



**Index No.:** KGH003122  
**Folder:** Patient Financial Services  
**Page 1 of 9**

**TITLE:** Charity Care Policy

**Implementation Date:** 02/91  
**Revised Date:** 09/05, 01/07, 11/19, 10/23, & 7/24  
**Readopted by RCCH Trios Health, LLC:** January 11, 2024

**APPROVED:**  
**(Signed) Signature on File**  
**(Typed) David Elgarico**  
**Date:** March 6, 2024

**Reviewed by:**

MB

MK

BK

BB

**Date:**

02/01

10/04

01/07

09/09

**SCOPE:** This policy applies to the provision of Charity Care/Financial Assistance at Trios Southridge Hospital including its clinic locations.

**PURPOSE:** The purposes of this policy include:

- To define Trios’ policy for providing financial relief to patients receiving appropriate hospital-based medical services in accordance with Ch. 70.170 RCW and Ch. 246-453 WAC;
- To establish protocols for receiving and processing Financial Assistance Applications; and
- To otherwise facilitate the provision of Charity Care/Financial Assistance at Trios in compliance with applicable law.

**DEFINITIONS:** As used in this policy, the following terms have the following meanings:

**Charity Care** and/or **Financial Assistance** are used interchangeably in this policy and mean medically necessary hospital health care rendered to Indigent Persons when Third-Party Coverage, if any, has been exhausted, to the extent that the persons are unable to pay for the care or to pay deductibles or coinsurance amounts required by a third-party payer based on the criteria in this policy.

**Third-Party Coverage** means an obligation on the part of an insurance company, health care service contractor, health maintenance organization, group health plan, government program (including Medicare, Medicaid or medical assistance programs, workers compensation, or veteran benefits), tribal health benefits, or health care sharing ministry as defined in 26 USC Sec. 5000A 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 (for example, auto accidents or personal injuries) which have resulted in the medical condition for which the patient has received hospital health care services.

**Indigent Persons** are those patients or their guarantors responsible for payment of hospital charges who qualify for Charity Care/Financial Assistance based on the federal poverty level (FPL), adjusted for family size, and who have exhausted any Third Party Coverage.

**Responsible Party** means a patient or their guarantor or other individual who is responsible for the payment of any hospital charges not covered by Third Party Coverage.



**Index No.: KGH003122**  
**Folder: Patient Financial Services**  
**Page 2 of 9**

**TITLE:** Charity Care Policy

**Implementation Date:** 02/91  
**Revised Date:** 09/05, 01/07, 11/19, 10/23, & 7/24  
**Readopted by RCCH Trios Health, LLC:** January 11, 2024

**APPROVED:**  
**(Signed) Signature on File**  
**(Typed) David Elgarico**  
**Date:** March 6, 2024

**Reviewed by:**

MB

MK

BK

BB

**Date:**

02/01

10/04

01/07

09/09

**POLICY:**

**Emergency Services**

Nothing in this policy shall be interpreted to deny access to emergency treatment to patients based on ability to pay. Trios complies with the Emergency Medical Treatment and Active Labor Act (EMTALA) and other applicable law and regulations in providing appropriate medical screening examinations and stabilizing treatment regardless of an individual’s ability to pay.

**Eligibility for Charity Care**

Charity Care/Financial Assistance will be available for patients receiving appropriate hospital-based medical services as defined in WAC 246-453-010(7). Eligibility is based on income level, as follows:

