

Title: Financial Assistance	
Policy Area: Accounting & Revenue Cycle	Owner: Chris Rakunas, COO/CFO
Date of Approval:	10/19
Approval By:	Matt Crockett, CEO
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Signature:	

I. Title: Financial Assistance

II. Scope:

This policy applies to all patients and staff at Wellfound Behavioral Health Hospital.

III. Policy:

It is the policy of Wellfound Behavioral Health Hospital (“WBBH”) to provide, without discrimination, medically necessary hospital health care to all patients, regardless of a patient’s financial ability to pay. WBBH is committed to serving all patients who need care, including those who lack any or adequate third-party coverage, and those who otherwise cannot pay for all or part of the medically necessary hospital health care they receive.

Statement of Principles - WBHH’s mission is to provide high quality, patient-centered behavioral health care. WBHH is committed to treating all patients with compassion. WBHH maintains a financial assistance policy that is consistent with its mission and values, that complies with all applicable laws and regulations, that provides guidance for making consistent and objective decisions regarding eligibility for charity care or financial assistance, and that takes into account the financially responsible party’s ability to pay for medically necessary hospital health care.

IV. Definitions:

Charity Care means medically necessary hospital health care provided to Eligible persons at no or reduced cost to the Eligible Person. When communicating with patients or financially responsible parties, the phrase “care with financial assistance” may be used instead of “charity care.”

Collection Efforts means any demand for payment or transmission of account documents or information which is not clearly identified as being intended solely for the purpose of transmitting information to the financially responsible party.

Eligible Person means a patient or other financially responsible party who has exhausted any third-party coverage available to pay for all or part of the patient’s medically necessary hospital health care, and whose annual family income is between 0 and 500% of the federal poverty guidelines, adjusted for family size, or whose income is otherwise not sufficient to enable him or her to pay for the patient’s share of medically necessary hospital health care.

Extraordinary Collection Efforts (“ECE”) means any of the following actions taken in an effort to obtain payment on a bill for hospital health care:

- Selling an individual’s debt to another party, except as expressly provided for by federal tax law;
- Certain actions that require a legal or judicial process as specified by federal tax law; and
- Reporting adverse information about the individual to consumer credit bureaus.

ECEs do not include any lien that WBHH is entitled to assert under state law on the proceeds of a judgment, or a compromise owed to an individual (or his or her representative) as a result of personal injuries for which WBHH provided care.

Family is 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.

Federal Poverty Guidelines (“FPG”) are published and updated annually in the Federal Register by the United States Department of Health and Human Services and are used to determine eligibility for certain federal subsidies and financial assistance for households.

Final Determination of Sponsorship Status means the verification of third-party coverage or sponsorship, or the lack thereof, as evidenced by either a payment received from the third party sponsor or denial of payment by the alleged third-party sponsor, and verification of the financially responsible party’s qualifications for classification as an Eligible Person, after the completion of any appeals to potentially responsible third-party sponsors to which the financially responsible party may be entitled, and which on their merits have a reasonable chance of achieving third-party sponsorship in full or in part.

Financial Assistance means:

- For the FRP whose annual family income is at or below 300% of the FPG at the time medically necessary hospital health care is provided, and have fulfilled any other applicable requirements: 100% financial assistance; and
- For patients whose annual family income is more than 300% but at or below 500% of the FPG at the time medically necessary hospital health care is provided, financial assistance shall be provided in accordance with the sliding scale attached as Attachment A

WBHH shall consider an FRP’s family income as of the time an application for financial assistance is provided if the application is made within two (2) years of the time of hospital health care, the FRP has been making good faith efforts towards payment for hospital health care, and the FRP is an Eligible Person at the time of application, even if the FRP was not an Eligible Person at the time the hospital health care was provided.

Financially Responsible Party (“FRP”) means an individual, including the patient, who is responsible for the payment of any hospital charges which are not subject to third-party coverage or sponsorship.

Income consists of 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.

Initial Determination of Sponsorship Status means:

- An indication, pending verification, that the services provided by the hospital may or may not be covered by third-party coverage or sponsorship; or
- An indication from the financially responsible party, pending verification, that he or she may meet the criteria for designation as an indigent person qualifying for charity care.

Medically Necessary Hospital Health Care 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 threaten 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. “Course of treatment” may include mere observation or, where appropriate, no treatment at all.

