

SOUTH SOUND BEHAVIORAL HOSPITAL POLICY AND PROCEDURE MANUAL

TITLE: Charity Care Policy
EFFECTIVE DATE: 07/1/2022

REVISED: 07/14/2022
REVIEWED: 07/14/2022

I. POLICY:

South Sound Behavioral Hospital is committed to the provision of health care services to all persons in need of medically necessary care regardless of ability to pay. Criteria for the provision of financial assistance and charity care will be consistent with the requirements of the Washington Administrative Code (WAC), Chapter 246-453.

II. ELIGIBILITY CRITERIA:

Charity care is generally secondary to all other financial resources available to the patient, including group or individual medical plans, worker's compensation, Medicare, Medicaid or medical assistance programs, other state, federal, or military programs, third party liability situations or any other situation in which another person or entity may have a legal responsibility to pay for the costs of services.

Charity care will be granted to all qualifying patients regardless of race, creed, color, national origin, sex, sexual orientation, age or the presence of any sensory, mental or physical disability. Charity care shall be limited to appropriate hospital based medical services as defined in WAC 246-253-010.

1. In situations where appropriate primary payment sources are not available, patients shall be considered for charity care under this hospital policy based on the following criteria, (the Hospital model of choice to meet the requirements of WAC 246-453-050 are the following):
 - a. All patients and their guarantors whose income is not more than 200 percent of the federal poverty level, adjusted for family size, shall be deemed charity care patients for the full amount of the patient responsibility portion of their hospital charges.
 - b. All patients and their guarantors whose income is between 201 percent and 250 percent of the federal poverty level, adjusted for family size, shall be entitled to a 75 percent discount for the full amount of the patient responsibility portion of their hospital charges, which may be further reduced by monetary assets in excess of \$5,000 for individuals, \$8,000 for a family of two, and \$1,500 for each additional family member.
 - c. All patients and their guarantors whose income is between 251 percent and 300 percent of the federal poverty level, adjusted for family size, shall be entitled to a 50 percent discount for the full amount of the patient responsibility portion of their hospital charges, which may be further reduced by monetary assets in excess of \$5,000 for individuals, \$8,000 for a family of two, and \$1,500 for each additional family member.

III. PROCEDURES:

1. Communications to the public:

The Hospital's Charity Care policy shall be made publicly available through the following elements.

- A notice advising patients that the Hospital provides charity care shall be posted in key areas, including lobby, admissions, and reception and nursing units.
 - The Hospital will distribute a written notice indicating the availability of charity care during the admission process.
 - The written notice and verbal explanation shall be available in English and Spanish and interpreted for other non-English speaking patients.
 - Written notice regarding the Hospital's charity care policy shall be made available to any person who requests the information by mail, telephone or in person and it shall include the sliding fee schedule.
2. The Financial Counselor will meet with all patients with payment responsibility and, based on the established eligibility guidelines, identify any uninsured, underinsured, or self-pay patients during the admissions process or as soon after the admission as possible. Efforts will be made to assist patients in applying and obtaining coverage for which they are eligible. The charity care application shall be furnished to the responsible party when need is indicated.
 3. All applicants will be allowed a minimum of fourteen (14) days to provide supporting income verification documentation. The preferred documentation will be the most current year's Federal Tax Return. However, if the patient/responsible party is not able to provide this documentation then any one of the other types of supporting documentation from the following list below may be accepted.
 - Employer Pay Stubs
 - W2 form
 - Forms approving or denying eligibility for Medicaid and/or state-funded medical assistance
 - Forms approving or denying unemployment compensation
 - Written statement from employers or welfare agencies
 - Checking and saving account statements

In the event that the responsible party is identified as an indigent person, then the hospital is not obligated to establish the exact income level or request documentation from the list above unless the responsible party requests further review. There will be an allowance for administrative discretion for those patients who cannot complete the application process or provide documentation for charity care, in compliance with WAC 246-454-030(3) and WAC 246-453-030(4).

4. After thorough review of the Financial Disclosure Form and documented research through Medicaid Eligibility denial or other means, a manager may waive supporting documentation when it is apparent that the patient/responsible party is unable to meet the requirement and clearly meets Uninsured Charity guidelines.

5. The Hospital will allow a patient to apply for charity care at any point from pre-admission to final payment of the bill.

6. The Hospital shall not initiate collection efforts against the patient while the charity care application is being processed and eligibility determination is being made.

7. The Hospital shall notify the applicant of its final determination within fourteen (14) days of receipt of all application and supporting documents.

8. Should an applicant be denied for charity care, the responsible party shall receive a written notice which includes the reason for denial, the date of decision, and instructions for appeal. If the denial was due to a lack of information, the denial notice will include a description of the missing information, and that eligibility will be determined within 30 days if the applicant provides all specified missing information.

9. The responsible party may appeal a denial of eligibility for charity care by providing additional verification of income or family size to the Business Office Manager within thirty (30) days of receipt of notification. At this time, the hospital shall cease any collection efforts while the appeal is under review. The Business Office Manager will notify the applicant and the Department of Health in writing of the final decision affirming a previous denial of charity care designation within fourteen (14) days from receipt of appeal.

10. Should an appeal be denied, the responsible party will be allowed to make payment arrangements over time based on their ability to pay until the debt has been paid in full.

11. All efforts shall be documented and entered into the patient accounting system. Confidentiality is of utmost importance. HIPAA rules and regulations will be followed.

ATTACHMENTS: Charity Care Eligibility Determination Sliding Fee Schedule

South Sound Behavioral Hospital
Charity Care Guidelines
2022 Federal Poverty Levels (Annual Income)

Persons in Household	Up to 200% FPL	Up to 250% FPL	Up to 300% FPL	
1	\$27,180	\$33,975	\$40,770	
2	\$36,620	\$45,775	\$54,930	
3	\$46,060	\$57,575	\$69,090	
4	\$55,500	\$69,375	\$83,250	
5	\$64,940	\$81,175	\$97,410	
6	\$74,380	\$92,975	\$111,570	
7	\$83,820	\$104,775	\$125,730	
8	\$93,260	\$116,575	\$139,890	
Discount Level	100%	75%	50%	
Patient Pays	0%	25%	50%	