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Title: Financial Assistance (Charity Care-Uncompensated Care)

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Policy:

Kootenai Health provides medically necessary care regardless of ability to pay or insurance coverage status. Kootenai Health believes that medically necessary health care services should be accessible to all, regardless of age, gender, geographic location, cultural background, physical mobility or ability to pay. Kootenai Health is committed to excellence in providing high quality health care services, while serving the diverse needs of those living within its service area.

This policy describes the Kootenai Health Financial Assistance eligibility requirements and approval process. Generally, eligibility for Financial Assistance is determined by comparing the patient's income to the current year Federal Poverty Level Income Guidelines (FPG) as established by the Department of Health and Human Services, and eligible living and medical expenses to qualifying criteria.

Purpose:

The purpose of this policy is to establish and describe Kootenai Health's Financial Assistance Policy and eligibility requirements, which are designed to promote access to medically necessary care for those without the ability to pay, and to offer a discount from billed charges for individuals who are able to pay for only a portion of the costs of their care.

Scope:

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3. After a request has been initiated, a Financial Counselor will screen the patient. This screening process will give the patient a preliminary determination if sufficient eligibility is indicated to allow the application process to move forward.
 - a. If preliminary eligibility is indicated, the patient will receive a Financial Assistance application.
 - b. The Financial Counselor will instruct the patient or responsible party that the application must be completed, signed and submitted to an authorized Kootenai Health representative within **30** days of the screening date, or such time that is medically and reasonably feasible to submit the required documentation. Collection efforts will not be initiated during the financial assistanee

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Level of Financial Assistance	Qualifying Federal Poverty Level
100% Assistance Award	0-250% of FPL

Special Circumstances and Presumptive Eligibility

A patient who is unable to provide documentation or who is unable to follow the application procedures may receive full or partial financial assistance, with the approval of the Chief Financial Officer or Manager of Patient Access and Financial Clearance. The Kootenai Health authorized representative must document the decision, including the reasons why the

Non-Medically Necessary or Cosmetic Care:

- Financial Assistance is not applicable to non-emergent services, such as elective services or procedures that do not meet criteria for medical necessity, as determined by a physician or care manager. Examples of not medically necessary services: Department of Transportation Physicals and Sports Physicals.
- Financial Assistance will not be granted for services not covered by Medicaid per the patient's state-specific guidelines of medically necessary care. Such non-covered, not medically necessary services will be identified through the pre- authorization process and may result in a delayed decision. The referring physician's office staff, the financial counselor or the Financial Clearance Specialist will notify the patient if there is a possibility that services may be deemed non-medically necessary. Examples of services not covered by Medicaid: circumcisions and reversal of voluntary sterilization procedures.
- Financial Assistance will not be granted for Medicaid accounts where Emergency room visits or Rehab/Therapy services have exceeded the maximum allowable visits for the patient.

Patient Cooperation Standards

A patient must exhaust all other possible payment options, including private coverage, federal, state and local medical assistance programs, and other forms of assistance provided by third parties, prior to being considered for any level of Kootenai Health Financial Assistance. Failure on the part of the responsible party to cooperate with Kootenai Health Financial Assistance is cause for denial of coverage. Failure to cooperate with Kootenai Health Financial Assistance may result in the patient being required to pay for services out of pocket. Failure to cooperate with Kootenai Health Financial Assistance may result in the patient being required to pay for services out of pocket. Failure to cooperate with Kootenai Health Financial Assistance may result in the patient being required to pay for services out of pocket.