

Title: Financial Assistance (Charity Care-Uncompensated Care)Effective Date: 01/03/2019

CURRENT AT TIME OF PRINT ONLY

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 household 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. These programs apply solely to emergency and other medically necessary healthcare services provided at *Kootenai Health locations*, and when there is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the person requesting the service.

Definitions:

Kootenai Health - includes all entities, hospital, clinics, and other care facilities that currently bill under the Kootenai Health Tax ID number.

Financial Assistance – For the purposes of this policy, “financial assistance” includes charity care and other financial assistance programs offered by Kootenai Health for appropriate services for which Kootenai health does not expect to be reimbursed due to a patient's inability to pay, and ineligibility to qualify for government or other available financial assistance programs.

Bad Debt – Accounts are considered bad debt when the patient has demonstrated an unwillingness to pay his/her portion of the Kootenai Health hospital or professional services bill(s), and has not provided documentation required to support the Financial Assistance application process. This applies to uncollectable billed amounts, excluding contractual adjustments, arising from failure to pay by patients or guarantors whose care has not been classified as Financial Assistance eligible.

Discretionary Expenses – A discretionary expense is a patient's or guarantor's cost that is not determined to be essential for the operation of the household. This includes expenses that can be reduced or eliminated without having an immediate impact on the patient.

Eligible living and medical expenses – Patient or guarantor expenses not classified as discretionary.

Eligibility – a determination made by Kootenai Health based upon required financial documentation to verify the patient's inability to pay for medically necessary services provided to that patient.

Federal Poverty Guidelines – (defined through Federal DHS, updated annually on the KH website, following government published updates.)

Title: Financial Assistance (Charity Care-Uncompensated Care)Effective Date: 01/03/2019

CURRENT AT TIME OF PRINT ONLY

Catastrophic Care – a circumstance of extraordinary medical expense from which a patient or guarantor would not have the ability to pay off the bill in their lifetime, given the patient or guarantor's validated income and available resources, without it resulting in a severe financial hardship.

Presumptive Eligibility – Established and defined criteria through which Kootenai Health may determine a patient's eligibility for Financial Assistance in the absence of supporting documentation. In this event, Kootenai Health may use outside agency information to complete the eligibility determination and level of financial assistance awarded.

Examples:

- Homelessness or Transient
- Deceased with no Estate
- Severe mental illness
- Social/Family abandonment

Family – A group of two or more persons related by *birth, marriage, or adoption*, who live together; all such related persons are considered as members of one family. This may include individuals residing together who have consented to an arrangement similar to ties of blood or marriage. An unmarried person living alone will be considered a family for purposes of this policy.

Income – Personal Income: Total cash receipts and gross wages before taxes, welfare payments, Social Security payments, strike benefits, unemployment or disability benefits, child support, or alimony, and investment activities paid to the individual and/or family members. Business Income, EBIDA: Profit or Loss (from Line 29, Schedule C), excluding Depreciation, Interest, and Amortization. Requires detail from Line 48, to have 'Other Expenses' considered.

Assets – Any item of economic value owned by an individual or corporation, especially that which could be converted to cash. Examples include: checking and savings accounts, securities, real estate, car, boat, life insurance, IRA, trust accounts, and other property.

Indigent Persons – Patients who have exhausted any third-party sources, including Medicare, Medicaid and County, and whose income is equal to or *below 200%* of the federal poverty standards adjusted for family size, or is otherwise not sufficient to enable them to pay for the care or to pay deductibles or coinsurance amounts required by a third party payer.

Uninsured – No third party insurance coverage. Health savings accounts, for the purpose of this policy, are considered insurance. Depending on other available resources, an uninsured patient is not necessarily assumed to also be indigent or otherwise eligible for financial assistance.

Eligibility requirements:

Information regarding eligibility and the Financial Assistance application process is available and can be obtained at all points of patient registration at Kootenai Health Hospital and clinic locations, from Financial Counselors, Customer Service, and Social Services Departments, and is located through the Kootenai Health website.

1. A Financial Assistance request should be initiated by the patient, guarantor, or appropriate agent representing the patient. Patients demonstrating and/or communicating a need for assistance will be evaluated according to this policy.
2. Patients who may be eligible for Financial Assistance shall be identified as early as possible in the patient care cycle. However, determination of eligibility can take place after discharge at any point in the billing cycle.

