



Administrative Policies and Procedures – Grays Harbor Community Hospital

CHARITY CARE

Division: Administration

Effective Date: 2/17/2016

Review Date: 2/17/2016

Reviewer: Joe Vessey, CFO

POLICY

This 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, Appropriate Non-Hospital-Based Medical Services, and associated care rendered by Grays Harbor Community Hospital (GHCH) Members at a cost that is based on their ability to pay for services up to and including care without charge. Charity Care will be granted to all eligible persons regardless of age, race, color, religion, sex, sexual orientation or national origin in accordance with WAC Chapter 246-453 and RCW 70.170.

POLICY AVAILABILITY

Grays Harbor Community Hospital 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. Grays Harbor Community Hospitals (inpatient and hospital-based outpatient clinics/facilities) will post signs in Admitting, Financial Counseling, Emergency Department and Outpatient Registration that will notify the public of the Charity Care Policy. POS 11 settings will not be required to post such notice. Eligibility for Charity Care requires that patients must fulfill all requirements and expectations as outlined in the Charity Care Policy. This Charity Care Policy and applications for Charity Care are available in any language spoken by the lesser of five percent of the population or 1,000 individuals in the applicable hospital's service area. Additionally, interpreter services will be made available for other non-English speaking or limited-English speaking or other patients who cannot read or understand the written application materials.

DEFINITIONS

Charity Care: Appropriate Grays Harbor Community Hospital-Based Medical Services, and Non-Hospital-Based Medical Services rendered by GHCH Members provided to 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. Persons who have exhausted any third-party sources, including Medicare and Medicaid, and whose income is equal to or below 300% of the federal poverty standards, adjusted for

family size or is otherwise not sufficient to enable them to pay for the care or to pay deductibles or coinsurance amounts required by a third-party payor, may be eligible for Charity Care under this policy.

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. A course of treatment may include mere observation or, where appropriate, no treatment at all. Appropriate Hospital-Based Services do not include care in Place of Service 11 (POS 11) freestanding clinics/physician offices even if associated with a Grays Harbor Community Hospital.

Appropriate Non-Hospital-Based Medical Services: Those services rendered in Place of Service 11 (POS 11) freestanding clinics/physician offices by GHCH Members 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. A course of treatment may include mere observation or, where appropriate, no treatment at all. For purposes of this Charity Care Policy, preventive care services provided by GHCH Members at Grays Harbor Community Hospital locations are considered to be “Appropriate Non-Hospital-Based Medical Services”.

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.

Place of Service 11 (POS 11) – For purposes of this policy, this term shall indicate all Grays Harbor Community Hospital Clinics locations and any other freestanding clinic or non-hospital physician office setting in which a healthcare professional renders services and bills a professional fee.

Grays Harbor Community Hospital Members – For purposes of this policy, a physician or other qualified healthcare professional who has executed a practice agreement with GHCH, or has otherwise reassigned



their services to GHCH under a contractual arrangement, and provides services at approved Grays Harbor Community Hospital sites of practice.

ELIGIBILITY CRITERIA

Persons seeking Charity Care must meet eligibility requirements and complete an application process, as described herein.

Residence and Scope of Services

Eligibility for charity care requires that a person be a Washington State resident and that the medical services sought are Appropriate Hospital-Based Medical Services, as opposed to services which are investigational, elective 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 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. Charity Care will not be denied based on immigration status. Exceptions to residence and scope of services requirements outlined in this paragraph may be made only in extraordinary circumstances and with the approval of the Grays Harbor Community Hospital Chief Financial Officer or designee. While not required by Washington state administrative code, eligibility for Charity Care will be extended to individuals who meet the above criteria and are treated by a GHCH Member in a non-hospital-based setting, should that setting be deemed the most appropriate by those individuals involved in the patient's care.

Third-Party Coverage

Charity Care is generally secondary to all other third-party payment resources available to the patient.

This includes:

1. Group or individual medical plans.
2. Workers' compensation programs.
3. Medicare, Medicaid or other medical assistance programs.
4. Other state, federal or military programs.
5. Third-party liability situations. (e.g.: auto accidents or personal injuries).
6. Other situations in which another person or entity may have legal responsibility to pay for the costs of medical services

Charity Care for otherwise eligible patients who do not follow through in obtaining insurance coverage potentially available to them (e.g. Medicaid) will be individually evaluated.

Before being considered for Charity Care, the patient's/guarantor's eligibility for the third-party payment coverage will be assessed and the patient/guarantor may be required to apply for coverage under those programs for which he or she is eligible. Patients who fail to comply with the Charity Care application requirements may be denied financial assistance/Charity Care. Patients who do not elect to receive Medicaid benefits when eligible for Medicaid may be denied Charity Care; however, Grays Harbor Community Hospital will not deny Charity Care to a patient solely based upon the patient's refusal to enroll in a plan available to the patient on the Health Benefits Exchange.

