

## COMMONSPIRIT HEALTH GOVERNANCE POLICY

**SUBJECT:** Financial Assistance    **EFFECTIVE DATE:** July 1, 2022

**POLICY NUMBER:** Finance G-003    **ORIGINAL EFFECTIVE DATE:** July 1, 2021

### POLICY

Pursuant to Internal Revenue Code (IRC) Section 501(r), in order to remain tax-exempt, each CommonSpirit Health Hospital Organization is required to establish a written Financial Assistance Policy (FAP) and an Emergency Medical Care Policy which apply to all Emergency Medical Care and Medically Necessary Care (herein referred to as EMCare) provided in a Hospital Facility. The purpose of this Policy is to describe the conditions under which a Hospital Facility provides Financial Assistance to its patients. In addition, this Policy describes the actions a Hospital Facility may take in the event of nonpayment of a patient account.

### SCOPE

This Policy applies to CommonSpirit and each of its tax-exempt Direct Affiliates<sup>1</sup> and tax-exempt Subsidiaries<sup>2</sup> that operate a Hospital Facility (referred to individually as a CommonSpirit Hospital Organization and collectively as CommonSpirit Hospital Organizations). It is the policy of CommonSpirit to provide, without discrimination, EMCare in CommonSpirit Hospital Facilities to all patients, without regard to a patient's financial ability to pay.

<sup>1</sup> A Direct Affiliate is any corporation of which CommonSpirit Health is the sole corporate member or sole shareholder, as well as Dignity Community Care, a Colorado nonprofit corporation.

<sup>2</sup> A Subsidiary refers to either an organization, whether nonprofit or for-profit, in which a Direct Affiliate holds the power to appoint fifty percent (50%) or more of the voting members of the governing body of such organization or holds fifty percent (50%) or more of the voting rights in such organization (as evidenced by membership powers or securities conferring certain decision-making authority on the Direct Affiliate) or any organization in which a Subsidiary holds such power or voting rights.

### PRINCIPLES

As Catholic health care providers and tax-exempt organizations, CommonSpirit Hospital Organizations are called to meet the needs of patients and others who seek care, regardless of their financial abilities to pay for services provided.

The following principles are consistent with CommonSpirit's mission to deliver compassionate, high-quality, affordable healthcare services and to advocate for those who are poor and vulnerable. It is the desire of CommonSpirit Hospital Organizations that the financial ability of people who need health care services does not prevent them from seeking or receiving care.

CommonSpirit Hospital Organizations will provide, without discrimination, Emergency Medical Care to individuals regardless of their eligibility for Financial Assistance or for government assistance in CommonSpirit Hospital Facilities.

CommonSpirit Hospital Organizations are dedicated to providing Financial Assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for non-emergent Medically Necessary Care provided in CommonSpirit Hospital Facilities.

## **APPLICATION**

### A. This Policy applies to:

- All charges for EMCare provided in a Hospital Facility by a CommonSpirit Hospital Organization.
- All charges for EMCare provided by a physician or advanced practice clinician who is employed by a CommonSpirit Hospital Organization if such care is provided within a Hospital Facility.
- All charges for EMCare provided by a physician or advanced practice clinician who is employed by a Substantially-Related Entity that occurs within a Hospital Facility.
- Non-covered Medically Necessary Care provided to patients where the patient would bear responsibility for the charges, such as charges for days beyond a length of stay limit or in circumstances where the patient's benefits have been exhausted.
- Collection and recovery activities shall be conducted in accordance with the [CommonSpirit Governance Policy Finance G-004 Billing and Collections](#).

### B. Coordination with Other Laws

The provision of Financial Assistance may be subject to additional laws or regulations pursuant to federal, state or local laws. Such law governs to the extent it imposes more stringent requirements than this Policy. In the event that a subsequently adopted state or local law directly conflicts with this Policy, the CommonSpirit Hospital Organization shall, after consultation with its local CommonSpirit Legal Team representative, CommonSpirit Revenue Cycle leadership, and CommonSpirit Tax leadership, be permitted to adopt an addendum to this Policy before the next policy review cycle, with

such minimal changes to this Policy as are necessary to achieve compliance with any applicable laws.

## DEFINITIONS

**Amounts Generally Billed (AGB)** means the maximum charge a patient who is eligible for Financial Assistance under this Financial Assistance Policy is personally responsible for paying, after all deductions and discounts (including discounts available under this Policy) have been applied and less any amounts reimbursed by insurers. No patient eligible for Financial Assistance will be charged more than the AGB for EMCare provided to the patient. CommonSpirit calculates the AGB on a Facility-by-Facility basis using the “lookback” method by multiplying the “Gross Charges” for any EMCare that it provides by AGB percentages, which are based upon past claims allowed under Medicare and private insurance as set forth in federal law. “Gross Charges” for these purposes means the amount listed on each Hospital Facility’s chargemaster for each EMCare service.

**Application Period** means the time provided to patients by the CommonSpirit Hospital Organization to complete the Financial Assistance application. It expires on the later of (i) 365 days from the patient’s discharge from the Hospital Facility or the date of the patient’s EMCare, or (ii) 240 days from the date of the initial post-discharge bill for the EMCare received at a Hospital Facility.

**CommonSpirit Entity Service Area** means, for purposes of this Policy, the community served by a Hospital Facility as described in its most recent Community Health Needs Assessment, as described in IRC Section 501(r)(3).

**Community Health Needs Assessment (CHNA)** is conducted by a Hospital Facility at least once every three (3) years pursuant to IRC Section 501(r)(1)(A); each CommonSpirit Hospital Organization then adopts strategies to meet the community health needs identified through the CHNA.

**Eligibility Determination Period** - For purposes of determining Financial Assistance eligibility, a Hospital Facility will review annual Family Income from the prior six-month (6) period, or the prior tax year as shown by recent pay stubs or income tax returns and other information. Proof of earnings may be determined by annualizing the year-to-date Family Income, taking into consideration the current earnings rate.

**Eligibility Qualification Period** - After submitting the Financial Assistance application and supporting documents, patients approved to be eligible shall be granted Financial Assistance for all eligible accounts incurred for services received twelve (12) months prior to the determination date, and prospectively for a period of six (6) months from the determination date. If eligibility is approved based on Presumptive Eligibility

criteria, Financial Assistance will also be applied to all eligible accounts incurred for services received twelve (12) months prior to the determination date.

**Emergency Medical Care, EMTALA** - Any patient seeking care for an emergency medical condition within the meaning of Section 1867 of the Social Security Act (42 U.S.C. 1395dd) at a Hospital Facility shall be treated without discrimination and without regard to a patient's ability to pay for care. Furthermore, any action that discourages patients from seeking EMCare, including, but not limited to, demanding payment before treatment or permitting debt collection and recovery activities that interfere with the provision of EMCare, is prohibited. Hospital Facilities shall also operate in accordance with all federal and state requirements for the provision of care relating to emergency medical conditions, including screening, treatment and transfer requirements under the federal Emergency Medical Treatment and Labor Act (EMTALA) and in accordance with 42 CFR 482.55 (or any successor regulation). Hospital Facilities should consult and be guided by any CommonSpirit EMTALA Policy, EMTALA regulations, and applicable Medicare/Medicaid Conditions of Participation in determining what constitutes an emergency medical condition and the processes to be followed with respect to each.

