



Comment Form

Thank you for taking the time to comment on the WAC 246-453 draft rules. Please submit any comment(s) you have as soon as possible prior to a scheduled meeting. Please submit a separate form for each section of the rules on which you would like to comment via email to: CharityCare@DOH.WA.GOV. Questions can also be directed to charitycare@doh.wa.gov.

Step 1: Please provide your contact details in case we need to contact you for further information or clarification.

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Step 2: The following statements help inform rule recommendations. 1-3 must be completed; 4-8 may be completed to your best ability or left blank.

1. Sections commented on:

- a. 246-453-010 Definitions.
- b. 246-453-020 Uniform procedures for the identification of indigent persons.
- c. 246-453-030 Data requirements for the identification of indigent persons.
- d. 246-453-040 Uniform criteria for the identification of indigent persons.
- e. 246-453-080 Reporting Requirements.

2. Position (support/oppose): Choose an item.

The Washington legislature has long prioritized the availability of free and discounted medical care to those who are financially eligible. In passing [SB 6152](#) more than thirty years ago, the legislature acknowledged that “access to health care is among the state's goals and the provision of such care should be among the purposes of health care providers and facilities.” The legislature recognized the need for “charity care requirements and related enforcement provisions for hospitals [to] be explicitly established.”

With the passage of [SB 6273](#) and more recently [HB 1616](#), the legislature, by amending [70.170 RCW](#), affirmed its strong commitment to charity care. Despite this mandate, it is clear that some hospitals not only fail in their responsibility to inform patients of their eligibility for charity care, but go even further by using aggressive collection practices to make charity care-eligible patients pay for care.

With [5% of Washington residents](#) in collections due to medical debt, it is obvious that too many hospitals evade the screening requirements of the charity care law to the serious detriment of patients. The litigation over the last ten years involving Yakima Regional, Toppenish, Northwest Hospital, Community Health Systems, Franciscan Health System, Capital Medical Center and, most recently, Swedish and Providence, supports the need to make explicit the affirmative duty of hospitals to notify and screen patients for charity care and support their enrollment in third-party coverage, if eligible.

The statute is clear. “Each hospital shall make every reasonable effort to determine . . . [t]he eligibility of the patient for charity care.”¹ and “actively assist[] patients to apply for any available coverage.”² Yet despite this statutory direction, our organizations routinely encounter low-income individuals who were not effectively screened for charity care. These cases are often resolved with legal intervention, but Washington residents should not need assistance from the Attorney General's Office or legal services to secure their basic rights under the statute. Given the history of litigation described above, it is clear that hospitals need clearer practical guidance about how to comply with the statutory requirements. The proposed changes offer a new organizational structure to better assist hospitals in complying with their existing legal obligations.

The vast majority of the proposed language below is drawn directly from existing statute or WAC. Our proposal reorganizes this existing content into a more logical flow

¹ RCW 70.170.070(10)(c).

² *Id.* at (5).

that allows hospitals to understand each step of their obligations under the law. The footnotes to Ch. 70.170 RCW and Ch. 246-453 WA throughout indicate the sources for this existing law. In select areas, we suggest new additions in **red, bold and underlined** format to clarify or illustrate concepts that are already present in the law, and identify proposed deletions in ~~strikethrough~~ format. This is an appropriate function of the rulemaking authority the Legislature assigned to DOH under RCW 70.170.060(4) to develop "uniform procedures, data requirements, and criteria for identifying patients receiving charity care," particularly given ample historical evidence that hospitals often fail to fulfill their obligations under the law.

a. 246-453-010 Definitions.

WSHA opposes the addition of the term "guarantor" because "the word is not used in WAC." While true that the term does not appear in the WAC, it is used multiple times in 70.170.070(5)(a) and (b), referencing the tiering requirements, but is not currently defined. For that reason, we propose that it be included in the definition of "responsible party." The minor changes proposed to the definition make clear that when hospital charges are covered by third-party sponsorship or charity care, they are not to be paid. We raise this issue for reconsideration and express support for other language changes that can make clear the meaning of the term "guarantor."