Title: Financial Assistance (Charity Care-Uncompensated Care)Effective Date: 01/03/2019**CURRENT AT TIME OF PRINT ONLY**

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3. After a request has been initiated, the patient will be screened by a Financial Counselor. This screening process will give the patient a preliminary determination if sufficient eligibility is indicated to allow the application process to move forward.
- If preliminary eligibility is indicated, the patient will receive a Financial Assistance application
 - 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 21 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 assistance determination process provided the responsible party is cooperative with the hospital's efforts to reach an initial determination of sponsorship status.
4. In order to be evaluated for Financial Assistance, it is the responsibility of the patient/guarantor to submit verification of annual income and assets through the completion and timely submission of a Financial Assistance Application.
- During the screening and application process, the patient's account(s) will maintain a "Self Pay" status, which will allow the billing and collection process to continue. This billing classification will not change until a final approval decision has been recorded.
- 5. Determination of Eligibility:**
- A valid completed Financial Assistance Application will include the following documented information:
- Current, valid Picture I.D.
 - Proof of income, to include:
 - The patient's most recent filed Federal Tax Return (if tax return covers a prior calendar year, then a current W-2 form for all household/family members will also be required).
 - Current three months of employer pay stubs
 - Copies of all checking, savings and other bank statements for last three months
 - Social security benefits
 - Disability and/or Unemployment benefits received
 - Current food stamps award letter from patient's state of residence
 - Written documentation from other income sources.
 - A copy of a most recent application denial from County program or Medicaid
 - Proof of income excludes non-cash benefits (such as housing subsidies), capital gains or losses, and household income from non-family persons. However, non-family persons, such as roommates, may be considered if expenses are shared.
 - Proof of Assets, to include supporting documentation of:
 - Value of home (if owned)
 - Vehicles
 - Land
 - Stocks and bonds
 - Life insurance with cash value
 - Assets available through a family or other Trust
 - If unable to provide the tax return, two alternate documents may be substituted: Supporting W-2 or 1099 statements, most recent bank and broker statements listed in the federal tax return, and current credit report.
 - In the event that the responsible party is not able to provide any of the documentation described above, Kootenai Health may rely upon written and signed statements from the responsible party in the verification process. This circumstance should be a rare occurrence, with a final determination of financial assistance eligibility or classification as "indigent" authorized by both the Financial Counseling Manager and the Director of Revenue Cycle.

Title: Financial Assistance (Charity Care-Uncompensated Care)Effective Date: 01/03/2019

CURRENT AT TIME OF PRINT ONLY

- i. Based on the information provided and the verification process, after review of the Application, the Revenue Cycle Director, or designee, may waive documentation requirements, when it is apparent that the patient or responsible party clearly meets the Financial Assistance guidelines.
6. Kootenai Health will complete the review and approval process within seven business days from receipt of the completed application, at which time a decision letter will be mailed to the patient or responsible party.
7. Kootenai Health will approve Financial Assistance only after all other means of financial support are exhausted from available payment sources, including but not limited to Medicaid and Idaho's County Programs.
8. Once the patient meets eligibility requirements, any outstanding balances from prior services that are owed by the patient as of the date of application, for deductible, coinsurance or where the insurance benefits have been exhausted, and which have not previously been assigned to bad debt, may qualify for Financial Assistance. In such cases, the determination of the benefit will be based upon the patient balance due at time of application, and not the original billed amount.
9. Financial Assistance eligibility and discount determination is based on the patient's medical expenses, financial status at the time of application, and may also be impacted by the household's discretionary expense. (See "Determination of Eligibility", below.) In certain circumstances, in the absence of qualifying documentation, the patient may meet presumptive eligibility criteria.
10. Patients eligible for Financial Assistance will be informed in writing of the determination (approval, partial approval, or denial) within 14 days of Kootenai Health receiving a completed and signed application. For patients awarded less than 100% Financial Assistance, this notification letter will include instructions to contact the Financial Counselor to arrange payment (which may include terms of a payment plan) of outstanding amounts due.
11. Patients whose application has been denied will be sent a letter explaining the reason for the denial and a contact number should they wish to discuss the application further.
12. Patients whose application has been denied has an option to appeal the decision. The Financial Counseling Manager, or designee, will make final determination on appealed decisions.
13. Approval of Financial Assistance is granted on basis of all current hospital or professional services accounts and/or outstanding balances included for consideration in the application process.
14. Financial Assistance applications may be considered for up to six (6) months forward from current service date(s) covered through the application process, unless the patient or guarantor's ability to pay has changed during the eligible time period. Should future care, within the six month application period, be considered for eligibility, it is the patient's responsibility to inform Kootenai Health of any change in financial status, and it is the Kootenai Health representative's responsibility to validate the information provided.