**Extraordinary Collection Actions (ECAs)** - The Hospital Facility will not engage in ECAs against an individual prior to making a reasonable effort to determine eligibility under this

Policy. An ECA may include any of the following actions taken in an effort to obtain payment on a bill for care:

- Selling an individual's debt to another party except as expressly provided by federal law; and
- Reporting adverse information about the individual to consumer credit bureaus.

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

**Family** means (using the Census Bureau definition) a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service (IRS) rules, if the patient claims someone as a dependent on his or her income tax return, that person may be considered a dependent for purposes of the provision of Financial Assistance. If IRS tax documentation is not available, family size will be determined by the number of dependents documented on the Financial Assistance application and verified by the Hospital Facility.

**Family Income** is determined consistent with the IRS definition of Modified Adjusted Gross Income for the applicant and all members of the applicant's Family. In determining eligibility, CommonSpirit Hospital Organization may consider the 'monetary assets' of the patient's Family. However, for purposes of this determination, monetary assets will not include retirement or deferred compensation plans.

**Federal Poverty Level Guidelines (FPL)** are updated annually in the Federal Register by the United States Department of Health and Human Services under the authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current guidelines can be referenced at <http://aspe.hhs.gov/poverty-guidelines>

**Financial Assistance** means assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for EMCare provided in a Hospital Facility and who meet the eligibility criteria for such assistance. Financial Assistance is offered to insured patients to the extent allowed under the patient's insurance carrier contract.

**Guarantor** means an individual who is legally responsible for payment of the patient's bill.

**Hospital Facility (or Facility)** means a healthcare facility that is required by a state to be licensed, registered or similarly recognized as a hospital and that is operated by a CommonSpirit Hospital Organization.

**Medically Necessary Care** means any procedure reasonably determined (by a provider) to be necessary to prevent, diagnose, correct, cure, alleviate, or avert the worsening of any condition, illness, injury or disease that endangers life, cause suffering or pain, results in illness or infirmity, threatens to cause or aggravate a handicap, or cause physical deformity or malfunction, or to improve the functioning of a malformed body member, if there is no other equally effective, more conservative or less costly course of treatment available. Medically Necessary Care does not include elective or cosmetic procedures only to improve aesthetic appeal of a normal, or normally functioning, body part.

**Operates a Hospital Facility** - A Hospital Facility is considered to be operated either by use of its own employees or by contracting out the operation of the Facility to another organization. A Hospital Facility may also be operated by a CommonSpirit Hospital Organization if the CommonSpirit Hospital Organization has a capital or profits interest in an entity taxed as a partnership which directly operates a state licensed Hospital Facility or which indirectly operates a state licensed Hospital Facility through another entity taxed as a partnership.

**Presumptive Financial Assistance** means the determination of eligibility for Financial Assistance that may rely on information provided by third-party vendors and other publicly available information. A determination that a patient is presumptively eligible for Financial Assistance will result in free or discounted EMCare for the period during which the individual is presumptively eligible.

**Substantially-Related Entity** means, with respect to a CommonSpirit Hospital Organization, an entity treated as a partnership for federal tax purposes in which the Hospital Organization owns a capital or profits interest, or a disregarded entity of which the Hospital Organization is the sole member or owner, that provides EMCare in a state

licensed Hospital Facility, unless the provision of such care is an unrelated trade or business described in IRC Section 513 with respect to the Hospital Organization.

**Uninsured** means an individual having no third-party coverage by a commercial third-party insurer, an ERISA plan, a Federal Health Care Program (including without limitation Medicare, Medicaid, SCHIP and TRICARE), Worker's Compensation, or other third-party assistance to assist with meeting his or her payment obligations.

**Underinsured** means an individual with private or public insurance coverage, for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for EMCare covered by this Policy.

## **ELIGIBILITY FOR FINANCIAL ASSISTANCE**

### **A. Financial Assistance Available for EMCare**

A patient who qualifies for Financial Assistance will receive free or discounted EMCare, and as such will never be responsible for more than AGB for EMCare. Financial Assistance shall be provided to patients who meet the eligibility requirements as described herein and have established residency within the CommonSpirit Entity Service Area as defined by the most recent Hospital Facility CHNA, unless the visit is urgent or emergent or occurs within a California Hospital Facility. Residents of countries outside the United States of America are not eligible for financial assistance without prior approval from the Hospital Facility Chief Financial Officer (or his or her designee), unless the visit is urgent or emergent. All scheduled services for patients who reside outside the CommonSpirit Entity Service Area require prior approval from the Hospital Facility Chief Financial Officer (or his or her designee). If an ordering provider has requested services at a Hospital Facility and the same service is also provided at another facility closer to the patient's residence and outside the CommonSpirit Entity Service Area, the Hospital Facility may request the ordering provider to re-evaluate the services and request the services be performed closer to the patient's residence.

### **B. Financial Assistance Not Available for Other than EMCare**

Financial Assistance is not available for care other than EMCare. In the case of care other than EMCare, no patient will be responsible for more than the net charges for such care (gross charges for such care after all deductions and insurance reimbursements have been applied).

### **C. Amount of Financial Assistance Available**

Eligibility for Financial Assistance will be considered for those individuals who are Uninsured, Underinsured, ineligible for any government health care benefit program,

and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of Financial Assistance shall be based on an individualized determination of financial need, and shall not take into account any potential discriminatory factors such as age, ancestry, gender, gender identity, gender expression, race, color, national origin, sexual orientation, marital status, social or immigrant status, religious affiliation, or any other basis prohibited by federal, state, or local law.

Unless eligible for Presumptive Financial Assistance, the following eligibility criteria must be met in order for a patient to qualify for Financial Assistance:

- The patient must have a minimum account balance of ten dollars (\$10.00) with the CommonSpirit Hospital Organization. Multiple account balances may be combined to reach this amount. Patients/Guarantors with balances below ten dollars (\$10.00) may contact a financial counselor to make monthly installment payment arrangements.
- The patient must comply with Patient Cooperation Standards as described herein.
- The patient must submit a completed Financial Assistance Application (FAA)

#### **D. Charity Care**

**Up to 200% of the FPL** – Any patient whose Family Income is at or below 200% of the FPL, including, without limitation, any Uninsured or Underinsured patient, is eligible to receive Financial Assistance up to a 100% discount from his or her account balance for eligible services provided to the patient after payment, if any, by any third-party(ies).

**201% - 400% of the FPL** – Any patient whose Family Income is at or above 201% but lower than 400% of the FPL, including, without limitation, any Uninsured or Underinsured patient, is eligible to receive Financial Assistance reducing his or her account balance for eligible services provided to the patient after payment, if any, by any third-party(ies), to an amount no more than the Hospital Facility's AGB.

#### **E. Patient Cooperation Standards**

A patient must cooperate with the Hospital Facility in providing the information and documentation necessary to determine eligibility. Such cooperation includes completing any required applications or forms. The patient is responsible for notifying the Hospital Facility of any change in financial situation that would impact the assessment of eligibility.

