



## PATIENT ACCOUNTS - POLICY

**Title:** Charity Care Policy

**Number:** PA 501

**Effective Date:** 08/12/2011

**Revised Date:** 11/8/2016, 7/30/2018

**Review Date** (no revisions):

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### PURPOSE

To provide, within reasonable limitations and the financial ability of the Hospital, critical services to patients who do not have sufficient financial resources to pay for services rendered or to be rendered. The Charity Care policy provides for evaluation, consistent with the criteria stated below, of financial need of the patient or responsible party for the patient.

### POLICY

In recognition of the need of individuals with limited financial resources to obtain certain critical health care services, Grays Harbor County Public Hospital District No. 2 d/b/a Grays Harbor Community Hospital herewith adopts a Charity Care Program for Grays Harbor Community Hospital.

Charity Care will be granted to all eligible persons regardless of age, race, color, religion, sex, sexual orientation or national origin in accordance with WAC Chapter 246-453 and RCW 70.170.

### ELIGIBILITY REQUIREMENTS:

1. The patient requesting charity care must be a Washington State resident. For purposes of this policy, a patient is considered a resident of Washington if (a) the patient is not entering Washington State solely for the purpose of seeking medical care, and (b) prior to the beginning of the course of care, the patient's primary residence is located in the State of Washington. Exceptions to the Washington State residency requirement in the Charity Care Policy are:

- a. A patient who has an emergency medical condition, consistent with applicable federal and state laws and regulations.
- b. A refugee, asylee, or a person seeking asylum who possesses and can present United States Citizenship and Immigration Services (USCIS) documentation.

2. Patient with income within Grays Harbor Community Hospital's Poverty Guidelines (refer to Hospital's Sliding Fee Schedule A) which are based on the Federal Poverty Guideline.

3. Patient has been screened and determined ineligible for Medicaid or other state programs.

4. Patient must first exhaust all other funding sources for which the patient may be eligible.

### CRITERIA FOR EVALUATION:

Requests for charity care will be accepted from any source. Typically that will be physicians, community or religious groups, social services, financial services personnel, or the patient. If the hospital becomes aware of factors which might qualify the patient for charity care under this policy, it will advise the patient of this potential and make an initial determination.

1. The patient indicates and appropriately and adequately demonstrates an inability to pay for services rendered or to be rendered. For all purposes of this Policy and the Program, all references to "patient" shall include, as may be applicable, the responsible party for the patient. The Program recognizes, addresses, and is limited to the needs of patients who are "indigent persons" as defined by

WAC 246-453-010(4), which may include those who need assistance with medical bills due to temporary or permanent disability or inability to work as a result of catastrophic illness or injury.

In the event that there are limited charity care resources due to budgetary constraints, District residents may be granted priority consideration of charity care eligibility for non-emergency care only. Under no circumstances will the Hospital deny access to emergency care to any individuals based on an inability to pay and/or inability to qualify for charity care.

2. Pursuant to WAC 246-453-010(7), services covered under the Program shall include only appropriate hospital-based or participating physician practice medical services. "Appropriate hospital-based medical services" shall mean those hospital services which are reasonably calculated to diagnose, correct, cure, alleviate or prevent the worsening of conditions that endanger life, cause suffering or pain, result in illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective more conservative or substantially less costly course of treatment available or suitable for the person requesting the service. For this purpose, "course of treatment" may include mere observation or, where appropriate, no treatment at all.

3. When a patient wishes to apply for charity care sponsorship in the Program, the Patient shall complete a Confidential Financial Information form ("CFI") and provide necessary and reasonable supplementary financial documentation to support the entries on the CFI. The application procedures shall not place an unreasonable burden upon the patient, taking into account any barriers which may hinder the patient's capability of complying with the application procedures. Screening for eligibility for DSHS Medicaid will be coordinated by a Financial Counselor or through a contracted DSHS Medicaid eligibility vendor.

