**POLICY SUBJECT:**
***Financial Assistance***

**EFFECTIVE DATE: 03/14/12**
*To be reviewed every three years by the Board of Stewardship Trustees*



**REVIEW BY: xx/xx/19**

## POLICY

It is the policy of Catholic Health Initiatives (CHI), its tax-exempt Direct Affiliates[1] and tax-exempt Subsidiaries[2] which Operate a Hospital Facility [collectively referred to as CHI Hospital Organization(s)] to provide, without discrimination, Emergency and other Medically Necessary Care (herein referred to as EMCare) in CHI Hospital Facilities to all patients, without regard to a patient's financial ability to pay.

## PRINCIPLES

As Catholic health care providers and tax-exempt organizations, CHI Hospital Organization(s) are called to meet the needs of patients and others who seek care, regardless of their financial abilities to pay for services provided.

The following principles are consistent with CHI's mission to deliver compassionate, high-quality, affordable healthcare services and to advocate for those who are poor and vulnerable. CHI Hospital Organizations strive to ensure that the financial ability of people who need health care services does not prevent them from seeking or receiving care.

**Emergency Care -** CHI Hospital Organizations will provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility for Financial Assistance or for government assistance in CHI Hospital Facilities.

**Other Medically Necessary Care -** CHI Hospital Organizations are committed to providing Financial Assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for non-emergent Medically Necessary Care provided in CHI Hospital Facilities.

## APPLICATION

This Policy applies to:

[1] A Direct Affiliate is any corporation of which CHI is the sole corporate member or sole shareholder.
[2] A Subsidiary refers to *either* an organization, whether nonprofit or for-profit, in which a Direct Affiliate holds the power to appoint a majority of the voting members of the governing body of such organization *or* any organization in which a Subsidiary holds such power.

- All charges for EMCare provided in a Hospital Facility by a CHI Hospital Organization.
- All charges for EMCare provided by a physician who is employed by a CHI Hospital Organization (CHI Physician) to the extent such care is provided within a Hospital Facility.
- All charges for EMCare provided by a physician who is employed by a Substantially Related Entity (Non-CHI Physician) that occurs within a Hospital Facility.
- Collection and recovery activities conducted by the Hospital Facility or a designated supplier, or its third-party collection agents (whether debt is referred or sold) of a Hospital Organization to collect amounts owed for EMCare described above. All third-party agreements governing such collection and recovery activities must include a provision requiring compliance with this Policy and indemnification for failures as a result of its noncompliance. This includes, but is not limited to, agreements between third parties who subsequently sell or refer debt of the Hospital Facility.

**Coordination with Other Laws**

The provision of Financial Assistance may now or in the future be subject to additional regulation pursuant to federal, state or local laws. Such law governs to the extent it imposes more stringent requirements than this Policy. In the event that such law directly conflicts with this Policy, the CHI Hospital Organization shall, after consultation with its local CHI Legal Services Group representative, CHI Revenue Cycle Leadership and CHI Tax leadership, adopt a separate policy, with such minimal changes to this Policy as are as necessary to ensure compliance with Internal Revenue Code (IRC) Section 501(r) and other applicable laws.

**PURPOSE**

Pursuant to IRC Section 501(r), in order to remain tax-exempt, each CHI Hospital Organization is required to establish a written Financial Assistance Policy (FAP) and an Emergency Medical Care Policy which apply to all EMCare provided in a Hospital Facility. The purpose of this Policy is to describe the conditions under which a Hospital Facility provides Financial Assistance to its patients. In addition, this Policy describes the actions a Hospital Facility may take with respect to delinquent patient accounts.

**DEFINITIONS**

**Amounts Generally Billed (AGB)** means the amounts generally billed for EMCare to individuals who have insurance covering such care. The Hospital Facility determines AGB using the Prospective Medicare method. However, a patient eligible for Financial Assistance will only be extended free care under this Policy. Thus, no FAP eligible individual will be charged in excess of AGB for EMCare. Therefore, it is not considered necessary to take additional measures to determine if a patient is responsible for more than AGB for EMCare.

**Application Period** means the time provided to patients by the CHI Hospital Organization to complete the Financial Assistance application. It begins on the first day care is provided and ends on the 240$^{th}$ day after the Hospital Facility provides the individual with the first post-discharge billing statement for the care provided.

**CHI Entity Service Area** means, for purposes of this Policy, the community served by a Hospital Facility as described in its most recent Community Health Needs Assessment, as described in IRC Section 501(r)(3).

