion approve financial assistance outside of the scope of this policy. Uncollectible/presumptive charity is approved due to but not limited to the following: social diagnosis, homelessness, bankruptcy, deceased with no estate, history of non-compliance and non-payment of account(s). All documentation must support the patient/guarantor's inability to pay and why collection agency assignment would not result in resolution of the account.

6. Prosser Memorial Health hospital's dedicated emergency department will provide, without discrimination, care for emergency medical conditions (within the meaning of the Emergency Medical Treatment and Labor Act (EMTALA) consistent with available capabilities, regardless of whether an individual is eligible for financial assistance. Prosser Memorial Health will provide emergency medical screening examinations and stabilizing treatment, or refer or transfer an individual if such transfer is appropriate in accordance with 42 C.F.R. 482.55. Prosser Memorial Health prohibits any actions that would discourage individuals from seeking emergency medical care, such as by permitting debt collection activities that interfere with the provision of emergency medical care.

Financial Assistance Eligibility Requirements:

Financial assistance is available for both uninsured and underinsured patients and guarantors where such assistance is consistent with federal and state laws governing permissible benefits to patients. Financial assistance is available only with respect to amounts that relate to emergency or other medically necessary services. Patients or guarantors with gross family income, adjusted for family size, at or below 300% of the Federal Poverty Level (FPL) are eligible for financial assistance, so long as no other financial resources are available, and the patient or guarantor submits information necessary to confirm eligibility.

Financial assistance is secondary to all other financial resources available to the patient or guarantor, including but not limited to insurance, third party liability payers, government programs, and outside agency programs. In situations where appropriate primary payment sources are not available, patients or guarantors may apply for financial assistance based on the eligibility requirements in this policy and supporting documentation, which may include proof of application to Medicaid may be requested.

Financial assistance is granted for emergency and medically necessary services, normally covered by Washington State Medicaid, only. For Prosser Memorial Health "emergency and medically necessary services" means appropriate hospital-based services as defined by WAC 246-453-010(7). Prosser Memorial Health physician services and clinic services medically necessary services must be provided within a Prosser Memorial Health hospital or clinic setting or in such other settings as defined by Prosser Memorial Health.

Patients who reside outside the Prosser Memorial Health service area and seek medically necessary services from Prosser Memorial Health may qualify for charity

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care/ financial assistance upon receipt of completed, appropriate charity care/financial assistance application and supporting documentation. The Prosser Memorial Health service area is defined as any resident of Washington or Oregon.

Eligibility for financial assistance shall be based on financial need at the time of application. All income of the family as defined by Washington law governing charity care (“income” and “family” are defined in WAC 246-453-010(17)-(18)) is considered in determining the applicability of the Prosser Memorial Health sliding fee scale as attached.

Patients seeking financial assistance must provide any supporting documentation specified in the application for charity care/financial assistance, unless Prosser Memorial Health indicates otherwise.

Basis for Calculating Discounted Amounts to Patients Eligible for Charity Care/Financial Assistance

Categories of available discounts under this policy are built on full assistance and a sliding scale. Both the full assistance and the sliding scale fee schedule are based on a combination of income level and family size:

Prosser Memorial Health					
Charity Care/Discounted Billing-Income Guidelines					
January 19, 2023					
Percentage of bill which Patient is Responsible					
Family Unit Size	Annual Income	0-200% FPL	201-250%	251-300%	>300 FPL
		100%	75%	50%	0%
1	From	\$0.00	\$29,161	\$36,451	\$43,741
	To	\$29,160	\$36,450	\$43,740	
2	From	\$0.00	\$39,441	\$49,301	\$59,161
	To	\$39,440	\$49,300	\$59,160	
3	From	\$0.00	\$49,721	\$62,151	\$74,581
	To	\$49,720	\$62,150	\$74,580	
4	From	\$0.00	\$60,001	\$75,001	\$90,001
	To	\$60,000	\$75,000	\$90,000	
5	From	\$0.00	\$70,281	\$87,851	\$105,421
	To	\$70,280	\$87,850	\$105,420	
6	From	\$0.00	\$80,561	\$100,701	\$120,841
	To	\$80,560	\$100,700	\$120,840	
7	From	\$0.00	\$90,841	\$113,551	\$136,261
	To	\$90,840	\$113,550	\$136,260	
8	From	\$0.00	\$101,121	\$126,401	\$151,681
	To	\$101,120	\$126,400	\$151,680	
For families with more than 8 members, add:					
		\$10,280	\$12,850	\$15,420	

