

Quinault Wellness Center

ADMINISTRATION POLICIES AND PROCEDURES

Title: Charity Care Policy
Policy Number: A117
Effective Date: 01-31-24
Revise Date: 06-11-24, 12-26-24
Review Date:
Reference:

POLICY

The Quinault Wellness Center (QWC) is committed to providing quality healthcare to all members of our community, including tribal members. We recognize the unique healthcare needs and challenges faced by tribal communities, and we are dedicated to ensuring that our services are accessible and affordable for all. This Charity Care Policy outlines the eligibility criteria and process for receiving financial assistance, including full write-off of owed amounts, for patients who face financial hardship due to medical expenses or insurability.

Eligibility

To be eligible for Charity Care, patients must meet the following criteria:

- Financial need: Individuals and families with household income no greater than 375% of the Federal Poverty Guidelines, as published by the facilities sliding fee scale.
- Uninsured or underinsured: Uninsured patients or those with insurance that significantly impacts their ability to afford their medical bills (e.g., high deductibles, limited coverage).
- Resident of the service area: Individuals residing within the geographic area served by our healthcare organization.
- Medically necessary care: Services provided must be deemed medically necessary by a qualified healthcare professional.
- Tribal members: must be a member of a federally recognized tribe or a state-recognized tribe with tribal enrollment verified by our organization.

Benefits

Eligible patients, including tribal members, may receive the following benefits under this policy:

- Full write-off: Complete elimination of outstanding balances for qualifying medical services provided by our organization.
- Discounted services: Reduced rates for medical services for patients who do not qualify for complete write-off but still demonstrate financial hardship.
- Payment plan options: Flexible payment plans with extended timelines and reduced monthly payments.

Application Process

Patients interested in applying for Charity Care can do so by:

- Completing an application form available through the organization's Patient Financial Services Department. The application includes a section specifically for tribal members to identify their tribal affiliation.
- Providing requested documentation to verify financial need, such as tax returns, income statements, and proof of residency. Tribal members may also provide tribal enrollment documentation.

- Participating in an interview with a financial counselor to assess their situation and determine eligibility. Financial counselors should be trained in cultural competency and have an understanding of the unique challenges faced by tribal communities.

Decision-Making

Applications for Charity Care will be reviewed by financial counselors, who determine the discounted amount, based on the facilities annually published Sliding Scale Fee Chart. Decisions will be based on the applicant's financial situation, medical needs, and available resources.

Eligible applicants will be notified of their eligibility status upon completion of financial counseling. Approved applicants will be required to complete a financial agreement, which details their discounted rate and payment options. Denied applicants will be notified at the time of their financial counseling appointment and receive a written notice of denial, which will also be scanned into the patient medical record.

Appeals Process

Patients who are denied Charity Care can appeal the decision within thirty (30) days of receiving notification. The appeal process will involve submitting a written explanation and any additional supporting documentation to the COO or designee.

Balance Adjustments

The billing staff will post the agreed upon "weekly payment" amount to the patient's account. Notification of payment posting will be made by the billing staff to a patient financial services representative.

Eligible patient balance adjustments will be made within the electronic medical record systems by adjusting the patient's responsible balance. The responsible biller will complete this by adding an adjustment code to the responsible patient amount.

Patients who are not in compliance with their agreed upon financial contract shall be sent a notice of noncompliance and accompanying statement balance of non-adjusted amounts.

Confidentiality

All information collected during the application and review process will be treated confidentially in accordance with applicable privacy laws and regulations.

Additional Information

For additional information about this policy or the application process, please contact our patient Financial Services department at 564-544-1950.

Authored By:
Chief Operating Officer

Approved By:

Chief Operating Officer

Date