

Financial Assistance-Charity Care Policy

For Medically Necessary hospital care received on or after July 1, 2022

Skyline Health is committed to ensuring our patients receive the health care 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. State law requires hospitals to provide free and discounted care to eligible patients and the indigent for appropriate hospital-based medically necessary services. A patient may qualify for free or discounted care based on family size and annual income, even if they have health insurance. Charity Care for "non-emergent" services shall be limited to those living within the hospital service area (Klickitat and Skamania County).

Patients will be granted financial assistance and charity care regardless of race, creed, religion, color, national origin, sex, sexual orientation, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a disabled person.

What Is Covered?

For emergency and other appropriate hospital-based medically necessary services, Skyline Health will consider patients for financial assistance and charity care under this policy, when third-party coverage, if any, has been exhausted, based on the following criteria:

1. The full amount of patient or guarantor responsibility for hospital charges will be determined to be charity care for a patient or their guarantor whose income is at or below 300% of the current federal poverty level, adjusted for family size. [a. Skyline Health will not consider the existence, availability, or value of assets for individuals in this category.]¹
2. Seventy-five percent of patient or guarantor responsibility for hospital charges will be determined to be charity care for a patient or their guarantor whose income is between 301% and 350% of the current federal poverty level, adjusted for family size [, which percentage discount may be reduced by amounts reasonably related to assets considered as set forth below]².
3. Fifty percent of uncovered hospital charges will be determined to be charity care for a patient or their guarantor whose income is between 351% and 400% of the current federal poverty level, adjusted for family size [, which percentage discount may be reduced by amounts reasonably related to assets considered as set forth below].³

No patient eligible for financial assistance/charity care will be charged more than amounts generally billed to patients who have insurance.

How to Apply

Any patient may apply at any time to receive financial assistance/charity care by submitting an application and providing supporting documentation. The Charity Care Application will also be available in Spanish at Skyline Health. The Business Office will obtain the application in any other language for a patient when needed from the WSHA website at www.wsha.org. The application form plain language summary or policy information is available:

- When checking in or checking out of the facility;
- On our website at: www.myskylinehealth.org
- In person: 211 Skyline Drive, White Salmon, WA 98672

- To obtain documents via mail free of charge: Charity Care Administrator, 509-493-1101
If English is Not the First Language: Skyline Health is under obligation with federal and state laws to provide meaningful access for limited English proficiency and non-English-speaking patients to apply to information regarding billing and charity care.

Eligibility

During the patient registration process, Skyline Health distributes a written notice about the availability of Financial Assistance/Charity Care to all patients on the Conditions of Service. This is done at the time that the District requests patient demographics and information pertaining to third party coverage.

The Financial Assistance Application shall be furnished to patients at any time a need is recognized or an application is requested. Should patients not choose to apply for financial assistance, they shall not be considered for charity care, unless other circumstances or intent become known to Skyline Health.

Charity care for "non-emergent" services shall be limited to those residing within the hospital service area, which includes Klickitat and Skamania Counties. "Emergent" services are not limited to location. Pending the final eligibility determination, Skyline Health will not initiate collection efforts, provided that the responsible party is cooperative with the hospital's efforts to reach a determination of sponsorship status, including return of applications and documentation necessary to make this determination within fourteen (14) days of receipt of the application.

A service area resident (Klickitat and Skamania County) whose family annual income is between one hundred and three hundred percent of the current federal poverty standard guidelines (as seen on the Charity Care/Financial Assistance Application Form), adjusted for family size, shall have his/her hospital services that are not covered by public or private sponsorship reduced as defined in "What is Covered" on page one.

All applications, whether initiated by the patient or the hospital shall be accompanied by documentation to verify annual income amounts indicated on the application form. One or more of the following types of documentation may be acceptable for purposes of verifying income:

- W-2 statement for all employment during the previous tax year.
- Payroll check stubs for 2 months prior to the time of service.
- Tax Return form for the most recent filed calendar year.
- Forms approving or denying eligibility for their state Medicaid program.
- Forms approving or denying Unemployment Compensation Benefits.
- Bank Statements to verify income.
- Written, signed statements from employers or others.
- Other documentation once approved by Administration.

The final determination for eligibility is based on the federal poverty guidelines and is based on annual income and family size utilizing the annual income documentation received from the patient at application. The definition of family is a group of two or more persons related by birth, marriage or adoption who live together. The annual family income of the patient is defined as all household income at the time that the health care services were provided or at the time of application for charity care if the application is made within two years of the time of service. The patient should be making good faith efforts towards payment of health care services rendered and the patient demonstrates eligibility for charity care.

