

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.

Name: Carrie Baranowski

Phone/email: carrie.baranowski@doh.wa.gov

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. Section commented on:
246-453-010
2. Position (support/oppose): Choose an item.
NA
3. Suggested solution/proposed language:
Alphabetize definitions within 246-453-010.

Eliminate definition of "Manual".

~~(14) "Manual" means the Washington State Department of Health Accounting and Reporting Manual for Hospitals, adopted under WAC 246-454-020;~~

Remedy confusing sub-sectioning in "Emergency Medical Condition".

~~(13) (6)~~ "Emergency medical condition" means 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:

- (a) 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;
- (b) Serious impairment of bodily functions;
- (c) Serious dysfunction of any bodily organ or part.

~~(d)~~ With respect to a pregnant woman who is having contractions the term shall mean:

~~(d) (i)~~ That there is inadequate time to effect a safe transfer to another hospital before delivery; or

~~(e) (ii)~~ That transfer may pose a threat to the health or safety of the woman or the unborn child;

Refer to RCW 70.170.020 for terms that are defined there:

~~(2) "Charity care" has the same meaning as in RCW 70.170.020. (5) "Charity care" means appropriate hospital-based medical services provided to indigent persons, as defined in this section;~~

~~(3) "Department" has the same meaning as in RCW 70.170.020. ("Department" means the Washington state department of health created by chapter 43.70 RCW;~~

~~(9) "Hospital" has the same meaning as in RCW 70.170.020. ("Hospital" means any health care institution which is required to qualify for a license under RCW 70.41.020(2); or as a psychiatric hospital under chapter 71.12 RCW;))~~

~~(11) "Indigent persons" has the same meaning as in RCW 70.170.020. (4) "Indigent persons" means those patients who have exhausted any third party sources, including medicare and medicaid, and whose income is equal to or below 200% 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;~~

~~(19) "Third-party coverage" and "third party sponsorship" has the same meaning as "third-party coverage" in RCW 70.170.020. (9) "Third-party coverage" and "third-party sponsorship" means an obligation on the part of an insurance company or governmental program which contracts with hospitals and patients to pay for the care of covered patients and services, and may include settlements, judgments, or awards actually received related to the negligent acts of others which have resulted in the medical condition for which the patient has received hospital services;~~

4. Statement of problem/comment and substantiation:

246-453-010 is currently not alphabetized, which causes further confusion for interested parties.

Terms that are not referenced within chapter 246-453 WAC do not need to be defined.

Poor sub-sectioning within defined terms causes confusion.

Defining terms in WAC that are already defined in RCW is redundant.

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

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

Eases confusion and removes redundancy.

7. Benefit of suggested solution/proposed language to hospitals:
Eases confusion and removes redundancy.

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

Discussion Notes (DOH staff only):

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Name: **Carrie Baranowski**

Phone/email: **carrie.baranowski@doh.wa.gov**

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. Section commented on:
246-453-010, 246-453-020, 246-453-040, 246-453-060
2. Position (support/oppose): Choose an item.
NA
3. Suggested solution/proposed language:

Rename existing definition of “Appropriate hospital-based medical services” in WAC 246-453-010(7) to provide a definition for the “Medically necessary hospital health care” required in RCW 70.170.020 (4). Also inserts a comma between “equally effective” and “more conservative” to make the definition consistent with WAC 182-500-0070.

~~(16) "Medically necessary hospital health care" –(7) "Appropriate hospital-based medical services"~~ means 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. For purpose of this section, "course of treatment" may include mere observation or, where appropriate, no treatment at all;

Change all references of “Appropriate hospital-based medical services” in WAC to “Medically necessary hospital health care”.

4. Statement of problem/comment and substantiation:

The new definition within RCW 70.170.020 (4) of "Charity care" states "medically necessary hospital health care rendered to indigent persons..."

The definition of "medically necessary" is defined in Health Care Authority rule 182-500-0070 and aligns with the definition currently named "Appropriate hospital-based medical services" in 246-453-010 (7).

Changing all references of "Appropriate hospital-based medical services" in WAC to "Medically necessary hospital health care" eases confusion and promotes consistency.

