

Willapa Harbor Hospital

P. O. Box 438

South Bend, Washington 98586

RECEIVED

MAY 16 1991

DEPARTMENT OF HEALTH
HOSPITAL DATA

CHARITY CARE POLICY

1. MISSION OF THE HOSPITAL WITH RESPECT TO CHARITY CARE:

In carrying out the mission of the hospital, no patient will be denied access to required care because of inability to pay. Any patient may apply for charity care status.

Willapa Harbor Hospital is committed to the provision of health care services to all persons in need of medical attention regardless of ability to pay. In order to protect the integrity of operations and fulfill this commitment, the following criteria for the provision of charity care, consistent with requirements of WAC 261-14 are established. These criteria will assist staff in making consistent and objective decisions regarding eligibility for charity care while ensuring the maintenance of a sound fiscal base.

II. DESCRIPTION OF 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 program, third party liability situations (i.e., 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 Willapa Harbor Hospital's policy. Eligibility will be based on the following criteria as calculated for the 12 months prior to the date of request:

- A. Full amount of hospital charged will be considered to be charity care for any patient whose gross family income is at or below 100% of the current federal poverty guidelines (consistent with WAC 261-14-027)

as attached.

- B. Attached sliding fee schedule shall be used to determine the amount which shall be written off for patients with incomes between 100% and 200% of the current federal poverty level.

III. PROCESS FOR ELIGIBILITY DETERMINATION:

A. INITIAL DETERMINATION:

During the patient registration process, the hospital will make an initial determination of eligibility based on verbal or written application for charity care. Pending final eligibility determination, the hospital will not initiate collection efforts on requests for deposits, provided that the hospital's efforts to reach a determination on sponsorship status, including return on applications and documentation within fourteen (14) days of receipt.

The hospital shall use an initial determination process for determining initial interest in and qualification for charity care. Should patient choose to apply for charity care, they shall not be considered for charity care unless other circumstances or intent become known to the hospital.

B. 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 will be furnished to patients when charity care is requested when need is indicated or potential need. One or more of the following types of documentation may be requested for purposes of verifying income:

- 1) W-2 withholding statements for all employment during relevant time period.
- 2) Pay stubs for all employment during the relevant time period.
- 3) An income tax return from the most recently filed calendar year.
- 4) Forms approving or denying eligibility for Medicaid and/or state funded Medical Assistance.
- 5) Forms approving or denying unemployment compensation or;
- 6) Written statement from employers' welfare agencies.

Patient will be asked to provide a copy of rejection of eligibility for Medicaid or Medical Assistance. During the initial request period, the hospital may pursue other sources of funding, including Medicaid.

C. TIME FRAME FOR FINAL DETERMINATION AND APPEALS:

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

D. DENIALS:

Denials will be written on the back of the application, noting the reason why it has been denied. If you wish to question the determination, you may appeal the determination of eligibility for charity care by providing additional verification of income or family size to the director of patient accounts within fourteen (14) days of receipt of notification. All appeals will be reviewed by the Chief Financial Officer. If this determination 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.

IV. DOCUMENTATION AND RECORDS:

A. CONFIDENTIALITY:

All information relating to the application will be kept confidential. Copies of all documents supporting the application will be attached to the application form.

B. Documents pertaining to charity care shall be retained for seven (7) years.

V. NOTIFICATION:

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

WILLAPA HARBOR HOSPITAL

Effective date: 5-15-91

Page: _____

Revised Date: _____

Administration: W

Reviewed: 5-15-91

Reviewed: _____

CHARITY APPLICATION

Patient's Name: _____
Address: _____
Occupation of Responsible Party: _____
Gross Monthly Income at Present: _____ Income for Past 12 Months: _____
Spouse Occupation: _____
Gross Monthly Income at Present: _____ Income for Past 12 Months: _____
Other Sources of Income: _____

Medicaid application filed: (yes) (no) If rejected, copy of rejection notice is needed.

PLEASE SEND VERIFICATION FOR ALL INCOME:

Total number family members or dependents: _____ Names: _____

_____ If you are seeking charity care services already rendered by the hospital.
_____ If you are seeking an eligibility determination for services not rendered,
please list type of service sought.

FINANCIAL STATEMENT:

ASSETS

LIABILITIES

Cash on Hand: _____	Rent to Whom. Monthly Balance _____
Cash in Banks: _____	Mortgage: _____
Or Credit Union: _____	Insurance Premiums: _____
Automobiles, Year & Make: _____	Auto Loans: _____
Home Purchase Price: _____	Other Loans: _____
Present Value: _____	Credit Cards: _____
Other Real Estate: _____	VISA: _____
Stocks & Bonds: _____	MAC: _____
Other: _____	Doctors: _____
	Hospital: _____
Total Assets: _____	Other: _____
Net Worth: _____	Total Liabilities: _____

I understand that the information which I submit is subject to verification by Willapa Harbor Hospital and subject to review by federal and/or state enforcement agencies and others as required. I certify that the above information is true and correct.

(Person Making Request)

SLIDING FEE SCALE

POVERTY INCOME GUIDELINES

FEBRUARY 1991

Family Size	20%	40%	60%	80%	100%
1	-0- - 6,620	6,621 - 7,800	7,801 - 8,980	8,981 - 10,160	10,161 - 11,340
2	-0- - 8,880	8,881 - 10,440	10,441 - 12,000	12,001 - 13,560	13,561 - 15,120
3	-0- - 11,140	11,141 - 13,080	13,081 - 15,020	15,021 - 16,960	16,961 - 18,900
4	-0- - 13,400	13,401 - 15,720	15,721 - 18,040	18,041 - 20,360	20,361 - 22,680
5	-0- - 15,660	15,661 - 18,360	18,361 - 21,060	21,061 - 23,760	23,761 - 26,460
6	-0- - 17,920	17,921 - 21,000	21,001 - 24,080	24,081 - 27,160	27,161 - 30,240
7	-0- - 20,180	20,181 - 23,640	23,641 - 27,100	27,101 - 30,560	30,561 - 34,020
8	-0- - 22,180	22,181 - 26,020	26,021 - 29,860	29,861 - 33,700	33,701 - 37,540
9	-0- - 25,040	25,041 - 29,260	29,261 - 33,480	33,481 - 37,700	37,701 - 42,210
10	-0- - 27,640	27,641 - 32,240	32,241 - 36,840	36,841 - 41,440	41,441 - 46,040