It is too often the case that hospitals do not inform patients of the existence of charity care or determine their eligibility for charity care in a timely manner. As such, we propose re-naming the definitions of the terms "initial determination of sponsorship status" and "final determination of sponsorship status" to "initial determination of charity care eligibility" and "final determination of charity care eligibility" clarify that it is the hospital's first responsibility to conduct an assessment of the patient or their guarantor's eligibility for charity care.

b. 246-453-020 Uniform procedures for the identification of indigent persons.

Hospitals must understand what must be done to "post and prominently display notice of charity care availability," what it means to "make every reasonable effort" to determine charity care eligibility and the existence of third-party coverage, and meet the language access requirements of the law. This section draws from existing statute and WAC to provide clearer guidance on how a hospital can meet those requirements by:

- providing all patients with a financial assistance packet that includes a plain language summary of the charity care policy, application, website information, and contact information for billing and language assistance;

- using public notice created by the department to inform the public about charity care;
- including charity care information and forms on the hospital's homepage and any webpage that discusses payment options;
- informing patients of the availability of language assistance on bills and other written communications concerning billing or collection of a hospital bill;
- determining whether a patient has private or public health coverage;
- informing the patient in their preferred language on admission and discharge that financial assistance is available, provide a plain language summary, and describe the application process and documentation;
- not requiring a written application, if the information provided by the patient or guarantor is sufficient to determine full charity care eligibility.

c. 246-453-030 Data requirements for the identification of indigent persons.

To improve the processing of charity care applications, this section clarifies that hospitals may:

- use an application form created by the department;
- base a determination on information provided by the patient without requiring a written form be provided;
- not ask for a patient or guarantor's Social Security Number; and
- extend the 14-day time period for patients to obtain written documentation, if necessary.

d. 246-453-040 Uniform criteria for the identification of indigent persons.

This section has had several rounds of revisions to date to incorporate the new tiering requirements and asset considerations that are prohibited under the law. We are proposing new guidance on how to calculate the federal poverty level to assist hospitals in making eligibility determinations, and have brought together information on timing, appeals, refund procedures, and collections. Our proposed changes have been added to the last submission provided by WSHA; new language is **red, bold, and underlined**, deletions are in ~~strikethrough~~.

e. 246-453-080 Reporting Requirements.

Under RCW 70.170.060, DOH is responsible for monitoring hospital compliance with the law to ensure that “[n]o hospital or its medical staff shall adopt or maintain admission practices or policies with result in . . . [a] significant reduction in the proportion of patients who have no third-party coverage and who are unable to pay for

hospital services.” In order to make that determination, DOH must receive information relative to the provision of charity care. This section articulates reporting requirements for hospitals under 70.170 RCW as well as reporting requirements mandated by [ESHB 1272](#) that started on January 1, 2022.

New additions in this section include reporting on the number of charity care appeals filed and denials that were reversed as well as keeping a record of when a patient or their guarantor:

- is provided information about charity care;
- is given a financial assistance packet;
- receives an initial and final determination of charity care eligibility
- submits an appeal of a denial; and
- is sent to collections after appealing a denial of charity care.

With this information, DOH will be better able to fulfill its mandate to “monitor and report on the relative commitment of hospitals to the delivery of charity care services.”

3. Suggested solution/proposed language

a. 246-453-010 Definitions.

In our previous comments, we recommended adding the term “guarantor” to the definition of responsible party and making these changes:

“Responsible party” **or “guarantor”** means that individual who is legally responsible for the payment of any hospital charges which are not subject to **covered by** third-party sponsorship **or charity care**.

“Initial determination of **charity care eligibility** sponsorship status” means an indication, pending verification, that the **patient or their guarantor** services provided by the hospital may or may not be covered by third party sponsorship, or an indication from the responsible party, pending verification, that he or she may meet the criteria for designation as an indigent person qualifying for charity care.

“Final determination of **charity care eligibility** sponsorship status” means the verification **that a patient or their guarantor meets the criteria for classification as an indigent person qualifying for charity care subsequent to the completion of any appeals to which the responsible party may be entitled** of third party coverage or lack of third party coverage, as evidenced by payment received from the third party sponsor or denial of payment by the alleged third party sponsor, and verification of the responsible party’s qualification for classification as an indigent person, subsequent to

~~the completion of any appeals to which the responsible party may be entitled and which on their merits have a reasonable chance of achieving third-party sponsorship in full or in part.~~

b. 246-453-020 Uniform procedures for the identification of indigent persons.