Income

By policy, persons whose income is equal to or below 300% of the federal poverty standard may be eligible to receive Charity Care. Grays Harbor Community Hospital will consider all sources of income in establishing income eligibility for Charity Care. 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 patient/guarantor.

Application

When a patient wishes to apply for Charity Care, the patient shall complete a Confidential Financial Information (CFI) Form and provide necessary and reasonable supplementary financial documentation to support the entries on the CFI. Grays Harbor Community Hospital will make an initial determination of a patient's Charity Care status at the time of admission or as soon as possible following the initiation of services to the patient. Charity Care application procedures shall not place an unreasonable burden upon the patient, taking into account any barriers which may hinder the patient's capability of complying with the application procedures. Screening for eligibility for Medicaid or other relevant public assistance benefits will be coordinated through Resource Corporation of America (RCA).

- a. Any one of the following documents shall be considered sufficient evidence upon which to base the final determination of Charity Care eligibility:
 - i. "W-2" withholding statement;
 - ii. Pay stubs;
 - iii. An income tax return from the most recently filed calendar year;
 - iv. Forms approving or denying eligibility for Medicaid and/or state funded medical assistance;
 - v. Forms approving or denying unemployment compensation; or written statements from employers or welfare agencies.
- b. In addition, in the event the patient is not able to provide any of the documents described above, Grays Harbor Community Hospital shall rely upon written and signed statements from the responsible party or a letter of support from another party regarding income for making a final determination of eligibility for Charity Care.



c. Where a patient’s income is determined to be at or above 201% of the federal poverty level, the patient may also be asked to provide documentation of outstanding obligations and/or other financial resources (e.g., bank statements, loan documents). Such evidence of excess resources may be considered only if the patient is determined to be at or above 201% of the federal poverty standards. The discount may be reduced for patients over 200% of the federal poverty level if the family has sufficient assets to cover some or all of the costs. Grays Harbor Community Hospital may order a credit report where, in its discretion, circumstances so require.

i. Additionally the following verifications may be required:

1. Personal ID (Driver’s license, Photo ID, Passport, Birth Certificate)
2. Social Security Number
3. Income verification for the past two months
4. Most recent rent/mortgage verification
5. Most recent utility verification
6. Cash surrender value of Life insurance policy
7. Current financial account statements (checking, savings, CD, stocks bonds, IRA)

d. In addition, in the event that the responsible party is not able to provide any of the documentation described above, Grays Harbor Community Hospital shall rely upon written and signed statements from the responsible party for making a final determination of eligibility and for classification.

Grays Harbor Community Hospital may waive income requirements, documentation and verification if Charity Care eligibility is obvious. Grays Harbor Community Hospital staff discretion will be exercised in situations where factors such as social or health issues exist. In such cases, Grays Harbor Community Hospital shall rely upon written and signed statements from the responsible party for making a final determination of eligibility.

FINANCIAL CRITERIA

Grays Harbor Community Hospital 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.

Grays Harbor Community Hospital will provide Charity Care using its Grays Harbor Community Hospital Financial Assistance/Charity Care, based on the current federal poverty guidelines after all funding possibilities available to the patient/guarantor have been exhausted or denied.

Grays Harbor Community Hospital Financial Assistance/Charity Care Guideline

Percentage of Federal Poverty Line	0% to 100%	101% to 200%	201% to 300%
Financial Assistance Charity Care Award Percentage	100%	67%	57%



When documented circumstances indicate severe financial hardship, Grays Harbor Community Hospital 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 Grays Harbor Community Hospital, eligibility for varying amounts of Charity Care will be evaluated on an individual basis.

Grays Harbor Community Hospital 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 make payment in full by the date payment is due, a payment arrangement can be considered. Any payment arrangement shall require that payment be made over a reasonable period of time, without interest or late fees. In the event that a responsible party pays a portion or all of the charges related to Appropriate Hospital-Based Medical Care Services and is subsequently found to have met the criteria for Charity Care under this policy, any payments made in excess of the amount determined to be appropriate under the Grays Harbor Community Hospital Financial Assistance/Charity Care shall be refunded to the patient within 30 days of Grays Harbor Community Hospital's determination that the patient is eligible for Charity Care.

PROCEDURE

Responsible Party: Financial Counseling

A. 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 (see Attachment 1) which lists documentation that is required as part of the charity assessment process.

Patients will be screened for other forms of coverage such as Medicaid and Health Benefits Exchange eligibility.