**Community Health Needs Assessment (CHNA)** is conducted by a Hospital Facility at least once every three (3) years pursuant to IRC Section 501(r)(1)(A); each CHI Hospital Organization then adopts strategies to meet the community health needs identified through the CHNA.

**Eligibility Determination Period -** For purposes of determining Financial Assistance eligibility, a Hospital Facility will review annual household income from the prior six-month period and/or the prior tax year as shown by recent pay stubs or income tax returns and other information. Proof of earnings may be determined by annualizing the year-to-date household income, taking into consideration the current earnings rate.

**Eligibility Qualification Period -** After submitting the Financial Assistance application and supporting documents, patients approved to be eligible shall be granted Financial Assistance prospectively, for a period of six months from the determination date. Financial Assistance will also be applied to all eligible accounts incurred for services received six months prior to determination date. If eligibility is approved based on Presumptive Eligibility criteria, Financial Assistance will be applied to all eligible accounts incurred for services received six months prior to the determination date.

**Emergency Medical Care, EMTALA -** Any patient seeking urgent or emergent care [within the meaning of Section 1867 of the Social Security Act (42 U.S.C. 1395dd)] at a Hospital Facility shall

be treated without discrimination and without regard to a patient's ability to pay for care. Furthermore, any action that discourages patients from seeking emergency medical care, including, but not limited to, demanding payment before treatment or permitting debt collection and recovery activities that interfere with the provision of emergency medical care, is prohibited. Hospital Facilities shall also operate in accordance with all federal and state requirements for the provision of urgent or emergent health care services, including screening, treatment and transfer requirements under the federal Emergency Medical Treatment and Labor Act (EMTALA) and in accordance with 42 CFR 482.55 (or any successor regulation). Hospital Facilities should consult and be guided by their emergency services policy, EMTALA regulations and applicable Medicare/Medicaid Conditions of Participation in determining what constitutes an urgent or emergent condition and the processes to be followed with respect to each.

**Extraordinary Collection Actions (ECAs) -** The Hospital Facility will not engage in ECAs against an individual prior to making a reasonable effort to determine eligibility under this Policy. An ECA may include any of the following actions taken in an effort to obtain payment on a bill for care:

- Selling an individual's debt to another party except as expressly provided by federal tax law;
- Certain actions that require a legal, or judicial process as specified by federal tax law; and
- Reporting adverse information about the individual to consumer credit bureaus.

ECAs do not include any lien that a Hospital Facility is entitled to assert under state law on the proceeds of a judgment, settlement or compromise owed to an individual (or his or her representative) as a result of personal injuries for which the Facility provided care.

**Family** means (using the Census Bureau definition) a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on his or her income tax return, that person may be considered a dependent for purposes of the provision of Financial Assistance. If IRS tax documentation is not available, family size will be determined by the number of dependents documented on the Financial Assistance application and verified by the Hospital Facility.

**Family Income** is determined consistent with the Census Bureau definition, which uses the following when computing federal poverty guidelines:

- Includes earnings, unemployment compensation, Worker's Compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts,

educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources, on a before-tax basis;

- Excludes noncash benefits (such as food stamps and housing subsidies);
- Excludes capital gains or losses; and
- Includes the income of all family members, if a person lives with a family, but excludes non-relatives, such as housemates.

**Federal Poverty Guidelines (FPG)** are updated annually in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current guidelines can be referenced at http://aspe.hhs.gov/poverty-guidelines.

**Financial Assistance** means assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for EMCare provided in a Hospital Facility and who meet the eligibility criteria for such assistance. Financial Assistance is offered to insured patients to the extent allowed under the patient's insurance carrier contract.

**Guarantor** means an individual other than the patient who is legally responsible for payment of the patient's bill.

**Hospital Facility (or Facility)** means a healthcare facility that is required by a state to be licensed, registered or similarly recognized as a hospital and that is operated by a CHI Hospital Organization.

**Medically Necessary Care** means any procedure reasonably determined to prevent, diagnose, correct, cure, alleviate, or avert 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, if there is no other equally effective, more conservative or less costly course of treatment available.

**Operates a Hospital Facility -** A Hospital Facility is considered to be operated either by use of its own employees or by contracting out the operation of the Facility to another organization. A Hospital Facility may also be operated by a CHI Hospital Organization if the CHI Hospital Organization has a capital or profits interest in an entity taxed as a partnership which directly operates a state licensed Hospital Facility or which indirectly operates a state licensed Hospital Facility through another entity taxed as a partnership.

