

Title: Pharmacy Financial Assistance – (Uncompensated Care)

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Policy: Kootenai Health believes that medically necessary health care services should be accessible to all, regardless of age, sex, 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 specific to prescriptions originating from Kootenai Health. Generally, eligibility for Financial Assistance is determined through completion of a financial screening form submitted to an appropriate Kootenai Health representative and based off current federal poverty guidelines criteria.

Purpose: The purpose of this policy is to establish and describe Kootenai Health's Financial Assistance Policy and eligibility requirements. The Pharmacy Financial Assistance program is funded primarily from the savings Kootenai Health receives by its participation in the Federal 340B program.

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

Definitions:

Financial Assistance – For the purposes of this policy, “financial assistance” includes indigent 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.

Eligibility – a determination made by Kootenai Health based upon required financial information to support or 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.)

Catastrophic Care – a circumstance of extraordinary medical expense from which a patient or guarantor would not have the ability to pay off, 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
- Severe mental illness
- Social/Family abandonment
- Actively eligible for and participating in the Idaho Food Stamp program

Household Income – Personal Income for the patient's household: 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.

Indigent Persons – Patients who have exhausted any third-party sources, including Medicare, Medicaid and County, and whose income is equal to or *below* 250% 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 (screening) process is available and can be obtained through the Financial Counseling, Social Services or Cancer Centers of Kootenai Health.

1. A Financial Assistance request can be initiated by on behalf of the patient by a Kootenai Health physician or caregiver, pharmacist or pharmacy technician, medical social worker, or financial counselor.
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.
3. Patients may also be eligible, even if they have insurance, if the insurance "passes through" a claim but the claim rejects any level of coverage or if the insurance is not accepted by a Kootenai Health owned retail pharmacy.
4. After a request has been initiated, a Financial Counselor or Medical Social Worker 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. For inpatients pending discharge, who have been prescribed a qualifying take-home medication, the Patient Qualification Screening Form will be completed. This process allows the patient to self-declare their household income and number of household members. From this information, the appropriate Kootenai Health representative will calculate the correct Federal Poverty Level to determine the patient's financial responsibility toward the medication co-payment or other benefit responsibility.
 - The copay, if any is paid to the pharmacy where the prescription is filled.
 - Should the patient require continuation of the medication, the patient will be advised to speak to his/her prescribing physician to inquire about additional options for assistance.
 - b. For qualifying outpatients, if preliminary eligibility is indicated, the patient will be required to provide the substantiating forms of documentation reflecting current financial status (within 25 days of the application date). Examples include current bank statements, paycheck stubs, and the most recent filed federal tax return.
 - c. 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.
 - d. Based on the information provided and the verification process, after review of the Application, the Revenue Cycle Manager, Executive Director of Regional Pharmacy Services, or designee, may waive documentation requirements, when it is apparent that the patient or responsible party clearly meets the Financial Assistance guidelines.

5. If a patient meets eligibility requirements under this policy, the patient may or may not also qualify for Kootenai Health Financial Assistance outside of this program. Any other outstanding balances from prior, current, or future services are due and payable, unless the patient separately applies and becomes eligible for additional assistance.
6. If a patient meets the conditions through which catastrophic financial assistance may apply, the financial counselor or medical social worker will submit the screening form with recommendations for consideration, to the Manager of the Financial Counseling Department.
7. Except in the case of discharging inpatients, pending qualifying take-home prescription, Kootenai Health will complete the review and approval process within 24 hours or by the next business day, from submission of the screening form, at which time a decision letter will be issued to the patient or responsible party.
8. Patients whose applications have been denied may appeal the decision to the Financial Counseling Department. The Financial Counseling Manager, in consultation with the Executive Director of Regional Pharmacy Services and the Director of Revenue Cycle Operations, will make final determination on appealed decisions.
9. Financial Assistance screenings may be considered for up to twelve (12) months forward from current service date(s). However, the patient or responsible party will be required to reapply for Financial Assistance, whenever any change in the patient's household size, financial status, or income level occur.
10. For a patient to remain eligible for Pharmacy Financial Assistant after the initial 12-month approval, the patient/guarantor must pursue all other benefits for which they are entitled, or may become entitled, including Medicare Part D, Medicaid, and private insurance coverage. If the patient passes through an open enrollment period without taking action to ensure medication coverage, they are at risk to be denied upon reassessment.
11. Financial assistance will be granted only after all other means of payment have been exhausted. Prior authorizations and formulary exchanges must be completed prior to granting financial assistance. Manufacturer's coupons must also first be utilized if available. Prescriptions that are not covered by a patient's insurance benefit plan and are not covered by Kootenai Health's employee Prescription Formulary, will not be eligible for assistance. Exceptions can be made on a case-by-case basis with approval from the Executive Director Regional Pharmacy Services and Medical Staff Authorized representative.
12. Controlled substances are not eligible for financial assistance unless prescribed for:
 - a. palliative care
 - b. opioid withdrawal, or
 - c. a single fill at discharge from a hospital stay

All exceptions must be approved by the Executive Director Regional Pharmacy Services or designee.

LEVELS OF FINANCIAL ASSISTANCE

Discharging inpatients- Take home prescriptions	
Level of Financial Assistance	Qualifying Federal Poverty Level
100% Assistance (\$0 copay)	0-250% Of FPL

Outpatient Prescriptions	
Level of Financial Assistance	Qualifying Federal Poverty Level
\$5 copay per month	0-250% of FPL
\$25 copay per month	251-300% of FPL
\$50 copay per month	301-400% of FPL
\$100 copay per month	401-500% of FPL
\$150 copay per month	501-600% of FPL
\$200 copay per month	601-700% of FPL
\$500 copay per month	701%+ 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 financial assistance with the approval of the Chief Financial Officer, Manager of Patient Access and financial clearance or the Executive Director Regional Pharmacy Services. The Kootenai Health authorized representative must document the decision, including the reasons why the patient did not meet criteria outlined in the policy. All personal and financial documentation submitted by the patient or guarantor to support the Financial Assistance 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.