



Subject: Financial Assistance	Effective Date: 5/01/2005	Approved Date: 10/03/2017
Department: Business Office		
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Approved by: Board of Commissioners, Diane Blake, Jim Hopkins		

POLICY

Cascade Medical is committed to the provision of health care services to all persons in need of medically necessary care regardless of ability to pay. In order to protect the integrity of operations and fulfill this commitment, the following Financial Assistance Program policy is established, which is designed to be consistent with the requirements of the Washington Administrative Code (WAC), Chapter 246-453, the 2016 WSHA/DOH voluntary Financial Assistance Program application guidelines and the Internal Revenue Service 501(r) regulations. The program criteria will assist staff in making consistent, objective decisions regarding eligibility for financial assistance while maintaining Cascade Medical’s financial integrity.

PROCEDURE:

COMMUNICATIONS TO THE PUBLIC

Information about Cascade Medical’s Financial Assistance Program will be made publicly available as follows:

- A. A notice advising patients that Cascade Medical provides financial assistance will be posted in key public areas of the facility, including Admissions, the Emergency Department and the Family Practice Clinic. Information about the Program will also be featured prominently on CM’s web site. This notice will conform to IRS 501(r) regulations and the WSHA/DOH standardized application process.
- B. In order to meet Notice Language requirements, both written information about the Financial Assistance Program and verbal explanations shall be available in any language spoken by more than ten percent of the population in Cascade Medical’s service area. As of the effective date of this policy, written and verbal information will be made available in English and Spanish. At any point in the future, should Cascade Medical determine that another language is spoken by ten percent or more of the service area population, written and verbal information will be provided in that language as well. Where possible, interpretation for other non-English speaking or limited-English speaking patients and for other patients who cannot understand the writing and/or explanation will be provided.
- C. Cascade Medical will train front-line staff to answer financial assistance and charity care questions effectively or direct such inquiries to the appropriate department in a timely manner.
- D. Written notice about Cascade Medical’s Financial Assistance Policy, including a plain-language summary of its provisions, will be made available to any person who requests the information, by mail, by email, by telephone or in person. Information about Cascade

Medical's current discount schedule, schedule of charges and estimates of charges for planned procedures will also be made available upon request.

- E. Patients with self-pay balances who are receiving periodic statements from CM's Billing department will, at the time of or prior to receiving a final notice, be provided with a plain language summary of the Financial Assistance Program, including necessary contact information and other key information about the Program. Patient accounts will not be turned to collections and no other extraordinary collection efforts will be undertaken until such notice has been provided and the patient has been provided 30 days to respond.

ELIGIBILITY CRITERIA AND DESCRIPTION OF BENEFITS

- A. Discounts made under Cascade Medical's Financial Assistance Program will be considered as secondary to all other financial resources available to the patient, including group or individual medical plans, worker's compensation, Medicare, Medicaid or medical assistance programs, other state, federal or military programs, third party liability (e.g. auto accidents or personal injuries covered under a liability insurance policy), or any other situation in which another person or entity has a legal responsibility to pay for the costs of medical services.
- B. Patients will be eligible to receive financial assistance without discrimination due to age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, association, veteran or military status, the presence of any sensory, mental, or physical disability or the related need for a trained dog guide or service animal, or any other basis prohibited by federal, state or local law.
- C. Hospital and Clinic services eligible for discount under the Financial Assistance Program will be limited to appropriate, medically necessary hospital, outpatient and professional services that Cascade Medical provides. With the exception of Clinical Pathology services, which are provided and billed through an outside medical group, all professional services provided at Cascade Medical will be from physicians, mid-level and other providers employed or contracted by CM, and will be eligible for program discounts.
- D. Discounts made under the Financial Assistance Program will be based on the patient's family income, Federal Poverty Levels published by the US Department of Health and Human Services and Cascade Medical's Amounts Generally Billed (AGB), as defined by the Internal Revenue Service 501(r) regulations and calculated annually by Cascade Medical financial staff. Discount percentages to be applied to billed charges will be as follows:
 - 1. Patients with family incomes at or below the Federal Poverty Levels: 100% discount.
 - 2. Patients with family incomes between 100% and 150% of FPLs: 40% discount from Amounts Generally Billed.
 - 3. Patients with family incomes between 150% and 200% of FPLs: 30% discount from Amounts Generally Billed .
 - 4. Patients with family incomes between 200% and 250% of FPLs: Discount to Amounts Generally Billed.
 - 5. Patients with family incomes over 250% of FPLs: at the discretion of the Cascade Medical CFO, patients suffering severe financial hardship, personal loss or other

catastrophic circumstances may qualify for a discount under the program.

