

Jefferson Healthcare Charity Policy

Purpose:

The purpose of this policy is to outline the circumstances under which charity care discounts may be provided to qualifying low income patients for medically necessary healthcare services provided by Jefferson Healthcare (JH).

Policy:

JH is a healthcare organization guided by a commitment to its Mission and Values designed around working together to serve our community with personalized care and medical excellence. It is both the philosophy and practice of JH that medically necessary healthcare services are available to community members and those in emergent medical need, without delay, regardless of their ability to pay.

1. JH will comply with federal, state, and local laws relating to emergency medical services and charity care.
2. JH will provide charity care to qualifying patients to relieve them of all or some of their financial obligation for medically necessary JH healthcare services.
3. In alignment with its values, JH will provide charity care to qualifying patients in an intentionally patient centered manner, remain committed to the highest possible quality health care for all, remain committed to a health community that encourages individual responsibility, and be a prudent steward of health care resources.
4. JH will not discriminate on the basis of age, sex, race, creed, color, disability, sexual orientation, nation of origin, or immigration status when making charity care determinations.
5. In extenuating circumstances, JH may at its discretion approve charity care outside of the scope of this policy.

Eligibility Requirements:

Charity care is secondary to all other financial resources available to the guarantor including but not limited to insurance, third-party liability payers, government programs and outside agency programs. In situations where appropriate primary payment sources are not available, guarantors may apply for charity care based on the eligibility requirements in this policy.

Charity care is granted for medically necessary services only. For JH, these are appropriate medical services as defined by WAC 246-453-010(7). Such services are considered non-elective.

Patients who reside outside the JH service area where services are provided are not eligible for charity care, except when the patient requires emergent services while visiting in JH's service area.

The JH service area is defined as Jefferson County.

Eligibility for charity care shall be based on financial need at the time of application. All resources of the family as defined by WAC 246-453-010 (17) are considered in determining the applicability of the JH sliding fee scale.

Charges for services will be eligible for full charity care for any guarantor whose gross family income is at or below 100% of the current federal poverty guideline level (consistent with WAC 246-453), provided that such persons are not eligible for other private or public health coverage sponsorship (see RCW 70.170.060 (5)).

The JH sliding fee scale will be used to determine the amount to be written off as charity care for guarantors with incomes between 101% and 300% of the current federal poverty level after all funding possibilities available to the guarantor have been exhausted or denied and personal financial resources and assets have been reviewed for possible funding to pay for billing charges. Charges may be written off as charity care for guarantors with family income in excess of 300% of the federal poverty level when circumstances indicate severe financial hardship or personal loss.

JH may grant charity care based solely on an initial determination of a guarantor's status as an indigent person. In these cases, documentation may not be required. In all other cases, documentation is

required to support an application for charity care. This may include: proof of family income and assets from any source, including but not limited to copies of recent paychecks, W-2 statements, income tax returns, and/or bank statements showing activity. Supporting documentation which reflects residency in Jefferson County and family members will also be requested. If adequate documentation cannot be provided JH may ask for additional information.

Evaluation Process:

All financial assistance applications must be submitted to the Financial Counseling Office on the first floor of the Water Side Entrance. The financial counseling staff in the Financial Counseling Office reviews all financial assistance applications. This staff is responsible for the determination of charity care and sliding fee scale eligibility and communication of both the awards and denials. JH will display signage and information about its charity care policy at appropriate access areas.

A person seeking charity care will be given a preliminary screening and if this screening does not disqualify him/her for charity care, an application will be provided with instructions on how to apply. As part of this screening process JH will review whether the guarantor has exhausted or is not eligible for any third-party payment sources. Where the guarantor's identification as an indigent person is obvious to JH, a prima-facie determination of eligibility may be made and in these cases JH may not require an application or supporting documentation.

A guarantor who may be eligible to apply for charity care after the initial screening will be given fourteen (14) days to provide sufficient documentation to JH to support a charity determination. Based upon documentation provided with the charity application, JH will determine if additional information is required, or whether a charity determination can be made. The failure of a guarantor to reasonably complete appropriate application procedures shall be sufficient grounds for JH to initiate collection efforts.

An initial determination of sponsorship status and potential eligibility for charity care will be completed as closely as possible to the date of service.

JH will notify the guarantor of a final determination within fourteen (14) business days of receiving the necessary documentation.

The guarantor may appeal the determination of ineligibility for charity care by providing relevant additional documentation to JH within thirty (30) days of receipt of the notice of denial. All appeals will be reviewed and if the determination on appeal affirms the denial, written notification will be sent to the guarantor and the Department of Health in accordance with state law. The final appeal process will conclude within thirty (30) days of the receipt of a denial by the applicant.

Attachment A:

JH Charity Care Percentage Sliding Fee Scale

The full amount of charges will be determined to be charity care for any guarantor whose gross family income is at or below 100% of the current federal poverty guideline level (consistent with WAC 246-453), provided that such persons are not eligible for other private or public health coverage sponsorship (see RCW 70.170.060 (5)).

For guarantors with income and resources above 101% of the FPL the JH sliding fee scale may apply.

In determining the applicability of the JH sliding fee scale all resources of the family as defined by WAC 246-453-010(17) are taken into account for guarantors with income and assets between 101% and 200% of the FPL.

For guarantors with income and assets above 200% of the FPL household income and assets are considered in determining the applicability of the sliding fee scale.

2015 Jefferson Healthcare Charity Guidelines 100% - 400% FPL

Number of Family Members

% of Award	1		2		3		4	
	Low	High	Low	High	Low	High	Low	High
100%	-	11,770	-	15,930	-	20,090	-	24,250
90%	11,771	15,693	15,931	21,240	20,091	26,787	24,251	32,333
80%	15,694	19,617	21,241	26,550	26,788	33,483	32,334	40,417
70%	19,618	23,540	26,551	31,860	33,484	40,180	40,418	48,500
60%	23,541	27,463	31,861	37,170	40,181	46,877	48,501	56,583
50%	27,464	31,387	37,171	42,480	46,878	53,573	56,584	64,667
40%	31,388	35,310	42,481	47,790	53,574	60,270	64,668	72,750
30%	35,311	39,233	47,791	53,100	60,271	66,967	72,751	80,833
20%	39,234	43,157	53,101	58,410	66,968	73,663	80,834	88,917
10%	43,158	47,080	58,411	63,720	73,664	80,360	88,918	97,000
0%	47,081	and up	63,721	and up	80,361	and up	97,001	and up

2015 Jefferson Healthcare Charity Guidelines 100% - 400% FPL

Number of Family Members

% of Award	5		6		7		8	
	Low	High	Low	High	Low	High	Low	High
100%	-	28,410	-	32,570	-	36,730	-	40,890
90%	28,411	37,880	32,571	43,427	36,731	48,973	40,891	54,520
80%	37,881	47,350	43,428	54,283	48,974	61,217	54,521	68,150
70%	47,351	56,820	54,284	65,140	61,218	73,460	68,151	81,780
60%	56,821	66,290	65,141	75,997	73,461	85,703	81,781	95,410
50%	66,291	75,760	75,998	86,853	85,704	97,947	95,411	109,040
40%	75,761	85,230	86,854	97,710	97,948	110,190	109,041	122,670
30%	85,231	94,700	97,711	108,567	110,191	122,433	122,671	136,300
20%	94,701	104,170	108,568	119,423	122,434	134,677	136,301	149,930
10%	104,171	113,640	119,424	130,280	134,678	146,920	149,931	163,560
0%	113,641	and up	130,281	and up	146,921	and up	163,561	and up