PACIFIC COUNTY HOSPITAL DISTRICT #3
OCEAN BEACH HOSPITAL AND CLINICS
FINANCE DEPARTMENT

POLICY – PROCEDURE

Initial Date: ___/___/___. Reviewed: _____

Revised Date: ___/___/___. Reviewed: _____

CHARITY CARE

POLICY:

Ocean Beach Hospital and Clinics are committed to the provision of health care services to all persons in need of medical attention regardless of ability to pay. In order to protect the integrity of operations and fulfill this commitment, the following criteria for the provision of charity care, consistent with the requirements of WAC 261-14, to include WSHA Pledge are established. These criteria will assist staff in making consistent and objective decisions regarding eligibility for charity care while ensuring the maintenance of a sound financial base.

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 (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.

In those situations where appropriate primary payment sources are not available, patient shall be considered for charity care under this hospital policy, based on the following criteria as calculated for the 12 months prior to the request date.

1. The full amount of any charges will be determined to be charity care for any patient whose gross family income is at or below 100% of the current federal poverty guidelines (consistent with WAC 261-14-027).
2. The attached sliding fee schedule shall be used to determine the amount, which shall be written off for patients with incomes between 100% and 300% of the current federal poverty level.

CATASTROPHIC CHARITY CARE:

Ocean Beach Hospital may also write off as charity care amounts for patients with family income in excess of 300% of the federal poverty standards or at a higher percentage for those above 100% of the poverty guidelines, when circumstances indicate severe financial hardship or personal loss. This will be done only upon recommendation by the Patient Financial Services Manager or Clinic Manager with adequate justification.

PROCEDURE:

1. Charity applications are processed by the Patient Financial Counselor with all supporting documentation attached.
2. If there are Ocean Beach Medical Clinic or Naselle Clinic bills outstanding for the applicant, they are attached to the application, pending any unrecorded changes.
3. A copy of the signed approval is sent to the Patient Financial Services Representative at Ocean Beach Medical Clinic for their account adjustment.
4. Patient Financial Counselor will also forward a copy, if applicable, for services rendered to Lower Columbia Pathology, Dr. Pniewski's billing service as well as Echo Vision.
5. If a patient is eligible for Charity Care but fails to apply and has been sent to collection, the patient may still request a Charity Application for review and consideration.

Initial Determination:

During the patient registration process, the hospital/clinic will make an initial determination of eligibility based on verbal or written application for charity care. Pending final eligibility determination, the hospital/clinic will not initiate collection efforts or requests for deposits, if the responsible party is cooperative with the hospital/clinic's efforts to reach a determination of sponsorship status, including return of the applications and documentation with fourteen (14) days of receipt.

The hospital/clinic shall use an application process for determining initial interest in and qualification for charity care. Should patients not choose to apply for charity care, they will not be considered for charity care unless other circumstances become known to the hospital/clinic.

Final Determination:

Charity care forms, instructions, and written applications shall be furnished to patients when charity care is requested, when need is indicated, or when financial screening indicates potential need. All applications, whether initiated by the patient or the hospital/clinic, should be accompanied by documentation to verify income amounts indicated on the application form. One or more of the following types of documentation may be acceptable for purposes of verifying income:

- ✯ W-2 withholding statements for all employment during the relevant time.
- ✯ Copies of current pay stubs from all employment.
- ✯ An income tax return from the most recently filed calendar year.
- ✯ Forms approving or denying eligibility for Medicaid and/or state funded medical assistance (denial for Medicaid purely on the basis or failure to apply timely will not be sufficient documentation by itself).
- ✯ Forms approving or denying unemployment compensation.
- ✯ Written statements from employers or welfare agencies, or other persons outside of household

Patients will be asked to provide verification of ineligibility for Medicaid or Medical Assistance. During the initial request period, the hospital/clinic may pursue other sources of funding, including Medicaid.

Income shall be annualized from the date of application based upon documentation provided and upon verbal information provided by the patient. The annualization process will be determined by the hospital/clinic and will take into consideration seasonal employment and temporary increases and/or decreases in income.

Time Frame for Determination of and Appeals:

The hospital/clinic shall provide final determination within fourteen (14) days of receipt of all applications and documentation.

Denials:

Denials will be written and include instructions for appeal or reconsideration as follows:

- ★ The patient/guarantor may appeal the determination of eligibility for charity care by providing additional verification of income or family size to the Patient Financial Services Manager or Clinic Manager within fourteen (14) days of receipt of notification.
- ★ The Patient Financial Manager or Clinic Manager and the Chief Financial Officer will review all appeals.
- ★ If the determination affirms the previous denial of charity care, written notification will be sent to the patient/guarantor and the Department of Health in accordance with state law.

Confidentiality:

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

Public Notification:

The Hospital's charity care policy shall be publicly available through the posting of a sign and the distribution of written materials indicating the policy to patients and the distribution of written materials indicating the policy to patients at the time that the hospital/clinic requests information pertaining to third party coverage.

See "Notice of Availability of Charity Care" 3/07

Administration: _____ (Signature) Date: ___/___/___

Department Manager: _____ (Signature) Date: ___/___/___

_____: _____ (Signature) Date: ___/___/___