**Presumptive Financial Assistance** means the determination of eligibility for Financial Assistance that may rely on information provided by third-party vendors and other publically available information. A determination that a patient is presumptively eligible for Financial Assistance will result in free EMCare for the period during which the individual is presumptively eligible.

**Substantially-Related Entity** means, with respect to a CHI Hospital Organization, an entity treated as a partnership for federal tax purposes in which the Hospital Organization owns a capital or profits interest, or a disregarded entity of which the Hospital Organization is the sole member or owner, that provides EMCare in a state licensed Hospital Facility, unless the provision of such care is an unrelated trade or business described in IRC Section 513 with respect to the Hospital Organization.

**Uninsured** means an individual having no third-party coverage by a commercial third-party insurer, an ERISA plan, a Federal Health Care Program (including without limitation Medicare, Medicaid, SCHIP and CHAMPUS), Worker's Compensation, or other third-party assistance to assist with meeting his or her payment obligations.

**Underinsured** means an individual with private or public insurance coverage, for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for EMCare covered by this Policy.

## ELIGIBILITY FOR FINANCIAL ASSISTANCE

### Financial Assistance Available for EMCare

Financial Assistance shall be provided to patients who meet the eligibility requirements as described herein and reside within the CHI Entity Service Area as defined by the most recent Hospital Facility CHNA. A patient who qualifies for Financial Assistance will receive free EMCare, and as such will never be responsible for more than AGB for EMCare.

### Financial Assistance Not Available for Other Than EMCare

Financial Assistance is not available for care other than EMCare. In the case of other than EMCare, no patient will be responsible for more than the net charges for such care (gross charges for such care after all deductions and insurance reimbursements have been applied).

Eligibility for Financial Assistance will be considered for those individuals who are Uninsured, Underinsured, ineligible for any government health care benefit program, and who are unable to pay

for their care, based upon a determination of financial need in accordance with this Policy. The granting of Financial Assistance shall be based on an individualized determination of financial need, and shall not take into account any potential discriminatory factors such as age, ancestry, gender, gender identity, gender expression, race, color, national origin, sexual orientation, marital status, social or immigrant status, or religious affiliation or on any other basis as prohibited by federal, state, or local law.

Unless eligible for Presumptive Financial Assistance, the following eligibility criteria must be met in order for a patient to qualify for Financial Assistance:

- The patient must have a minimum account balance of thirty-five dollars ($35.00) with the CHI Hospital Organization. Multiple account balances may be combined to reach this amount. Patients/Guarantors with balances below thirty-five dollars ($35) may contact a financial counselor to make monthly installment payment arrangements.
- The patient's Family Income must be at or below 300% of the FPG.
- The patient must comply with Patient Cooperation Standards as described herein.
- The patient must submit a completed Financial Assistance application.

**Patient Cooperation Standards**

A patient must exhaust all other payment options, including private coverage, federal, state and local medical assistance programs, and other forms of assistance provided by third-parties prior to being approved. An applicant for Financial Assistance is responsible for applying to public programs for available coverage. He or she is also expected to pursue public or private health insurance payment options for care provided by a CHI Hospital Organization within a Hospital Facility. A patient's and, if applicable, any Guarantor's cooperation in applying for applicable programs and identifiable funding sources, including COBRA coverage (a federal law allowing for a time-limited extension of employee healthcare benefits), shall be required. If a Hospital Facility determines that COBRA coverage is potentially available, and that a patient is not a Medicare or Medicaid beneficiary, the patient or Guarantor shall provide the Hospital Facility with information necessary to determine the monthly COBRA premium for such patient, and shall cooperate with Hospital Facility staff to determine whether he or she qualifies for Hospital Facility COBRA premium assistance, which may be offered for a limited time to assist in securing insurance coverage. A Hospital Facility shall make affirmative efforts to help a patient or patient's Guarantor apply for public and private programs.

**THE METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE**

All patients must complete the CHI Financial Assistance Application (FAA) to be considered for Financial Assistance, unless they are eligible for Presumptive Financial Assistance. The FAA is used by the Hospital Facility to make an individual assessment of financial need.

