



**Skagit Regional Health**

## **Skagit Regional Health Financial Assistance/Sliding Fee Scale**

Business Office - Hospital

59792

Policy

Official (Rev: 7)

### **Purpose**

Skagit Regional Health (SRH) is committed to ensuring our patients get the Appropriate Hospital-based Medical Services 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. Patients may qualify for free or discounted care based on family size and income, even if they have health insurance.

### **Policy**

Skagit Regional Health provides notice of its Financial Assistance program and will make a good faith effort to ensure information is made available to our patients regarding its availability. SRH (Inpatient and hospital based outpatient clinics/facilities) will post signs in Registration, Patient Financial Counseling and Emergency Departments of the availability of this program. Non Hospital Based Clinic locations (POS 11) are not required to post such notice. This policy is intended to ensure that Washington State residents who are at or near the federal poverty level receive appropriate Hospital Based Medical Services regardless of their ability to pay. Financial Assistance/Sliding Fee Scale will be granted to all persons regardless of race, color, sex, religion, age, sexual orientation, gender identity, gender expression or national origin. In order to protect the integrity of operations and fulfill this commitment, the following criteria for the provision of Financial Assistance/Sliding Fee Scale, consistent with the requirements of the Washington Administrative Code (WAC), Chapter 246-453, are established. These criteria will assist staff in making consistent and objective decisions regarding eligibility for Financial Assistance/Sliding Fee Scale while ensuring the maintenance of a sound financial position for the organization. All Financial Assistance/Sliding Fee Scale write offs will be approved by the Business Office Supervisor, Manager or Director.

### **Definitions**

1. Charity Care and/or Financial Assistance: Means medically necessary hospital health care rendered to indigent person(s) when Third-Party Coverage, if any, has been exhausted, to the extent that the person are unable to pay for the care or to pay deductible or coinsurance amounts required by a third-party based on criteria in this policy.
2. Third-Party Coverage: Means an obligation on the part of an insurance company, health care services contractor, health maintenance organization, group health plan, government program (Medicare, Medicaid or medical assistance programs, workers compensation, veteran benefits), tribal health benefits, or health care sharing ministry as defined in 26 U.S.C. Sec. 5000A to pay for care of covered patients and services, and may include settlements, judgements, or awards actually received related to the negligent acts of others (for example: auto accidents or personal injuries) which have resulted in the medical condition for which the patient has received hospital health care services.
3. Appropriate Hospital-Based Medical Services: Means those hospital 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 threatens 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. (WAC 246-453-010(7)) Appropriate Hospital-Based Medical Services do not include care provided in free-standing clinics/physician offices and billed as POS 11.

4. **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.
  - d. With respect to a pregnant woman who is having contractions the term shall mean:
    - i. That there is inadequate time to effect a safe transfer to another clinic before delivery or that transfer may pose a threat to the health or safety of the woman or the unborn child. (WAC 246-453-010(13)).
5. **Place of Service 11 (POS 11):** Is a location billing code that indicates where services were provided. POS 11 indicates a location other than a hospital, urgent care, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
6. **"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 (WAC 246-453-010(17)). This also includes pension or retirement income, interest, dividends, rents, royalties, income from estates and trusts.
7. **"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 the one family WAC246-453-010 (18).
8. **"Family Income"** means the income, as described above, of all family members, as described above, residing in the same household. Income from non-family members or room-mates is not considered.

## Communications to the Public

The Skagit Regional Health Financial Assistance/Sliding Fee Scale policy shall be made publicly available through the following elements:

1. A notice advising patients that Skagit Regional Health provides Financial Assistance and Charity Care will be posted in key public areas of the hospital, including Admissions and/or Registration, the Emergency Department, Urgent Care, Hospital-Based Clinics and financial service or billing areas where accessible to patients.
2. By telephone: 360-814-7575
  - a. Skagit Regional Clinics
  - b. Skagit Valley Hospital
  - c. Cascade Valley Hospital
3. Written information about the Financial Assistance/Sliding Fee Scale policy shall be made available to any person who requests the information in person, online via MyChart, via mail or email, free of charge.

4. In person at any Skagit Regional Health Location
  - a. On our website at:  
<https://www.skagitregionalhealth.org/for-patients/finance-and-billing-information>  
 (which includes application and Sliding Fee Scale).
  - b. SRH shall train front-line staff to answer Financial Assistance/Sliding Fee Scale inquiries effectively or will direct such inquiries to the Financial Counselors or Patient Financial Services Customer Service Department (360) 814-7575.

