

Are you TITLE:	Financial Assistance (Charity Care) - Patient Financial Services	NUMBER: 8530-553
ORIGINATING DEPT:	Patient Financial Services (PFS)	PAGE 1 of 5

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SCOPE:

Patient Financial Services (PFS), Administration, Accounting

GENERAL POLICY STATEMENT:

Patients who receive emergency or medically necessary care at Columbia Memorial Hospital (CMH) will be given the opportunity to apply for financial assistance. Patients/guarantors who meet the eligibility requirements established in this policy will receive discounts to patient balances, reducing their financial obligations for payment of services.

PURPOSE:

CMH is committed to providing emergency and other medically necessary care to all patients without regard to race, creed, sex, national origin, disability, age, sexual orientation or ability to pay. This policy defines the procedure to administer financial assistance to eligible patients receiving medically necessary and emergency services at CMH.

DEFINITIONS:

Financial Assistance: Eligible patients/guarantors whose household income is at or below 300% of the Federal Poverty Guidelines will receive full financial assistance. Patients/guarantors whose household income is 301%-400% of the Federal Poverty Guidelines will receive 65% discount on charges.

Emergency Medical Treatment: CMH has an emergency department and provides care for emergency medical conditions in accordance with the Emergency Medical Treatment and Labor Act (EMTALA).

Medically Necessary: CMH follows the state’s definition of medical necessity as “necessary to prevent, diagnose or treat an illness, injury, condition or disease, or the symptoms of an illness, injury, condition or disease; and meeting accepted standards of medicine.”

PROCEDURE:

- I. Eligibility Criteria:
 - A. The request for financial assistance may be made at any time prior to, during, or after the provision of care. All collections attempts will be placed on hold during the application/determination period.
 - B. Financial assistance is provided secondary to all other coverages.
 - C. Patients may be considered presumptively eligible if the patient is covered under Medicaid, has verified financial hardship program, is homeless, deceased without spouse and has no estate, or approved by the court for bankruptcy. While a full application may

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- not be required, attestations and supporting income information must be provided.
- D. Patients will be screened for eligibility for other funding options (i.e., Medicaid, healthcare exchange plans) upon request, and prior to account assignment to a collection agency.
 - E. Only medically necessary or emergency medical care will be considered for financial assistance.
 - F. Uninsured patients receive a 20% discount. If a patient qualifies for financial assistance, the discount will be applied to the remaining 80%.
 - G. Financial assistance is offered to eligible residents of Oregon or Washington.
 - H. In extenuating circumstances, where it can support a financial hardship exists, CMH may offer financial assistance at its own determination.
 - I. Excluded services:
 1. Services not considered medically necessary according to the definition in this policy.
 2. Patients who have insurance but elect not to use it.
 3. Elective procedures (i.e., infertility treatment, sterilization reversal, school or work-required exams, aesthetics).
 4. Patients electing to receive out-of-network care. Exceptions may be made if services were properly authorized and after insurance has adjudicated the claims.
 5. For services that are not identified as emergency medical conditions or medically necessary, financial assistance should be determined prior to service. The provider of service and medical director will submit a “special circumstances” request to the Revenue Cycle Director.
 - J. A patient’s eligibility is determined by the Financial Counselor during the screening process based upon the Federal Poverty Level Guidelines, household size, living expenses, and other assets which are available for payment. A patient/guarantor’s primary residence and automobiles will not be considered in asset evaluation. The patient’s income history and financial situation will be reviewed, and if there are insufficient assets available for payment, assistance will be provided based upon the schedule below.

Income % of the Federal Poverty Level	Discount %
0% - 300%	100%
301% - 400%	65%*
>400% uninsured	20% Self-Pay Discount

Sources of income include:

- “W-2” withholding statement;
- 60 days’ pay stubs;
- An income tax return from the most recently filed calendar year;
- Forms approving or denying eligibility for Medicaid and/or state funded medical assistance;
- Forms approving or denying unemployment compensation; or written statements from employers or welfare agencies.
- Self-employed patient/guarantors must provide a copy of the most recent tax returns and a Profit and Loss statement for the business

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*Minimum charity discount is based on AGB as described below and will be reviewed annually and revised if necessary to comply with IRS 501(r).