The range above is for Reference Use. Actual FPL calculation is completed by the financial counselor in Patient Financial Services once documentation is received and reviewed. (RCW 70.170.060(5))

- **Application of Discounts:** All discounts are applied after all funding possibilities available to the patient or guarantor have been exhausted or denied and personal financial resources have been reviewed for possible funding to pay billed charges. Financial assistance may be offered to patients or guarantors with family income in excess of 300% of the federal poverty level when circumstances indicate severe financial hardship or personal loss.

- **Limitation on Charges for all Patients Eligible for Financial Assistance:** No patient or guarantor will be charged more than Prosser Memorial Health charges any third party or government payer.

Method for Applying for Assistance and Evaluation Process:

Patients or guarantors may apply for financial assistance under this Policy by any of the following means:

- (1) Advising Prosser Memorial Health patient financial services staff at or prior to the time of discharge that assistance is requested and submitting an application form and any documentation as requested by Prosser Memorial Health.
- (2) Downloading an application form from Prosser Memorial Health website, at: <https://www.prosserhealth.org/> submitting the form together with any required documentation.
- (3) Requesting an application via mail to:
Prosser Memorial Health
723 Memorial Street
Prosser WA 99350
ATTN: Financial Counselor, Patient Financial Services;
- (4) Requesting an application form by telephone, by calling: **1-509-786-6645**, and submitting the form;
- (5) Picking up a form at the PMH Billing Office, Hospital Main Entrance or any Clinic location.
- (6) Any other methods specified within this policy. Prosser Memorial Health will display signage and information about its financial assistance policy at appropriate access areas. Including but not limited to the emergency department and admission areas.

The hospital will give a preliminary screening to any person applying for financial assistance. As part of this screening process Prosser Memorial Health will review whether the person has exhausted or is ineligible for any third-party payment sources. Prosser Memorial Health may choose to grant financial assistance based solely on an initial determination of a patient's status as an indigent person, as defined in WAC 246-453-010(4). In these cases, documentation may not be required. In all other cases, documentation is required to support an application for financial assistance. This may include proof of family size and income from any source, including but not limited to: copies of recent paychecks, W-2 statements, income tax returns, forms approving or denying Medicaid or state-funded medical assistance, forms approving or denying unemployment compensation, written statements from employers or welfare agencies, and/or bank statements showing activity.

Note: You do not have to provide a Social Security number to apply for financial assistance. If you provide us with your Social Security number it will help speed up processing of your application. Social Security numbers are used to verify information provided to us. If you do not have a Social Security number, please mark “not applicable” or “NA. If adequate documentation cannot be provided, Prosser Memorial Health may ask for additional information.

A patient or guarantor who may be eligible to apply for financial assistance may provide sufficient documentation to Prosser Memorial Health to support an eligibility determination until fourteen (14) days after the application is made per Washington State regulations. Prosser Memorial Health acknowledges that per the WAC 246-453-020(10), a designation can be made at any time upon learning that a party’s income is at or below 200% of the federal poverty standard. Based upon documentation provided with the application, Prosser Memorial Health will determine if additional information is required, or whether an eligibility determination can be made. The failure of a patient or guarantor to reasonably complete appropriate application procedures within the time periods specified above shall be sufficient grounds for Prosser Memorial Health to determine the patient or guarantor ineligible for financial assistance and to initiate collection efforts. An initial determination of potential eligibility for financial assistance will be completed as closely as possible to the date of the application.

Prosser Memorial Health will notify the patient or guarantor of a final determination of eligibility or ineligibility within fourteen (14) business days of receiving the necessary documentation.

The patient may appeal a determination of ineligibility for financial assistance by providing relevant additional documentation to Prosser Memorial Health within thirty (30) days of receipt of the notice of denial. All appeals will be reviewed and if the determination on appeal affirms the denial, written notification will be sent to the patient and the Washington State Department of Health in accordance with state law. The final appeal process will conclude within ten (10) days of the receipt of the appeal by Prosser Memorial Health.