5. Applicable research and/or substantiation of suggested solution/proposed language:
WAC 182-500-0070

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

Aligns WAC with RCW.

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

Aligns WAC with RCW.

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

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1. Section commented on:
246-453-010
2. Position (support/oppose): Choose an item.
NA
3. Suggested solution/proposed language:

~~(16) "Publicly available" means posted or prominently displayed within public areas of the hospital, and provided to the individual in writing and explained, at the time that the hospital requests information from the responsible party with regard to the availability of any third-party coverage, in any language spoken by more than ten percent of the population in the hospital's service area, and interpreted for other non-English speaking or limited-English speaking or other patients who can not read or understand the writing and explanation;~~

~~(17) "Publicly available" means all of the following:~~

~~(a) Posted or prominently displayed within public areas of the hospital, including:~~

~~(i) Areas where patients are admitted or registered;~~

~~(ii) Emergency departments; and~~

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

~~(b) Provided to the individual in writing and explained, at the time that the hospital requests information from the responsible party with regard to the availability of any third-party coverage;~~

~~(c) Posted to the hospital's website, if any, in the form of the hospital's approved charity care policy, a plain language summary of the hospital's charity care policy, and the hospital's charity care application form;~~

(d) On all written estimates of the cost of care, hospital billing statements, and communications intended to solicit payment of a hospital bill in accordance with chapter 70.170 RCW; and

(e) All written notifications are available in any language spoken by more than 10 percent of the population in the hospital's service area, and verbal explanations are interpreted for non-English speaking or limited-English speaking or other patients who cannot read or understand the writing and explanation.

4. Statement of problem/comment and substantiation:

New language in RCW 70.170.060(5), (6), (7), and (8) introduce notice requirements for public posting about asset consideration policy, charity care availability and also required that information about charity care be posted on hospital web sites and printed on billing and collection documents. WAC 246-453-010(16) has a definition of “publicly available” that is inconsistent with the new language in RCW.

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

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

This language ensures that members of the public should be amply provided with notification about the availability of charity care.

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

Clarifies the hospitals’ responsibilities under the new language in the law.

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

Discussion Notes (DOH staff only):

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1. Section commented on:

246-453-010 (18)

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

NA

3. Suggested solution/proposed language:

No suggested language at this time, would like to receive and discuss interested party feedback.

4. Statement of problem/comment and substantiation:

Definition of family not used uniformly across hospitals when identifying the household size on the federal poverty level guidelines. Some hospitals are using dependents listed on tax return, other hospitals use the current definition: (18) "Family" means a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family;

To provide the appropriate charity care discount, correct placement on the federal poverty guidelines is paramount. Additionally, is the current definition the most appropriate? Multi-generational homes are the cultural norm for some populations, but other populations live together out of financial necessity and do not share costs outside of rent/mortgage.

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

1) HHS doesn't officially define family "This notice does not provide definitions of such terms as "income" or "family" as there is considerable variation of these

terms among programs that use the poverty guidelines.” [Federal Register:: Annual Update of the HHS Poverty Guidelines](#)

- 2) The Health Insurance Marketplace states “a household usually includes the tax filer, their spouse if they have one, and their tax dependents.” [Who’s included in your household | HealthCare.gov](#)

Who to include in your household

Tax filer + spouse + tax dependents = household

Follow these basic rules when including members of your household:

- Include your spouse if you’re legally married.
- If you won’t claim them as a tax dependent, don’t include them.

- 3) HRSA definition under Hill Burton Free and Reduced Cost Health Care Plan, [Definition of Family | HRSA](#)

Family: A family is a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family. For instance, if an older married couple, their daughter and her husband and two children, and the older couple's nephew all lived in the same house or apartment; they would all be considered members of a single family.

Household: As defined by the Census Bureau for statistical purposes, a household consists of all the persons who occupy a housing unit (house or apartment), whether they are related to each other or not. If a family and an unrelated individual, or two unrelated individuals, are living in the same housing unit, they would constitute two family units (see next definition), but only one household. Some programs, such as the Food Stamp Program and the Low-Income Home Energy Assistance Program, employ administrative variations of the “household” concept in determining income eligibility. A number of other programs use administrative variations of the “family” concept in determining income eligibility. Depending on the precise program definition used, programs using a “family” concept would generally apply the poverty guidelines separately to each family and/or unrelated individual within a household if the household includes more than one family and/or unrelated individual.