(1) **Hospital policy requirement.** For the purpose of providing charity care, each hospital shall develop, implement, and maintain a policy which shall enable indigent persons access to charity care.³ Each hospital shall make every reasonable effort to determine the eligibility of the patient for charity care as defined by RCW 70.170 and in accordance with hospital policy.⁴

(2) **Notice.** Each hospital shall provide notice of charity care availability.⁵ Hospital obligations under federal and state laws to provide meaningful access for limited English proficiency and non-English speaking patients apply to charity care.⁶ **At a minimum, each hospital shall:**

(a) **Provide all patients with a financial assistance packet. The financial assistance packet shall be provided in the patient's preferred language, or the hospital will provide language assistance services or equal access accommodations. The packet shall include:**

(i) The hospital's charity care plain language summary;

(ii) The hospital's charity care application;

(iii) The hospital's website URL;

(iv) The department's website URL;

(v) Contact information for the hospital's billing or financial assistance office; and

(vii) Contact information for language assistance.

The financial assistance packet may be sent by mail if the interaction is not in person.

(b) Post and prominently display notice of charity care availability in at least the following locations:

(i) Areas where patients are admitted or registered;

(ii) Emergency departments, if any; and

(iii) Financial service or billing areas where accessible to patients.⁷

³ RCW 70.170.060(5).

⁴ RCW 70.170.060(10)(c).

⁵ RCW 70.170.060(6).

⁶ RCW 70.170.060(9).

⁷ RCW 70.170.060(6).

The content of the hospital's notice shall be deemed compliant if the hospital uses the form produced by the department.

- (c) Make available on the hospital's website the hospital's current charity care policy, a plain language summary of the policy, and the application form.⁸

Information on the availability of charity care shall be included on:

(i) The homepage of the hospital's website;

(ii) Any webpage where a patient can pay a bill or access information about a patient account; and

(iii) Any webpage that discusses payment options for patients.

- (d) Include the following or substantially similar statements prominently displayed on the first page of all hospital billing statements and other written communications concerning billing or collection of a hospital bill, in English and the second-most spoken language in the hospital service area, in addition to any other language access or equal action notices required by law:

You may qualify for free care or a discount on your hospital bill, whether or not you have insurance. Please contact our financial assistance office at [website] and [phone number].⁹

Language assistance services and equal access accommodations are available free of charge.

- (e) Develop standardized training programs on the hospital's charity care policy and use of interpreter services, and provide regular training for appropriate staff, including all relevant and appropriate staff who perform functions relating to registration, admissions, and billing.¹⁰

(3) **Third-party coverage.** Each hospital's charity care policy shall include procedures for identifying whether patients may be eligible for health care coverage through medical assistance programs under chapter 74.09 RCW or the Washington health benefit exchange under chapter 43.71 RCW and actively assisting patients to apply for any available coverage¹¹ **including asking whether they currently have private or public health coverage or could potentially qualify based on income or other eligibility.**

- (a) If a hospital determines that a patient or their guarantor qualifies for retroactive health care coverage through the medical assistance programs under chapter 74.09 RCW, a hospital shall assist the patient or their guarantor with applying for such coverage.¹² If the patient or their guarantor fails to make reasonable efforts to cooperate with the hospital's efforts to assist them in applying for such

⁸ RCW 70.170.060(7).

⁹ RCW 70.170.060(8)(a).

¹⁰ RCW 70.170.060(9).

¹¹ RCW 70.170.060(5).

¹² RCW 70.170.060(5).

coverage, the hospital is not obligated to provide charity care to the patient or their guarantor for the retroactive period,¹³ **unless such application would constitute an unreasonable burden under WAC 246-453-030(1)(b). If the retroactive health care coverage is denied or does not fully cover costs and the patient or guarantor has made reasonable efforts to cooperate with the hospital, the patient or their guarantor shall be considered for charity care as specified in WAC 246-453-030 and 040.**

- (b) The hospital shall not require a patient or guarantor to apply for any state or federal program where the patient is obviously or categorically ineligible or has been deemed ineligible in the prior 12 months.¹⁴

(4) Initial determination of charity care eligibility.