A patient must exhaust all other payment options, including private coverage, federal, state and local medical assistance programs, and other forms of assistance provided by third parties prior to being approved. An applicant for Financial Assistance is responsible for applying to public programs for available coverage. He or she is also

expected to pursue public or private health insurance payment options for care provided by a CommonSpirit Hospital Organization within a Hospital Facility.

A patient's and, if applicable, any Guarantor's cooperation in applying for applicable programs and identifiable funding sources, shall be required. A Hospital Facility shall make affirmative efforts to help a patient or patient's Guarantor apply for public and private program, which may include coverage under a health insurance exchange, commercial health insurance, or health plan coverage purchased through COBRA. If a Hospital Facility determines that coverage under a health insurance exchange, commercial health insurance, or a COBRA plan is potentially available, and that a patient is not a Medicare or Medicaid beneficiary, the Hospital Facility may require that the patient or Guarantor (i) provide the Hospital Facility and applicable foundation with information necessary to determine the monthly premium for such patient, and (ii) cooperate with Hospital Facility and foundation staff to determine whether he or she qualifies for premium assistance, which may be offered (through designated foundation funds) for a limited time to assist in securing the insurance coverage mentioned above.

#### **F. Uninsured Patient Discount**

Non-covered services under an insurance policy and patients/Guarantors that provide evidence that no health insurance coverage exists either through an employer-provided program or a governmental program such as Medicare, Medicaid or other state and local program to pay for the medically necessary health care services rendered to the patient, shall be eligible for an Uninsured Patient Discount. This Discount shall not apply to cosmetic or non-medically necessary procedures and will only be available for eligible services.

Each Hospital Facility shall calculate and determine the discount from gross charges available to eligible patients. The Financial Assistance described above supersedes this Uninsured Patient Discount. If it is determined that the application of Financial Assistance will further reduce the patient's bill, Hospital Facility will reverse the Uninsured Patient Discount and apply the applicable adjustments under the Financial Assistance Policy.

#### **G. Self-Pay Discount**

For those Uninsured patients who do not qualify for any of the financial assistance discounts described in this Policy, Hospital Facilities may apply an automatic (self-pay) discount to a patient's bill in accordance with CommonSpirit Revenue Cycle guidelines and procedures. This self-pay discount is not means-tested.

## **THE METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE**



All patients must complete the CommonSpirit FAA to be considered for Financial Assistance, unless they are eligible for Presumptive Financial Assistance. The FAA is used by the Hospital Facility to make an individual assessment of financial need.

To qualify for assistance, patient must provide bank or checking account statements evidencing the patient's available resources (those convertible to cash and unnecessary for the patient's daily living) and at least one (1) piece of supporting documentation that verifies Family Income is required to be submitted along with the FAA. Supporting documentation may include, but is not limited to:

- Copy of the individual's most recently filed federal income tax return;
- Current Form W-2;
- Current pay stubs; or
- Signed letter of support

The Hospital Facility may, at its discretion, rely on evidence of eligibility other than described in the FAA or herein. Other evidentiary sources may include:

- External publicly available data sources that provide information on a patient/Guarantor's ability to pay;
- A review of patient's outstanding accounts for prior services rendered and the patient/Guarantor's payment history;
- Prior determinations of the patient's or Guarantor's eligibility for assistance under this Policy, if any; or
- Evidence obtained as a result of exploring appropriate alternative sources of payment and coverage from public and private payment programs

In the event no income is evidenced on a completed FAA, a written document is required which describes why income information is not available and how the patient or Guarantor supports basic living expenses (such as housing, food, and utilities). Financial Assistance applicants who participate in the National Health Services Corps (NHSC) Loan Repayment Program are exempt from submitting expense information.

## **PRESUMPTIVE ELIGIBILITY**

CommonSpirit Hospital Organizations recognize that not all patients and Guarantors are able to complete the FAA or provide requisite documentation. Financial counselors are available at each Hospital Facility location to assist any individual seeking application assistance. For patients and Guarantors who are unable to provide required documentation, a Hospital Facility may grant Presumptive Financial Assistance based on information obtained from other resources. In particular, presumptive eligibility may be determined on the basis of individual life circumstances that may include:

- Recipient of state-funded prescription programs;

- Homeless or one who received care from a homeless or free care clinic;
- Participation in Women, Infants and Children programs (WIC);
- Food stamp eligibility;
- Eligibility or referrals for other state or local assistance programs (e.g., Medicaid);
- Low income/subsidized housing is provided as a valid address; or
- Patient is deceased with no known spouse or known estate

This information will enable Hospital Facilities to make informed decisions on the financial needs of patients, utilizing the best estimates available in the absence of information provided directly by the patient. A patient determined eligible for Presumptive Financial Assistance will receive free or discounted EMCare for the period during which the individual is presumptively eligible.

Medicaid patients who receive non-covered medically necessary services will be considered for Presumptive Financial Assistance. Financial assistance may be approved in instances prior to the Medicaid effective date.

If an individual is determined to be presumptively eligible, a patient will be granted Financial Assistance for a period of twelve (12) months ending on the date of presumptive eligibility determination. As a result, Financial Assistance will be applied to all eligible accounts incurred for services received twelve (12) months prior to the determination date. The presumptively eligible individual will not receive financial assistance for EMCare rendered after the date of determination without completion of a FAA or a new determination of presumptive eligibility.

For patients, or their Guarantors, who are non-responsive to a Hospital Facility's application process, other sources of information may be used to make an individual assessment of financial need. This information will enable the Hospital Facility to make an informed decision on the financial need of non-responsive patients, utilizing the best estimates available in the absence of information provided directly by the patient.

For the purpose of helping financially needy patients, a Hospital Facility may use a third-party to review a patient's, or the patient's Guarantor's, information to assess financial need. This review utilizes a healthcare industry-recognized, predictive model that is based on public record databases. The model incorporates public record data to calculate a socio-economic and financial capability score. The model's rule set is designed to assess each patient based upon the same standards and is calibrated against historical Financial Assistance approvals by the Hospital Facility. This enables the Hospital Facility to assess whether a patient is characteristic of other patients who have historically qualified for Financial Assistance under the traditional application process.

When the model is utilized, it will be deployed prior to bad debt assignment after all other eligibility and payment sources have been exhausted. This allows a Hospital Facility to screen all patients for Financial Assistance prior to pursuing any ECAs. The

data returned from this review will constitute adequate documentation of financial need under this Policy.

In the event a patient does not qualify for presumptive eligibility, the patient may still provide requisite information and be considered under the traditional FAA process.

Patient accounts granted presumptive eligibility status will be provided free or discounted care for eligible services for retrospective dates of service only. This decision will not constitute a state of free or discounted care as available through the traditional application process. These accounts will be treated as eligible for Financial Assistance under this Policy. They will not be sent to collection, will not be subject to further collection action, and will not be included in Hospital Facility bad debt expense. Patients will not be notified to inform them of this decision. Additionally, any deductible and coinsurance amount claimed as a Medicare bad debt shall be excluded from the reporting of charity care.

Presumptive screening provides a community benefit by enabling a CommonSpirit Hospital Organization to systematically identify financially needy patients, reduce administrative burdens, and provide Financial Assistance to patients and their Guarantors, some of whom may have not been responsive to the FAA process.