## Covered Services

1. Appropriate Hospital-Based Medical services
2. Professional fees incurred as part of an Appropriate Hospital-Based medical service
3. Services for Emergency Medical Conditions
4. Eligibility for Financial Assistance requires, except in instances of services for Emergency Medical Conditions presented at an SRH hospital or Urgent Care location, an individual to be a resident of Washington State in the service area of Skagit Regional Health (Skagit, Island, North Snohomish and Whatcom Counties). Exceptions to the residence and scope of the services requirements may be made in extraordinary circumstances and with the approval of the Chief Financial Officer or designee.

## Eligibility Criteria

All services as defined in section 1, 2 and 3 above, which are not covered by a third party payment source or unpaid patient balances shall be considered for Financial Assistance/Sliding Fee Scale write off. The guidelines used as criteria will include but not be limited to the following:

1. Person eligible for Financial Assistance/Sliding Fee Scale will be comprised of those deemed to have undue financial hardships, considering income, resources, and obligations as determined by SRH, that make them unable to pay for all or a portion of their medical care. Such consideration will include a review of annual gross income as calculated for the relevant time period to the date of service, family size, and net worth including short and long term debts and liabilities, and other pertinent factors peculiar to each financial assistance request. If income, at time of application is verified to be lower than at time of service, the lesser of the two shall be used for the determination. However, consideration of assets is not permissible for applicants whose family income falls below 100% of the federal poverty guidelines.
2. An eligible applicant found to have an adjusted family income equal to or less than 100% of the then current federal poverty level will be granted financial assistance equal to the full amount of hospital charges for appropriate-hospital based medical services. The following sliding fee schedule shall be used to determine the patient responsibility amount for patients with income levels 100% up to 500% of the current federal poverty level. A copy of the sliding fee scale is available in the Business Office and on the SRH website:  
<https://www.skagitregionalhealth.org/for-patients/finance-and-billing-information>. The responsible party's financial obligation which remains after the application of the sliding fee schedule may be payable in monthly installments over a reasonable period of time, without interest or late fees, as negotiated between SRH and the responsible party.
3. Applicants residing in a nursing home, long term care facility, or custodial care facility with disposable income of less than \$150.00 per month may qualify for Financial Assistance/Sliding Fee Scale even if their income exceeds the guideline limit but is used for their principal care.
4. Balances due from deceased patients who leave no estate and/or have no living spouse/legal guardian will be considered eligible for financial assistance.

5. Prima Facia Write Offs: SRH may choose to grant Financial Assistance/Sliding Fee Scale based solely on the initial determination. In such cases, SRH will not complete full verification or documentation of any request.
6. Exceptions to this policy may be considered on a case by case basis due to extra-ordinary circumstances. Exceptions must be of a more generous nature than the standard allowances and for the financial benefit of both the patient and the organization. Balances due from transient (homeless) patients who have no address and identified as a hardship will be considered eligible for financial assistance only upon PFS Manager and/or Director's approval.

## Eligibility Determination

In order to qualify for financial assistance, the patient and/or guarantor must fully cooperate with SRH in exploring and apply for all resources that do not require the patient to pay premiums. SRH will make an initial determination of eligibility based on verbal or written application for Financial Assistance/Sliding Fee Scale. Pending final eligibility determination, SRH will not initiate collection efforts or requests for deposits, provided the responsible party is cooperative with the SRH efforts to reach a determination of sponsorship status, including return of applications and documentation within fourteen (14) days of receipt, or such time that is medically and reasonably feasible, for patients to secure and present same.

1. SRH shall use an application process for determining initial interest in and qualification for Financial Assistance/Sliding Fee Scale. Should patients not choose to apply for Financial Assistance/Sliding Fee Scale, they shall not be considered for Financial Assistance/Sliding Fee Scale unless other circumstances or intent become known to SRH.
2. Applicants may be required to apply for Medical Assistance through the State.
3. Accounts that have been assigned to a collection agency and which have judgments granted through the court system will not be considered eligible for financial assistance.

## Timing of Income Determinations

Annual Family Income of the Applicant will be determined as of the time the Appropriate Hospital-Based Medical Services were provided, or at the time of application for Charity Care or Financial Assistance if the application is made within two years of the time of the Appropriate Hospital-Based were provided, the Applicant has been making good faith efforts towards payment for the services, and the Applicant demonstrates eligibility for Charity Care and/or Financial Assistance.

## Final Determination

SRH will exercise the following options in making the final determination for Financial Assistance/Sliding Fee Scale:

1. Financial Assistance/Sliding Fee Scale forms shall be furnished to patients when Financial Assistance/Sliding Fee Scale is requested, when indicated, or when financial screening indicates potential need. All applications whether initiated by the patient or SRH should be accompanied by documentation to verify income amounts indicated on the application form. One or more of the following types of documentation may be acceptable for purposes of verifying income:
  - a. W2 withholding statements for all employment during the relevant time period.
  - b. Pay stubs from all employment during the relevant time period specific to the date of service.