Highlighted portions above reflect the current standard.

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

Eases confusion and removes redundancy.

7. Benefit of suggested solution/proposed language to hospitals:
Eases confusion and removes redundancy.

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

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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. Section commented on:
246-453-020 (10), 246-453-030 (3), 246-453-040
2. Position (support/oppose): Choose an item.
NA
3. Suggested solution/proposed language:

246-453-020 Uniform procedures for the identification of indigent persons.
(10) Hospitals should 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, indicating that the responsible party may meet the criteria for classification as an indigent person, as described in RCW 70.170.060. ~~indicating that the responsible party's income is equal to or below two hundred percent of the federal poverty standard as adjusted for family size.~~ 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.

246-453-030 Data requirements for the identification of indigent persons.
(3) In the event that the responsible party's identification as an indigent person is obvious to hospital personnel, and the hospital personnel are able to establish the position of the income level within the broad criteria described in RCW 70.170.060 ~~WAC 246-453-040 or within income ranges included in the hospital's sliding fee schedule~~, the hospital is not obligated to establish the exact income level or to request the aforementioned documentation from the responsible party, unless the responsible party requests further review.

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

(1) For the purpose of identifying indigent persons, all hospitals shall use the following criteria specified in RCW 70.170.060.

~~(1) All responsible parties with family income equal to or below one hundred percent of the federal poverty standard, adjusted for family size, shall be determined to be indigent persons qualifying for charity sponsorship for the full amount of hospital charges related to appropriate hospital-based medical services that are not covered by private or public third-party sponsorship;~~

~~(2) All responsible parties with family income between one hundred one and two hundred percent of the federal poverty standard, adjusted for family size, shall be determined to be indigent persons qualifying for discounts from charges related to appropriate hospital-based medical services in accordance with the hospital's sliding fee schedule and policies regarding individual financial circumstances;~~

~~(3)~~ (2) Hospitals may classify any individual responsible party whose income exceeds two hundred percent of the federal poverty standard, adjusted for family size, as an indigent person eligible for a discount from charges based upon that responsible party's individual financial circumstances.

4. Statement of problem/comment and substantiation:
Criteria for indigent status is now well defined in RCW 70.170.060 (5). Hospitals are placed in a two-tier system and instructed to provide prescribed discounts to specific income levels. Rules that provide direction for the income levels and corresponding discounts specified within RCW are no longer necessary. References to the criteria for the identification of indigent person refer to the specified RCW.
5. Applicable research and/or substantiation of suggested solution/proposed language:
6. Benefit of suggested solution/proposed language to the public:
Aligns WAC with RCW.
7. Benefit of suggested solution/proposed language to hospitals:
Aligns WAC with RCW.
8. Identified impacts (cost or otherwise) of suggested solution/proposed language to hospitals:

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1. Section commented on:

246-453-030, 246-453-040, 246-453-050, 246-453-070, 246-453-090

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

NA

3. Suggested solution/proposed language:

Eliminate 246-453-050 Guidelines for the development of sliding fee schedules.
Eliminate all references to sliding fee schedule and 246-453-050 within chapter 246-453 WAC.

4. Statement of problem/comment and substantiation:

Sliding fee schedules are no longer required in RCW. Hospitals are now placed in a two-tier system and instructed to provide prescribed discounts to specific income levels. Rules that provide guidelines for the development of sliding fee schedules are no longer necessary.

Regarding subsection 246-453-050 (3), is this redundant language; therefore, still necessary? RCW 70.170.020 (2) specifies the health care institutions “required to qualify for a license under RCW 70.41.020(8); or as a psychiatric hospital under chapter 71.12 RCW” as those required to provide charity care. Are contracted physicians operating under those licenses or their own? Suggest eliminating 246-453-050 (3) with the rest of 246-453-050 if redundant; if it’s necessary to remain, keep the language and rename 246-453-050 to reflect remaining content:

- 246-453-050 (3): The provisions of this section and RCW 70.170.060(5) shall not apply to the professional services of the hospital's medical staff, provided that the charges for such services are either submitted by the individual medical staff or are separately identified within the hospital's billing system.