Pending Medicaid or County - Effect on Financial Assistance Eligibility

The pending Medicaid or County and Financial Assistance application processes are not concurrent events. Determination of Medicaid and/or County benefit must be finalized prior to evaluating an application for Financial Assistance. If a Financial Assistance application is completed, it will pend until a decision from the County or State Medicaid agency is returned. Otherwise, it is the patient's responsibility to contact Kootenai Health Financial Counseling after receiving a State or County denial, should the patient wish to pursue Financial Assistance.

Title: Financial Assistance (Charity Care-Uncompensated Care)Effective Date: 01/03/2019

CURRENT AT TIME OF PRINT ONLY

LEVELS OF FINANCIAL ASSISTANCE

For individual accounts with patient responsibility below \$50.00, Financial Assistance does not apply.

Level of Financial Assistance	Qualifying Federal Poverty Level
100% Assistance Award	0-175% of FPL
50% Assistance Award	176-200% of FPL
30% Assistance Award	201-250% 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 Director of Revenue Cycle Operations. The Kootenai Health authorized representative must document the decision, including the reasons why the patient did not meet criteria outlined in the policy. Circumstances may include, but are not limited to, deceased with no estate, homeless, transient, severe mental illness, and social/family abandonment.

Out of State Medicaid – No Provider Number

Patients who are actively enrolled in a non-participating Out of State Medicaid program (for which Kootenai Health is not enrolled), where a provider number is not available, and whose prorated charges are less than twenty-five hundred dollars (\$2,500), may also satisfy the Special Circumstances or Presumptive Eligibility criteria. In such cases, the patient must provide documented proof of current Medicaid eligibility in their state of residence. For these patients, the Out of State Medicaid plan will be replaced with the Financial Assistance classification. Such accounts will be initially flagged through Registration or Patient Access department, and will be sent to the Financial Counseling Manager for review and approval.

Catastrophic Financial Assistance

If a patient meets the conditions through which catastrophic financial assistance may apply, the financial counselor will submit the application for consideration to the department manager or to the Director of Revenue Cycle Operations for final determination. The patient will be notified of approval or denial, within seven business days, as per policy.

Non-Medically Necessary Care:

- Financial Assistance is not applicable to non-emergent services, such as elective services or procedures which do not meet criteria for medical necessity, as determined by a physician or care manager.
- 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, non-emergent 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.
- 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.

Title: Financial Assistance (Charity Care-Uncompensated Care)Effective Date: 01/03/2019

CURRENT AT TIME OF PRINT ONLY

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 in the eligibility process shall be grounds for denial of any benefit covered by this policy.

Continuing Eligibility

For a patient to remain eligible for Kootenai Health Financial Assistance, the patient/guarantor must apply for and continue to pursue all other benefits for which they are entitled, or may become entitled, including Medicare, Medicaid, Social Security Disability, or any other state or federal programs. This responsibility continues until the patient or guarantor receives documented approval or denial from the applicable benefit program. If the patient is denied benefits due to lack of cooperation, Kootenai Health Financial Assistance may not be granted or may be revoked, and any benefits may be subject to review and may be reversed. Should this occur, any current or outstanding balances may revert back to the financial responsibility of the patient or guarantor.

The patient or responsible party is required to reapply for Financial Assistance, should any change in the patient's household size, status, or income level occur. This requirement is applicable at any time following the original decision.

Approval authority for Financial Assistance

- The department manager may approve up to \$25,000, based on the application meeting policy criteria.
- Director of Revenue Cycle Operations may approve financial assistance up to \$50,000, based on Financial Counseling recommendation and the application meeting policy criteria.
- Amounts greater than \$50,000 require approval from the Chief Financial Officer.
- Catastrophic financial assistance or other extenuating circumstance decisions, requires approval from either the Director of Revenue Cycle Operations or the Chief Financial Officer.

All personal and financial documentation submitted by the patient or guarantor to support the Financial Assistance application process, will be maintained as part of the patient's confidential record and protected in accordance with the Health Information Portability and Accountability Act (HIPAA) and the Kootenai Health retention policy.



