

**SUBJECT: Charity Care**

**POLICY:**

It is the policy of Pullman Regional Hospital to provide health care to eligible patients without charge or at a reduced rate. Eligible patients include all patients, regardless of race, religion or national origin, which meet the financial guidelines set forth in the current poverty guidelines and are not eligible for State of Medicaid insurance:

1. Coverage will be retroactive for six months prior to the receipt of the completed application by the Patient Financial Services Department. Completed application may include:
  - Financial statement signed and dated.
  - Most recent tax return.
  - Three most current bank statements.
  - Any other documentation to support financial need.
2. To be considered, the patient must answer no to all the Medicaid eligibility work sheet:
  - Over the age of 65 – Yes or No
  - Disabled (unable to work for at least 90 days, receiving disability benefits, blind, has a condition that will lead to death, or permanent disability. – Yes or No
  - Under the age of 19 – Yes or No
  - Pregnant – Yes or No
  - Adult with minor children living in their home – Yes or No
  - Send a Medicaid application if the patient answers yes to any of the above questions; the patient may be eligible for Medicaid coverage.
  - If the patient answer no to all the above questions. The patient is not relatable to a Medicaid program.
3. Services, which are considered non-emergent or elective, including detoxification will not be considered for charity care.
4. Upon receipt of the completed application a decision will be made within fourteen (14) working days.
5. The most current Federal Poverty Guidelines will be used for determination, along with the sliding scale (up to 300% of Federal Guidelines.)
6. Applicants will be notified verbally or by letter of the decision. Applicants may request a review of denial or partial denial within 30 days of receipt of the notice.
7. Approved applications will only be valid for three months. An update application must be made after that for continued coverage.
8. Once approval has been granted all applicable accounts will be adjusted using

the “Charity Care” adjustment code (See Patient Financial Services Account Adjustments Policy # A-1.)

9. All applications must be maintained by the hospital for one year in a locked file drawer pending future audits.
10. Any qualified payments made to approved accounts will be refunded back to patient within 30 days of approval.
11. Exemptions from Standard - Catastrophic hospitalization costs or other patient specific circumstances may justify granting charity care, even when a patient exceeds the indigent standards.

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Director of Patient Financial Services

Effective: 1/1/03  
Reviewed: 5/07 LS:klv  
Revised: 8/07 LS:klv