5. Applicable research and/or substantiation of suggested solution/proposed language:
6. Benefit of suggested solution/proposed language to the public:
Aligns WAC with RCW.
7. Benefit of suggested solution/proposed language to hospitals:
Aligns WAC with RCW.
8. Identified impacts (cost or otherwise) of suggested solution/proposed language to hospitals:

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1. Section commented on:

246-453-020

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

NA

3. Suggested solution/proposed language:

For the purpose of identifying those patients that will be classified as indigent persons, all hospitals shall adopt and implement the following procedures:

(1) The initiation of collection efforts directed at the responsible party shall be precluded pending an initial determination of sponsorship status, provided that the responsible party is cooperative with the hospital's efforts to reach an initial determination of sponsorship status;

(a) Collection efforts shall include any demand for payment or transmission of account documents or information which is not clearly identified as being intended solely for the purpose of transmitting information to the responsible party;

(b) The initial determination of sponsorship status shall be completed at the time of admission or as soon as possible following the initiation of services to the patient;

(c) If the initial determination of sponsorship status indicates that the responsible party may meet the criteria for classification as an indigent person, as described in WAC 246-453-040, collection efforts directed at the responsible party will be precluded pending a final determination of that classification, provided that the responsible party is cooperative with the hospital's reasonable efforts to reach a final determination of sponsorship status;

(d) During the pendency of the initial determination of sponsorship status and/or the final determination of the applicability of indigent person criteria, hospitals may

pursue reimbursement from any third-party coverage that may be identified to the hospital;

(e) The requirements of this subsection shall not apply to clinics operated by disproportionate share hospitals, as defined and identified by the department of social and health services, medical assistance services, provided that patients are advised of the availability of charity care at the time that services are provided and when presented with a request for payment.

(2) Notice shall be made publicly available that charges for services provided to those persons meeting the criteria established within WAC 246-453-040 may be waived or reduced.

(3) Any responsible party who has been initially determined to meet the criteria identified within WAC 246-453-040 shall be provided with at least fourteen calendar days or such time as the person's medical condition may require, or such time as may reasonably be necessary to secure and to present documentation as described within WAC 246-453-030 prior to receiving a final determination of sponsorship status.

(4) Hospitals must make every reasonable effort to determine the existence or nonexistence of third-party sponsorship that might cover in full or in part the charges for services provided to each patient.

(5) Hospitals may require potential indigent persons to use an application process attesting to the accuracy of the information provided to the hospital for purposes of determining the person's qualification for charity care sponsorship. Hospitals may not impose application procedures for charity care sponsorship which place an unreasonable burden upon the responsible party, taking into account any physical, mental, intellectual, or sensory deficiencies or language barriers which may hinder the responsible party's capability of complying with the application procedures. The failure of a responsible party to reasonably complete appropriate application procedures shall be sufficient grounds for the hospital to initiate collection efforts directed at the patient.

(6) Hospitals may not require deposits from those responsible parties meeting the criteria identified within WAC 246-453-040 (1) or (2), as indicated through an initial determination of sponsorship status.

(7) Hospitals must notify persons applying for charity care sponsorship of their final determination of sponsorship status within fourteen calendar days of receiving information in accordance with WAC 246-453-030; such notification must include a

determination of the amount for which the responsible party will be held financially accountable.

(8) In the event that the hospital denies the responsible party's application for charity care sponsorship, the hospital must notify the responsible party of the denial and the basis for that denial.

(9) All responsible parties denied charity care sponsorship under WAC 246-453-040 (1) or (2) shall be provided with, and notified of, an appeals procedure that enables them to correct any deficiencies in documentation or request review of the denial and results in review of the determination by the hospital's chief financial officer or equivalent.

(a) Responsible parties shall be notified that they have thirty calendar days within which to request an appeal of the final determination of sponsorship status. Within the first fourteen days of this period, the hospital may not refer the account at issue to an external collection agency. After the fourteen day period, if no appeal has been filed, the hospital may initiate collection activities.

