

<b>Columbia County Health System</b>	
<b>Business Office</b>	Ref. No.: 2937
Effective Date: 12/09/2016	Subject
Approval:  Cheryl Skiffington (Revenue Cycle Coordinator), Shane McGuire (CEO)	<b>Financial Assistance/Charity Care Policy</b>
	<input type="checkbox"/> Policy <input type="checkbox"/> Procedure <input type="checkbox"/> Protocol

**PURPOSE:**

Columbia County Health System is committed to the provision of health care services to all persons in need of medical attention regardless of ability to pay. No person in need of necessary health care shall be denied service from this hospital based on ability to pay.

**POLICY:**

In order to protect the integrity of operations and fulfill this commitment, the following criteria for the provision of Charity Care/Financial Assistance, consistent with the requirements of Washington Administrative Code, Chapter 246-453, are established. These criteria will assist staff in making consistent objective decisions regarding eligibility for Charity Care/Financial Assistance while ensuring the maintenance of a sound financial base.

Charity Care/Financial Assistance will be granted to all persons regardless of race, color, sex, religion, age or national origin or immigration status. In an attempt to ensure that no one within our service area goes without healthcare, Charity Care will be offered to those that demonstrate eligibility for either hospital or clinic services.

**PROCEDURE:**

***Notification to the Public***

Columbia County Health System's Charity Care/Financial Assistance policy shall be made publicly available through the following elements:

1. A notice advising patients that the hospital provides Charity Care/Financial Assistance shall be posted in English and Spanish in key public areas of the hospital, including Admissions, the Emergency Department, and the Patient Billing Office.
2. The hospital will distribute a written notice of the hospital's Charity Care/Financial Assistance policy to patients at the time the hospital requests information pertaining to their party coverage. This written information shall also be verbally explained if an inquiry is made by the patient. Every patient will be given notification of the existence of Charity Care/Financial Assistance either before receiving treatment, or in the event of an emergency, upon discharge.
3. Annually the Columbia County Health System will publish a notice in the local newspaper of availability of uncompensated services and amount provided.

4. The hospital shall train front-line staff to answer Charity Care/Financial Assistance questions effectively or how to direct such inquiries to the appropriate person in a timely manner.
5. Written information about the hospital's Charity Care/Financial Assistance policy shall be made available to any person who requests the information, either by mail, by telephone, email, or in person. The hospital's sliding Charity Care write-off schedule, if applicable, shall be made available upon request.

### ***Notification to the Public***

Charity Care is generally secondary to all other financial resources available to the patient, including: group or individual medical plans; Worker's Compensation; Medicare; Medicaid or medical assistance programs; other state, federal, or military programs; third party liability situations (e.g. auto accidents or personal injuries); or any other situation in which another person or entity may have a legal responsibility to pay for the costs of medical services.

The hospital will attempt to assist the patient/guardian to determine whether the patient qualifies for Medicaid/Apple Health. If the patient does qualify for state assistance for this episode of care then the hospital will bill Medicaid through its normal process.

Columbia County Health System shall require a disclosure of resources from Charity Care applicants regardless of income. In situations where the responsible party is not able to provide any of the documentation requested, 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. The hospital will not deny Charity Care based on immigration status (WAC-453-030 (4)). All other patients shall be considered for Charity Care under this policy based on the following criteria:

- The full amount of hospital charges will be determined to be Charity Care for a patient whose gross family income is at or below 100 percent of the current federal poverty level (consistent with WAC-246-453).
- A sliding Charity Care write-off schedule shall be used to determine the amount that shall be written off for patients with incomes between 101 and 300 percent of the current federal poverty level.
- The following sliding scale outlines the discount percentage based on the percent of the current federal poverty level (FPL):

<b>% of FPL</b>	up to 100%	101%-150%	151%-200%	201%-300%
<b>Discount</b>	100%	75%	50%	25%

Catastrophic Charity Care allows for the hospital to write off as Charity Care amounts outside of the above schedule and for patients with family income in excess of 300 percent of the federal poverty level when circumstances indicate severe financial hardship or personal loss.