- c. An income tax return from the most recently filed calendar year for the relevant time period.
  - d. Forms approving or denying eligibility for Medicaid and/or state funded medical assistance.
  - e. Forms approving or denying unemployment compensation.
  - f. Written statements from employers or welfare agencies.
  - g. In the event that the responsible party is not able to provide any of the documentation described above, SRH shall rely upon written and signed statements from the responsible party for making a final determination of eligibility for classification as an indigent person.
2. Patients will be asked to provide verification or eligibility for Medicaid or Medical Assistance. During the initial request period, SRH may pursue other sources of funding, including Medicaid.
    - a. Income shall be annualized from the date of application based upon documentation provided and upon verbal information provided by the patient for the year(s) service occurred. The process will be determined by SRH and will take into consideration temporary increases and/or decreases of income.
    - b. Financial Assistance, if granted, is valid for 180 days from the date of determination.
  3. Applicants will be notified within fourteen calendar days of the final decision approving or denying their charity care application. In the case of approvals, parties will be notified of the amount that will be covered in accordance with WAC 246-453-020(7).
  4. In the event that a responsible party pays a portion or all of the charges related to appropriate hospital-based medical care services, as 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 246453-040 shall be refunded to the patient within thirty days of achieving the charity care designation.

## Denial

1. When an application for Financial Assistance/Sliding Fee Scale has been denied, the responsible party shall receive a written notice of the denial which includes:
  - a. The reason or reasons for the denial.
  - b. The date of the decision.
  - c. Instructions for appeal or reconsideration.
2. When the applicant does not provide requested information, and there is not enough information available for SRH to determine eligibility, the denial notice shall include:
  - a. A description of the information that was requested and not provided, including the date the information was requested.
  - b. A statement that eligibility cannot be established based on information available to SRH.
  - c. Eligibility will be determined if, within fourteen (14) days from the date of the denial notice, the applicant provides all specified information previously requested but not provided.

3. The patient and/or guarantor may appeal the determination of non-eligibility for Financial Assistance/Sliding Fee Scale by providing additional verification of income or family size to SRH within thirty (30) days of receipt of notification. The Business Office Director and/or Financial Assistance Board will review all appeals. The Financial Assistance Board will consist of the Chief Financial Officer, the Medical Director, and the Business Office Director. If this determination affirms the previous denial, written notification will be sent to the patient and/or guarantor and a copy of the denial notification and the application materials will be sent to the Washington State Department of Health as required by WAC 246-453-020.
4. During the period of appeal for financial assistance, collection efforts will cease in accordance with WAC 246-453-020(9)(b).
5. If a patient has been found eligible for Financial Assistance/Sliding Fee Scale and continues receiving services for an extended period of time without completing a new application, SRH shall re-evaluate the patient's eligibility for Financial Assistance/Sliding Fee Scale for a specific date or short term approval period and/or every 180 days to confirm that the patient remains eligible. SRH may require the responsible party to submit a new financial assistance application and documentation.

## Documentation and Records

Confidentiality: All information relating to the application will be kept confidential. Copies of documents that support the application will be kept with the application form. Documents pertaining to Financial Assistance/Sliding Fee Scale shall be retained for six (6) years.

## Staff Training Requirements

Skagit Regional Health has established a standardized training program on its Financial Assistance and Charity Care policy and the use of interpreter services to assist person with limited English proficiency and non-English-speaking persons in understanding information about its Financial Assistance and Charity Care policy. Skagit Regional Health will provide regular training to front-line staff who work registration, admissions, billing and any other appropriate staff to answer Financial Assistance and Charity Care questions effectively, obtain any necessary interpreter services, and direct inquiries to the appropriate department in a timely manner.

## References

RCW 70.170 Health Data and Charity Care

WAC 246-453 Hospital Charity Care

## References

| Reference Type                                 | Title   | Notes |
|--|---|-------|
| <b>Documents referenced by this document</b>   |   |       |
| Referenced Documents                           | <a href="http://www.skagitvalleyhospital.org">www.skagitvalleyhospital.org</a>  |       |
| Referenced Documents                           |   |       |
| Referenced Documents                           | <a href="https://www.skagitregionalhealth.org/for-patients/finance-and-billing-information">https://www.skagitregionalhealth.org/for-patients/finance-and-billing-information</a> |       |
| <b>Documents which reference this document</b> |   |       |

Referenced Documents

Prompt Pay Discounts

Skagit Regional Health Financial  
Assistance/Sliding Fee Scale**Signed/Approved By**

( 07/16/2020 ) SRH Policy Procedure Committee

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**Document Owner**

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