To qualify for assistance, at least one piece of supporting documentation that verifies household income is required to be submitted along with the FAA. Supporting documentation may include, but is not limited to:

- Copy of the individual's most recently filed federal income tax return;
- Current Form W-2;
- Current paystubs; or
- Signed letter of support.

The Hospital Facility may, at its discretion, rely on evidence of eligibility other than described in the FAA or herein. Other evidentiary sources may include:

- External publically available data sources that provide information on a patient/Guarantor's ability to pay;
- A review of patient's outstanding accounts for prior services rendered and the patient/Guarantor's payment history;
- Prior determinations of the patient's or Guarantor's eligibility for assistance under this Policy, if any; or
- Evidence obtained as a result of exploring appropriate alternative sources of payment and coverage from public and private payment programs.

In the event no income is evidenced on a completed FAA, a written document is required which describes why income information is not available and how the patient or Guarantor supports basic living expenses (such as housing, food and utilities). Financial Assistance applicants who participate in the National Health Services Corps (NHSC) Loan Repayment Program are exempt from submitting expense information.

**PRESUMPTIVE ELIGIBILITY**

CHI Hospital Organizations recognize that not all patients and Guarantors are able to complete the FAA or provide requisite documentation. Financial counselors are available at each Hospital Facility location to assist any individual seeking application assistance. For patients and Guarantors who are unable to provide required documentation, a Hospital Facility may grant Presumptive Financial Assistance based on information obtained from other resources. In particular, presumptive eligibility may be determined on the basis of individual life circumstances that may include:

- Recipient of state-funded prescription programs;
- Homeless or one who received care from a homeless clinic;
- Participation in Women, Infants and Children programs (WIC);
- Food stamp eligibility;
- Subsidized school lunch program eligibility;
- Eligibility for other state or local assistance programs (e.g., Medicaid spend-down);
- Low income/subsidized housing is provided as a valid address; and/or
- Patient is deceased with no known estate.

This information will enable Hospital Facilities to make informed decisions on the financial needs of patients, utilizing the best estimates available in the absence of information provided directly by the patient. A patient determined eligible for Presumptive Financial Assistance will receive free EMCare for the period during which the individual is presumptively eligible.

If an individual is determined to be presumptively eligible, a patient will be granted Financial Assistance for a period of six months ending on the date of presumptive eligibility determination. As a result, Financial Assistance will be applied to all eligible accounts incurred for services received six months prior to the determination date. The presumptively eligible individual will not receive financial assistance for EMCare rendered after the date of determination without completion of a FAA or a new determination of presumptive eligibility.

For patients, or their Guarantors, who are non-responsive to a Hospital Facility's application process, other sources of information may be used to make an individual assessment of financial need. This information will enable the Hospital Facility to make an informed decision on the financial need of non-responsive patients, utilizing the best estimates available in the absence of information provided directly by the patient.

For the purpose of helping financially needy patients, a Hospital Facility may use a third party to review a patient's, or the patient's Guarantor's, information to assess financial need. This review utilizes a healthcare industry-recognized, predictive model that is based on public record databases. The model incorporates public record data to calculate a socio-economic and financial capability score. The model's rule set is designed to assess each patient based upon the same standards and is calibrated against historical Financial Assistance approvals by the Hospital Facility. This enables the Hospital Facility to assess whether a patient is characteristic of other patients who have historically qualified for Financial Assistance under the traditional application process.

When the model is utilized, it will be deployed prior to bad debt assignment after all other eligibility and payment sources have been exhausted. This allows a Hospital Facility to screen all patients for Financial Assistance prior to pursuing any extraordinary collection actions. The data returned from this review will constitute adequate documentation of financial need under this Policy.

In the event a patient does not qualify for presumptive eligibility, the patient may still provide requisite information and be considered under the traditional FAA process.

Patient accounts granted presumptive eligibility status will be provided free care for eligible services for retrospective dates of service only. This decision will not constitute a state of free care as available through the traditional application process. These accounts will be treated as eligible for Financial Assistance under this Policy. They will not be sent to collection, will not be subject to further collection action, and will not be included in Hospital Facility bad debt expense. Patients will not be notified to inform them of this decision.

Presumptive screening provides a community benefit by enabling a CHI Hospital Organization to systematically identify financially needy patients, reduce administrative burdens and provide Financial Assistance to patients and their Guarantors, some of whom may have not been responsive to the FAA process.