- All Responsible Parties with annual household income equal to or below 250% of the FPL, adjusted for family size, shall be considered Indigent Persons qualifying for Charity Care/Financial Assistance for the full amount of the patient responsibility portion of their hospital charges related to appropriate hospital-based medical services that are not covered by private or public Third-Party Coverage.
- All Responsible Parties whose income is between 251 and 400 percent of the FPL, adjusted for family size, shall be entitled to a sixty percent (60%) discount for the patient responsibility portion of their hospital charges related to appropriate hospital-based medical services that are not covered by private or public Third-Party Coverage.
- Responsible Parties must cooperate and apply for any and all Third-Party Coverage that may be available to help pay their hospital bill. Patient Access and/or Patient Financial Services staff or their delegates (referred to collectively in this policy as “staff”) will undertake efforts to identify Responsible Parties who may be eligible for coverage through medical assistance programs of the Washington Health Care Authority and/or the Washington health benefit exchange, and will assist Responsible Parties to apply for any available coverage. If a Responsible Party likely qualifies for such coverage but does not cooperate in applying for it, Charity Care/Financial Assistance may be denied.
- If a portion of the charges for services are covered by Third Party Coverage, any applicable Charity Care/Financial assistance will be applied to the account after payments by Third Party Coverage have posted.
- Total annual household income of the Responsible Party will be determined based on the time the appropriate hospital-based medical services were provided, or based on the time of the Financial Assistance Application if: (1) the application is made within two years of the time the appropriate



**Index No.:** KGH003122  
**Folder:** Patient Financial Services  
**Page 3 of 9**

**TITLE:** Charity Care Policy

**Implementation Date:** 02/91  
**Revised Date:** 09/05, 01/07, 11/19, 10/23, & 7/24  
**Readopted by RCCH Trios Health, LLC:** January 11, 2024

**APPROVED:**  
**(Signed) Signature on File**  
**(Typed) David Elgarico**  
**Date:** March 6, 2024

**Reviewed by:**

MB

MK

BK

BB

**Date:**

02/01

10/04

01/07

09/09

hospital-based medical services were provided; (2) the Responsible Party has been making good faith efforts toward payment for the services; and (3) the Responsible Party demonstrates eligibility for Charity Care/Financial Assistance.

**Public Notification**

Notice of the availability of Charity Care/Financial Assistance will be posted and prominently displayed in areas of the hospital where patients are admitted or registered, in the emergency department, and any financial service or billing area accessible to patients, advising that the hospital offers Charity Care/Financial Assistance (including free and reduced price care) to insured and uninsured persons meeting the specified income requirements. Notice of the availability of Charity Care/Financial Assistance will also be made available to patients in writing and explained at the time the hospital requests information regarding Third-Party Coverage.

Notice and a plain language summary of this policy, the current version of this policy, and the Financial Assistance Application will be available on the hospital’s website.

All hospital billing statements and other written communications involving billing or collection of a hospital bill by the hospital will include the following statement on the front/first page of the statement in both English and Spanish (the second most spoken language in the hospital’s service area):

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 [www.trioshealth.org](http://www.trioshealth.org) and 509-221-7740.

The written notices, oral explanations, the summary of this policy, this policy, and the Financial Assistance Application will be made available in all languages 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 cannot read or understand the writing and explanation.

**Initial Determination of Eligibility**

For purposes of making an initial determination about whether services may be covered by Third Party Coverage or Charity Care/Financial Assistance, Patient Access and/or Patient Financial Services staff will rely upon information provided orally by the Responsible Party, and may require the Responsible Party to sign a statement attesting to the accuracy of the information provided. Staff will provide the Responsible Party with a Financial Assistance Application with instructions.



**Index No.: KGH003122**  
**Folder: Patient Financial Services**  
**Page 4 of 9**

**TITLE:** Charity Care Policy

**Implementation Date:** 02/91  
**Revised Date:** 09/05, 01/07, 11/19, 10/23, & 7/24  
**Readopted by RCCH Trios Health, LLC:** January 11, 2024

**APPROVED:**  
**(Signed) Signature on File**  
**(Typed) David Elgarico**  
**Date:** March 6, 2024

**Reviewed by:**

MB

MK

BK

BB

**Date:**

02/01

10/04

01/07

09/09

Collection efforts will not be initiated until the hospital makes an initial determination as to whether services may be covered by Third Party Coverage or Charity Care/Financial Assistance, provided that the Responsible Party is cooperative with the hospital's efforts to make such a determination. Additionally, the Responsible Party will have fourteen (14) calendar days, or such longer time that is medically and/or reasonably necessary, to secure and present documentation related to their income/assets, as further described below. If it is initially determined that a Responsible Party may be an Indigent Person, collection efforts will not be initiated before the hospital makes a final determination of sponsorship status (defined below), provided that the Responsible Party is cooperative with the hospital's efforts to make such a determination. A "final determination of sponsorship status" means verification of Third Party Coverage or lack thereof (evidenced by payment or a denial by the Third Party Coverage), and verification of the Responsible Party's eligibility for Charity Care/Financial Assistance.

