

Klickitat Valley Hospital
Charity Care Policy

Purpose:

To meet the charity care requirements of WAC 261-14.

Mission:

The mission of Klickitat Valley Hospital is to advance the health care objectives of the communities we serve. Providing access to medically necessary health care for all, to the extent allowed by available hospital and community resources, is a desirable community health care objective. To meet this objective and to fairly allocate our share of burden of meeting the needs of medically indigent patients, the following charity care policies are adopted.

Financial Responsibility:

Patients who present themselves for services at Klickitat Valley Hospital are responsible for the service fees generated for the care they receive. The hospital, however, will accept third-party coverage, i.e. Medicare, Medicaid, Insurance, etc, and will bill the third party carrier accordingly as a courtesy to the patient. It is the patient's responsibility to exhaust all third-party coverage prior to consideration of charity care adjustments.

Eligibility Criteria:

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.

In those situations where appropriate primary payment sources are not available, patients shall be considered for charity care under this hospital policy based on the following criteria as calculated for the 12 months prior to the date of request.

- A. The full amount of hospital charges will be determined to be charity care for any patient whose gross family income is at or below 100% of the current federal poverty guidelines.
- B. The following sliding fee schedule shall be used to determine the amount which shall be adjusted for patients with incomes between 100% and 200% of the current federal poverty level.

Sliding Scale

Percent of the Poverty Level	Adjustment
at or below 100%	100%
101% to 125%	75%
126% to 150%	50%
151% to 200%	25%

Eligibility Criteria (continued)

- C. The hospital may utilize other means of determining charity care such as:
1. Asset Test: Available assets may be used to determine eligibility for charity care if family income is greater than 100% of the federal poverty guidelines, such as ownership of property, business, etc.
 2. Catastrophic Charity Care. The hospital reserves the right to write-off as charity care amounts for patients with family income in excess of 200% of the federal poverty standards when circumstances indicate severe financial hardship or personal loss. This shall be determined by hospital management on a case by case basis.

Process for Eligibility Determination:

A. Identification of Potential Charity Care Patients:

1. Initial Determination: During the patient registration process, the hospital will, where possible, make an initial determination of eligibility if it becomes aware of factors which may qualify the patient for charity care under this policy. In such cases the patient will be provided with a brief written description of the charity care policy and, upon request, an application form for charity care. Pending final eligibility determination, the hospital will not initiate collection efforts or request deposits, provided that the responsible party is cooperative with the hospital's efforts to reach a determination of sponsorship status, including return of applications and documentation within fourteen (14) days of receipt.

Patients will be requested to complete an application. If the patient chooses not to cooperate they shall not be considered for charity care. The hospital, however, reserves the right to waive the application process on a case by case basis in circumstances where the patient is unable to complete an application or where other factors are deemed appropriate by management to waive such application.

2. Final Determination: The hospital may choose to grant charity care based solely on the initial determination. In such cases, the hospital will not complete full verification or documentation of any request.

Charity care forms, instructions, and written applications shall be furnished, when need is indicated, or when financial screening indicates potential need. All applications whether initiated by the patient or the hospital should be accompanied by documentation to verify income amounts. One or more of the following types of documentation may be acceptable for purposes of verifying income:

Final Determination (continued)

- * W-2 (previous 12 month period)
- * Copy of prior year tax return.
- * Denials for third-party coverage
- * Pay stub (current period)
- * Written statements from Employers or welfare agencies

The hospital shall provide final determination within fourteen (14) days of receipt of all application and documentation material.

3. Denials: Denials will be written and include instructions for appeal or reconsideration as follows. The patient/guarantor may appeal the determination of eligibility for charity care by providing additional verification of income or family size to the Business Office Manager within fourteen (14) days of receipt of notification. All appeals will be reviewed by the hospital Chief Financial Officer. If this determination affirms the previous denial of charity care, written notification will be sent to the patient/guarantor and a corresponding copy shall be submitted to the Department of Health in accordance with state law.

B. Documentation & Records:

1. Confidentiality: All information relating to the application will be kept confidential. Copies of documents that support the application will be kept with the application.
2. Retention: Documents pertaining to charity care shall be retained for three (3) years.

C. Notification:

The hospital's charity care policy shall be publicly available through the posting of a sign and the distribution of written materials indicating the policy to patients at the time that the hospital requests information pertaining to third-party coverage.