- (a) The initial determination of charity care eligibility shall be completed at the time of admission or as soon as possible following the initiation of services to the patient.¹⁵
- (b) For the purpose of reaching an initial determination of charity care eligibility the hospital shall rely upon information provided orally by the patient or guarantor as to their annual family income and family size as of the time the health care services were provided or at any later time as provided in WAC 246-453-040(1).¹⁶
- (c) If the hospital personnel is able to establish an income level meeting the charity care eligibility requirements in WAC 246-453-040, the hospital is not obligated to establish the exact income level or to request documentation from the charity care applicant.¹⁷ **The hospital may not rely upon third-party statements to deny charity care without offering the patient or their guarantor an opportunity to rebut the information.**
- (d) In all interactions when a patient is being admitted and discharged and in all communications about payment or billing, the hospital shall, in the patient's preferred language:**
 - (i) Inform the patient that financial assistance is available to those who qualify;**
 - (ii) Provide the patient with the hospital's plain language summary of its charity care policy; and**
 - (iii) Describe the charity care application process and the necessary documentation.**
- (e) The hospital shall make every reasonable effort to:**

¹³ RCW 70.170.060(5).

¹⁴ RCW 70.170.060(5).

¹⁵ WAC 246-453-020(1)(b).

¹⁶ RCW 70.170.060(10)(b).

¹⁷ WAC 246-453-030(3).

- (i) educate all patients about the hospital's charity care policy and provide support in the determination and application process whether in person, by phone, or by mail; and**
 - (ii) ask patients if they need language assistance or equal access services to assist them in applying for third-party coverage or financial assistance and the hospital shall provide such services for those patients who do.**
- (f) The initiation of collection efforts directed at the patient or their guarantor will be precluded pending an initial determination of charity care eligibility, provided that the patient or their guarantor is cooperative with the hospital's efforts to make such a determination.¹⁸
- (g) Collection efforts shall include any demand for payment or transmission of account documents or information which is not clearly identified as "This is not a bill."¹⁹
- (h) If the information provided by the patient or guarantor is sufficient to establish a final determination, no written application shall be required. If the information is not sufficient to establish an initial determination of the hospital charges eligible for charity care, the hospital shall proceed to making a final determination for charity care eligibility as described in WAC 246-453-040.**

c. 246-453-030 Data requirements for the identification of indigent persons.

(1) Information requests. For the purposes of reaching a final determination of charity care eligibility, information requests from the hospital to the charity care applicant for the verification of income and family size described in WAC 246-453-040 shall be limited to that which is reasonably necessary and readily available to substantiate the applicant's qualification for charity care and may not be used to discourage a request for charity care.²⁰

- (a) **The hospital's eligibility form meets the requirements of this subsection if the hospital uses the standard form produced by the department.**
- (b) The hospital may not impose application procedures for charity care which place an unreasonable burden upon the patient or guarantor, taking into account any physical, mental, intellectual, or sensory deficiencies, or language barriers which may hinder the charity care applicant's capability of complying with application procedures.²¹

¹⁸ WAC 246-453-020(1)(b).

¹⁹ WAC 246-453-020(1)(a).

²⁰ WAC 246-453-030(5).

²¹ RCW 70.170.060(5).

- (c) A hospital may not require an individual to provide the information on the eligibility form.
- (d) Provision of a Social Security Number may not be requested for a determination of charity care eligibility.
- (e) Only those facts relevant to eligibility may be verified, and duplicate forms of verification shall not be demanded.²²

(2) Eligibility documentation. For a final determination of charity care eligibility, the charity care applicant shall be provided with at least 14 calendar days to respond to requested information or such time as the person's medical condition may require, or as may reasonably be necessary to secure and to present the documentation²³ below, and after consideration of additional time that may be needed under subsection (1)(b) of this section. Any one of the following documents shall be considered sufficient evidence upon which to base the final determination of charity care eligibility, when the income information is annualized as appropriate:

- (a) A "W-2" withholding statement;
- (b) Pay stubs;
- (c) An income tax return from the most recently filed calendar year;
- (d) Forms approving or denying eligibility for medicaid and/or state-funded medical assistance;
- (e) Forms approving or denying unemployment compensation; or
- (f) Written statements from employers or welfare agencies.²⁴

(3) Eligibility statement. In the event that the charity care applicant is not able to provide any of the documentation described above, the hospital shall rely upon written and signed statements from the charity care applicant for making a final determination of charity care eligibility.²⁵

d. 246-453-040 Uniform criteria for the identification of indigent persons.