This application, along with full disclosure of their financial status with supporting documentation, will be considered in the final determination of eligibility.

Grays Harbor Community Hospital will not initiate collection efforts until an initial determination of Charity Care eligibility status is made. Where Grays Harbor Community Hospital initially determines that a patient may be eligible for Charity Care, any and all extraordinary collection actions (including civil actions, garnishments, and reports to collections or credit agencies) shall cease



1 Consistent with the Patient Protection and Affordable Care Act, hospitals which are nonprofit and recognized as 501(c)(3) organizations shall limit amounts charged for emergency or other medically necessary care provided to individuals eligible for assistance under this Charity Care Policy to not more than the amounts generally billed to individuals who have insurance covering such care and may not collect “gross charges” from such individuals. See 26 USC §501(r)(5)(A) and (B). Grays Harbor Community Hospital provides information regarding this policy to local nonprofit and public agencies that address the health needs of their respective communities’ low income populations. Additionally, Grays Harbor Community Hospital maintain plain language summaries of this policy, available in languages spoken by more than the lesser of 5% of the population or 1,000 individuals in the applicable hospital’s service area. Grays Harbor Community Hospital will provide copies of this policy, its plain language summary, and application free of charge on their websites, upon request where medical services are performed and via US Mail at: Grays Harbor Community Hospital Patient Accounts Department, 1006 North H Street, Aberdeen, WA 98520; (360)537-6114 (last name: A-L) 360-537-6150 (last name M-Z); (open M to F 8:00 a.m. to 4:30 p.m.) pending a final determination of Charity Care eligibility. However, as set forth in WAC 246-453-020 (5), the failure of a patient or responsible party to reasonably complete Charity Care application procedures under this policy shall be sufficient grounds for Grays Harbor Community Hospital to initiate collection efforts directed at the patient. Accordingly, for purposes of this policy, a patient or responsible party has failed to reasonably complete charity application procedures when the patient or responsible party does not submit application materials within 15 business days of the patient’s or responsible party’s receipt of the materials. Any collection efforts will be halted if the patient or responsible party reengages in the application process.

Grays Harbor Community Hospital shall make a final determination within 14 days of receipt of charity applications and supporting documentation. Supporting documentation includes, items listed on the Confidential Financial Information Form Instructions.

B. Notifications

Grays Harbor Community Hospital shall notify persons applying for Charity Care of its determination of eligibility for Charity Care within 14 days of a receiving person’s completed application for Charity Care and supporting documentation. Approvals or denials for Charity Care applications shall be in writing and shall include instructions for appeal or reconsideration. In the event that Grays Harbor Community Hospital denies Charity Care, Grays Harbor Community Hospital shall notify the person applying for Charity Care of the basis for the denial. If denied the patient/guarantor may provide additional documentation to Grays Harbor Community Hospital or request review by the Chief Financial Officer or their designee 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.



C. 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 retained for seven years.

CROSS REFERENCE

- Washington Administrative Code, Chapter 246-453, “Hospital Charity Care” with specific reference to the following:
 - o WAC 246-453-020 Uniform procedures for the identification of indigent persons
 - o WAC 246-453-030 Data requirements for the identification of indigent persons
 - o WAC 246-453-040 Uniform criteria for the identification of indigent persons
- RCW 70.170.060 Charity Care — Prohibited and required hospital practices and policies
- 26 USC §501(r)(5)(A) and (B)
- Grays Harbor Community Hospital Patient Account Collections Policy
- Grays Harbor Community Hospital Billing and Collections Policy
- Grays Harbor Community Hospital Patient Financial Services Bad Debt Outside Collection Agency Policy
- Grays Harbor Community Hospital Policy Number PA501 – “Application of and Compliance with the Emergency Medical Treatment and Active Labor Act (EMTALA)”

ATTACHMENTS:

Attachment 1: Confidential Financial Information Form and Instructions

REVIEW/REVISION DATES: 2/17/2016

SIGNATURE:

Originated By:

Approved By:

CONFIDENTIAL FINANCIAL INFORMATION FORM

It is the policy of Grays Harbor Community Hospital to grant Charity Care to eligible persons for medically necessary services. Eligible persons are defined as residents of Washington State as described in WAC 388-468-0005, who are at or near the federal poverty level. In order for your request to be processed timely, your completed application and requested documentation must be received by the Due Date indicated on the top left of the Confidential Financial Information Form (within 15 business days from the date of application). The information on this form will be used to determine your eligibility for Charity Care. If you are not eligible for Charity Care, payment arrangements may be an option.

INSTRUCTIONS:

Please fill out the Confidential Financial Information Form completely. Make sure you sign and date the form. If an item does not apply, write N/A (not applicable).