When determining eligibility for financial assistance and charity care under this policy for care received on or after July 1, 2022, for patients and/or guarantors not eligible for charity care for the full amount of hospital charges, Skyline Health may take into consideration the existence, availability, and value of assets of the patient and/or guarantor to reduce the amount of the discount granted. In doing so, Skyline Health will exclude from consideration:

- The first \$5000 in monetary assets for an individual, \$8000 for a family of two, and \$1500 of monetary assets for each additional family member; the value of any asset that has a penalty for early withdrawal shall be the value of the asset after the penalty has been paid;
- Equity in a primary residence;
- Retirement plans other than 401(k) plans;
- One motor vehicle (and a second motor vehicle if it is necessary for employment or medical purposes);
- Prepaid burial contracts or burial plots; and
- Life insurance policies with a face value of \$10,000 or less.

With respect to those assets that may be taken into consideration, Skyline Health will seek only such information regarding assets as is reasonably necessary and readily available to determine the existence, availability, and value of such assets.

1. Skyline Health will consider assets and collect information related to such assets as required by the Centers for Medicare and Medicaid (CMS) for Medicare cost reporting. Such information may include reporting of assets convertible to cash and unnecessary for the patient's daily living.

2. Duplicate forms of verification will not be requested. Only one current account statement is required to verify monetary assets.

3. If no documentation for an asset is available, a written and signed statement from the patient or guarantor is sufficient.

4. Asset information will not be used for collection activities.

Skyline Health shall make every reasonable effort to determine the existence of third party coverage which might cover, in full or in part, the charges for the care rendered by the hospital to a patient; the family annual income of the patient as classified under federal poverty income guidelines; and the eligibility of the patient for financial assistance as defined in RCW 70.170.060 and accordance to our policy. Charity care is available when third-party coverage, if any, has been exhausted.

Financial Assistance is generally secondary to ALL other financial resources available to the patient, including:

Insurance Company, Health Care Service Contractor, Health Maintenance Organization, Group Health Plans, Government Programs, Individual Medical Insurance Plans, Tribal Health Benefits,

Health Care Sharing Ministry as defined in 26 U.S.C. Sec. 5000A, Workers Compensation, Medicare, Medicaid, Medical Assistance Programs, Military, Third-Party Liability.

These third party coverages listed above may include settlements, judgments, or awards actually received related to the negligent acts of others which have resulted in medical condition for which the patient has received hospital health care service. The pendency of such settlements, judgments, or awards must not stay hospital obligations to consider an eligible patient for charity care.

Medicaid and Health Benefit Exchange Obligations:

For services provided to patients on or after July 1, 2022, the following procedures will apply for identifying patients and/or their guarantors who may be eligible for health care coverage through Washington medical assistance programs (e.g., Apple Health) or the Washington Health Benefit Exchange:

1. As a part of the charity care application process for determining eligibility for financial assistance and charity care, Skyline Health will query as to whether a patient or their guarantor meets the criteria for health care coverage under medical assistance programs under chapter 74.09 RCW or the Washington Health Benefit Exchange.
2. If information in the application indicates that the patient or their guarantor is eligible for coverage, Skyline Health will assist the patient or their guarantor in applying by, among other things, **[insert specific activities the HOSPITAL will perform, e.g.: providing the patient or their guarantor with information about the necessary forms that must be completed or connecting them with other individuals or agencies who can assist]**. In providing assistance to the application process, Skyline Health will take into account any physical, mental, intellectual, sensory deficiencies or language barriers which may hinder either the patient or their guarantor from complying with the application procedures and will not impose procedures on the patient or guarantor that would constitute an unreasonable burden.
3. If the patient or guarantor fails to make reasonable efforts to cooperate with Skyline Health in applying for coverage under chapter 74.09 RCW or the Washington Health Benefit Exchange, Skyline Health is not obligated to provide charity care to such patient.
4. If a patient or their guarantor is obviously or categorically ineligible or has been deemed ineligible for coverage through medical assistance programs under chapter 74.09 RCW or the Washington Health Benefit Exchange in the prior 12 months, Skyline Health will not require the patient or their guarantor to apply for such coverage.

Final Determination

1. Time Frame: Skyline Health shall provide final determination within fourteen (14) days of receipt of all application and documentation material.
2. Denials: Denials will be written and include instructions for appeal or reconsideration as follows:

The Patient or Guarantor may appeal the determination of eligibility for financial assistance by providing additional verification of income or family size to the Credit and Collection Representative within Thirty (30) days receipt of notification of denial. The Controller of Fiscal Services will review all appeals. If this determination affirms the previous denial of

charity care, written notification will be sent to the patient/guarantor and the Department of Health, in accordance with Washington State Law.

Other Assistance

Uninsured discounts: We offer a discount for patients who do not have health insurance coverage.

Payment plans: Any balance for amounts owed is due within 30 days. The balance can be paid in any of the following ways: credit card, payment plan, cash, check, or online bill pay. The business office handles payment plan options also.