(1) Timing of eligibility determination. Hospitals shall make every reasonable effort to reach initial and final determinations of charity care designation in a timely manner; however, hospitals shall make those designations at any time upon learning of facts or receiving documentation, as described in WAC 246-453-030.²⁶

²² WAC 246-453-030(5).

²³ WAC 246-453-020(3).

²⁴ WAC 246-453-030(2).

²⁵ WAC 246-453-030(4).

²⁶ WAC 246-453-020(10).

- (a) The initial determination of charity care eligibility shall be completed at the time of admission or as soon as possible following the initiation of services to the patient.²⁷
- (b) Each hospital shall make every reasonable effort to determine annual family income at the time health care services were provided.²⁸
- (c) Each hospital shall make every reasonable effort to determine annual family income at the time of re-application, if the re-application is made within two years of the time of service and if the patient has been making good faith efforts toward payment of health care services rendered, and the patient demonstrates current eligibility for charity care.²⁹
- (d) Each hospital shall notify charity care applicants of the final determination of charity care status within 14 calendar days of receiving information in accordance with WAC 246-453-030; such notification must include a determination of the amount for which the applicant will be held financially responsible.³⁰
- (e) At the hospital's discretion, a hospital may consider re-applications for charity care at any time, including any time there is a change in a patient's financial circumstances.³¹
- (f) The timing of reaching a final determination of charity care status shall have no bearing on the identification of charity care deductions from revenue as distinct from bad debts.³²

(4) **Tier 1 hospitals.** For the purpose of identifying indigent persons, hospitals owned or operated by a health system that owns or operates 3 or more acute hospitals licensed under chapter 70.41 RCW, an acute care hospital with over 300 licensed beds located in the most populous county in Washington, or an acute care hospital with over 200 licensed beds located in a county with at least 450,000 residents and located on Washington's southern border shall use the following criteria:

- (a) ~~All responsible parties~~ **A patient or their guarantor** with family income equal to or below 300 percent of the federal poverty level, adjusted for family size, shall ~~be determined to be indigent persons qualifying for charity sponsorship~~ **qualify** for the full amount of hospital charges related to medically necessary hospital health care that are not covered by private or public third-party coverage;
- (b) ~~All responsible parties~~ **A patient or their guarantor** with family income between 301 and 350 percent of the federal poverty level, adjusted for family size, shall

²⁷ WAC 246-453-020(1)(b).

²⁸ RCW 70.170.060(10)(b).

²⁹ RCW 70.170.060(10)(b).

³⁰ WAC 246-453-020(7).

³¹ RCW 70-170-060(11).

³² WAC 246-453-020(10).

- ~~be determined to be indigent persons qualifying for charity sponsorship~~ **qualify** for a 75 percent discount from charges related to medically necessary hospital health care that are not covered by private or public third-party coverage;
- (c) ~~All responsible parties~~ **A patient or their guarantor** with family income between 351 and 400 percent of the federal poverty level, adjusted for family size, ~~shall be determined to be indigent persons qualifying for charity sponsorship~~ **qualify** for a 50 percent discount from charges related to medically necessary hospital health care that are not covered by private or public third-party coverage.³³

(23) Tier 2 hospitals. All remaining hospitals shall use the following criteria for the purpose of identifying indigent persons:

- (a) ~~All responsible parties~~ **A patient or their guarantor** with family income equal to or below 200 percent of the federal poverty level, adjusted for family size, shall ~~be determined to be indigent persons qualifying for charity sponsorship~~ **qualify** for the full amount of hospital charges related to medically necessary hospital health care that are not covered by private or public third-party coverage;
- (b) ~~All responsible parties~~ **A patient or their guarantor** with family income between 201 and 250 percent of the federal poverty level, adjusted for family size, shall ~~be determined to be indigent persons qualifying for charity sponsorship~~ **qualify** for a 75 percent discount from charges related to medically necessary hospital health care that are not covered by private or public third-party coverage;
- (c) ~~All responsible parties~~ **A patient or their guarantor** with family income between 251 and 300 percent of the federal poverty level, adjusted for family size, shall ~~be determined to be indigent persons qualifying for charity sponsorship~~ **qualify** for a 50 percent discount from charges related to medically necessary hospital health care that are not covered by private or public third-party coverage.³⁴

(4) Federal poverty level. To determine federal poverty level of the patient and their guarantor, family size and income shall be determined in the following manner:

- (a) **Family size includes the patient and their spouse, parents if the patient is a minor, any minor children in the household, and any adults living in the household for whom the patient or the guarantor has financial responsibility.**

³³ RCW 70.170.060(5)(a)(i)-(iii).