## NOTIFICATION ABOUT FINANCIAL ASSISTANCE

Notification about the availability of Financial Assistance from CHI Hospital Organizations shall be disseminated by various means, which may include, but not be limited to:

- Conspicuous publication of notices in patient bills,
- Notices posted in emergency rooms, urgent care centers, admitting/registration departments, business offices, and at other public places as a Hospital Facility may elect.

- CHI Hospital Organizations also shall publish a summary of this Policy on the Hospital Facility's website, www.catholichealth.net, and at other places within the communities served by the Hospital Facility as it may elect.

Such notices and summary information shall include a contact number and shall be provided in English, Spanish, and other primary languages spoken by the population serviced by an individual Hospital Facility, as applicable.

Referral of patients for Financial Assistance may be made by any member of the CHI Hospital Organization non-medical or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

CHI Hospital Organizations will provide financial counseling to patients about their bills related to EMCare and will make the availability of such counseling known. It is the responsibility of the patient or the patient's Guarantor to schedule consultations regarding the availability of Financial Assistance with a financial counselor.

## ACTIONS IN THE EVENT OF NON-PAYMENT

The actions a CHI Hospital Organization may take in the event of nonpayment with respect to each Hospital Facility are described in a separate policy, Stewardship Policy No. 16, *Billing and Collections*. Members of the public may obtain a free copy of this Policy by asking the Hospital Facility Patient Access/Admitting department or by contacting 1-800-514-4637.

## APPLICATION OF PROCEDURES

Revenue cycle teams are responsible for the implementation of this Policy in accordance with the detailed procedures set forth in CHI Revenue Cycle Procedures, as amended.

## POLICY APPROVAL

This Policy is subject to periodic review every three (3) years or earlier, as required by changes in applicable law. Any changes to the Policy must be approved by the CHI Board of Stewardship Trustees.

## ATTACHMENTS

A Financial Assistance Application (FAA)
B Provider Listing - an appendix to this Policy that will initially be published on or before July 1, 2016, and will be updated by management periodically (but no less than quarterly) thereafter.

## RELATED POLICIES

- Clinical Effectiveness Policy No. 6, *EMTALA*
- Stewardship Policy No. 16, *Billing and Collections*

## APPROVED AND AMENDED BY THE BOARD

- xx/xx/16 (to be effective 07/01/16)

# *Addendum 1 to Stewardship Policy No. 15*

**POLICY SUBJECT:** **EFFECTIVE DATE: 07-01-2016**

***Financial Assistance*** *To be reviewed every three years by Executive Management*

 **REVIEW BY: 07-01-2019**

## PURPOSE

This Addendum 1 modifies and supplements CHI Stewardship Policy 15 – *Financial Assistance* ("Policy 15") as necessary to comply with Washington statutes and regulations regarding provision of Hospital Charity Care, in accordance with the "Coordination with Other Laws" section of Policy 15. This Addendum 1 applies to all Catholic Health Initiatives Direct Affiliates and Tax-Exempt Subsidiaries in the state of Washington, as defined in Policy 15.

For ease of reference, section headings in this Addendum 1 correspond with the section headings of Policy 15. Facility revenue cycle teams along with Hospital Facility leadership are responsible for the implementation of this Addendum 1 and Policy 15.

## POLICY

References in Policy 15 to Emergency and other Medically Necessary Care (EMCare) are to be interpreted consistently with the definitions of "Appropriate Hospital Facility-based medical services" and "Emergency care or emergency services" contained in WAC 246-453-010(7) and (11), respectively.

## DEFINITIONS

**"**Family Income" means total cash receipts before taxes derived from wages and salaries, welfare 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, in accordance with WAC 246-453-020 (17).

## ELIGIBILITY FOR FINANCIAL ASSISTANCE

1. No minimum account balance shall be required for a patient to qualify for Financial Assistance.

2. "Patient Cooperation Standards," as defined in Policy 15, shall only apply to the extent they will:

- allow the Hospital Facility to pursue reimbursement from any third-party coverage that may be identified to the Hospital Facility, in accordance with WAC 246-453-020(1);
- allow the Hospital Facility to make every reasonable effort to determine the existence or nonexistence of third-party sponsorship that might cover in full or in part the charges for services provided to each patient, in accordance with WAC 246-453-020(4); and
- not impose application procedures for charity care sponsorship which place an unreasonable burden upon the responsible party, taking into account any physical, mental, intellectual, or sensory deficiencies or language barriers which may hinder the responsible party's capability of complying with the application procedures, in accordance with WAC 246-453-020(5).