Title: Financial Assistance (Charity Care-Uncompensated Care)

Effective Date: 01/03/2019

CURRENT AT TIME OF PRINT ONLY

Addendum A

Date Financial Counselor Received

Financial Assistance Application

Kootenai Health, Kootenai Clinics, Kootenai Heart Clinics Northwest and Kootenai Imaging

We understand that unexpected medical debt can be a financial hardship and we are committed to assist you with your financial obligation. This application needs to be completed within 21 days and returned to the Business Services Building located at 1221 W Ironwood Drive, Coeur d'Alene or can also be mailed to:

Kootenai Health Business Services
2003 Kootenai Health Way
Coeur d'Alene, ID 83814
Attn: Financial Counseling

In order to process your application, the following information (if applicable) is required:

Do not send originals

- Current, valid Picture I.D.
- The patient's most recent filed Federal Tax Return (if tax return covers a prior calendar year, then a current W-2 form for all household/family members will also be required).
- Current three months of employer pay stubs
- Copies of all checking, savings and other bank statements for last three months
- Social security benefits
- Disability and/or Unemployment benefits received
- Current food stamps award letter from patient's state of residence
- Written documentation from other income sources.
- A copy of a most recent application denial from County program or Medicaid
- Proof of Assets, to include supporting documentation of:
 - ✓ Value of home (if owned)
 - ✓ Vehicles
 - ✓ Land
 - ✓ Stocks and bonds
 - ✓ Life insurance with cash value
 - ✓ Assets available through a family or other Trust



Title: **Financial Assistance (Charity Care-Uncompensated Care)**

Effective Date: 01/03/2019

CURRENT AT TIME OF PRINT ONLY

Please call Kootenai Health Financial Counseling at (208) 625-5000 if you have any questions.
**We use the Federal Poverty Guidelines when determining eligibility*

Medical bills you wish to be considered for assistance:

Provider Name	Date of Service	Account Number	Amount Owed

Comments _____



Title: Financial Assistance (Charity Care-Uncompensated Care)

Effective Date: 01/03/2019

CURRENT AT TIME OF PRINT ONLY

Revised: 5/1

Patient/Applicant

First Name _____ Middle _____ Last Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Spouse/Significant Other _____ # of Dependents in Home _____ Age of Dependents _____

Daytime Phone _____ Message Phone _____ Work Phone _____

Is Patient a minor? Yes _____ No _____ Parent/Guarantor _____

LIVING ARRANGEMENT: Rent _____ Own _____ Other (explain) _____

Gross Monthly Income

Self _____ Spouse/Significant Other _____ Unemployment _____ Food Stamps _____

Social Security / SSI/ SSD _____ Loans / Gifts _____ Worker's Comp _____ Inheritance / Trust _____

Veteran's Benefits _____ Child Support _____ Pension / Retirement _____ Other _____

TOTAL Gross Income \$ _____

Monthly Expenses

Rent/Mortgage _____ Gasoline / Fuel _____ Auto Insurance _____

2nd Mortgage _____ Prescriptions _____ Car Payment _____

Space Rent _____ Life Insurance _____ Home / Rent Ins. _____

Food _____ Child Care _____ Garnishments _____

Electricity/Heat _____ Doctor / Hospital _____ Fines _____



Title: Financial Assistance (Charity Care-Uncompensated Care)

Effective Date: 01/03/2019

CURRENT AT TIME OF PRINT ONLY

Water/Sewer/Trash _____	Child Support _____	Other Expenses _____
Telephone _____	Health / Accident Ins. _____	_____
TOTAL Monthly Expenses \$ _____		

ASSETS

All Business & Personal Bank Accounts:

Checking Account - Bank Name _____	Current Balance _____
Checking Account - Bank Name _____	Current Balance _____
Savings Account – Bank Name _____	Current Balance _____
Savings Account – Bank Name _____	Current Balance _____
Stocks, CD's, Trusts _____	Current Balance _____
401K, Retirement, IRAs _____	Current Balance _____
Life Insurance Cash Value _____	Other Assets _____ Value _____

Home/ Properties _____	_____	_____
Value	Purchase Date	Amount Owed

Land / Rental Properties _____	_____	_____
Value	Purchase Date	Amount Owed

Vehicle _____	_____	_____	_____	_____
Year	Make	Current Value	Amount Owed	Monthly Payment