Emergency Care: Skyline Health has a dedicated emergency department and provides care for emergency medical conditions (as defined by the Emergency Medical Treatment and Labor Act) without discrimination consistent with available capabilities, without regard to whether or not a patient has the ability to pay or is eligible for financial assistance.

Collections: Providing health care to those who cannot afford to pay and the indigent population is part of our mission and state law requires discounted care to eligible patients. A patient may qualify for free or discounted care based on family size and income even if they have health insurance. Charity Care is still available to patients when collections is necessary.

Standardized Training Program

Skyline Health has developed a standardized training program regarding the hospital's Financial Assistance/Charity Care Policy and the use of interpreter services. The Health Stream program will be utilized to train all registration, admission and billing personnel on an annual basis.

Documentation and Records

CONFIDENTIALITY

All information relating to the application will be kept in strict confidence. Copies of documents that support the application will be kept with the application form.

Documents pertaining to financial assistance shall be retained for Seven (7) years.

Communication Plan

Skyline Health uses the terms financial assistance and charity care.

- “Charity care” is the term used in state law. This term may be well known, but patients may be put off or confused by this term.
- “Financial assistance” is the term focus groups prefer. It encompass both “charity care” and the broader context of hospital financial assistance (which can include assistance with Medicaid applications and more).

Skyline Health provides information on the hospital website.

- Information is available on the hospital website and does not require patients to log on to any system to access.
- Information included is the hospital’s financial assistance policy, a plain language summary of the financial assistance policy, the hospital’s financial assistance application, information

on the current federal poverty levels by family size, and contact information for a specific hospital department for those needing assistance.

- The application and plain language summary are also posted on the website in Spanish which is spoken by more than 10% of the local population.

Skyline Health provides information widely throughout the facility and publicly posts Charity Care information.

- Patients are offered a written plain language summary of the hospital's financial assistance policy either as part of the registration process or upon discharge.
- Patients receive a paper copy of the hospital's financial assistance policy, plain language summary of the financial assistance policy, financial assistance application form, and information on the current federal poverty levels by family size upon request. This includes having paper copies available in the hospital or via mail upon request. Skyline provides these documents free of charge.
- Skyline Health has trained key staff (reception and customer service staff among others) to be able to refer patients who are seeking financial assistance information as well as community members expressing concern about hardship or difficulty paying for health care.
- Charity care flyers are available in the rack in the front lobby for all visitors' information.
- The hospital posts the charity care notice prominently in all admission/registration areas, ER and billing areas of the hospital. The notice will include all languages spoken by more than ten percent of the population of the hospital service area.
- Skyline Health includes information on the first page of billings statements regarding the Charity Care availability stating "You may qualify for free care or a discount on your hospital bill, whether or not you have insurance. Please contact our financial assistance officer at 509-493-1101 for more information." This statement will be in Spanish also on the billing statements.

Skyline Health provides information on assistance to inpatients in post discharge communications.

- Skyline provides a plain language summary of the hospital's financial assistance policy in the discharge packet that is given to every inpatient.

Skyline Health notifies patients that they may receive additional third party billings.

- This information is included in the pamphlet entitled "Understanding your Hospital Bill". This flyer is in the front lobby pamphlet rack and in the inpatient discharge packet.

Skyline Health notifies patients they may request an estimate of hospital charges.

- Skyline posts information in patient registration areas to inform patients that they may request an estimation of charges.

Skyline Health will provide Charity Care information in Spanish or any other language when need arises.

Charity Care determination letter

A determination of patient eligibility for Charity Care must be completed within 14 days of receipt of application from the patient. The following Charity Care Determination Letter is mailed to the applicant with the decision:

Charity Care Determination Letter

Date

Dear Skyline patient:

Skyline Health received your Charity Care application on _____(date).

A determination of eligibility must be completed by Skyline within 14 days. Your determination was completed on _____(date). A decision was made as follows (check one box only):

You qualify for a _____% discount in the amount of \$_____. This amount has been applied to your balance at Skyline Hospital. The remaining balance due from you to Skyline is \$_____.

Your request for Charity Care at Skyline Hospital is denied because:

- No supporting documentation was received by Skyline
- Your income is above the Federal Poverty Guideline Standards
- You do not reside within the hospital’s service area

If you disagree with our conclusion, you may file an appeal within 30 days. Please submit your written appeal to Skyline Health Charity Care, PO Box 99, White Salmon, WA 98672. In the appeal, you may correct any deficiencies in documentation or request review of the denial and by Skyline’s Chief Financial Officer. Skyline will then make a final determination and you will be notified in writing of this decision. A copy will also be sent to the department of health with appropriate documentation.

Thank you,

Charity Care Administrator

Skyline Health