- E. A Financial Assistance Program Schedule of Discounts will be prepared and updated annually by CM financial staff, showing the current Federal Poverty Levels applicable to the state of Washington, the current AGB discount percentages and the income levels by family size used for eligibility determination. The Schedule for 2016 is attached as part of this policy. Federal Poverty Levels are determined annually by the US Department of Health and Human Services and are shown at <https://aspe.hhs.gov/poverty-guidelines>. The description of the Financial Assistance Program shown on Cascade Medical's website will include the Program's current Schedule of Discounts and will also include this hyperlink.
- F. For the purposes of determining family income, CM will normally require inclusion of the incomes of those persons defined in WAC 246-453-010 as family members.
- G. The responsible party's financial obligation which remains after the application of any Financial Assistance Program discounts will be payable as negotiated between Cascade Medical and the responsible party. If three or more installment payments are missed and there is no satisfactory contact with the patient or responsible party, Cascade Medical reserves the right to initiate its standard collection efforts to recover any remaining balances.
- H. Cascade Medical will not require a disclosure of the existence and availability of family assets from Financial Assistance Program applicants whose income is at or below 100% of the current Federal Poverty Level. Patients with family income above the current FPL will be required to disclose the existence and availability of family assets, and the Business Officer or CFO may require that available liquid assets be used to meet all or part of the patient's financial obligation prior to approving eligibility for the Program.

INITIAL DETERMINATION OF ELIGIBILITY

- A. Cascade Medical's Financial Assistance Program will use an application process to determine eligibility. CM will utilize the standard application form developed by the Washington State Hospital Association and Department of Health, a current copy of which is attached to this policy.
- B. Requests to provide financial assistance will be accepted from patients, family members or those parties responsible for the patient's financial obligations. Requests will also be accepted from sources such as physicians, community or religious groups, social services or CM financial services personnel who are aware of factors that might qualify the patient for assistance under the Program. Patients are encouraged to apply prior to receiving services at CM, but applications will be accepted at any point from preadmission through settlement of the final bill.
- C. Patients, family members or other parties may obtain applications, receive assistance in completing applications and ask questions about the Financial Assistance program by speaking with the Patient Financial Counselor in the office opposite the Emergency Registration desk, between the hours of 8 am and 5 pm, Monday through Friday. Applications and information may also be requested from Registration or Business Office staff, by telephone at 509-548-3436 or on the hospital's website at www.cascademedical.org. Upon request, applications will be provided by mail at no charge.

- D. An initial determination of eligibility for financial assistance will, to the extent feasible, be completed by the Patient Financial Counselor or other CM financial services personnel at the time of service or as soon as possible thereafter. The patient, family member or responsible party will be duly informed of this determination.
- E. During the application review process CM financial services staff will work with the patient and/or responsible party to pursue other sources of payment, such as Medicare, Medicaid and other assistance programs, and will attempt to verify application information as feasible. CM financial services staff will not impose application procedures or verification requirements that 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 process. Where verification would impose such a burden or is otherwise not possible, CM may rely on written or verbal attestations made by the patient or responsible party.
- F. In accordance with WAC 246-453-030(3), if a patient or responsible party is unable to complete the Financial Assistance Program application process, but CM staff are able to determine through other means that there is a high likelihood the patient would qualify for Program benefits, CM's CFO may approve Program eligibility based solely on this determination. In these cases, CM staff will not be required to complete full verification of documentation.
- G. Pending final eligibility determination, CM will initiate no collection efforts, will not require deposits for current services or payments on previous account balances and will not require patients to apply for bank loans or other credit as a condition for receiving benefits under the Program.

FINAL DETERMINATION OF ELIGIBILITY

- A. Cascade Medical will notify the patient, family member or responsible party of its final determination of eligibility within 14 days of receipt of a complete application and required documentation. This determination will be made by the Business Office Manager or, in his/her absence, a designee. For discounts under the program that exceed \$1,000, the approval of the Chief Financial Officer will also be required.
- B. If a patient is determined to be eligible for Program benefits, that eligibility will extend for one year from the time of the application. If the application has been made more than three months prior to a new request, CM financial staff will request verification from the patient or responsible party that a patient's family income and Medicare, Medicaid or insurance coverage availability are unchanged and, if necessary, will request updates to the information provided in the application.
- C. If, after due consideration, the patient is determined to be ineligible for benefits under the Program, the patient or responsible party will be provided written notice of the application denial, a description of the reasons for the denial and instructions for appeal or reconsideration. If eligibility was denied due to a lack of needed information, CM will so inform the patient or responsible party of the needed information.
- D. The patient or responsible party will have 30 days from the date of the final determination of eligibility to appeal the decision.

- E. In the event a patient or responsible party has made partial or full payment for hospital services and is subsequently found to have been eligible for Program benefits at the time of those services, the patient or responsible party will be reimbursed the amounts paid.

DOCUMENTATION AND RECORDS

- A. All information relating to applications made for Financial Assistance Program benefits, including supporting documentation provided and copies of any related correspondence, will be kept confidential and not disclosed to any outside parties, except as required by law.
- B. In accordance with the State of Washington's Record Retention requirements for Public Hospital Districts, documents pertaining to the Financial Assistance Program will be retained for six years following final account activity.