³⁴ RCW 70.170.060(5)(b)(i)-(iii).

- (b) **Income includes earnings and other payments received by the patient or guarantor and any individuals in the household who have financial responsibility for the patient.**

(45) Asset determination for discount. The Hhospitals may only request or consider assets when calculating discount eligibility for ~~responsible parties~~ **charity care applicants** who have been determined ineligible for charity care for the full amount of hospital charges.

- (a) **If the** a hospital considers the existence, availability, and value of ~~requires the reporting of~~ assets in order to reduce the discount extended, it must establish and make publicly available a **its** policy on asset considerations and corresponding discount reductions.³⁵
- (b) If considering assets, a **the** hospital may not impose procedures which place an unreasonable burden on the ~~responsible party~~ **charity care applicant**.³⁶
- (c) Information requests from the hospital to the ~~responsible party~~ **charity care applicant** for **the** verification of assets shall be limited to that which is reasonably necessary and readily available to substantiate the responsible party's qualification for charity **care** sponsorship and may not be used to discourage **such** application for such sponsorship.³⁷ **Only those facts relevant to eligibility may be verified and duplicate forms of verification may not be demanded.**³⁸
- (4**d**) In considering monetary assets, one current account statement shall be considered sufficient for a hospital to verify a patient's assets.³⁹
- (5**e**) In the event that no documentation for an asset is available, a hospital shall rely upon a written and signed statement from the charity care applicant.⁴⁰
- (6**f**) Asset information obtained by the hospital in evaluating a patient or their guarantor for charity care eligibility shall not be used for other non-charity care purposes such as collection activities by the hospital, the hospital's **vendor, contractor, or collections agency**.⁴¹
- (8**g**) ~~The hospital shall exclude the following types of assets shall be excluded from consideration.~~ **and other assets may be excluded:**
- (i) The first \$5,000 of monetary assets for an individual or \$8,000 of monetary assets for a family of two, and \$1,500 of monetary assets for each additional family member. The value of any asset that has a penalty

³⁵ RCW 70.170.060(5)(c)(i).

³⁶ RCW 70.170.060(5)(c)(iii).

³⁷ RCW 70.170.060(5)(c)(iii).

³⁸ RCW 70.170.060(5)(c)(iii).

³⁹ RCW 70.170.060(5)(c)(iii)(A).

⁴⁰ RCW 70.170.060(5)(c)(iii)(B).

⁴¹ RCW 70.170.060(5)(c)(iv)

for early withdrawal shall be the value of the asset after the penalty has been paid;

- (ii) Any equity in a primary residence;
- (iii) Retirement plans other than 401(k) plans;
- (iv) One motor vehicle and a second motor vehicle if it is necessary for employment or medical purposes;
- (v) Any prepaid burial contract or burial plot; and
- (vi) Any life insurance policy with a face value of \$10,000 or less.⁴²

(7h) Nothing in this section prevents a hospital from considering assets as required by the centers for medicare and medicaid services related to medicare cost reporting.⁴³

(6) Refunds. In the event that a patient or their guarantor pays a portion or all of the charges related to medically necessary hospital health care, and is subsequently found to have met the charity care criteria at the time that services were provided, any payments in excess of the amount determined to be appropriate in accordance with this section, the hospital shall:

- (i) Issue a refund to the patient within 30 days of achieving the charity care designation⁴⁴ that includes interest at the rate set by the Federal Reserve and any other reasonable costs, such as legal expenses and fees incurred by the patient in seeking charity care.**
- (ii) Immediately notify any debt collector or collections agency involved that the debt is invalid.**

(7) Appeals. In the event that the hospital fully or partially denies an application for charity care, the hospital must notify the applicant of the denial,⁴⁵ the documentation upon which the denial was based, and the appeals procedure.