**Income Verification**

Any one of the following documents shall be considered sufficient evidence upon which to base the final determination of sponsorship status, when the income information is annualized as may be 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.

Other policies related to income verification (including, but not limited to, policies specific to **Medicare beneficiaries**):

- If the Responsible Party's status as an Indigent Person is obvious, and hospital staff are able to establish the general position of the Responsible Party's income level, staff are not required to request the documentation described above or determine the person's exact income level unless the person requests further review.
- In the event that the Responsible Party is not able to provide any of the documentation described above, the hospital will rely upon written and signed statements from the Responsible Party for making a final determination of eligibility for classification as an Indigent Person, unless the person is a **Medicare beneficiary** in which case signed statements cannot be considered proof of



**Index No.: KGH003122**  
**Folder: Patient Financial Services**  
**Page 5 of 9**

**TITLE:** Charity Care Policy

**Implementation Date:** 02/91  
**Revised Date:** 09/05, 01/07, 11/19, 10/23, & 7/24  
**Readopted by RCCH Trios Health, LLC:** January 11, 2024

**APPROVED:**  
**(Signed) Signature on File**  
**(Typed) David Elgarico**  
**Date:** March 6, 2024

**Reviewed by:**

MB

MK

BK

BB

**Date:**

02/01

10/04

01/07

09/09

indigence; provided, however, that a **Medicare beneficiary** may be deemed indigent when the individual has also been determined eligible for Medicaid as either a categorically needy individual or medically needy individual. See PRM § 312.

- In regard to **Medicare beneficiaries**, the hospital must determine that no source other than the patient would be legally responsible for the patient's medical bill; e.g., title XIX, local welfare agency and guardian. See PRM § 312.
- In regard to **Medicare beneficiaries**, the beneficiary's total resources may be considered, including assets convertible to cash; provided that assets may only be considered if the individual's income exceeds 200% of the FPL, and the assets considered shall not include: (a) 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 (and the value of any asset that has a penalty for early withdrawal shall be the value of the asset after the penalty); (b) any equity in a primary residence; (c) retirement plans other than 401(k) plans; (d) one motor vehicle and a second motor vehicle if it is necessary for employment or medical purposes; (e) any prepaid burial contract or burial plot; and (f) any life insurance policy with a face value of \$10,000 or less. In regard to non-Medicare beneficiaries, assets are not considered. See PRM § 312 and RCW 70.170.060(5)(c)(ii).
- Supplemental information may also be gathered using external databases provided by national credit reporting agencies, such as Experian, Equifax, or Transunion. Such information may be used to determine whether an individual is presumptively eligible for Charity Care/Financial Assistance. Under no circumstances will such information be used to exclude anyone from qualification for Charity Care/Financial Assistance.
- Staff will avoid imposing application requirements for Charity Care or Third Party Coverage that place an unreasonable burden on a Responsible Party based on the particular person's physical, mental, intellectual, or sensory deficiencies, or language barriers which may hinder the person's capability of complying with application procedures. Without limiting the foregoing, it is an unreasonable burden to require a Responsible Party to apply for any state or federal program if the person is obviously or categorically ineligible or has been deemed ineligible in the prior 12 months.
- Staff should utilize all relevant information available for appropriate review of Financial Assistance Applications. All efforts should be documented in a clear, concise, and consistent manner. Staff should demonstrate respect and integrity in all internal and external dealings related to Charity Care/Financial Assistance. Confidentiality is of the utmost importance and should be adhered to by



**Index No.: KGH003122**  
**Folder: Patient Financial Services**  
**Page 6 of 9**

**TITLE:** Charity Care Policy

**Implementation Date:** 02/91  
**Revised Date:** 09/05, 01/07, 11/19, 10/23, & 7/24  
**Readopted by RCCH Trios Health, LLC:** January 11, 2024

**APPROVED:**  
**(Signed) Signature on File**  
**(Typed) David Elgarico**  
**Date:** March 6, 2024

**Reviewed by:**

MB

MK

BK

BB

**Date:**

02/01

10/04

01/07

09/09

all staff. All guidelines set forth by this policy should be adhered to without exception.