**THE METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE**

1. For the purposes of reaching an initial determination of sponsorship status, Hospital Facilities shall rely upon information provided orally by the responsible party. The Hospital Facility may require the responsible party to sign a statement attesting to the accuracy of the information provided to the Hospital Facility for purposes of the initial determination of sponsorship status, in accordance with WAC 246-453-030(1).

2. In accordance with WAC 246-453-030(2), in addition to the documents listed in Policy 15, 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:

    - Forms approving or denying eligibility for Medicaid and/or state-funded medical assistance;
    - Forms approving or denying unemployment compensation; or
    - Written statements from employers or welfare agencies.

3. If there is indication that due to the patient's mental, physical or intellectual capacity, or due to a language barrier, completing the application procedure would place an unreasonable burden on the patients, the Hospital Facility will take reasonable measures to facilitate the application process, including engaging an interpreter to assist the patient through the application process if necessary.

4. Hospital Facilities shall make every reasonable effort to reach initial and final determinations of eligibility for financial assistance in a timely manner. Nevertheless, Hospital Facilities shall make those determinations at any time, even after the Application Period, upon learning of facts or receiving the documentation described herein, indicating that the responsible party's income is equal to or below two hundred percent (200%) of the federal poverty guidelines as adjusted for family size. The timing of reaching a final determination of eligibility for financial assistance shall have no bearing on the Hospital Facility's identification of charity care deductions from revenue as distinct from bad debts. WAC 246-453-020(10).

5. Any responsible party who has been initially determined to meet the criteria for receiving financial assistance shall be provided with at least fourteen (14) calendar days or such time as the person's medical condition may require, or such time as may be reasonably necessary to secure and to present documentation described within WAC 246-453-020(3) prior to receiving a final determination of sponsorship status.

6. In accordance with WAC 246-453-030(4), in the event that the responsible party is not able to provide any of the documentation described above, the Hospital Facility shall rely upon written and signed statements from the responsible party for making a final determination of eligibility for classification as an indigent person.

7. In accordance with WAC 245-453-030(5), information requests from the Hospital Facility to the responsible party for the verification of income and family size shall be limited to that which is reasonably necessary and readily available to substantiate the responsible party's qualification for charity sponsorship, and may not be used to discourage applications for such sponsorship. Only those facts relevant to eligibility may be verified, and duplicate forms of verification shall not be demanded.

8. The Hospital Facility shall notify persons applying for financial assistance of their final determination of sponsorship status within fourteen (14) calendar days of receiving information in accordance with WAC 246-453-020(7); such notification shall include a determination of the amount for which the responsible party will be held financially accountable.

9. In the event that the Hospital Facility denies the responsible party's application for financial assistance, the Hospital Facility shall notify the responsible party of the denial and the basis for the denial.

10. In the event that a responsible party pays a portion or all of the charges related to appropriate EMCare, and is subsequently found to have met the financial assistance criteria at the time that services were provided, any payments in excess of the amount determined to be appropriate shall be refunded to the patient within thirty (30) days of achieving the charity care designation. WAC 246-453-020(11).

**PRESUMPTIVE ELIGIBILITY**

1. In the event the responsible party's identification as an indigent person is obvious to Hospital Facility personnel, and the Hospital Facility personnel are able to establish the position of the income level within the broad criteria described in WAC 246-453-040, based on the individual life circumstances contained within Policy 15 or otherwise, the Hospital Facility is not obligated to establish the exact income level or to request documentation from the responsible party, unless the responsible party requests further review.

**ADDITIONAL PROVISION – APPEALS**

1. All responsible parties denied financial assistance shall be provided with, and notified of, an appeals procedure that enables them to correct any deficiencies in documentation or request review of the denial and results in review of the determination by the Hospital Facility's chief financial officer.

2. Responsible parties shall be notified that they have thirty (30) calendar days within which to request an appeal of the final determination of their eligibility for financial assistance. Within the first fourteen (14) days of this period, the Hospital Facility shall not refer the account at issue to an external collection agency. If the Hospital Facility has initiated collection activities and discovers an appeal has been filed, it shall cease collection efforts until the appeal is finalized. After the fourteen (14) day period, if no appeal has been filed, the hospital may initiate collection activities.

3. If the final determination of the appeal affirms the previous denial of financial assistance, the Hospital Facility shall send written notification to the responsible party and the Department of Health in accordance with state law.