## **NOTIFICATION ABOUT FINANCIAL ASSISTANCE**

Notification about the availability of Financial Assistance from CommonSpirit Hospital Organizations shall be disseminated by various means, which may include, but not be limited to:

- Conspicuous publication of notices in patient bills;
- Notices posted in emergency rooms, urgent care centers, admitting/registration departments, business offices, and at other public places as a Hospital Facility may elect; and
- Publication of a summary of this Policy on the Hospital Facility's website, as provided in Addendum A, and at other places within the communities served by the Hospital Facility as it may elect

Patients may obtain additional information regarding the Hospital Facility's AGB percentage and how the AGB percentages were calculated from a Hospital Facility's financial counselor as provided in Addendum A.

Such notices and summary information shall include a contact number and shall be provided in English, Spanish, and other primary languages spoken by the population served by an individual Hospital Facility, as applicable.

Referral of patients for Financial Assistance may be made by any member of the CommonSpirit Hospital Organization non-medical or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

CommonSpirit Hospital Organizations will provide financial counseling to patients about their bills related to EMCare and will make the availability of such counseling known. It is the responsibility of the patient or the patient's Guarantor to schedule consultations regarding the availability of Financial Assistance with a financial counselor.

A provider listing will be published by each CommonSpirit Hospital Facility on its website, on or before July 1, 2021, and will be updated by management periodically (but no less than quarterly) thereafter.

## **ACTIONS IN THE EVENT OF NON-PAYMENT**

The actions a CommonSpirit Hospital Organization may take in the event of nonpayment with respect to each Hospital Facility are described in a separate policy, [CommonSpirit Governance Policy Finance G-004 Billing and Collections](#) . Members of the public may obtain a free copy of this Policy by contacting the Hospital Facility Patient Access/Admitting department, as provided in Addendum A.

## **APPLICATION OF PROCEDURES**

CommonSpirit Revenue Cycle leadership is responsible for the implementation of this Policy.

## **ATTACHMENTS**

Financial Assistance Application (FAA)

## **REFERENCES**

[CommonSpirit Governance Policy Finance G-004 Billing and Collections](#)

## ASSOCIATED DOCUMENTS

[CommonSpirit Governance Addendum Finance G-003A-1, Financial Assistance - California](#)

[CommonSpirit Governance Addendum Finance G-003A-2, Financial Assistance - Oregon](#)

[CommonSpirit Governance Addendum Finance G-003A-3, Financial Assistance - Washington](#)

[CommonSpirit Governance Addendum Finance G-003A-A, Hospital Facility Financial Assistance Contact Information Addendum Template](#)

## ANNUAL APPROVAL

APPROVED BY THE COMMONSPIRIT HEALTH BOARD: June 23, 2022

## COMMONSPIRIT HEALTH GOVERNANCE POLICY ADDENDUM

**ADDENDUM:** Finance G-003A-1    **EFFECTIVE DATE:** July 1, 2021

**SUBJECT:** Financial Assistance - California

## ASSOCIATED POLICIES

[CommonSpirit Governance Policy Finance G-003 Financial Assistance](#)

[CommonSpirit Governance Policy Finance G-004 Billing and Collections](#)

As described in its CommonSpirit Governance Policy *Legal G-003, Financial Assistance* (the Financial Assistance Policy), it is the policy of CommonSpirit Health, and each of its tax-exempt Direct Affiliates<sup>1</sup> and tax-exempt Subsidiaries<sup>2</sup> that operate a Hospital Facility (referred to individually as a CommonSpirit Hospital Organization and collectively as CommonSpirit Hospital Organizations), to provide, without discrimination, Emergency Medical Care and Medically Necessary Care (as defined in the Financial Assistance Policy and herein referred to as EMCare) in CommonSpirit Hospital Facilities to all patients, without regard to a patient's financial ability to pay.

This California addendum (Addendum) documents CommonSpirit Hospital Organizations' compliance with the Hospital Fair Pricing Policies outlined in the California Health and Safety Code (Sections 127400-127446). All references to CommonSpirit Hospital Organizations herein refer to facilities located in the State of California. If any provision of this Addendum is in conflict with, or inconsistent with, any provision of the Financial Assistance Policy or [CommonSpirit Governance Policy Finance G-004 Billing and Collections](#), this Addendum shall control.

<sup>1</sup>A Direct Affiliate is any corporation of which CommonSpirit Health is the sole corporate member or sole shareholder, as well as Dignity Community Care, a Colorado nonprofit corporation.

<sup>2</sup> A Subsidiary refers to *either* an organization, whether nonprofit or for-profit, in which a Direct Affiliate holds the power to appoint fifty percent (50%) or more of the voting members of the governing body of such organization or holds fifty percent (50%) or more of the voting rights in such organization (as evidenced by membership powers or securities conferring certain decision-making authority on the Direct Affiliate) or any organization in which a Subsidiary holds such power or voting rights.

## DEFINITIONS

**Charity Care** means full Financial Assistance (i.e., 100% discount) to qualifying patients that relieves the patient and his or her guarantor of their entire financial obligation to pay for eligible services. Charity Care does not reduce the amount, if any, that a third party may be required to pay for eligible services provided to the patient. Within this Addendum, Charity Care is differentiated from discounts or other forms of financial assistance when discussing the amount granted under the Financial Assistance program as a full waiver of the account balance (Charity Care) versus a partial waiver of the account balance (discounts or other forms of financial assistance).

**Discounted Care** means partial Financial Assistance to qualifying patients to relieve the patient and his or her guarantor of a portion of their financial obligation to pay for eligible services. Discounted Care does not reduce the amount, if any, that a third party may be required to pay for eligible services provided to the patient. Discounts excluded from the Financial Assistance program are usual discounts whose application is not based on an ability to pay.

**Essential Living Expenses** are expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

**Family** includes the patient and: (a) For persons eighteen (18) years of age and older, a spouse, domestic partner, as defined in Section 297 of the California Family Code, and dependent children under twenty-one (21) years of age, whether living at home or not. (b) For persons under eighteen 18 years of age, a parent, caretaker relatives, and other children under twenty-one (21) years of age of the parent or caretaker relative.

**Family Income** is determined consistent with the IRS definition of Modified Adjusted Gross Income for the applicant and all members of the applicant's Family. In determining eligibility, Hospital may consider the 'monetary assets' of the patient's Family. However, for purposes of this determination, monetary assets will not include retirement or deferred compensation plans qualified under the Internal Revenue Code, or nonqualified deferred compensation plans. In addition, the first ten thousand dollars (\$10,000) of the monetary assets of the patient's Family shall not be counted in determining eligibility nor shall 50% of the monetary assets of the patient's Family over the first \$10,000 be counted in determining eligibility.

**Financial Assistance** means Charity Care, Discounted Care or other forms of financial assistance, as described in this Addendum. Financial assistance does NOT include:

- Bad debt or uncollectible charges that the organization recorded as revenue but wrote off due to a patient's failure to pay, or the cost of providing such care to such patients;
- The difference between the cost of care provided under Medi-Cal or other means-tested government programs or under Medicare and the revenue derived therefrom;
- Self-pay or prompt pay discounts; or
- Contractual adjustments with any third-party payers.