The responsible party's financial obligation which remains after the application of any sliding Charity Care write-off schedule shall be payable as negotiated between the hospital and the responsible party. The responsible party's account shall not be turned over to a collection agency unless payments are missed or there is some period of inactivity on the account, and there is no satisfactory contact with the patient.

### ***Process for Eligibility Determination***

All patients are considered as being able to pay until information is provided that indicates otherwise. Any indication of an inability to pay will be considered a request for uncompensated services.

During the patient admission, discharge, or collection process, Columbia County Health System will make an initial determination of eligibility based on verbal or written application for Charity Care/Financial Assistance. Should patients choose not to apply for Charity Care/Financial Assistance, they shall not be

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considered for Charity Care unless other circumstances are indicated or intent becomes known to Columbia County Health System. Pending final determination, Columbia County Health System will not initiate collection efforts or requests for deposits, provided that the responsible party is cooperative with Columbia County Health System's efforts to reach a determination of eligibility status, including return of applications and documentation within 14 days of receipt of application or such time as the person's medical condition may require, or such time as may reasonably be necessary to secure and to present documentation as described with WAC-246-456-030 prior to receiving a final determination. Requests to provide Charity Care/Financial Assistance will be accepted from sources such as a physician, family, community or religious groups, social services, financial service personnel, or the patient. If the hospital becomes aware of factors which might qualify the patient for Charity Care/Financial Assistance under this policy, the patient will be advised of this potential and make an initial determination that such account is to be treated as Charity Care. A person may make a request more than once for the same services where there is a change in eligibility. However, a patient may not make a request on the same services if their financial status has not changed.

For the purpose of reaching an initial determination of sponsorship status, the hospital shall rely upon information provided orally by the responsible party. The hospital may require the responsible party to sign a statement attesting to the accuracy of the information provided to the hospital for purposes of the initial determination of sponsorship status as per WAC 246-453-030(1).

Any one of the following documents shall be considered sufficient evidence upon which to base the final determination of charity care sponsorship status, when the income information is annualized as may be appropriate:

1. W-2 withholding statements for the prior year
2. Payroll check stubs for relevant time period
3. Income tax return from the most recent filed year
4. Forms approving or denying unemployment compensation
5. Forms approving or denying Medicaid coverage or Medical assistance (Medicaid denial required prior to approving charity care)
6. Written statements from employer or welfare agencies

In the event that the responsible party's identification as an indigent person is obvious to hospital personnel, and the hospital personnel are able to establish the position of the income level within the broad criteria described in WAC 246-453-040 or within income ranges included in the hospital's sliding fee schedule, the hospital is not obligated to establish the exact income level or to request the aforementioned documentation from the responsible party, unless the responsible party requests further review.

In the event that the responsible party 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.

The hospital will make a written, conditional, or final determination of eligibility or denial within fourteen (14) calendar days of receiving information in accordance with WAC-246-453-030; such notification must include a determination of the amount for which the responsible party will be financially accountable.

### ***Instructions for Appeal or Reconsideration***

All responsible parties denied Charity Care sponsorship under WAC-246-453-040 (1) or (2) shall be provided with, and notified of, an appeals procedure that enables them to correct any deficiencies in the documentation or request review of the denial and results in review of the determination by the hospital's Chief Financial Officer or equivalent.

Responsible parties shall be notified that they have thirty (30) calendar days within which to request an appeal of the final determination of sponsorship status. Within the first fourteen days of this period, the hospital may not refer the account at issue to an external collection agency. After the fourteen day period, if no appeal has been filed, the hospital may initiate collection activities.

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***Refund of Payments to those Parties Granted Charity Care Status***

In the event that responsible party pays a portion or all of the charges related to appropriate hospital-based medical care services, and is subsequently found to have met the Charity Care criteria at the time that services were provided, any payments in excess of the amount determined to be appropriate in accordance with WAC-246-453-040 shall be refunded to the patient within thirty working days of achieving the Charity Care designation.

***Documentation and Records***

All information provided shall be kept confidential. Copies of documentation used to support the application shall be kept with the application at all times. All Charity Care/Financial Assistance documentation will be retained by Columbia County Health System for five (5) years.