- (a) The charity care applicant shall be notified that they have 30 calendar days within which to request an appeal of the denial.⁴⁶**
- (b) The appeal procedure shall enable the applicant to correct any deficiencies in documentation or request review of the denial.⁴⁷**
- (c) Charity care appeals shall be reviewed by the hospital's chief financial officer or equivalent.⁴⁸**
- (d) In the event that the hospital's final decision upon appeal affirms the previous denial of charity care designation under the criteria described**

⁴² RCW 70.170.060(5)(c)(ii).

⁴³ RCW 70.170.060(5)(c)(v).

⁴⁴ WAC 246-453-020(11).

⁴⁵ WAC 246-453-020(8).

⁴⁶ WAC 246-453-020(9)(a).

⁴⁷ WAC 246-453-020(9).

⁴⁸ WAC 246-453-020(9).

above, the charity care applicant shall be notified in writing of the decision and provided with copies of documentation for the basis for the decision.⁴⁹

(8) Reimbursement/collections efforts. An initial determination of charity care eligibility shall precede all collection efforts directed at the patient.⁵⁰ Nothing in this section shall preclude the hospital from pursuing reimbursement from any third-party coverage at any time.⁵¹

- (a) The hospital's collection efforts shall comply with all requirements under RCW 19.16.250(28) and (29).⁵²
- (b) Collection efforts shall include any demand for payment or transmission of account documents.⁵³
- (c) Written communication clearly identified for the purpose of transmitting information to the patient or guarantor will not be considered collection efforts if the communication states, "This is not a bill."
- (d) If a patient was denied charity care eligibility in full or in part and has appealed the denial, the hospital shall not commence any collection efforts until after the 30-day appeals period has ended.
- (e) If an appeal of a charity care denial was filed and the hospital sold the debt under appeal to a collection agency or has authorized a collection agency to collect debts on behalf of the hospital, the hospital must immediately cease all collection efforts until the appeal is finalized.⁵⁴

(9) Exception to minimum requirement. Hospitals may exceed the minimum standards ~~of this section~~ articulated in WAC 246-453-040(2) and (3) and provide a higher percentage of charity care to applicants with more income, so long as the policy is documented, publicly available, and uniformly applied. Hospitals may also document individual cases warranting exceptions to the minimum requirement.

e. 246-453-080 Reporting Requirements. Each hospital shall compile and report data to the department with regard to the amount of charity care provided, in accordance with instructions issued by the department.⁵⁵

(1) Each hospital shall report to the department on a standard form, on a quarterly basis for the prior quarter:

⁴⁹ WAC 246-453-020(9)(c).

⁵⁰ RCW 70.170.060(10)(c).

⁵¹ WAC 246-453-020(1)(d).

⁵² RCW 19.16.250(28)-(29)

⁵³ WAC 246-453-020(1)(a).

⁵⁴ WAC 246-453-020(9)(b).

⁵⁵ WAC 246-453-080.

- (a) The number of submitted and completed charity care applications that the hospital received⁵⁶;
- (b) The number of applications approved⁵⁷;
- (c) The number of denials issued⁵⁸;
- (d) The number of appeals filed; and
- (e) The number of denials that were reversed.

(2) Each hospital shall document and make available to the department upon request when a patient or their guarantor:

- (a) Is informed of charity care;
- (b) Receives a financial assistance packet;
- (c) Receives an initial determination of charity care eligibility;
- (d) Receives a final determination of charity care eligibility;
- (e) Submits an appeal of a denial of charity care eligibility to the hospital; and
- (f) Is sent to collections after appealing a denial of charity care.

(3) Each hospital shall provide to the department the documentation related to:

- (a) Each denial of charity care; and
- (b) Each decision that affirms a denial of charity care that was later appealed.⁵⁹

4. Statement of problem/comment and substantiation:

5. Applicable research and/or substantiation of suggested solution/proposed language:

6. Benefit of suggested solution/proposed language to the public:

7. Benefit of suggested solution/proposed language to hospitals:

⁵⁶ RCW 43.70.052(7).

⁵⁷ RCW 43.70.052(7).

⁵⁸ WAC 246-453-020(9)(d).

⁵⁹ WAC 246-453-020(9)(c).

8. **Identified impacts (cost or otherwise) of suggested solution/proposed language to hospitals:**

Discussion Notes (DOH staff only)