



**PULLMAN  
REGIONAL  
HOSPITAL**

Origination 01/2003

Last Approved N/A

Effective N/A

Last Revised N/A

Next Review N/A

Owner Mary Taggart

Area Patient Financial Services- Policies

Applicability Pullman Regional Hospital

## Financial Assistance / Charity Care

### POLICY:

Public Hospital District #1-A of Whitman County is committed to the provision of Health Care Services to all persons in need of medical attention and agree not to discriminate in the provision of services:

- Regardless of the individual's ability to pay,
- Patients will be granted charity care or financial assistance regardless of race, color, sex, nation origin, disability, religion, age, sexual orientation, or gender identity as required by law (Washington Administrative Code (WAC)-246-453).

### Notification:

The Hospital's Charity Care Policy will be publicly available through the posting of sign in public areas of the Hospital. The Hospital will provide written notice to all patients informing them about the availability of charity care at the time the patient / guarantor requests information regarding third-party coverage.

### Eligibility Criteria:

The Hospital may classify any individual responsible party whose income exceeds three hundred percent (300%) of the Federal Poverty Standard, adjusted for family size, as an indigent person eligible for discount from charges based upon that responsible party's individual financial circumstances. Thus, hospitals have the discretion to provide catastrophic charity care. Including such a provision in the policy specifically grants hospitals the discretion to consider severe financial hardship or personal loss in providing charity care.

The most current Federal Poverty Guidelines will be used for determination, along with the sliding scale (up to 300% of Federal Guidelines).

Exemptions from Standard - Catastrophic hospitalization costs or other patient-specific circumstances may justify granting charity care, even when a patient exceeds the indigent standards.

Any patient receiving "appropriate hospital-based medical services," as defined in WAC 246-453-010(7), and any responsible party (that is, any individual who is responsible for the payment of any hospital charges which are not subject to third-party payment) whose family income is equal to or below two hundred percent (200%) of the Federal Poverty Standard, adjusted for family size, shall be determined to be indigent persons qualifying for charity sponsorship for the full amount of hospital charges related to appropriate hospital-based medical services as defined in WAC 246-453-010(7) that are not covered by private or public third-party sponsorship.

Any patient receiving appropriate hospital-based medical services as defined in WAC 246-453-010(7) and responsible party, (that is, any individual who is responsible for the payment of any hospital charges which are not subject to third party sponsorship), whose family income is between two hundred one percent (201%) and three hundred percent (300%) of the Federal Poverty Standard, adjusted for family size, shall be determined to be indigent persons qualifying for discounts from charges related to appropriate hospital-based medical services as defined in WAC 246-453-010(7) in accordance with the Hospital's sliding fee schedule and policies regarding individual financial circumstances.

In order to comply with the "Washington Hospital Voluntary Effort on Billing to the Uninsured," the additional procedures will be followed. (Uninsured means no third-party insurance. Health Savings accounts are considered insurance.) Notification (applies to all patients).

## **Eligibility Determination:**

Financial Assistance for otherwise eligible patients who do not follow through in obtaining insurance coverage potentially available to them (e.g. Medicaid) will be individually evaluated. Before being considered for Financial Assistance, the patient's/guarantor's eligibility for the third-party payment coverage will be assessed and the patient/guarantor may be required to apply for coverage under those programs for which he or she is eligible. Patients who fail to comply with the Financial Assistance application requirements may be denied financial assistance. A Patient Financial Services representative or financial counselor may identify and assist eligible patients in applying for Medicaid coverage. Patients who do not elect to receive Medicaid benefits when eligible for Medicaid may be denied Financial Assistance; however, Pullman Regional Hospital will not deny Financial Assistance to a patient solely based upon the patient's refusal to enroll in a plan available to the patient on the Health Benefits Exchange. If only subsidized insurance is available, Pullman Regional Hospital does not require a charity candidate to purchase for consideration.