AGB or Amounts Generally Billed represents the typical reimbursement of patients whose insurance covers their care. A patient eligible for Financial Assistance may not be charged more than AGB for emergency or other medically necessary care. AGB has been determined using the look-back method using the top or top three payers based upon billed amounts.

II. Method for Application:

- A. Patients/guarantors wishing to make application for financial assistance with CMH will be given a Financial Assistance Application, which includes instructions on how to apply.
 1. Requests may be made via phone: 503-338-7530
 2. Download from CMH website <https://columbiamemorial.org/billing-insurance/financial-assistance/>
 3. In-person request from CMH Patient Financial Services offices, CMH Medical Group practices, or CMH Emergency Department.
 4. Included in patient statement
 5. Any other methods specified in CMH Credit and Collections policy
- B. Financial Counselors and Patient Financial Services staff assist patients in applying for financial assistance or accessing other payment options (i.e., Medicaid, zero-interest short-term payment plans, and other extended payment options).
- C. Consideration for financial assistance will occur once the applicant supplies a completed Financial Assistance Application with supporting documents to the CMH Patient Financial Services office.
- D. CMH will make every attempt to make assistance determinations within 21 calendar days of receiving a completed Financial Assistance Application. Accounts pending a determination will be placed on hold (no collection effort made) for up to 21 calendar days while the application is being processed.
- E. Financial assistance may be denied if the application is not completed and returned to CMH within 30 calendar days of receipt by the responsible party. Collection efforts will be suspended during the time the patient/guarantor remains engaged in the financial assistance application process. Patients/guarantors must respond within 10 business days to requests for information to be considered engaged in the application process.
- F. Financial assistance will not be considered without a completed Financial Assistance Application unless sufficient, like information can be obtained that allows for a final determination without an application (presumptive qualifications excluded).
- G. CMH will keep all applications and supporting documentation confidential. CMH may, at its own expense, request a credit report to further verify the information on the application. Incomplete applications may be denied and returned with a statement of what information is needed and how to reapply.
- H. If financial assistance is awarded, the discount will be applied to services occurring within the 240-day eligibility window from the first post-discharge statement and will remain in effect for six months following the determination. If a patient made payments

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on eligible accounts, those payments will be refunded.

- I. The Director of Revenue Cycle will make the final determination on all applications for financial assistance for medically necessary services. Any requests over \$25,000 must also be approved by the Chief Financial Officer or designee. Any approvals over \$50,000 must be approved by the Chief Executive Officer (CEO).

III. Relationship to Billing and Collections

Any unpaid balances owed by patients or guarantors after application of available discounts, and after an elapsed time-period of 120 days from the post-discharge statement, and 4 statements have been mailed or attempt to contact made, are referred to a collection agency in accordance with the Credit and Collections Policy. This Policy is available in Emergency Department registration, outpatient registration, Patient Financial Service offices and Care Management.

IV. Appeals

The applicant may appeal a financial assistance determination by providing additional information, such as income verification or an explanation of extenuating circumstances, to the Director of Revenue Cycle within 30 calendar days of receiving notification. The Director of Revenue Cycle will review all appeals and submit to the Chief Financial Officer for final determination. The responsible party will be notified of the appeals outcome. Collection efforts on accounts will be placed on hold during the appeal process.

V. Documentation and Recordkeeping:

The Financial Counselors will maintain all documentation of financial assistance within the Patient Financial Services files. The file will include all applications, determinations, and supporting documentation.

VI. Availability:

CMH will communicate the availability of Financial Assistance to patients in the following ways:

- A. Notification posted in key areas of the hospital and outpatient service areas including the emergency room, admitting and Patient Financial Services
- B. CMH website at <https://columbiamemorial.org/billing-insurance/>
- C. Patient statements
- D. Patient Access caregivers will be trained to offer financial assistance and refer patients to Financial Counselors
- E. All patients may request an application or paper copy of the Financial Assistance Policy by contacting Patient Financial Services:
 CMH Health and Wellness Pavilion
 2265 Exchange St.
 Astoria, OR 97103
 Phone (503) 338-7530

VII. Scope:

Financial assistance is available to qualified individuals receiving services provided at CMH. Some services may be provided by external, contracted providers. If CMH qualifies an individual for financial assistance, Patient Financial Services will coordinate with external

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billing entities to ensure the financial assistance determination is honored.

KEY WORDS:

Charity, financial, assistance, hardship

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