Other methods of qualifications for Financial Assistance may fall under the following:

- The legal statute of collection limitations has expired;
- The guarantor has deceased and there is no estate or probate;
- The guarantor has filed bankruptcy;
- The guarantor has provided financial records that qualify him/her for financial assistance; and/or
- Financial records indicate the guarantor’s income will never improve to be able to pay the debt, for example with guarantors on lifetime fixed incomes.

Billing and Collections: Any unpaid balances owed by patients or guarantors after application of available discounts, if any, may be referred to collections in accordance with Prosser Memorial Health uniform billing and collections policies. For information on Prosser Memorial Health billing and collections practices for amounts owed by patients or guarantors, please contact Prosser Memorial Health Financial Counselor at 723 Memorial Street, Prosser, WA 99350 or 509-786-6645.

Discounts Available Under Prosser Memorial Health Financial Assistance/Charity Care Policy

The full amount of hospital charges outstanding after application of any other available sources of payment will be determined to be charity care for any patient or guarantor whose gross family income, adjusted for family size, is at or below 200% of the current federal poverty guideline level (consistent with WAC Ch. 246-453, HB 1616 effective 7/01/2022), provided that such persons are not eligible for other private or public health coverage sponsorship (see RCW 70.170.060 (5)).

For guarantors with income between (adjusted for family size) 200% and 300% of the FPL, the Prosser Memorial Health sliding fee scale applies as per Washington State regulation.

In determining the applicability of the Prosser Memorial Health fee scale, all income of the family as defined by WAC 246-456-010 (17-18) are taken into account. Responsible parties with family income between 0% and 200% of the FPL, adjusted for family size, shall be determined to be indigent persons qualifying for charity sponsorship for the full amount of hospital charges related to appropriate hospital-based medical services that are not covered by private or public third-party sponsorship as referenced in WAC 246-453-040 (1-3).

For guarantors with income (adjusted for family size) between 200%-300% of the FPL, household income is considered in determining the applicability of the sliding fee scale.

Forms can be found on Sharepoint/ Forms/ Administrative/ Charity Care

- Sliding Scale
- Charity Care/Financial Assistance Application Form
- Charity Care/Financial Assistance Plain Language Summary

Charity Approval Authority:

If write off is determined by the Financial Counselor (FC), the FC submits the completed paper application to the Billing Director for approval. The Billing Director reviews the application and approves per the criteria below:

- 1) If the balance is \$10,000 or under, the Billing Director signs off the paper application
- 2) If the balance is between \$10,000 and \$25,000 the account may be approved by either the Finance Director or the Chief Financial Officer (CFO)
- 3) If the balance is between \$25,000 and \$50,000 the CFO may approve
- 4) If the balance is between \$50,000 and \$100,000 the account may be approved by the CEO
- 5) If the balance is over \$100,000 the board has to approve the write off.

Upon proper approval the Billing Director returns the application to the Department Clerk or FC for requesting the adjustment in Epic and electronically scanning the approved application to the account. The adjustment then routes to the Billing Director for Electronic approval.

Identifying Patients Who May Qualify for Charity:

PMH will attempt to identify patients who may be eligible for healthcare insurance coverage and will be active in assisting patients to apply for said coverage per Section 2(5) of Substitute House Bill 1616 by the following means:

- 1) All self-pay patients with no insurance will be screened, after registration or pre-registration for potential Medicaid coverage.

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- 2) All charity applicants will be screened for eligible Medicaid coverage as part of the charity approval process.
- 3) As part of the Financial Assistance application process, PMH will work with patients/families who do not have applicable Third-Party Coverage to assess whether such patients/families may be eligible for Medicaid and/or health care coverage through Washington's Health Benefit Exchange (RCW 43.71). PMH will employ internal and external resources to provide assistance with Medicaid and Qualified Health Plan applications, and including but not limited to providing the patient/family with information about the application process, assisting patients through the application process, providing necessary forms that must be completed, and/or connecting the patient/family with other agencies or resources who can assist the patient/family in completing such applications.

Rev. 6/6/22