**Charity Processing based on Extenuating Circumstances**

As indicated above, there may be occurrences when a Responsible Party is not able to complete the Financial Assistance Application and/or provide supporting documentation, and resource testing cannot be completed, or when the medical indigence of the Responsible Party is determined based on state requirement/policy. In such cases of extenuating circumstances, the CFO, PFS Director, or their designee may waive the requirement to complete a Financial Assistance Application and/or the requirement to support a Financial Assistance Application with the documentation specified above, provided that all attempts to obtain additional information are documented clearly. Some of the following could be considered extenuating circumstances:

Undocumented or Homeless: Responsible Parties identified as undocumented residents or homeless through:

- Medicaid eligibility screening
- Registration process
- Discharge to a shelter
- Clinical or Case Management documentation

Deceased Patients: If a patient expires and research through family contact and/or courthouse records indicates that an estate does not exist and was not documented, such patient may be considered for Charity Care/Financial Assistance. If a patient expires prior to or during the charity review process, it will be determined whether an estate exists, if not already determined.

Medically Indigent: Based upon state guidelines or requirements, if a Responsible Party qualifies as medically indigent, a charity discount may be applied after completion of the resource testing process for the Responsible Party according to state guidelines. Without limiting the foregoing, if a Medicare beneficiary has been determined eligible for Medicaid as either categorically needy individuals or medically needy individuals, the hospital may deem such individuals indigent under this policy. See PRM § 312.

Individual Circumstances: Additionally, any Responsible Party whose income exceeds 400% of the FPL, adjusted for family size, may be classified as an Indigent Person eligible for a discount based on the Responsible Party's individual financial circumstances.



**Index No.: KGH003122**  
**Folder: Patient Financial Services**  
**Page 7 of 9**

**TITLE:** Charity Care Policy

**Implementation Date:** 02/91  
**Revised Date:** 09/05, 01/07, 11/19, 10/23, & 7/24  
**Readopted by RCCH Trios Health, LLC:** January 11, 2024

**APPROVED:**  
**(Signed) Signature on File**  
**(Typed) David Elgarico**  
**Date:** March 6, 2024

**Reviewed by:**

MB

MK

BK

BB

**Date:**

02/01

10/04

01/07

09/09

**Pending Medicaid Effect on Charity Discount**

The “Pending Medicaid” and “Pending Charity” processes should not be concurrent processes. Determination of whether a Responsible Party qualifies for Medicaid should be resolved before a determination is made about their eligibility for Charity Care/Financial Assistance.

**Charity Processing based on Federal Poverty Guidelines**

Responsible Parties that fall within 0-250% of the FPL are eligible for a 100% discount. Responsible Parties that fall within 251%-400% of the FPL are eligible for a 60% charity discount. Over payments would be identified through credit balance reports. On accounts where the charity pending is placed in the secondary or tertiary position, the applicable manual discount will need to be applied.

**State Programs and Future Coverage**

Several county and local government based programs pre-screen patients under the FPL for participation in Medicaid. Patient participation in these programs or future participation also satisfies the income attestation requirements set forth in this policy.

**Insurance Denials**

When an account is denied by Third-Party Coverage because the service or date of service is not covered, or for any other reason, the “payor plan” will be denied and the “uninsured plan” will be assigned as primary payor. The uninsured discount will post and a statement will be sent to the Responsible Party, provided the Responsible Party has been notified about the availability of Charity Care/Financial Assistance and given the opportunity to apply in accordance with this policy. An attempt will be made to collect a portion of the patient liability, provided the Responsible Party has been notified about the availability of Charity Care/Financial Assistance and given the opportunity to apply in accordance with this policy. If the Responsible Party is unable to pay and contacts the hospital, a Financial Assistance Application will be provided. Upon receipt of the Financial Assistance Application, a “Charity Pending” indicator will be added to the account.

