

REGIONAL HOSPITAL
For Respiratory and Complex Care

Policy Name Charity Care		Policy Number: BD0006	
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Policy Designation (Administration/Human Resources/Contract Services/Patient Care Service—multiple/department)	Date Issued:	Last Date Reviewed / Revised:	priority for further review:
Administration	2011.10	2014.02.13	y
References (Source and date of references/resources used to define policy):	Approvals Required:		Date Obtained
NALTH Criteria for Admission to LTACH	Dept Manager: M. Hays		2014.02.13
Associated Documents to Consult (related Regional Hospital Policies & policy #, forms & form # if available, etc.):	CMO: E. A. Roper, MD		
	CEO: A. McBride		

Purpose:

To describe and implement the Regional Hospital Charity Care Policy.

Policy:

Regional Hospital is committed to the provision of health care services to persons in need of specialized ventilator care or other qualifying Long-Term Acute Care Hospital criteria regardless of ability to pay without discrimination. In order to protect the integrity of operations and fulfill this commitment, the following criteria for the provision of charity care are established, consistent with Washington State regulation and administrative code. Criteria will assist staff in making consistent and objective decisions regarding eligibility for charity care while ensuring the maintenance of a sound financial base.

Eligibility Criteria:

Charity care may be made available **after** consideration of 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 part liability situation (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 some or all of the costs of medical services.

Patients shall be considered for charity care under this policy based on the following criteria as calculated for the 12 months prior to the date of request.

- A. Consistent with WAC 261-14-027, 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. A sliding fee schedule will be used to determine amount written off for patients with incomes between 100% and 250% of the federal poverty level. The sliding scale shall be updated annually according to the federal poverty level guidelines published in the Federal Register.

After review of an application that includes a personal financial statement, available assets are used to determine eligibility for charity care based on the above guidelines.

Patients with approved Charity Care are expected to pay their private pay balances within a satisfactory period of time.

Process for Eligibility Determination:

Classification of a patient account balance as charity will be deemed appropriate in those instances where it can reasonably be determined that patient has inadequate financial resources to satisfy medical bills within what would be considered a normal time frame without being subjected to unusually harsh, personal financial constraints.

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

Any patient (or their family operating on the patient's behalf) may apply for Charity Care consideration. Patients may request charity or adjusted fee at any time prior, during or after the course of care, for the total bill or a portion of it, except if the bill has been paid in full or a judgment is made against the patient regarding the bill.

Charity care forms, instructions, and written applications shall be furnished to patients when charity care is requested, when need is indicated, or when financial screening indicates potential need. We request that the application be accompanied by one or more of the following types of documentation to verify income amounts indicated on the application form. In the event that the responsible party is not able to provide any of the documentation described below, the hospital shall rely upon written and signed statements from the responsible party for making a final determination of eligibility for classification as an indigent person.

1. W-2 withholding statements for all employment during the last 12 months.
2. Pay stubs from all employment during the last 12 months.
3. Income tax return from the most recently filed calendar year.
4. Forms approving or denying unemployment compensation.
5. Written statements from employers or welfare agencies.

Patients need to apply for Medicaid or Medical Assistance and need to provide Regional Hospital with copies of all letters or forms approving or denying eligibility for Medicaid and/or state funded medical assistance programs. Patients not providing evidence of consideration (denial) by Medicaid will not be eligible for Charity Care.

All applications, support documentation and financial verification forms will be gathered by the Patient Account Representative and will accompany the patient account ledger to administration.

Approval/Denial:

Regional Hospital will provide final determination within fourteen (14) days of receipt of all application and documentation materials.

If it is determined that a patient has financial resources which can be used to satisfy the medical liability, but demonstrates an unwillingness to do so, the charity application will be denied.

Denials will be written. Patient may appeal denial by providing additional information to the Patient Account Representative within thirty (30) days of receipt of denial notification. All appeals will be reviewed by the CEO or CFO. If determination affirms previous charity care denial, written notification will be sent to patient and Department of Health in accordance with Washington State law.

Confidentiality:

All information relating to the application will be kept confidential. Copies of documents that support the application will be kept with the application form. All records will be retained for seven (7) years.

Public Notification:

Charity care policy is publicly available through posting of signs in patient registration areas and distribution of written materials indicating policy to patients at the time the hospital determines third party coverage. Non-English translations of this document will be made available if a specific group of more than 10% of the population in the service area speaks the language.

Procedure:

- A. Upon admission, determine if financial resources are available to the patient such as:
 - 1. Group or Individual Medical Plans
 - 2. Worker's Compensation
 - 3. Medicare
 - 4. Medicaid or other State or Federal programs
 - 5. Military (TriCare)
 - 6. Third part liability (auto insurance, personal injury claims)
 - 7. Other resources, including documented personal financial resources

- B. If none of the above applies, the patient may be considered for charity care. In this case, the following will be made available to the patient or his/her family:
 - 1. Charity Care Policy
 - 2. Charity Care Application and Instructions

- C. To be eligible, the patient must:
 - 1. Return the application and related documents within 14 days of admission
 - 2. Apply for medical assistance
 - 3. Sign Charity Care application and release of information form

Charity Application Flow:

- A. Upon request for Charity Care, the Patient Account Representative (PAR) will insert the Charity Care Policy and Charity Care Application and Instructions into patient record and notify the patient representative that the information is available for them to review and that they have fourteen (14) days to complete the application.
- B. Patient Account Representative is responsible to check in fourteen (14) day as to whether the application has been returned in order to maintain files and to ensure timely handling of applications.

- C. Administration reviews claims and determines approval or denial within 14 days of the date of the completed application.
- D. Patient Account Representative notifies patient of decision and monitors appeals.
- E. Administration reviews appeals. If denial stays, Patient Account Representative notifies both patient and Department of Health.
- F. Records will be retained for 7 years.

Attachments/Appendices

None