(b) If the hospital has initiated collection activities and discovers an appeal has been filed, they shall cease collection efforts until the appeal is finalized.

(c) In the event that the hospital's final decision upon appeal affirms the previous denial of charity care designation under the criteria described in WAC 246-453-040 (1) or (2), the responsible party and the department of health shall be notified in writing of the decision and the basis for the decision, and the department of health shall be provided with copies of documentation upon which the decision was based.

(d) The department will review the instances of denials of charity care. In the event of an inappropriate denial of charity care, the department may seek penalties as provided in RCW 70.170.070.

(10) Hospitals should 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, indicating that the responsible party's income is equal to or below two hundred percent of the federal poverty standard as adjusted for family size. 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.

(11) ~~(12)~~ A final determination of eligibility must be made using the responsible party's annual family income at the time the responsible party applies for charity care sponsorship if:

(a) Application is made within two years of the time the health care services were provided; and

(b) The responsible party has been making good faith efforts toward payment of health care services provided.

(12) If the responsible party was previously denied sponsorship or granted less than a full discount of the charges, and meets criteria in subsection (11)(a) and (b) of this section, the responsible party may apply using family income as of the time of the new application.

(13) Except as provided in subsections (11) and (12) of this section, a final determination must be made using the responsible party's annual family income as of the time the health care services were provided.

(14) The hospital may, at its discretion, and at the request of the responsible party, make a final determination of eligibility using the responsible party's annual family income as of the time of the application at any time there is a change in the responsible party's financial circumstances, even if a previous application was denied or approved in part, regardless of whether the criteria in subsection (11)(a) and (b) of this section are met.

(15) ~~(11)~~ 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 charity care criteria at the time that services were provided, any payments in excess of the amount determined to be appropriate in accordance with WAC 246-453-040 shall be refunded to the patient within thirty days of achieving the charity care designation.

4. Statement of problem/comment and substantiation:
New language in RCW 70.170.060 (10) and (11) allows consideration of annual family income at time of service or application and allows consideration of applications at any time. To clarify for patients and hospitals what income timeframe is to be used, the proposed language is placed within 246-453-020 Uniform procedures for the identification of indigent persons.
5. Applicable research and/or substantiation of suggested solution/proposed language:
6. Benefit of suggested solution/proposed language to the public:

Ensures that members of the public understand the availability of additional opportunities to apply for charity care and which income timeframe shall be used during those opportunities.

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

Clarifies to hospitals which income timeframe to use and that patients have additional opportunities to apply for charity care.

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

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

Name: Cara Helmer

Phone/email: carah@wsha.org

Step 2: The following statements help inform rule recommendations; please complete to your best ability.

1. Section commented on:
WAC 246-453-010 (4)
2. Position (support/oppose): Choose an item.
Support a change to the definition.
3. Suggested solution/proposed language:
“Indigent persons” has the same meaning as in RCW 70.170.020.
4. Statement of problem/comment and substantiation:
The current definition of “indigent persons” conflicts with the updated RCW. The RCW definition is clear and there is no reason for a new definition to be written instead of just re-using the definition that was given by the legislature.
5. Applicable research and/or substantiation of suggested solution/proposed language:
6. Benefit of suggested solution/proposed language to the public:
Prevents any conflicts or confusion between the RCW and WAC.
7. Benefit of suggested solution/proposed language to hospitals:
Prevents any conflicts or confusion between the RCW and WAC.
8. Identified impacts (cost or otherwise) of suggested solution/proposed language to hospitals:
None