**Refunds on Charity Accounts**

The general expectation is that all Responsible Parties pay for services rendered if they are not fully covered by Third-Party Coverage or Charity Care/Financial Assistance. In the event that a Responsible Party pays a portion or all of the charges related to appropriate hospital-based medical services, and is subsequently found



**Index No.:** KGH003122  
**Folder:** Patient Financial Services  
**Page 8 of 9**

**TITLE:** Charity Care Policy

**Implementation Date:** 02/91  
**Revised Date:** 09/05, 01/07, 11/19, 10/23, & 7/24  
**Readopted by RCCH Trios Health, LLC:** January 11, 2024

**APPROVED:**  
**(Signed) Signature on File**  
**(Typed) David Elgarico**  
**Date:** March 6, 2024

**Reviewed by:**

MB

MK

BK

BB

**Date:**

02/01

10/04

01/07

09/09

to have met the Charity Care/Financial Assistance criteria at the time that services were provided, any payments in excess of the amount determined to be appropriate in accordance with this policy shall be refunded to the patient within thirty (30) days of achieving the charity care designation.

**Collection Efforts Suspended**

As stated above, collection efforts will not be directed to a Responsible Party during an initial determination of sponsorship status, provided the Responsible Party is cooperative with the hospital’s efforts to make the determination. If the initial determination indicates that the Responsible Party may meet the criteria for classification as an Indigent Person, collection efforts will be precluded until a final determination provided the Responsible Party is cooperative with the hospital’s reasonable efforts to reach a final determination of sponsorship status.

**Notice of Final Determination**

Charity Care/Financial Assistance applicants will be notified of the hospital’s final determination of sponsorship status within fourteen (14) calendar days of receipt of requested information. Notices will include the amount for which the Responsible Party will be financially accountable. In the case of a denial, Responsible Parties will be notified in writing of the denial and the basis for denial.

**Patient Dispute Process**

- All parties denied Charity Care/Financial Assistance will be notified that they have thirty (30) days within which to request an appeal of the final determination. The appeal procedure will enable them to correct any deficiencies in documentation or request review of the denial.
- Appeals will be reviewed by the PFS Director, Chief Financial Officer or their designee. In all cases the Chief Financial Officer will be notified of such dispute/appeal.
- If a Responsible Party appeals their denial and is denied a second time on the same account for the same reason, a copy of that appealed denial and the basis for that denial will be sent to the Responsible Party, with a copy to the Chief Financial Officer, and sent to the office of Hospital and Patient Data Systems, Washington State Department of Health with copies of documentation upon which the decision was made.
- Any collection efforts will be ceased if an appeal has been filed for Charity Care/Financial Assistance until the appeal is finalized.

**Approval Responsibility**



**Index No.: KGH003122**  
**Folder: Patient Financial Services**  
**Page 9 of 9**

**TITLE:** Charity Care Policy

**Implementation Date:** 02/91  
**Revised Date:** 09/05, 01/07, 11/19, 10/23, & 7/24  
**Readopted by RCCH Trios Health, LLC:** January 11, 2024

**APPROVED:**  
**(Signed) Signature on File**  
**(Typed) David Elgarico**  
**Date:** March 6, 2024

**Reviewed by:**

MB

MK

BK

BB

**Date:**

02/01

10/04

01/07

09/09

Patient Financial Services (PFS) administers this policy with final approval, denials or exceptions being made by Trios Health PFS Director and/or CFO.

**Training**

The hospital has established a standardized training program on this policy and the use of interpreter services to assist persons with limited English proficiency and non-English-speaking persons in understanding information about this policy. The hospital will provide regular training to front-line staff who work in registration, admissions and billing and any other appropriate staff to effectively answer questions about Financial Assistance/Charity Care availability at the hospital, to obtain any necessary interpreter services, and direct inquiries to the appropriate department in a timely manner.

**Documentation and Records**

- Whenever a Responsible Party is considered for Charity Care/Financial Assistance, their file should contain documentation/supporting information regarding how it was determined whether the person is indigent under this policy.
- Financial Assistance Applications and all information relating to the application will be kept confidential. Copies of documents that support the application will be kept with the application form.
- Documents pertaining to the financial assistance and Charity Care shall be retained for five (5) years.