Please provide the information requested below by the checked boxes for you and your spouse:

Pay Stubs or Earnings Statements for the past 2 months

(If you do not have the check stubs, we will accept a signed letter from your employer with this information)

Other Gross Income *(DSHS Assistance Income, VA Benefits, Workers Compensation, Rental Income)*

Pension / Retirement / Social Security Income / Interest Income from Stocks, IRAs, CDs, etc.

Self-Employment Taxes *(last return filed)* **including supporting documentation**

Unemployment Benefits: Unemployment Benefits: Obtain the "Work History Benefits Form" from Work Source

You can obtain this verification from: 511 West Heron Street, Aberdeen, WA 98520 Phone: 360-538-2369

Checking and Savings Statements for the past 2 months for ALL accounts

Debts *(section on application)* **include balances outstanding at any Grays Harbor Community Hospital** *(reference facility name, amount, account no.)*

Medicaid Application / Denial Letter

Letter of Support: Attach a letter stating your financial situation and circumstances. If you are living with friends, relatives, or staying at one of the missions/shelters, please have them write and sign a statement regarding the type of help they are providing for you. If applicable, UW Medicine will rely upon written and signed statements regarding income.

Other Information: _____

NOTE: Additional documentation may be required to complete the Charity Care process.

IF DOCUMENTATION IS NOT ATTACHED OR IS INCOMPLETE, YOUR CONFIDENTIAL FINANCIAL FORM CANNOT BE PROCESSED. IF YOU HAVE ANY FURTHER QUESTIONS REGARDING THE FORM OR THE INFORMATION REQUIRED; OR WOULD LIKE TO CHECK ON THE STATUS OF YOUR REQUEST, PLEASE CONTACT GRAYS HARBOR COMMUNITY HOSPITAL BUSINESS OFFICE. WE WILL BE HAPPY TO ASSIST YOU.

Last Name **A-L 360-537-6114**
M-Z 360-537-6150

PLEASE RETURN YOUR COMPLETED, CONFIDENTIAL FINANCIAL INFORMATION FORM AND SUPPORTING DOCUMENTATION TO: **Grays Harbor Community Hospital**
1006 North H Street
Aberdeen, WA 98550

NOTICE TO PATIENTS REQUESTING CHARITY ASSISTANCE: To provide you a decision on your charity application, we may access information in a Consumer Credit Report from a credit reporting company for a "soft inquiry". This inquiry will not negatively affect your credit or your credit score and is only visible to you. The legal requirements under 604 of the Fair Credit Reporting Act prohibit us from sharing this information for any purpose.



Patient Name:

Hospital Number:

Quality care close to home

RESPONSIBLE PARTY

Name	First	MI	Last	Date of Birth	Social Security Number
Mailing Address	City	State	Zip	How long at this address	Home Phone
Employer Name and Address (if unemployed - how long)					Business Phone
Position/Title/Length of Current Employment					Marital Status

DEPENDENTS/ANYONE WITHIN THE HOUSEHOLD UNDER 18 AND SHOWING ON YOUR TAX RETURN

Name	First	MI	Last	Date of Birth	Total Number of Household Members
					Do any other Persons Contribute? Yes/No?
Spouse	First	MI	Last	Date of Birth	

INCOME/ASSETS/LIABILITIES

MONTHLY INCOME				Liabilities	Expenses
Gross Income (salary & wages)	\$			Balance	Monthly Payments
Spouse/Other Gross Income (salary & wages)	\$	Mortgage Payment		\$	\$
Social Security	\$	Monthly Rent Payment		\$	\$
Unemployment Compensation	\$	Real Estate Debt (list property address)		\$	\$
Worker's Compensation	\$	Value of Home		\$	
Child Support/Alimony	\$	Credit Cards	Limit	Balance	Monthly Payments
Public Assistance/Food Stamps	\$	Card 1:	\$	\$	\$
Grants	\$	Card 2:	\$	\$	\$
Rental Income	\$	Card 3:	\$	\$	\$
Dividends/Interest	\$	Card 4:	\$	\$	\$
OTHER INCOME	ASSET AMOUNT	Card 5:	\$	\$	\$
Notes/Contracts Receivable	\$	Installment Loans		\$	\$
Savings	\$	Child Support		\$	\$
Certificate of Deposits	\$	Miscellaneous Expenses		\$	\$
Pension/Pers (IRA, 401K, etc.)	\$	Other Debt		\$	\$
Securities not readily marketable	\$	Total Liabilities:		\$	
Total Income:	\$	Total Expenses:		\$	

Guarantor's Signature

Date

Guarantor's Spouse Signature

Date