- a. Any of the following documents shall be considered sufficient evidence upon which to base the final determination of charity care sponsorship status: a "W-2" withholding statement; pay stubs; an income tax return from the most recently filed calendar year; forms approving or denying eligibility for DSHS Medicaid and/or state-funded medical assistance; forms approving or denying unemployment compensation; or written statements from employers or welfare agencies. In the event the Patient is not able to provide any of the documentation described above, the Hospital shall rely upon written and signed statements from the responsible party for making a final determination of eligibility for classification as an indigent person.
- b. The Patient may also be asked to provide documentation of outstanding obligations and/or other financial resources (e.g., bank statements, loan documents). Evidence of excess resources will be considered only if the Patient is determined to be at or above 101% of the federal poverty standards.

4. Initial review of a patient's application and recommendation for approval of charity care sponsorship shall be the responsibility of appropriate hospital personnel, such as Patient Access, Social Work, or Patient Financial Services department. Patient Financial Services representative(s) shall make the "initial determination of sponsorship status," which means an indication, pending verification, that the services provided by the Hospital may or may not be covered by third party sponsorship, or an indication from the patient, pending verification, that he or she may meet the criteria for designation as an indigent person qualifying for charity care. Charity care determinations will preferably be made during pre-admission contacts but will be accepted during admission or at any other time. If the patient is unable to provide supporting documentation, the hospital may rely upon a written and signed statement from the patient. If it is obvious to hospital staff that a patient meets the criteria as an indigent person meeting the above income guidelines, it is not necessary to establish the exact income level or require supporting documentation. Examples of this might include an unemployed, homeless individual or someone whose eligibility has already been determined by a Community Health Clinic. An initial determination of sponsorship shall precede collection efforts directed at the patient, provided the patient is cooperative with the Hospital's efforts to reach an initial determination of sponsorship status. During the pendency, the Hospital may pursue reimbursement from any third-party coverage that may be available or identified to the Hospital.

5. A patient who has been initially determined to meet the criteria for Program sponsorship shall be provided with at least fourteen (14) days, or such time as the patient's medical condition may require, or such time as may be reasonably necessary, to secure and present documentation supporting status as an indigent person, in accordance with WAC 246-453-030, prior to receiving a final determination of Program eligibility. If the patient does not respond to the Hospital's reasonable requests for information and/or documentary evidence within fourteen (14) days (or such time as may be necessary considering the patient's medical condition), the Hospital may deem the charity care application incomplete and pursue such collection activity as it deems necessary and appropriate.

6. In determining the status of a patient as an indigent person qualifying for charity care sponsorship in the Program, the Patient Financial Services Representative shall use the criteria set forth in RCW 70.170.060 and WAC 246-453-010 et.seq., which includes a family income (as defined in WAC 246-453-010(17) which is equal to or below 200% of the published federal poverty standards, adjusted for family size, or is otherwise not sufficient to enable payment for the care or to pay deductibles or coinsurance amounts required by a third-party payer. In accordance with WAC 246-453-010(4), the patient must also have exhausted any third party payment sources, including (but not limited to) Medicare and DSHS Medicaid.

- a. Patients with family income equal to or below one hundred percent (100%) of the federal poverty standard, adjusted for family size, shall, pursuant to WAC 246-453-040(1), be determined to be indigent persons qualifying for charity sponsorship for the full amount of hospital charges related to appropriate hospital-based medical services that are not covered by private or public third-party sponsorship and provided that such patients are not eligible for other private or public health coverage sponsorship.
- b. Patients with family income between one hundred one and two hundred percent (101% - 200%) of the federal poverty standard, adjusted for family size, shall, pursuant to WAC 246-453-040(2), be determined to be indigent persons qualifying for full or partial charity sponsorship, which allows for discounts from charges related to appropriate hospital-based medical services that are not covered by private or public third-party sponsorship, in accordance with the Hospital's sliding fee schedule and policies regarding individual financial circumstances as set forth herein.
- c. Pursuant to WAC 246-453-040(3), the Hospital may, in appropriate circumstances and in its sole discretion, classify a patient whose family income exceeds two hundred percent of the federal poverty standard, adjusted for family size, as an indigent person eligible for a discount from charges based upon the patient's individual financial circumstances.