**Hardship Discount** is the additional discount provided to a patient who satisfies the criteria established below.

A **Patient with High Medical Costs** is a patient who has health coverage and who also meets one of the following two criteria: (a) annual out-of-pocket costs incurred by the individual at the CommonSpirit Hospital Organization exceed 10% of the patient's Family Income in the prior twelve (12) months; or (b) annual out-of-pocket medical expenses exceed 10% of the patient's Family Income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's Family in the prior twelve (12) months.

**Reasonable Payment Plan** is an extended payment plan in which the monthly payments are not more than 10% of a patient's Family Income for a month, after excluding deductions for Essential Living Expenses. Extended payment plans offered by a CommonSpirit Hospital Organizations to assist patients eligible under this Addendum shall be interest-free.

## **I. CALIFORNIA FINANCIAL ASSISTANCE PROGRAM REQUIREMENTS**

The following requirements of this Addendum apply to patients receiving services at a CommonSpirit Hospital Organization in the State of California.

### **A. Charity Care (Up to 250% of the FPL)**

Any patient whose Family Income is at or below 250% of the FPL, including, without limitation, any Uninsured patient or Patient with High Medical Costs, is eligible to receive Charity Care equal to a 100% discount from his or her account balance for eligible services provided to the patient after payment, if any, by any third party(ies).

### **B. Discount for Uninsured Patients and Patients with High Medical Costs (Less than or Equal to 350% of the FPL) and Extended Payment Plans**

Any Uninsured or Patient with High Medical Costs who does not qualify for Charity Care under paragraph (A) above and whose Family Income is at or below 350% of FPL is eligible to receive Discounted Care for eligible services received by the patient and an interest-free extended payment plan. This Discounted Care will limit the expected payment for eligible services to an amount that is (i) no more than the amount of payment the CommonSpirit Hospital Organization would in good faith expect to receive for providing services from Medicare, Medi-Cal, or another government-sponsored health care program in which the hospital participates, whichever is greatest, and (ii) in all events, no more than the AGB (as defined in the Financial Assistance Policy) for the eligible services provided to the patient.

Upon request, patients who receive Discounted Care will be provided an interest-free extended payment plan that will allow payment of the discounted amount over time. The CommonSpirit Hospital Organization and the patient shall negotiate the terms of the payment plan and take into consideration the Family Income and any Essential Living Expenses. If the CommonSpirit Hospital Organization and the patient cannot agree on the payment plan, the CommonSpirit Hospital Organization shall implement a Reasonable Payment Plan to allow payment of the discounted amount over time.

### **C. Additional Uninsured Discount (Greater than 350% and Less than or Equal to 500% of the FPL)**

Any Uninsured Patient or Patient with High Medical Costs who has a Family Income above 350% but at or below 500% of FPL is eligible to receive Discounted Care for eligible services received by the patient and an extended payment plan. The discount will limit the amount the patient is expected to pay to no more than the applicable AGB.

Upon request, any patient who receives this Discounted Care will also be provided an interest-free extended payment plan that allows for the payment of the discounted amount over not more than a thirty-month (30) period.

### **D. Additional Hardship Discounts**

A patient who receives Discounted Care, but (1) whose liability still exceeds 30% of the sum of (a) his or her Family Income, and (b) his or her monetary assets, and (2) who does not have the ability to pay his or her bill, as determined by a review of factors such



as projected Family Income for the coming year and existing or anticipated health care liabilities may be given an additional Hardship

Discount. For purposes of the determination of this Hardship Discount, the CommonSpirit Hospital Organization will not consider assets in retirement plans qualified under the Internal Revenue Code in effect at the time of the determination or deferred compensation plans.

If the patient meets all eligibility criteria, the patient will receive a Hardship Discount, which will reduce the patient's remaining liability to no more than 30% of the sum of his or her (1) Patient Family Income, and (2) monetary assets.

A patient may also receive discounts or waivers under this Addendum if considered homeless or transient or if they participate in a federal, state, or local managed indigent care program.

#### **E. Restriction on Application of Gross Charges**

For any care covered under this Addendum (whether Emergency Medical Care or Medically Necessary Care), the net amount the CommonSpirit Hospital Organization charges a patient determined to be eligible for Financial Assistance shall be less than the gross charges for such care. This amount will be equal to the amount the patient is personally responsible for paying after all deductions and discounts (including discounts available under this Addendum) have been applied and less any amounts reimbursed by insurers. This amount shall not include any amounts required to be paid by an insurer as a condition of coverage. A billing statement issued by the CommonSpirit Hospital Organization for care covered under the Addendum may state the gross charges for such care and apply contractual allowances, discounts, or deductions to the gross charges, provided that the actual amount the individual is personally responsible for paying is less than the gross charges for such care.

#### **F. Emergency Physician Services**

Any emergency physician that provides emergency medical services at a CommonSpirit Hospital Organization with an emergency care facility will provide discounts to Uninsured patients and Patients with High Medical Costs who are at or below 350% of the FPL.

#### **G. Billing and Collection Activities**

1. Any unpaid balances owed by patients or guarantors after application of available discounts, if any, may be referred to collections. Collection efforts on unpaid balances will cease pending final determination eligibility for Financial Assistance. No CommonSpirit Hospital Organization will perform, or allow collection agencies to perform, any ECA prior to either: (a) making a reasonable effort to determine if the patient qualifies for Financial Assistance; or (b) 150 days

after the first patient statement is sent. The [CommonSpirit Governance Policy Finance G-004 Billing and Collections](#) on the Hospital Facility website.

2. The CommonSpirit Hospital Organization shall obtain a written agreement from any agency that collects hospital receivables that it will adhere to the CommonSpirit Hospital Organization's standards and scope of practices. This agreement shall require the affiliate, subsidiary, or external collection agency of the CommonSpirit Hospital Organization that collects the debt to comply with the CommonSpirit Hospital Organization definition and application of a Reasonable Payment Plan as outlined in this Addendum.
3. The CommonSpirit Hospital Organization or other assignee that is an affiliate or subsidiary of the CommonSpirit Hospital Organization shall not, in dealing with patients eligible under this Addendum's charity care or discount payment provisions, use wage garnishments or liens on primary residences as a means of collecting unpaid hospital bills.
4. A collection agency or other assignee that is not a subsidiary or affiliate of the CommonSpirit Hospital Organization shall not, in dealing with any patient under this Addendum's charity care or discount payment provisions, use wage garnishments or the sale of a patient's primary residence as a means of collecting unpaid hospital bills.
5. Prior to commencing collection activities against a patient, the CommonSpirit Hospital Organization, any assignee of the CommonSpirit Hospital Organization, or other owner of the patient debt, including a collection agency, shall provide the patient with a clear and conspicuous written notice containing the following:
  - a. A plain language summary of the patient's rights pursuant to this article, the Rosenthal Fair Debt Collection Practices Act (Title 1.6C (commencing with Section 1788) of Part 4 of Division 3 of the Civil Code), and the federal Fair Debt Collection Practices Act (Subchapter V (commencing with Section 1692) of Chapter 41 of Title 15 of the United States Code). The summary shall include a statement that the Federal Trade Commission enforces the federal act.
  - b. Include the following statement or any further statement required by an amendment to California Health & Safety Code § 127430: "State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 a.m. or after 9:00 p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (382-4357) or online at [www.ftc.gov](http://www.ftc.gov)."
  - c. A statement that nonprofit credit counseling services may be available in the area.

