Coulee Medical Center is committed to the provision of health care services to all persons in need of medically necessary care regardless of ability to pay. In order to protect the integrity of operations and fulfill this commitment, the following criteria for the provision of financial assistance and charity care, consistent with the requirements of the Washington Administrative Code (WAC), Chapter 246-243 are establish in this policy. These criteria will assist staff in making consistent objective decisions regarding eligibility for financial assistance and Charity Care while ensuring the maintenance of a sound financial base for CMC.

Communications to the Public:

Information about CMC's financial assistance/charity care program shall be made publicly available as follows:

1. A notice advising patients that the hospital provides charity care shall be posted in key public areas of the hospital and clinic including Admissions, the Emergency Department, and Financial Services.
2. The written notices, the verbal explanations, the policy summary and the application form shall be available 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 patients who cannot understand the writing and/or explanation.
3. The hospital shall train front-line staff to answer charity care questions effectively or direct such inquires to the appropriate department in a timely manner.
4. Written information about the hospital's Financial Assistance/Charity Care policy shall be make available to any person who requests the information, either by mail, by telephone, or in person.
5. CMC will make available on its website current versions of this policy, a plain language summary of this policy, the most current federal poverty scale, and the Charity Care application form.
6. CMC billing statements, and other written communications concerning billing or collection of a hospital bill by CMC, will include the following statement on the first page of the statement, in both English and the second most spoken language in CMC's service area:
    a. You may qualify for free care or a discount on your hospital bill, whether or not you have insurance. Please contact our financial assistance counselor at www.cmccares.org or (509)633-6366.

Eligibility Criteria:

1. Financial assistance and charity care are 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 (e.g. auto accidents or personal injuries), or any other situation in which another person or entity may have a legal responsibility to pay for the costs of medical services.
2. Financial assistance and charity care will be granted regardless of race, creed, color, national origin, sex, sexual orientation, or the presence or any sensory, mental or physical disability or the use of a trained dog guide or service animal by a disabled person.

3. Financial assistance and Charity care for non-emergent services shall be limited to those residing within the Coulee Medical Center service area, which includes Douglas, Grant, Lincoln, and Okanogan counties.
4. Financial assistance and charity care shall be limited to "appropriate hospital – based medical services" as defined in WAC 246-453-010(7) and clinic services not excluded in 16.
5. In those situations where appropriate primary payment sources are not available, patients shall be considered for financial assistance and charity care under this policy based on the following criteria:
    a. 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 and/or Clinic charges related to appropriate hospital-based medical services that are not covered by private or public third-party sponsorship.
    b. 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 and/or clinic-based medical services in accordance with the hospital's sliding fee schedule and policies regarding individual financial circumstances.
    c. Hospital and clinics 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. WAC 246-453-040.1.2.3 Eligibility under this special criteria will be based on approval from the CFO, Revenue Cycle Manager, and the Financial Counselor
6. **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;
7. **Initial determination of sponsorship status** means an indication, pending verification, that the services provided by the hospital and/or clinics 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.
8. **Final determination of sponsorship status** means the verification 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.
9. **Catastrophic Charity**. Coulee Medical Center may write off as charity care, amounts for patients with family income in excess of 300 % of the federal poverty level when circumstances indicate severe financial hardship or personal loss.
10. The responsible party's **financial obligation,** which remains after the application of any sliding fee schedule, shall be payable as negotiated between Coulee Medical Center and the responsible party. The responsible party's account shall not be turned over to a collection agency unless payments are missed or there is some period of inactivity on the account, and there is no satisfactory contact with the patient.

11. Coulee Medical Center shall not require a disclosure of the existence and availability of family assets from financial assistance and charity care applicants whose income is less than 100% of the current federal poverty level, but may require a disclosure of the existence and availability of family assets from financial assistance and charity care applicants whose income is at or above 201% of the current federal poverty level.
12. Sliding Scale Fee Schedule:
    - **a.** The sliding fee schedule 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.
    - **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. 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 extraordinary non-discretionary expenses relative to the amount of the responsible party's medical care expenses.
    - **d.** The existence and availability of family assets, which may only be considered with regard to the applicability of the sliding fee schedule, 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 the responsible party's ability to make payments over an extended period of time.
    - **e.** Sliding fee schedules which address the guidelines in the previous subsection are:
        - **i.** 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. (FPL 0%-175%, 100%; FPL 176%-200%, 75%; FPL 201%-250%, 50%; 251%-300%, 25%)

13. **PROCESS FOR ELIGIBILITY DETERMINATION:**
    - **a. Initial Determination:**
        - **i.** Coulee Medical Center shall use an application process for determining eligibility for financial assistance and charity care. Referrals to provide financial assistance and charity care will be accepted from sources such as physicians,

community or religious group, social services, financial services personnel and the patient, provided that any further use or disclosure of the information contained in the request shall be subject to the Health Insurance Portability and Accountability Act privacy regulations and Coulee Medical Center's privacy policies. All requests shall identify the party that is financially responsible for the patient as the "responsible Party".

ii. The initial determination of eligibility for financial assistance and charity care shall be completed at the time of admission or as soon as possible following initiation of services to the patient, but no later than 30 days after the time of admission or the initiation of services.

iii. Pending final eligibility determination, Coulee Medical Center will not initiate collection efforts or request deposits, provided that the responsible party is cooperative with the hospital's efforts to reach a final determination of sponsorship status.

iv. If Coulee Medical Center becomes aware of factors which might qualify the patient for financial assistance or charity care under this policy, it shall advise the patient of this potential and make an initial determination that such account is to be treated as qualified to receive financial assistance or charity care.