For the purpose of reaching an initial determination Pullman Regional Hospital requires the responsible party to sign a statement attesting to the accuracy of the information provided. Any one of the following documents shall be considered sufficient evidence upon which to base the final determination of charity care, when the income information is annualized as may be appropriate:

- a. A "W-2" withholding statement;
- b. Pay stubs;

- c. An income tax return from the most recently filed calendar year;
- d. Forms approving or denying eligibility for Medicaid and/or state-funded medical assistance;
- e. Forms approving or denying unemployment compensation; or
- f. Written statements from employers or welfare agencies.

In the event that the responsible party is not able to provide any of the documentation described above, Pullman Regional 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. In addition, Pullman Regional Hospital may review any claim that would identify patients, either uninsured or underinsured with high patient responsibility would likely qualify for financial assistance or charity treatment qualification may be granted without documentation.

Eligibility will be based on income and family size: "Family" includes people related by birth, marriage or adoption who live together. Total cash receipts before taxes, derived from wages and salaries, public assistance payments, Social Security payments, strike benefits, unemployment or disability benefits, child support, alimony, and net earnings from business and investment activities paid to the individual.

Incomplete applications may be denied until complete information is made available and/or the written and signed statement noted above is received. Pullman Regional Hospital will notify patients in writing outlining information needed. If an application remains incomplete, Pullman Regional Hospital may pursue further collection efforts.

Upon receipt of the completed application, a decision will be made within fourteen (14) calendar days. Applicants will be notified verbally or by letter of the decision.

Patients / responsible parties may appeal a financial assistance determination no later than thirty (30) calendar days after receiving the financial assistance determination. The patients / responsible parties may use the appeal to correct any deficiencies in documentation or request review of the denial by the Hospital's Chief Financial Officer or his or her equivalent. The Chief Financial Officer, or his or her equivalent, will review all appeals. The patients / responsible parties will be notified of the outcome of the appeal. During the first fourteen (14) days of the appeal period the Hospital will not refer the account at issue to an external collection agency. After the first fourteen (14) days of the appeal period, if no appeal has been filed, the Hospital may initiate collection activities. If the Hospital initiates collection activities and then discovers an appeal has been filed, the Hospital shall cease collection efforts until the appeal is finalized. In the event that the Hospital's final decision upon appeal affirms the previous denial of charity care designation under the criteria described in WAC 246-453-040(1) or (2), the responsible parties and the Department of Health shall be notified in writing of the decision and the basis for the decision, and the Department of Health shall be provided with copies of documentation upon which the decision was based.

Once approval has been granted, all applicable accounts will be adjusted and noted appropriately.

Any qualified payments made to approve accounts will be refunded back to the patient within thirty (30) days of approval.

## Confidentiality:

Except as required for determination of eligibility and as required for reporting purposes under WAC 246-453, all information relating to the application will be kept confidential. Complete copies of documents which support the application will be kept in an electronic archiving system.

## Attachments

[sliding scale.xls](#)

## Approval Signatures

Step Description	Approver	Date
	Mary Taggart: Business Office Manager	05/2022

<b>NEW Rate (2022)</b>	
<b><u>%of Proverty Level</u></b>	<b><u>% of Charity</u></b>
100-105	100%
106-110	100%
111-115	100%
116-120	100%
121-125	100%
126-130	100%
131-135	100%
136-140	100%
141-145	100%
146-150	100%
151-155	100%
156-160	100%
161-165	100%
166-170	100%
171-175	100%
176-180	100%
181-185	100%
186-190	100%
191-195	100%
196-200	100%
201-205	100%
206-210	75%
211-215	75%
216-220	75%
221-225	75%
226-230	75%
231-235	75%
236-240	75%
241-245	75%
246-250	75%
251-255	50%
256-260	50%
261-265	50%
266-270	50%
271-275	50%
276-280	50%
281-285	50%
286-290	50%
291-295	50%
296-299	50%
300	50%