6. The notice required by subparagraph (5) above shall also accompany any document indicating that the commencement of collection activities may occur.
7. The requirements of paragraph (G) shall apply to the entity engaged in the collection activities. If a CommonSpirit Hospital Organization assigns or sells the debt to another entity, the obligations shall apply to the entity, including a collection agency, engaged in the debt collection activity.

## **NOTICE TO PATIENTS REGARDING FINANCIAL ASSISTANCE**

**A. Paper Copy of Plain Language Summary.** The CommonSpirit Hospital Organization will notify and inform patients about the Financial Assistance Policy by offering a paper copy of the plain language summary of the Financial Assistance Policy to patients as part of the intake or discharge process.

**B. Notice of Financial Assistance Policy during Billing Process.** As part of the post-discharge billing statements, the CommonSpirit Hospital Organization shall provide each patient with a conspicuous written notice that shall contain information about the availability of the Financial Assistance Policy. (For additional details regarding notices provided in connection with billing statements, please refer to [CommonSpirit Governance Policy Finance G-004 Billing and Collections](#))

**C. Posted Notice of Financial Assistance Policy.** Notice of the CommonSpirit Hospital Organization's Financial Assistance Program and the plain language summary shall be clearly and conspicuously posted in the CommonSpirit Hospital Organization locations visible to the public, including all of the following:

- Emergency department;
- Billing office;
- Admissions office and associated area;
- Waiting rooms;
- Other hospital outpatient settings; and
- In other locations and settings where there is a high volume of patient traffic or where it is reasonably calculated to reach those patients or their family members who are most likely to require financial assistance from the CommonSpirit Hospital Organization.

**E. Posting on Website and Providing Copies upon Request.** The CommonSpirit Hospital Organization shall make this Addendum, the Financial Assistance Application form, and plain language summary available in a prominent place on its website, and shall make paper copies of each available upon request by a patient or his/her family member and without charge, both by mail and in public locations in the facility, including, at a minimum, in the emergency department (if any) and admissions areas.

**F. Language Requirements.** The CommonSpirit Hospital Organization shall ensure that all written notices are printed in appropriate languages and provided to patients as may be required under applicable state and federal laws.

**G. Published Information.** As necessary, and at least on an annual basis, each of the CommonSpirit Hospital Organizations in California either (a) shall place an advertisement regarding the availability of Financial Assistance at such facility in a newspaper of general circulation in the communities served by the facility, or (b) issue a press release to widely publicize the availability of Financial Assistance under this Addendum to the communities served by such CommonSpirit Hospital Organization.

**H. Community Organizations.** Each of the CommonSpirit Hospital Organizations in California shall work with affiliated organizations, physicians, community clinics, other health care providers, houses of worship and other community-based organizations to notify community members (especially those who are most likely to require Financial Assistance) about the availability of Financial Assistance at such CommonSpirit Hospital Organization.

**I. List of Financial Assistance Policy Providers.** The CommonSpirit Hospital Organization will publish a list of providers delivering Emergency Medical Care and Medically Necessary Care in its facilities that will specify which providers are covered by the Financial Assistance Policy and which are not covered. This list is available on each facility's billing website. Hardcopies may be obtained at admission or registration areas or sites at each CommonSpirit Hospital Organization.

## **II. INSURANCE AND GOVERNMENT PROGRAM ELIGIBILITY SCREENING PROCESS**

CommonSpirit shall make all reasonable efforts to obtain from the patient or his or her representative information about whether private insurance or government-sponsored health care program coverage may fully or partially cover the charges for care rendered by the hospital to a patient, including, but not limited to, any of the following:

- Private health insurance, including insurance or health care service plan coverage offered through a State or Federal Health Benefit Exchange;
- Medicare; and
- Medi-Cal (or Medicaid, as applicable), the California Children's Services Program, or other state-funded programs designed to provide health coverage.

CommonSpirit expects all Uninsured Patients or Patients with High Medical Costs to fully comply with this eligibility screening process.

## FINANCIAL ASSISTANCE APPLICATION PROCESS

- A. If a patient does not indicate coverage by private insurance or a government-sponsored health care program, a patient requests Financial Assistance or a CommonSpirit Health representative determines that the patient may qualify for Financial Assistance, then CommonSpirit shall also do the following:
- Make all reasonable efforts to explain the benefits of Medi-Cal (or Medicaid, as applicable), and other public and private health insurance or sponsorship programs, including coverage offered through the State or Federal Health Benefit Exchange, to all Uninsured Patients at the time of registration. CommonSpirit will ask potentially eligible patients to apply for such programs and will provide the applications and assist with their completion. The applications and assistance will be provided prior to discharge for inpatients and within a reasonable amount of time to patients receiving emergency or outpatient care.
  - Make reasonable efforts to explain CommonSpirit's Financial Assistance Policy and other discounts, including the eligibility requirements, to patients who may qualify for Financial Assistance, ask those potentially eligible to apply, provide a Financial Assistance Application to any interested person who may meet the criteria for Financial Assistance at the point of service or during the billing and collection process, and provide assistance with completion of the application.
- B. If a patient is eligible to apply for coverage under a government-sponsored health care program for the eligible services received by the patient, the patient will not be granted Financial Assistance unless the patient applies for and is denied coverage under a government-sponsored health care program. If a patient applies for a government sponsored healthcare program and is denied coverage, CommonSpirit should be provided with a copy of the denial of coverage. The patient's application for coverage under such a government-sponsored health care program shall not preclude eligibility for Financial Assistance from CommonSpirit under this Addendum.
- C. Upon receiving a complete Financial Assistance Application from a patient who CommonSpirit believes may be eligible for government-sponsored health care programs (e.g., Medi-Cal, Medicaid, CHIP), CommonSpirit may postpone determining whether the patient is eligible for Financial Assistance until the patient's government-sponsored health care program application has been completed and submitted, and a determination as to the patient's eligibility for such program has been made.
- D. If a patient has not completed and submitted a Financial Assistance Application within 150 days after the first post-discharge billing notice, then the CommonSpirit Hospital Organization may engage in further collection activities, including ECAs, subject to compliance with the provisions of [CommonSpirit Governance Policy Finance G-004 Billing and Collections](#).
- E. Subject to paragraphs F and G, directly below, CommonSpirit Hospital Organization will ask each applicant to provide the documentation necessary and

reasonable to determine each applicant's eligibility for Financial Assistance. In the event the applicant is unable to provide any or all of these documents, the CommonSpirit Hospital Organization will consider this failure in making an eligibility determination. Under appropriate circumstances, the CommonSpirit Hospital Organization may waive some or all of the documentation requirements and approve Financial Assistance through Presumptive Eligibility Screening or Medi-Cal Eligibility Approval. CommonSpirit Hospital Organization will document the screening on the patient's account and also notify the patient in writing of approval.