b. Final Determination:

i. Prima Facie Write-Offs. In the event that the responsible party's identification as an indigent person is obvious to Coulee Medical Center personnel, and Coulee Medical Center can establish that the applicant's income is clearly within the range of eligibility, Coulee Medical Center will grant charity care based solely on this initial determination. In these cases, Coulee Medical Center is not required to complete full verification or documentation. WAC 246-453-030(3).

ii. Charity care forms, instructions, and written applications shall be furnished upon request, when need is indicated, or when financial screening indicates potential need. All applications, whether initiated by the patient or the hospital, should be accompanied by documentation to verify information indicated on the application form. Any of the following documents shall be considered sufficient evidence upon which to base the final determination of charity care eligibility:

a. A "W-2" withholding statement.
b. Pay stubs from all employment during the relevant time period.
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.
f. Written statements from employers or DSHS employees.
g. Gross income (before taxes) will be used in determination.
h. Net earnings from business will be used in determination.

iii. During the initial request period, the patient and the hospital may pursue other sources of funding, including Medical Assistance and Medicare. The responsible party may be required to provide written verification of ineligibility for all other sources of funding. The hospital may not require that a patient applying for a determination of indigent status seek bank or other loan source funding.
iv. Usually, the relevant time period for which documentation will be requested will be twelve months prior to the date of application. However, if such documentation does not accurately reflect the applicant's current financial situation, documentation will only be requested for the period of time after the patient's financial situation changed.
v. In the event that the responsible party is not able to provide any of the documentation described above, the hospital shall rely upon written and signed statements from the responsible party for making a final determination of eligibility for classification as an indigent person (WAC 246-453-030(4).

c. **When to Apply**:
The hospital will allow a patient to apply for charity care at any point from pre-admission to final payment of the bill, recognizing that a patient's ability to pay over an extended period may be substantially altered due to illness or financial hardship, resulting in a need for charity services. If the change in financial status is temporary, the hospital may choose to suspend payments temporarily rather than initiate charity care.
i. Application may be made for outstanding balances

d. **Time Frame - The time frame for final determination and appeals is as follows:**
i. Each charity care applicant who has been initially determined eligible for charity care shall be provided with at least 14 calendar days, or such time as may reasonably be necessary, to secure and present documentation in support of his or her care application prior to receiving a final determination of sponsorship status.
ii. The hospital shall notify the applicant of its final determination within 14 days of receipt of all application and documentation material.
iii. The responsible party may appeal the determination of eligibility for charity care by providing additional verification of income or family size to the Administrator within thirty (30) days of receipt of notification.
iv. 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, in accordance with WAC 246-453- 202(10).
v. If the patient or responsible party has paid some or all of the bill for medical services, and is later found to have been eligible for charity care at the time services were provided, he/she shall be reimbursed for any amounts in excess of what is determined to be owed. The patient will be reimbursed within 30 days of receiving the charity care designation.

e. **Adequate Notice of Denial:**

i. When an application for charity care is denied, the responsible party shall receive a written notice of denial, which include:
    1. The reason or reasons for the denial
    2. The date of the decision
    3. Instructions for appeal or reconsideration

ii. When the applicant does not provide requested information and there is not enough information available for the hospital to determine eligibility, the denial notice also includes:
    1. A description of the information that was requested and not provided, including the date the information was requested.
    2. A statement that eligibility for charity care cannot be established based on information available to the hospital.
    3. The eligibility will be determined if, within thirty days from the date of the denial notice, the applicant provides all specified information previously requested but not provided.

iii. The Chief Financial Officer (CFO) and the Revenue Cycle Director will review all appeals. If this review affirms the previous denial of charity care, written notification will be sent to the responsible party and the Department of Health in accordance with state law.

f. **Remaining Eligible**:
A patient may continue to receive services and be eligible for charity care without completing a new charity care application. The hospital may re-evaluate the patient's eligibility for charity care at any time, but must re-evaluate at least annually. Applicants whose sole source of incomes is SSA and/or SSI will remain eligible for 2 years unless the hospital, at its discretion, requests the applicant to reapply. The hospital may require the responsible party to submit a new charity care application and documentation.

14. Documentation and records:

a. Confidentiality – All information relating to the application will be kept confidential. Copies of documents that support the application will be kept with the application form.

b. Retention – Documents pertaining to charity care shall be retained for five years.

15. Fraud:

a. False Statements
    i. Including but not limited to;
        1. Falsifying household size
        2. Falsifying Marital status
        3. Falsifying Income status and sources
        4. Falsifying any documents asked for as part of application
    ii. Concealing information
        1. This includes financial status change within thirty (30) days of occurrence

            2. Change in household size/ marital status
    iii. Consequences of a falsified account The account will be reviewed with the accurate information and a decision will be based on the new information.
    iv. Notification of possible Fraud
        1. The patient will be notified in writing of an 'audit' on their account
        2. The patient will have thirty (30) days to provide the documentation proving status

16. **Services excluded from Charity Care:**
    a. Circumcision
    b. Vasectomy
    c. Tubal Ligation
    d. Dermatology
        i. Skin tag removal
        ii. Lesions
        iii. Mole and wart removal
    e. Drug Screening
    f. Birth Control including office visits for prescription
    g. Infertility
    h. Nutritional Supplements
    i. Allergy Therapy
    j. Varicose Veins for treatment of pain only
    k. Bunion surgery for treatment of pain only

References:

WAC 246-453-010(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.

WAC 246-453-030.3 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 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.

WAC 246-453-030.4 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 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.

WAC 246-453-020.10 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.

**Note: Policy must be published on DOH Hospital website as updates occur.