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1. Section commented on:
WAC 246-453-040
2. Position (support/oppose): Choose an item.
This section needs updates in order to be consistent with the current RCW.
3. Suggested solution/proposed language:
 - (1) For the purpose of identifying indigent persons, ~~all~~ hospitals owned or operated by a health system that owns or operates three 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 with family income equal to or below ~~one-300~~hundred percent of the federal poverty ~~standard~~level, adjusted for family size, shall be determined to be indigent persons qualifying for charity sponsorship for the full amount of hospital charges related to ~~appropriate hospital-based medical services~~medically necessary hospital health care that are not covered by private or public third-party ~~sponsorship coverage~~;
 - (b) All responsible parties with family income between ~~one hundred one~~301 and ~~two hundred~~350 percent of the federal poverty ~~standard~~level, adjusted for family size, shall be determined to be indigent persons qualifying for a 75 percent discounts from charges related to medically necessary hospital health care that are not covered by private or public third-party coverage~~appropriate hospital-based medical services in accordance with the hospital's sliding fee schedule and policies regarding individual financial circumstances~~;
 - (c) All responsible parties 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 a 50 percent discount from charges related to medically necessary hospital health care that are not covered by private or public third-party coverage. Hospitals may classify any individual responsible party whose income exceeds two hundred percent of the federal poverty standard, adjusted for family size, as an indigent person eligible for a discount from charges based upon that responsible party's individual financial circumstances.

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

(a) All responsible parties 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 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 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 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 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 a 50 percent discount from charges related to medically necessary hospital health care that are not covered by private or public third-party coverage.

(3) Hospitals may consider assets when calculating discount eligibility for responsible parties who are not eligible for charity care sponsorship for the full amount of hospital charges.

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4. Statement of problem/comment and substantiation:

This section needs to be updated in order to match the RCW. We have tried to keep the updates consistent with current WAC language, changing only what needs to be updated.

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

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

It eliminates conflicts between the RCW and the WAC.

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

It eliminates conflicts between the RCW and the WAC.

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

Discussion Notes (DOH staff only):



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.

Name: Cara Helmer

Phone/email: carah@wsha.org

Step 2: The following statements help inform rule recommendations; please complete to your best ability.

1. Section commented on:
246-453-050
2. Position (support/oppose): Choose an item.
N/A
3. Suggested solution/proposed language:

~~All hospitals shall, within ninety days of the adoption of these rules, implement a sliding fee schedule for determination of discounts from billed charges for responsible parties meeting the criteria in WAC 246-453-040(2). These sliding fee schedules must be made available upon request.~~

(1) In developing ~~these sliding fee schedules~~ charity care policies, hospitals shall consider the following guidelines:

(a) All hospitals shall implement a charity care policy incorporating the relevant responsible party discounts according to the criteria in WAC 246-453-040.

(b) ~~The sliding fee schedule~~ In determining patient responsibility, hospitals shall consider the level of charges that are not covered by any public or private sponsorship in relation to or as a percentage of the responsible party's family income;
(c) The policy shall include procedures for identifying patients who may be eligible for health care coverage through medical assistance programs under chapter 74.09 RCW or the Washington health benefit exchange and methods for actively assisting patient to apply for available coverage.

(i) Hospitals may not place an unreasonable burden on patients or guarantors with application procedures.

(ii) If a patient or their guarantor is qualified for retroactive health care coverage under chapter 74.09 and the patient or their guarantor fails to make reasonable efforts to cooperate with the hospital's assistance in applying for such coverage, the hospital is not obligated to provide charity care.

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- (b) The sliding fee schedule shall determine the maximum amount of charges for which the responsible party will be expected to provide payment, with flexibility for hospital management to hold the responsible party accountable for a lesser amount after taking into account the specific financial situation of the responsible party;
 - (c) The sliding fee schedule shall take into account the potential necessity for allowing the responsible party to satisfy the maximum amount of charges for which the responsible party will be expected to provide payment over a reasonable period of time, without interest or late fees; and
 - (d) Hospital policies and procedures regarding the sliding fee schedule shall specify the individual financial circumstances which may be considered by appropriate hospital personnel for purposes of adjusting the amount resulting from the application of the sliding fee schedule, such as:
 - (i) Extraordinary nondiscretionary expenses relative to the amount of the responsible party's medical care expenses;
 - (ii) The existence and availability of family assets, which may only be considered with regard to the applicability of the sliding fee schedule;
 - (iii) The responsible party's future income earning capacity, especially where his or her ability to work in the future may be limited as a result of illness; and
 - (iv) The responsible party's ability to make payments over an extended period of time.
- (2) Examples of sliding fee schedules which address the guidelines in the previous subsection are:
- (a) A person whose annual family income is between one hundred one and two hundred percent of the federal poverty standard, adjusted for family size, shall have his/her hospital charges that are not covered by public or private sponsorship limited to forty percent of the excess of that person's annual family income over one hundred percent of the federal poverty standard, adjusted for family size. This responsibility may be adjusted by appropriate hospital personnel after taking into consideration the individual financial circumstances of the responsible party. The responsible party's financial obligation which remains after the application of this sliding fee schedule may be payable in monthly installments over a reasonable period of time, without interest or late fees, as negotiated between the hospital and the responsible party.
 - (b) A person whose family income is between one hundred one and two hundred percent of the federal poverty standard, adjusted for family size, shall have his/her hospital charges that are not covered by public or private sponsorship reduced according to the schedule below. The resulting responsibility may be adjusted by appropriate hospital personnel after taking into consideration the individual financial circumstances of the responsible party. The responsible party's financial obligation which remains after the application of this sliding fee schedule may be payable in