- F. For purposes of determining whether a patient is eligible to receive Charity Care, documentation requested from the patient shall be limited to income tax returns or, if income tax returns are not available, pay stubs and reasonable documentation of assets, but not including assets in retirement or deferred compensation plans qualified under the Internal Revenue Code or in nonqualified deferred compensation plans. CommonSpirit Hospital Organization may require waivers or releases from the Applicant and the Patient's Family authorizing the CommonSpirit Hospital Organization to obtain account information from financial or commercial institutions or other entities that hold or maintain the monetary assets.
- G. For purposes of determining whether a patient is eligible to receive a Discounted Care or other Financial Assistance, documentation of income shall be limited to income tax returns, or if income tax returns are not available, pay stubs. In addition, the Applicant will be required to provide documentation of Essential Living Expenses in the event the Applicant requests an extended payment plan.
- H. Information obtained pursuant to paragraph (F) or (G) above shall not be used for collection activities. This paragraph does not prohibit the use of information obtained by the CommonSpirit Hospital Organization, collection agency, or assignee independently of the eligibility process for charity care or discounted payment.
- I. For purposes of determining whether a patient is eligible for Financial Assistance, in addition to Patient Family Income, CommonSpirit Hospital Organization may also consider adverse financial circumstances following the patient's date of discharge or service, such as disability, loss of a job, or other circumstances impacting the patient's ability to pay for eligible services.
- J. Eligibility for Financial Assistance may be determined at any time CommonSpirit Hospital Organization is in receipt of the information described in this Addendum. However, the CommonSpirit Hospital Organization has the discretion to deny an application for Financial Assistance if it is not filed within the Application Period.
- K. Information obtained from the patient, the Patient's Family, or the patient's legal representative in connection with determining whether a patient meets the eligibility requirements for Financial Assistance as described in this Addendum shall not be used for collection activities.
- L. If a patient applies for and is eligible to receive more than one discount, the patient will be entitled to receive the largest single discount for which the patient qualifies unless the combination of multiple discounts is expressly permitted by CommonSpirit's policies.

M. For an Uninsured patient, or for a patient that provides information that he or she may be a Patient with High Medical Costs, a CommonSpirit Hospital Organization, any assignee of the CommonSpirit Hospital Organization, or other owner of the patient debt, including a collection agency, shall not report adverse information to a consumer credit reporting agency for nonpayment at any time prior to 150 days after initial billing.

## **COMMONSPIRIT HEALTH GOVERNANCE POLICY ADDENDUM**

**ADDENDUM:** Finance G-003A-2    **EFFECTIVE DATE:** July 1, 2021

**SUBJECT:** Financial Assistance - Oregon

### **ASSOCIATED POLICIES**

[CommonSpirit Governance Policy Finance G-003 Financial Assistance](#)

[CommonSpirit Governance Policy Finance G-004 Billing and Collections](#)

This Oregon addendum (Addendum) supplements CommonSpirit Governance Policy G-003, *Financial Assistance* (the Financial Assistance Policy), as necessary, in light of and to comply with Oregon statutes and regulations regarding provision of Hospital Charity Care, in accordance with the “Coordination with Other Laws” section of the Financial Assistance Policy.

This Addendum applies to all CommonSpirit Health Direct Affiliates and Tax-Exempt Subsidiaries in the state of Oregon, as defined in the Financial Assistance Policy. If any provision of this Addendum is in conflict with, or inconsistent with, any provision of the Financial Assistance Policy, this Addendum shall control.

### **DEFINITIONS**

**A.** “Family Income” includes the income of all members of a household, meaning a single individual or spouses, domestic partners, or a parent and child under 18 years of age, living together; and other individuals for whom that single individual, spouse, domestic partner or parent is financially responsible for, in accordance with ORS 442.612 (6).

### **ELIGIBILITY FOR FINANCIAL ASSISTANCE**

**A.** In accordance with ORS 442.614, a patient who qualifies for Financial Assistance will receive free or discounted EMCare.

**B.** Pursuant to the terms of the Financial Assistance Policy, unless eligible for Presumptive Financial Assistance, certain eligibility criteria must be met in order for a patient to qualify for Financial Assistance. This Addendum updates such eligibility criteria with the following:

**Mercy Medical Center Roseburg:**

- The patient's Family Income must be at or below 400% of the FPL.
- Any patient whose Family Income is at or below 200% of the FPL shall receive free care.
- Any patient whose Family Income is between 201% to 300% of the FPL shall receive discounted care up to 75% from his or her account balance for EMCare provided to the patient after payment, if any, by any third-party(ies).
- Any patient whose Family Income is between 301% to 400% of the FPL shall receive discounted care up to the Hospital Facility's AGB from his or her account balance for EMCare provided to the patient after payment, if any, by any third-party(ies).

**St. Anthony Hospital Pendleton:**

- The patient's Family Income must be at or below 400% of the FPL.
- Any patient whose Family Income is at or below 200% of the FPL shall receive free care.
- Any patient whose Family Income is between 201% to 300% of the FPL shall receive discounted care up to 75% from his or her account balance for EMCare provided to the patient after payment, if any, by third-party(ies).
- Any patient whose Family Income is between 301% to 350% of the FPL shall receive discounted care up to 50% from his or her account balance for EMCare provided to the patient after payment, if any, by any third-party(ies).
- Any patient whose Family Income is between 351% to 400% of the FPL shall receive discounted care up to the Hospital Facility's AGB from his or her account balance for EMCare provided to the patient after payment, if any, by any third-party(ies).

All other terms set forth in CommonSpirit Governance Policy Finance G-003, *Financial Assistance*, remain unaltered.

**COMMONSPIRIT HEALTH GOVERNANCE POLICY ADDENDUM**

**ADDENDUM:** Finance G-003A-3    **EFFECTIVE DATE:** July 1, 2021

**SUBJECT:** Financial Assistance - Washington

**ASSOCIATED POLICIES**



## CommonSpirit Governance Policy Finance G-003 Financial Assistance Policy

### CommonSpirit Governance Policy Finance G-004 Billing and Collections

This Washington addendum (Addendum) supplements CommonSpirit Governance Policy G- 003, *Financial Assistance* (the Financial Assistance Policy), as necessary, in light of and to comply with Washington statutes and regulations regarding provision of Hospital Charity Care, in accordance with the “Coordination with Other Laws” section of the Financial Assistance Policy.

This Addendum applies to all CommonSpirit Health Direct Affiliates and Tax-Exempt Subsidiaries in the state of Washington, as defined in the Financial Assistance Policy. If any provision of this Addendum is in conflict with, or inconsistent with, any provision of the Financial Assistance Policy, this Addendum shall control.

References in the Financial Assistance Policy to Emergency Medical Care and Medically Necessary Care (EMCare) are to be interpreted consistently with the definitions of “Appropriate Hospital Facility-based medical services” and “Emergency care or emergency services” contained in WAC 246-453- 010(7) and (11), respectively.

## **DEFINITIONS**

- A. “Family Income” means 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, in accordance with WAC 246-453-020 (17).