Vehicle _____	_____	_____	_____	_____
Year	Make	Current Value	Amount Owed	Monthly Payment

Vehicle _____	_____	_____	_____	_____
Year	Make	Current Value	Amount Owed	Monthly Payment



Title: Financial Assistance (Charity Care-Uncompensated Care)

Effective Date: 01/03/2019

CURRENT AT TIME OF PRINT ONLY

Recreational (Boat, RV, ATV, MC)	_____	_____	_____	_____	_____
	Year	Type		Current Value	Amount Owed Payment

Recreational (Boat, RV, ATV, MC)	_____	_____	_____	_____	_____
	Year	Type		Current Value	Amount Owed Payment

I authorize Kootenai Health to verify the information that I have supplied on this statement to be true and to access credit information if needed.

Signature

Date

Revised: 5/2017

Title: Financial Assistance (Charity Care-Uncompensated Care)

 Effective Date: 01/03/2019

CURRENT AT TIME OF PRINT ONLY

Addendum B:
2018 Annual Poverty Guidelines
2018 Annual Poverty Guidelines

Family Size	100%	150%	175%	200%	225%	250%
1	12,140.00	18,210.00	21,245.00	24,280.00	27,315.00	30,350.00
2	16,460.00	24,690.00	28,805.00	32,920.00	37,035.00	41,150.00
3	20,780.00	31,170.00	36,365.00	41,560.00	46,755.00	51,950.00
4	25,100.00	37,650.00	43,925.00	50,200.00	56,475.00	62,750.00
5	29,420.00	44,130.00	51,485.00	58,840.00	66,195.00	73,550.00
6	33,740.00	50,610.00	59,045.00	67,480.00	75,915.00	84,350.00
7	38,060.00	57,090.00	66,605.00	76,120.00	85,635.00	95,150.00
8	42,380.00	63,570.00	74,165.00	84,760.00	95,355.00	105,950.00

For family units of more than 8 members, add \$4,320.00 for each member.

2018 Monthly Poverty Guidelines

Family Size	100%	150%	175%	200%	225%	250%
1	1,011.67	1,517.50	1,770.42	2,023.33	2,276.25	2,529.17
2	1,371.67	2,057.50	2,400.42	2,743.33	3,086.25	3,429.17
3	1,731.67	2,597.50	3,030.42	3,463.33	3,896.25	4,329.17
4	2,091.67	3,137.50	3,660.42	4,183.33	4,706.25	5,229.17
5	2,451.67	3,677.50	4,290.42	4,903.33	5,516.25	6,129.17
6	2,811.67	4,217.50	4,920.42	5,623.33	6,326.25	7,029.17
7	3,171.67	4,757.50	5,550.42	6,343.33	7,136.25	7,929.17
8	3,531.67	5,297.50	6,180.42	7,063.33	7,946.25	8,829.17

If gross income falls in this range pt may receive charity at 100%

If gross income falls in this range pt may receive charity at 50%

If gross income falls in this range pt may receive charity at 30%

If gross income falls in this range pt may be over income for charity

<https://aspe.hhs.gov/poverty-guidelines>

As of 1/13/2018

2020 Annual Poverty Guidelines

	100%				50%			30%			Over
Family S	100%	-	175%	176%	-	200%	201%	-	225%		226%
1	12,760	-	22,330	22,331	-	25,520	25,519	-	28,710		28,711
2	17,240	-	30,170	30,171	-	34,480	34,479	-	38,790		38,791
3	21,720	-	38,010	38,011	-	43,440	43,439	-	48,870		48,871
4	26,200	-	45,850	45,851	-	52,400	52,399	-	58,950		58,951
5	30,680	-	53,690	53,691	-	61,360	61,359	-	69,030		69,031
6	35,160	-	61,530	61,531	-	70,320	70,319	-	79,110		79,111
7	39,640	-	69,370	69,371	-	79,280	79,279	-	89,190		89,191
8	44,120	-	77,210	77,211	-	88,240	88,239	-	99,270		99,271