~~monthly installments over a reasonable period of time, without interest or late fees, as negotiated between the hospital and the responsible party. The schedule is as follows:~~

~~income as a percentage
of federal poverty level
percentage discount
One hundred one to
one hundred thirty three
Seventy five percent
One hundred thirty four to
one hundred sixty six
Fifty percent
One hundred sixty seven to
two hundred
Twenty five percent~~

(2) Hospitals that consider assets to determine patient discounts must publish a separate asset policy with corresponding discount reductions.

(a) The value of the assets will be considered at the time healthcare services were provided or at the time of application for charity care if the application is made within two years of the time of service, the patient has been making good faith efforts towards payment of health care services rendered, and the patient demonstrates eligibility for charity care.

(3) The provisions of this section and RCW 70.170.060(5) shall not apply to the professional services of the hospital's medical staff, provided that the charges for such services are either submitted by the individual medical staff or are separately identified within the hospital's billing system.

4. Statement of problem/comment and substantiation:
Guidelines on establishing a sliding fee schedule are out of date with current law. We have replaced them with language on charity care policies in general, the newly required asset policies, and kept the language about charity care not applying to providers.
5. Applicable research and/or substantiation of suggested solution/proposed language:
6. Benefit of suggested solution/proposed language to the public:
This brings the WAC up to date with current law.
7. Benefit of suggested solution/proposed language to hospitals:

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

Discussion Notes (DOH staff only):

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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.

Name: Cara Helmer

Phone/email: carah@wsha.org (206) 577-1827

Step 2: The following statements help inform rule recommendations; please complete to your best ability.

1. Section commented on:

WAC 246-453-010, 246-453-020, 246-453-040, 246-453-045, 246-453-050, 246-453-060

2. Position (support/oppose): Support

We support the use of the proposed language that was released in CR 102 form on December 27, 2021 under WSR 22-02-016.

3. Suggested solution/proposed language:

WSHA recommends using the language that stakeholders negotiated at the end of the 2018 rulemaking process, as a starting point to begin this rulemaking process. That language will not resolve all of the necessary changes for HB 1616, however, the interested parties are substantially the same, and spent many hours negotiating the SB 6273 language already. In 2018-2019 DOH held an extensive series of stakeholder meetings and allowed for robust discussion. It will save time and energy to start where we ended last time and move forward from there.

4. Statement of problem/comment and substantiation:

We need to amend the WAC for both SB 6273 and HB 1616. Since we already negotiated language for the changes necessary for SB 6273, WSHA proposes that we start with that negotiated language and move forward from there.

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

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

It's efficient for all stakeholders. Many stakeholders were engaged in the discussions regarding SB 6273 and all stakeholders could also comment on the language now.

7. Benefit of suggested solution/proposed language to hospitals:
Similar to other stakeholders, hospitals will benefit from starting negotiations based on the SB 6273 language rather than starting from scratch.
8. Identified impacts (cost or otherwise) of suggested solution/proposed language to hospitals:
Hospitals compromised with stakeholders on many points in the proposed language and have had time to consider the impacts. If the language is renegotiated from scratch, however, hospitals and other stakeholders anticipate spending extra time and energy.

Discussion Notes (DOH staff only):