## **ELIGIBILITY FOR FINANCIAL ASSISTANCE**

- A. No minimum account balance shall be required for a patient to qualify for Financial Assistance.
- B. “Patient Cooperation Standards,” as defined in the Financial Assistance Policy, shall only apply to the extent they:
  - allow the Hospital Facility to pursue reimbursement from any third-party coverage that may be identified to the Hospital Facility, in accordance with WAC 246-453- 020(1);
  - allow the Hospital Facility to make every reasonable effort to determine the existence or nonexistence of third-party sponsorship that might cover in full or in part the charges for services provided to each patient, in accordance with WAC 246-453-020(4); and
  - do not impose application procedures for charity care sponsorship which 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 procedures, in accordance with WAC 246-453-020(5).

## **THE METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE**

- A. For the purposes of reaching an initial determination of sponsorship status, Hospital Facilities shall rely upon information provided orally by the responsible party. The Hospital Facility may require the responsible party to sign a statement attesting to the accuracy of the information provided to the Hospital Facility for purposes of the initial determination of sponsorship status, in accordance with WAC 246-453-030(1).
- B. In accordance with WAC 246-453-030(2), in addition to the documents listed in the Financial Assistance Policy, any one of the following documents shall be considered sufficient evidence upon which to base the final determination of charity care sponsorship status, when the income information is annualized as may be appropriate:
  - Forms approving or denying eligibility for Medicaid or state-funded medical assistance;
  - Forms approving or denying unemployment compensation; or
  - Written statements from employers or welfare agencies.
- C. If there is indication that due to the patient's mental, physical or intellectual capacity, or due to a language barrier, completing the application procedure would place an unreasonable burden on the patients, the Hospital Facility will take reasonable measures to facilitate the application process, including engaging an interpreter to assist the patient through the application process if necessary.
- D. Hospital Facilities shall make every reasonable effort to reach initial and final determinations of eligibility for financial assistance in a timely manner. Nevertheless, Hospital Facilities shall make those determinations at any time, even after the Application Period, upon learning of facts or receiving the documentation described herein, indicating that the responsible party's income is equal to or below two hundred percent (200%) of the federal poverty guidelines as adjusted for family size. The timing of reaching a final determination of eligibility for financial assistance shall have no bearing on the Hospital Facility's identification of charity care deductions from revenue as distinct from bad debts. WAC 246-453-020(10).
- E. Any responsible party who has been initially determined to meet the criteria for receiving financial assistance shall be provided with at least fourteen (14) calendar days or such time as the person's medical condition may require, or such time as may be reasonably necessary to secure and to present documentation described within WAC 246-453-020(3) prior to receiving a final determination of sponsorship status.
- F. In accordance with WAC 246-453-030(4), in the event that the responsible party is not able to provide any of the documentation described above, the Hospital Facility shall rely upon written and signed statements from the

responsible party for making a final determination of eligibility for classification as an indigent person.

- G. In accordance with WAC 245-453-030(5), information requests from the Hospital Facility to the responsible party for the verification of income and family size shall be limited to that which is reasonably necessary and readily available to substantiate the responsible party's qualification for charity sponsorship, and may not be used to discourage applications for such sponsorship. Only those facts relevant to eligibility may be verified, and duplicate forms of verification shall not be demanded.
- H. The Hospital Facility shall notify persons applying for financial assistance of their final determination of sponsorship status within fourteen (14) calendar days of receiving information in accordance with WAC 246-453-020(7); such notification shall include a determination of the amount for which the responsible party will be held financially accountable.
- I. In the event that the Hospital Facility denies the responsible party's application for financial assistance, the Hospital Facility shall notify the responsible party of the denial and the basis for the denial criteria at the time that services were provided, any payments in excess of the amount determined to be appropriate shall be refunded to the patient within thirty (30) days of achieving the charity care designation. WAC 246-453-020(11).
- J. In the event that a responsible party pays a portion or all of the charges related to appropriate EMCare, and is subsequently found to have met the financial assistance criteria at the time that services were provided, any payments in excess of the amount determined to be appropriate shall be refunded to the patient within thirty (30) days of achieving the charity care designation. WAC 246-453-020(11).

## **PRESUMPTIVE ELIGIBILITY**

In the event the responsible party's identification as an indigent person is obvious to Hospital Facility personnel, and the Hospital Facility personnel are able to establish the position of the income level within the broad criteria described in WAC 246-453-040, based on the individual life circumstances contained within the Financial Assistance Policy or otherwise, the Hospital Facility is not obligated to establish the exact income level or to request documentation from the responsible party, unless the responsible party requests further review.

## **APPEALS**

- A. All responsible parties denied financial assistance shall be provided with, and notified of, an appeals procedure that enables them to correct any deficiencies in documentation or request review of the denial and results in review of the determination by the Hospital Facility's chief financial officer.
- B. Responsible parties shall be notified that they have thirty (30) calendar days within which to request an appeal of the final determination of their eligibility for financial assistance. Within the first fourteen (14) days of this period, the Hospital

Facility shall not refer the account at issue to an external collection agency. If the Hospital Facility has initiated collection activities and discovers an appeal has been filed, it shall cease collection efforts until the appeal is finalized. After the fourteen (14) day period, if no appeal has been filed, the hospital may initiate collection activities.

- C. If the final determination of the appeal affirms the previous denial of financial assistance, the Hospital Facility shall send written notification to the responsible party and the Department of Health in accordance with state law.

All other terms set forth in CommonSpirit Governance Policy Finance G-003, *Financial Assistance*, remain unaltered.

## COMMONSPIRIT HEALTH GOVERNANCE POLICY ADDENDUM

**ADDENDUM:** Finance G-003A-A    **EFFECTIVE DATE:** {Date Approved}

**SUBJECT:** Hospital Facility Financial Assistance Contact Information

**[Hospital Facility Name]**

Pursuant to CommonSpirit Governance Policy Finance G-003, *Financial Assistance*, the contact information of **[Insert Hospital Facility Name]** is as follows:

- Copies of the Financial Assistance Policy, Financial Assistance Application, Billing and Collections Policy, and Plain Language Summary are available on the Hospital Facility's website at: **[Insert URL]**
- A copy of the Provider Listing is available at: **[Insert URL]**
- Patients may obtain additional information regarding the Hospital Facility's AGB percentage and how the AGB percentages were calculated from a financial counselor at: **[Insert URL or Phone Number as applicable]**
- All patients/Guarantors that are interested in obtaining financial assistance or have questions about financial assistance, the application process, billing and payment plan options, actions in the events of non-payment, and other applicable programs that may be available with respect to their accounts may:
  1. Contact the Hospital Facility in person at: **[Insert Room Number or Department Floor]**
  2. Call the financial counselor of the Hospital Facility at: **[Insert Phone Number]**
  3. Visit the Hospital Facility's website at: **[Insert URL]**
  4. Mail requests to: **[Insert Mailing Address]**
- Patients/Guarantors denied Financial Assistance may also appeal their eligibility determination. Disputes and appeals may be filed by contacting **[Insert Phone**

**Number]** or the Financial Assistance Center at: **[Insert Applicable Financial Assistance Center Address]**

**ASSOCIATED DOCUMENTS:**

**[CommonSpirit Governance Policy Finance G-003 Financial Assistance](#)**

**[CommonSpirit Governance Policy Finance G-004 Billing and Collections](#)**

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