



Origination 10/2019

Last Approved 05/2023

Effective 05/2023

Last Revised 05/2023

Owner Natalia Martinez-Kohler

Area Accounting & Revenue Cycle

Financial Assistance

I. Scope:

This policy applies to all patients who may qualify for charity care or financial assistance for services received at Wellfound Behavioral Health Hospital (WBHH).

II. Policy:

It is the policy of WBHH to provide, without discrimination, medically necessary hospital health care (including emergency care) to all patients, regardless of a patient's financial ability to pay. WBHH 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.

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

Consideration for financial assistance will be given equally to all eligible persons, regardless of race, color, sex, religion, age, national origin, veteran status, marital status, sexual orientation, immigration status or any other legally protected status.

III. Definitions:

Collection Efforts mean 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 (i.e. Indigent Person) means a patient or their guarantors (i.e., financially responsible party) who qualify for financial assistance based on the federal poverty level, adjusted for family size, and who have exhausted any third-party coverage. More specifically, eligible persons include those patients who have exhausted any third-party sources, including Medicare and Medicaid, and whose income is equal to or below 200% of the federal poverty standards, adjusted for family size or is otherwise not sufficient to enable them to pay for the care or to pay deductibles or coinsurance amounts required by a third-party payor. For guidance on WBHH's procedure for identifying patients who may be eligible for financial assistance, see Section V.

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 defined per WAC 246-453-010(18) as 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 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 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 (i.e. Charity Care) means medically necessary hospital health care rendered to indigent persons when third-party coverage, if any, has been exhausted, to the extent that the persons are unable to pay for the care or to pay deductibles or coinsurance amounts required by a third-party payer, as determined by the department. When communicating with patients or financially responsible parties, the phrase "care with financial assistance" may be used instead of "charity care." Both terms are synonymous with one another for purposes of this policy and billing statements.

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 paid to the individual.

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 Eligible Person qualifying for financial assistance.

Medically Necessary Hospital Health Care (i.e., Appropriate Hospital-Based 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 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.

Presumptively Eligible means the determination that a financially responsible party is an Eligible Person based on the financially responsible party's individual life circumstances or based 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; and
- 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. The pendency of such settlements, judgments, or awards must not stay hospital obligations to consider an Eligible Person for financial assistance.

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

IV. Notification of the Availability of Financial Assistance

A. Posting Notice of Financial Assistance Availability at WBHH

1. WBHH will post and prominently display notice of financial assistance availability in the hospital.
2. Notice of financial assistance availability shall be posted in all languages spoken by more than ten (10) percent of the population of WBHH's service area.
3. WBHH will notify the public, patients, and FRPs about the availability of financial assistance by displaying a notice about financial assistance availability in key public areas of WBHH, including areas where patients are admitted or registered; emergency departments, if any; and financial service or billing areas where accessible to patients or FRPs.

B. Posting Notice of Financial Assistance Availability on WBHH's Website

1. WBHH will post the following on its website:
 - a. Current versions of WBHH's financial assistance policy,
 - b. A plain language summary of WBHH's financial assistance policy; and
 - c. WBHH's financial assistance application
2. The summary of WBHH's financial assistance policy and financial assistance application will be available in all languages spoken by more than ten (10) percent of the population of WBHH's service area.

C. Other Notice Provided to FRP and Interpreter Services

1. WBHH will provide a plain language summary and explain 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.
2. 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.

D. Billing Statements and Other Written Communications

1. All WBHH billing statements and other written communications about billing or collection of a WBHH bill will include the following statement, prominently displayed on the first page of the statement in both English and the second-most-spoken language in WBHH's service area:

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.wellfound.org and 253-301-5477.

V. 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 based on the following:

- i. Information provided by the FRP about the availability of third-party coverage for the hospital services; and
 - ii. Information that indicates 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 the 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 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 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 A). 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. Criteria for Financial Assistance

For medically necessary hospital care, WBHH will consider patients for financial assistance under this policy, when third-party coverage, if any, has been exhausted, based on the following criteria set forth below and shown in the chart below:

- 1. 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, the FRP shall be entitled to 100% financial assistance.
- 2. For the FRP whose annual family income is more than 300% but at or below 350% of the FPG at the time medically necessary hospital health care is provided, the FRP shall be entitled to a 75% discount for the full amount of the patient responsibility portion of their hospital charges, which may be reduced by amounts reasonably related to assets considered as set forth below.
- 3. For the FRP whose annual family income is more than 350% but at or below 400% of the FPG at the time medically necessary hospital health care is provided, the FRP shall be entitled to a 70% discount for the full amount of the patient responsibility portion of their hospital charges, which may be reduced by amounts reasonably related to assets considered as set forth below.
- 4.

Federal Poverty Level, Up To		
300%	350%	400%
Financial Assistance %		
100%	75%	70%
Patient Responsibility %		
0%	25%	30%

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.

E. Identification of Patients Eligible for Third-Party Coverage

- 1. The following procedures will apply for identifying a FRP who may be eligible for health care coverage through Washington medical assistance programs (e.g., Apple Health) or the Washington Health Benefit Exchange:

- i. As a part of the FAA process for determining eligibility for financial assistance, WBHH will query as to whether a FRP meets the criteria for health care coverage under medical assistance programs under chapter 74.09 RCW or the Washington Health Benefit Exchange.
- ii. If information in the charity care/financial assistance application indicates that the FRP may be eligible for coverage through medical assistance programs under RCW 74.09, WBHH will assist the FRP in applying for coverage. Per each patient's needs, this includes walking them through the process, answering questions, providing them with the appropriate forms, linking them to an agency representative and/or providing them with the appropriate links.
 - a. In providing assistance to the application process, WBHH will take into account any physical, mental, intellectual, sensory deficiencies or language barriers which may hinder the FRP from complying with the application procedures and will not impose procedures on the FRP that would constitute an unreasonable burden.
- iii. If the FRP fails to make reasonable efforts to cooperate with WBHH in applying for coverage under chapter 74.09 RCW, WBHH is not obligated to provide financial assistance to such patient.
- iv. If a FRP is obviously or categorically ineligible or has been deemed ineligible for coverage through medical assistance programs under chapter 74.09 RCW in the prior 12 months, WBHH will not require the FRP to apply for such coverage.

F. FRP Cooperation

1. 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.
2. If 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.

G. 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.
2. If the FAA is approved, the notice will include a determination of the amount for which the FRP will be held financially accountable, if any.
3. If the 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. The FRP may appeal the decision per the requirements below.

H. 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 500% 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.

I. 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 met the Financial Assistance criteria, any payments for services 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 the eligibility determination.

J. 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.
3. Asset information obtained by WBHH in evaluating a patient for financial assistance eligibility shall not be used for collection activities.

VI. Training

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

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:

Chapter 70.170 RCW Health Data and Charity Care, WAC 246-453-001 through 246-453-090 Charity Care

IX. Appendices or Attachments

Attachment A – Financial Assistance Application

Attachments

[A: Financial Assistance Application Form](#)

[B: Participating Providers](#)

Approval Signatures

Step Description	Approver	Date
	Natalia Martinez-Kohler: CFO	05/2023
	Shikha Gapsch: Director of Quality	05/2023