For family units of more than 8 members, add \$4,480.00 for each member

2020 Annual Poverty Guidelines

	100%			50%			30%			Over
Family S	100%	-	175%	176%	-	200%	201%	-	225%	226%
1	1,063	-	1,861	1,821	-	2,127	2,082	-	2,393	2,394
2	1,437	-	2,514	2,466	-	2,873	2,818	-	3,233	3,234
3	1,810	-	3,168	3,111	-	3,620	3,555	-	4,073	4,074
4	2,183	-	3,821	3,755	-	4,367	4,292	-	4,913	4,914
5	2,557	-	4,474	4,400	-	5,113	5,028	-	5,753	5,754
6	2,930	-	5,128	5,044	-	5,860	5,765	-	6,593	6,594
7	3,303	-	5,781	5,688	-	6,607	6,502	-	7,433	7,434
8	3,677	-	6,434	6,334	-	7,353	7,238	-	8,273	8,274

If gross income falls in this range pt may receive charity at 100%

If gross income falls in this range pt may receive charity at 50%

If gross income falls in this range pt may receive charity at 30%

If gross income falls in this range pt may be over income for charity

Title: Financial Assistance (Charity Care-Uncompensated Care)

Effective Date: 01/03/2019

CURRENT AT TIME OF PRINT ONLY

Addendum C:

Approval Letter (100%, 50%, 30%)

RE: Request for Financial Assistance

This letter is to inform you that Kootenai Health has approved your request for uncompensated care.

- ☐ You are approved for a _____% adjustment on the self-pay balance of your Kootenai Health accounts. If you have balances due with an outside agency (such as labs, ambulance or anesthesia), they may write off a portion of your balance from their billing. To request this, please present a copy of this letter to their office.

Please contact Customer Service at (208) 625-6199 to make payment arrangements on the remaining balance on your accounts.

- ☐ You are approved for a 100% adjustment on the self-pay balance of your Kootenai Health accounts. If you have balances due with an outside agency (such as labs, ambulance or anesthesia), they may write off a portion of your balance from their billing. To request this, please present a copy of this letter to their office.

Title: **Financial Assistance (Charity Care-Uncompensated Care)**

Effective Date: 01/03/2019

CURRENT AT TIME OF PRINT ONLY

Addendum D:

Denial Letter – (Missing Documentation, Over Poverty Guidelines)

RE: Request for Financial Assistance

- ☐ This letter is to inform you that Kootenai Health has denied your request for uncompensated care. The results of your application determine that you exceed the Annual Poverty Guidelines for income/asset requirements.
- ☐ Kootenai Health has denied your request for uncompensated care due to you not providing the required documentation by your _____ submission deadline.
- ☐ Kootenai Health is requesting additional documentation to process your financial assistance application. The documentation listed below must be submitted to 1221 Ironwood, Suite 200, Coeur d'Alene, ID 83814, by _____.
- ☐ Copy of most recent filed Federal Tax Return **OR** two alternative substitutes, to include a current W-2 or 1099, your most recent bank statement, a broker's statement from the IRS, and current credit report.
 - ☐ Current three months of employer pay stubs
 - ☐ All pages of all checking, savings and other bank statements for the last 3 month
 - ☐ Current food stamp award letter from patient's current state of residence
 - ☐ Social security benefit documentation
 - ☐ Disability and/or unemployment benefits documentation
 - ☐ Written documentation from any other income sources, to include assistance received from an individual or organization
 - ☐ Proof of mortgage, rent and utilities payment
 - ☐ Proof of assets, to include supporting documentation of:
 - ☐ Value of home (if owned)
 - ☐ Vehicles
 - ☐ Stocks and bonds
 - ☐ Life insurance with cash value
 - ☐ Assets available through a family or other Trust
 - ☐ Current, Valid Picture ID

Please contact Customer Service at (208) 625-6199 to make payment arrangements on the remaining balance on your accounts

Title: Financial Assistance (Charity Care-Uncompensated Care)

Effective Date: 01/03/2019

CURRENT AT TIME OF PRINT ONLY

Compliance Criteria

List Departments affected by this document and which Committees approved this document (including your own service line committee).

Departments Affected	Approved by:	Date Approved
Financial Counseling	Wendy Bird, Manager Financial Counseling and Cash Fund Posting	1/3/19
Patient Access	John Earley, Manager Patient Access and Financial Clearance	1/2/19

How will this document be disseminated to affected staff?
meetings

☐ Reformatted with New Template

☐ New Document

☐ Replacement of existing document

If a replacement, title of document being replaced: _____

☒ Revision

☐ If an organizational document exists, explain why this document is still necessary:

☐ Archive Specify reason for archival _____

Director Revenue Cycle Operations
Document Owner Title