Presumptive Eligibility means the determination that financially responsible party is an Eligible Person based on information based on the financially responsible party’s individual life circumstances or base on information obtained from sources other than the financially responsible party, such as information provided by third-party vendors and publicly available information. Individual life circumstances that may be the basis for presumptive eligibility may include:

- FRP receives state-funded prescriptions;
- FRP is homeless;
- FRP participates in the Women, Infants and Children program (“WIC”);
- FRP is eligible for food stamps;
- FRP is eligible for a subsidized school lunch program;
- FRP is eligible for other state or local assistance programs, such as Medicaid spend-down;
- FRP resides in low income or subsidized housing;
- Patient is deceased and has no known estate.

Third-Party Coverage or Sponsorship means an obligation on the part of an insurance company, health care service contractor, health maintenance organization, group health plan, government program, tribal health benefits program, or health care sharing ministry as defined in 26 U.S.C. Sec. 5000A to pay for the care of covered patients and services. “Third-Party Coverage” may include settlements, judgments, or awards actually received related to the negligent acts of others which have resulted in the medical condition for which the patient has received hospital health care services.

Third-Party Sponsor means an individual or entity that is obligated to provide third-party coverage to an individual.

V. Notification of the Availability of Financial Assistance

- A. WBHH shall notify the public, patients, and FRPs about the availability of financial assistance as follows:
1. By posting and prominently displaying a notice about financial assistance availability in WBHH’s:
 2. Admission and registration areas;
 3. Emergency department (if any); and
 4. Financial service or billing areas if accessible to patients or FRPs.
- B. By providing a plain language summary and explaining the financial assistance policy to the FRP at the time WBHH requests information from the FRP about the availability of third-party coverage or sponsorship. WBHH shall make an interpreter available for non- or limited-English speakers (including hearing-impaired FRPs) or other FRPs who cannot read or understand the plain language summary and explanation. By posting on WBHH’s website:
1. WBHH’s financial assistance policy;
 2. A plain language summary of WBHH’s financial assistance policy; and
 3. WBHH’s financial assistance application.
- C. These notifications shall be available in all languages spoken by more than ten (10) percent of the population of WBHH’s service area.
- D. By including in all WBHH billing statements and other written communications about billing or collection of a WBHH bill the following statement, prominently displayed on the first page of the statement in English and the second-most-spoken language in WBHH’s service area:

- E. You may qualify for free care or a discount on your hospital bill, whether or not you have insurance. Please contact our financial assistance office at www.wellfoundbh.org and 253-301-5477.

VI. Determining Eligibility for Financial Assistance

A. Initial Determination of Sponsorship Status

1. WBHH will make an initial determination of sponsorship status at or before the time of patient admission (in the case of a scheduled admission), or as soon as possible following the initiation of services to the patient (if the FRP is unable to provide necessary information at the time of admission). The initial determination of sponsorship status shall be made based on information provided by the FRP:
 - i. About the availability of third-party coverage for the hospital services;
 - ii. That indicates that the FRP may meet the criteria for designation as an Eligible Person, including information that the FRP may be Presumptively Eligible.
2. WBHH shall rely upon oral information from FRP in determining initial sponsorship status. WBHH may require the FRP to sign a statement attesting to the accuracy of the information provided to WBHH for purposes of the initial determination of sponsorship status.
3. If the FRP has cooperated with WBHH's efforts to make an initial determination of sponsorship status, and WBHH determines based on the information presented by the FRP that the FRP may be an Eligible Person, WBHH shall make no collection efforts towards the FRP until it makes a final determination of eligibility for financial assistance, provided that the also FRP cooperates with WBHH's reasonable efforts to reach a final determination of sponsorship status. WBHH shall not require a deposit from any FRP who has been identified as a potentially Eligible Person through the initial determination of sponsorship status.
4. Nothing in this section is meant to prevent WBHH from transmitting account documents or information to the FRP if it is clearly identified as being intended solely for the purpose of informing the FRP of his or her potential financial responsibility for hospital health care.
5. WBHH will pursue reimbursement from any potentially responsible third-party sponsor that it identifies during the pendency of the initial and the final determination of sponsorship status. Any remaining patient liability, including deductibles and coinsurance, will be eligible for Financial Assistance under this policy. The pendency of a settlement, judgment, or award due to the patient shall not stay WBHH's obligations to consider an Eligible Person for financial assistance.

B. Financial Assistance Application

1. Unless doing so would place an unreasonable burden on the FRP, all FRPs who wish to be considered for financial assistance must complete WBHH's Financial Assistance Application ("FAA", copy attached as Attachment B). If completion of the FAA places an unreasonable burden on the FRP due to a physical, mental, intellectual or sensory deficiency or language barrier, or if WBHH has determined that the FRP is Presumptively Eligible, then WBHH will modify or bypass the FAA process as needed.
2. An FRP's failure to reasonably complete the FAA shall be sufficient grounds for WBHH to initiate collection efforts directed at the FRP or the patient.
3. Medicaid eligibility within (90) days of the date of receipt of hospital services is equal to or the same as an FAA and may be used to qualify the FRP for 100% Financial Assistance except for spend-down amounts. Proof of eligibility will be the presence of Medicaid coverage during the applicable timeframe in the patient's coverage record in Epic.

C. Proof of Income

1. The FRP must provide at least one piece of supporting documentation that verifies family income. Any one of the following types of documentation will be acceptable for purposes of verifying income from a specific source:
 - i. W2 withholding statements;

- ii. Payroll check stubs;
 - iii. An income tax return from the most recently filed calendar year;
 - iv. An approval or denial of Medicaid and/or state-funded medical assistance;
 - v. An approval or denial of eligibility for unemployment compensation; or
 - vi. Written statements from employers or welfare agencies.
 2. In the event the FRP is unable to provide the documentation described above, WBHH shall rely upon written and signed statements from the FRP in making a final determination of eligibility.
- D. FRP Cooperation
 1. An FRP must exhaust all possible third-party coverage options prior to being approved for financial assistance. An applicant for financial assistance is responsible for applying to public programs for available coverage. If an FRP fails to cooperate with the Medicaid determination process, the FRP will not be eligible for Financial Assistance.
 2. A patient or FRP who has third-party coverage that covers services of the same type as those offered at WBHH, but whose third-party coverage does not include WBHH, and who nevertheless chooses to seek care for a patient at WBHH, shall be eligible for financial assistance for the patient responsibility portion owed.
 3. If a WBHH determines that third-party coverage is potentially available, either through public or private sponsors (such as COBRA coverage), and that the patient is not a Medicare or Medicaid beneficiary, the patient or FRP shall provide WBHH with information necessary to determine the monthly premium for such patient, and shall cooperate with WBHH staff to determine whether he or she qualifies for WBHH premium assistance, which may be offered for a limited time to assist in securing insurance coverage. WBHH shall make affirmative efforts to assist a patient or FRP to apply for public and private sponsorship for which the patient or FRP may be eligible.
- E. Final Determination of Sponsorship Status
 1. WBHH shall notify all FRPs applying for financial assistance of its final determination of sponsorship status within fourteen (14) calendar days of receiving a completed FAA and required proof of income. The notification shall include a determination of the amount for which the FRP will be held financially accountable
 2. If an FAA is denied, the FRP shall be notified of the denial and the basis for the denial. FAAs may be denied due to being incomplete or unsigned, or because the information provided indicates the applicant's income exceeds the FPG.
- F. Appeals
 1. If an FAA is denied, the FRP shall be notified of a procedure that allows the FRP to appeal the denial. The FRP may appeal the denial of financial assistance by providing information to correct any deficiencies in the original FAA or supporting documentation, or by requesting a review of the denial or any aspect of the FAA. An appeal must be filed within thirty (30) calendar days of the FRP's receipt of notification of denial.
 2. All appeals will be reviewed and approved or denied by WBHH's Chief Financial Officer, or Chief Executive Officer.
 3. If the outcome of the appeal affirms the previous denial of financial assistance on the grounds that the FRP's family income is greater than 200% of the FPG, adjusted for family size, WBHH shall notify the FRP and the Washington State Department of Health ("DOH") of the decision and the basis for the decision in writing. WBHH shall provide the DOH with copies of the documentation upon which the decision was based.
- G. Refunds
 1. If an FRP pays a portion or all of the charges related to medically necessary hospital health care, and is subsequently found to have been an Eligible Person at the time that the services were provided, any payments in excess of the amount determined to be appropriate for the FRP to have paid shall be refunded to the FRP within thirty (30) days of a final determination that the FRP was an Eligible Person.

H. Collections

1. Within the first fourteen (14) calendar days of the appeal period, WBHH will not refer the FRP's account to an external collection agency. After fourteen (14) calendar days, WBHH may begin collection efforts in accordance with its Billing and Collections Policy. If WBHH has initiated collection efforts and discovers an appeal has been filed, it shall cease collection efforts until the appeal has been decided.
2. If WBHH has not received an appeal of a decision denying an FAA within thirty (30) calendar days after the FRP has received notice of the denial, WBHH may begin collection efforts in accordance with its Billing and Collections Policy.