7. When the patient is eligible for and meets the guidelines and requirements for charity care sponsorship in the Program, the Patient Financial Services Representative shall forward such recommendation to the Patient Financial Services authorized designee for review. Within fourteen (14) days of receipt of all necessary information to make a final determination of Program eligibility, the Patient Financial Services designee shall notify the patient of the final determination, including a determination of the amount for which the patient will be held financially accountable.

8. In the event of a recommendation of denial of an application for charity care sponsorship in the Program, the Patient Financial Services Representative shall forward such recommendation to the Patient Financial Services authorized designee for review. The Patient Financial Services designee will, after review of all relevant information, make a final determination of sponsorship status of the patient. The final determination shall be made within fourteen (14) days of receipt of all necessary information.

9. The patient/guarantor may appeal the determination of eligibility for charity care by providing additional verification of income or family size to the Patient Financial Services department within thirty (30) days of receipt of notification. All appeals will be reviewed by the Patient Financial Services Director and the Chief Financial Officer or equivalent designee. If this determination affirms the previous denial of charity care, written notification will be sent to the patient/guarantor and the Department of Health in accordance with state law. The failure of a patient to reasonably complete appropriate application

procedures shall be sufficient grounds for the Hospital to initiate collection efforts directed at the patient. Approval for charity care sponsorship will apply to the injury/illness currently being treated and extend to any other Hospital services that have been provided within a thirty (30) day period of time during which the patient qualifies for charity sponsorship in accordance with the Program. Hospital-based medical care services subsequently found to have met the charity care criteria at the time that services were rendered will be considered for Charity Care.

**HOW TO APPLY:**

Any patient may apply to receive financial assistance/charity care by submitting an application and providing supporting documentation. If you have questions, need help, or would like to receive an application form or more information, please contact us:

- When you are checking in or checking out of the hospital;
- By telephone: 360-537-6101 Option 2 or 844-361-6044
- On our website at: **www.ghcares.org**
- In person: GHCH Registration, GHCH Business Office and/or Harbor Medical Group
- To obtain documents via mail free of charge: 915 Anderson Drive, Aberdeen, WA 98520

Financial assistance for services rendered by **Harbor Medical Group** may be applied for by contacting the Harbor Medical Group Business Office at 360-537-6199 or in person at 1006 North H Street, Aberdeen, WA 98520

**If English is Not Your First Language:** Translated versions of the application form, financial assistance policy, and this summary, are available upon request.

**Other Assistance:**

Coverage assistance: You may be eligible for other government and community programs. We can help you research whether these programs (including Medicaid/Apple Health and Veterans Affairs benefits) can help cover your medical bills. We will assist you in applying for these programs.

Uninsured/Prompt Pay discounts: We offer a discount for patients who do not have health insurance coverage. Please contact us about our discount program.

Payment plans: Any balance for amounts owed by you is due within 30 days. The balance can be paid in any of the following ways: credit card, payment plan, cash, check, or online bill pay. If you would like to set-up a payment plan, please call the number on your billing statement.

**MEDICAL STAFF AND ALLIED HEALTH PROFESSIONALS**

Except as provided within this policy, Medical Staff members (and Allied Health Professionals) not employed by the Hospital are encouraged but not obligated to provide charity care in accordance with this Policy, and they may grant full or partial fee waivers in their discretion.

**ATTACHMENTS:**

Attachment 1: Financial Assistance Application and Confidential Financial Information Form

Attachment 2: Schedule A: Grays Harbor Community Hospital Sliding Fee Schedule

Author:

\_\_\_\_\_  
Patient Financial Services Director

\_\_\_\_\_  
Date

Authenticated By:

Chief Financial Officer \_\_\_\_\_

Date \_\_\_\_\_

Board Approval: