

ADMINISTRATIVE POLICY CHARITY CARE

Department: Administration
Policy Number: 5.29
Effective Date: September 1, 1992
Revision Date: April 1, 2005

POLICY:

The Charity Care Policy is intended to ensure that residents of Washington State who are at or near the federal poverty level receive appropriate hospital-based medical services at a cost that is based on their ability to pay up to and including care without charge. Charity care will be granted to all eligible persons regardless of race, color, religion, sex, sexual orientation or national origin in accordance with WAC Chapter 246-453 and RCW 70.170. The Charity Care Policy applies to both inpatient and outpatient services, which includes both facility and professional fees billed by Harborview Medical Center (HMC).

HMC is required to provide notice of its charity care program and will make a good faith effort to provide every patient with information regarding its availability. HMC will post signs in Admitting, Financial Counseling, Emergency Department and Outpatient Registration that will notify the public of the Charity Care Policy. Eligibility for charity care requires that patients must fulfill all requirements and expectations as outlined in the Charity Care Policy.

Definitions:

Charity Care – appropriate hospital-based medical services provided to indigent persons, to the extent that such persons are unable to pay for the care or to pay deductibles or co-insurance amounts required by a third-party payer

Appropriate Hospital-based Medical Services – those hospital services which are reasonably calculated to diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective more conservative or substantially less costly course of treatment available or suitable for the person requesting the service.

Course of Treatment - may include mere observation or, where appropriate, no treatment at all.

Emergency Medical Condition – a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:

1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
2. Serious impairment of bodily functions;
3. Serious dysfunction of any bodily organ or part.

With respect to a pregnant woman who is having contractions the term shall mean:

4. That there is inadequate time to effect a safe transfer to another hospital before delivery;
or
5. That the transfer may pose a threat to the health or safety of the woman or the unborn child.

ELIGIBILITY CRITERIA

Eligibility for charity care requires that a person be a Washington State resident and that the medical services sought are not investigational or experimental in nature. A person is not a Washington State resident and is not eligible for charity care when that person enters Washington State solely for the purpose of seeking medical care. Refugees, asylees, and those seeking asylum that possess and can present INS documentation are exempt from the Washington State residency requirement for charity care eligibility. Also exempt from the Washington State residency requirement are those patients who have an emergency medical condition.

HMC, within its sole discretion, may extend its charity care policy to encompass additional services, such as preventative services or other services for which HMC has specialized expertise (e.g., burn care).

HMC may waive requirements, documentation and verification if charity care eligibility is obvious. HMC staff discretion will be exercised in situations where factors such as social or health issues exist. In such cases, the hospital shall rely upon written and signed statements from the responsibility party for making a final determination of eligibility.

Charity Care will be made available only after all other sources of funding have been exhausted or denied. These include but are not limited to:

- group or individual insurance;
- worker's compensation;
- Medicare;
- Medicaid;
- Basic Health Plan;
- Crime Victims;
- third party liability (examples would be but are not limited to auto accident, personal liability and/or home owners insurance);
- personal financial resources (examples would be but are not limited to cash assets, money market accounts, home equity and/or employer related saving accounts);
- diagnosis related funding programs; or
- any other circumstances in which another person or entity may have legal responsibility to pay for the cost of medical services.

All sources of income are subject to establishing eligibility for charity. Income includes: 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.

Patients who are non-compliant during any part of the application process will forfeit their ability to qualify for charity.

FINANCIAL CRITERIA

HMC will provide charity care for full charges for any patient/guarantor whose gross family income is at or below 200% of the current federal poverty guidelines.

HMC will provide charity care using a sliding fee scale for any patient/guarantor whose gross family income is between 200% and 300% of the current federal poverty guidelines after all funding possibilities available to the patient/guarantor have been exhausted or denied.

When documented circumstances indicate severe financial hardship, HMC may elect to write off billed charges as charity for persons whose family income exceeds 300% of the current federal poverty guidelines

In addition, if the patient/guarantor's net assets, excluding their primary residence, are less than the incurred financial obligations due to HMC, eligibility for varying amounts of Charity Care will be evaluated on an individual basis.

HMC will request the patient pay any remaining financial obligation upon completion of the charity assessment and upon determination of the amount to be written off. If the patient is unable to pay, a payment arrangement can be considered.

PROCEDURE:

Responsible Party: Financial Counseling

Guidelines/Steps

Persons may request an application for charity at any time. The application consists of a Confidential Financial Information form and Confidential Financial Information Form Instructions which lists documentation that is required as part of the charity assessment process. Additional documentation may be required.

Eligibility for charity care is reviewed based on the following schedule:

Patient Type	Frequency of Review	Action
Inpatient	Each admission	Full review of application
Outpatient > \$10,000	Every visit	Full review of application
Outpatient < \$10,000	Every six months	Full review of application

Persons who submit an application for charity and who are initially determined to be eligible for charity are allowed ten calendar days to complete the application process. This application, along with full disclosure of their financial status with supporting documentation, will be considered in final determination of eligibility.

While a charity application is in process, HMC will continue to bill the patient as a self-pay patient. However, the patient will not be referred to a collection agency while the charity application is in process.

HMC shall make a final determination within fourteen days of receipt of charity applications and supporting documentation. Supporting documentation includes, but is not limited to, items listed on the Confidential Financial Information Form Instructions.

Notifications

Approvals or denials for charity care applications shall be in writing and include instructions for appeal or reconsideration. If denied the patient/guarantor may provide additional documentation to HMC or request review by the Chief Financial Officer within 30 days of receipt of the notification of denial. If this review affirms the previous denial of charity care, written notification will be sent to the patient/guarantor and the Department of Health in accordance with state law.

Documentation of Records

All information relating to the application will be kept confidential. Copies of documents that support the application will be kept with the charity application form and be retained for seven years.

CROSS REFERENCE:

WASHINGTON ADMINISTRATIVE CODE, CHAPTER 246-453, "HOSPITAL CHARITY CARE"

ATTACHMENT:

REVISIONS:

September 1992

August 1999

August 2002

Chief Operating Officer: _____ Date: _____

Chief Financial Officer: _____ Date: _____

Executive Director: _____ Date: _____