VII. Policy Approval

This Policy is subject to periodic review every three (3) years or earlier, or as required by changes in applicable law.

VIII. Relevant Federal and State Statutes:

WAC 246-453-001 through 246-453-090 Charity Care

IX. Appendices or Attachments

Attachment A – Sliding Scale of Financial Assistance

Attachment B – Financial Assistance Application

Attachment C – Provider Listing

Attachment A

Wellfound Behavioral Health Sliding Scale for Financial Assistance

Federal Poverty Level, Up To				
300%	350%	400%	450%	500%
Financial Assistance %				
100%	95%	90%	80%	70%
Patient Responsibility %				
0%	5%	10%	20%	30%

Attachment B



FINANCIAL ASSISTANCE APPLICATION FORM CONFIDENTIAL

Please fill out all information completely. If it does not apply, write "NA." Attach additional pages if needed.

SCREENING INFORMATION	
Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, list preferred language:</i>	
Has the patient applied for Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the patient receive state public services such as TANF, Basic Food, or WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the patient currently homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the patient's medical care need related to a car accident or work injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PLEASE NOTE	
<ul style="list-style-type: none"> We cannot guarantee that you will qualify for financial assistance, even if you apply. Once you send in your application, we may check all the information and may ask for additional information or proof of income. Within 14 calendar days after we receive your completed application and documentation, we will notify you if you qualify for assistance. 	

PATIENT AND APPLICANT INFORMATION			
Patient first name	Patient middle name	Patient last name	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (may specify _____)	Birthdate	Account #	
Person Responsible for Paying Bill	Relationship to Patient	Birthdate	Social Security# (optional)
Mailing Address _____ _____		Main contact number(s) () _____ () _____	
City	State	Email Address: _____	
Employment status of person responsible for paying bill <input type="checkbox"/> Employed (date of hire: _____) <input type="checkbox"/> Unemployed (how long unemployed: _____) <input type="checkbox"/> Self-Employed <input type="checkbox"/> Student <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Other (_____)			

FAMILY INFORMATION					
List family members in your household, including you. "Family" includes people related by birth, marriage or adoption who live together.					
FAMILY SIZE _____		<i>Attach additional page if needed</i>			
Name	Date of Birth	Relationship to Patient	If 18 years old or older: Employer(s) name or source of income	If 18 years old or older: Total gross monthly income (before taxes):	Also applying for financial assistance?
					Yes / No
					Yes / No
					Yes / No
					Yes / No

FINANCIAL ASSISTANCE APPLICATION FORM – CONFIDENTIAL (cont.)

INCOME INFORMATION

***REMEMBER:** You must include proof of income with your application.*

You must provide information on your family's income. Sources of income include, for example:

- Wages - Unemployment - Self-employment - Worker's compensation - Disability - SSI - Child/spousal support
- Work study programs (students) - Pension - Retirement account distributions - Other (please explain _____)

Income verification is required to determine financial assistance.

All family members 18 years old or older must disclose their income. If you cannot provide documentation, you may submit a written signed statement describing your income. Please provide proof for every identified source of income.

Examples of proof of income include:

- A "W-2" withholding statement; or
- Current pay stubs (3 months); or
- Last year's income tax return, including schedules if applicable; or
- Written, signed statements from employers or others; or
- Approval/denial of eligibility for unemployment compensation.

If you have no proof of income or no income, please attach an additional page with an explanation.

ADDITIONAL INFORMATION

Please attach an additional page if there is other information about your current financial situation that you would like us to know, such as a financial hardship, seasonal or temporary income, or personal loss.

PATIENT AGREEMENT

I understand that Wellfound Behavioral Health Hospital may verify information by reviewing credit information and obtaining information from other sources to assist in determining eligibility for financial assistance or payment plans.

I affirm that the above information is true and correct to the best of my knowledge. I understand if the information I give is determined to be false, the result will be denial of financial assistance, and I will be responsible for and expected to pay for services provided.

Signature of Person Applying

Date

Attachment C
Participating Providers

Brian Neal	MD
Elizabeth Dwyer	ARNP
Matthew Thompson	PA-C
Terry Kinney	PA-C
Susan King	ARNP
Jennifer Drake	ARNP
Stephen Baltz	ARNP
Stanford Call	ARNP