| Klickitat Valley Health | | | |
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| **Policy/Procedure Name:** | Financial Assistance Policy & Procedure | | |
| **Department/Scope:** | Patient Financial Services | | |
| **Most recent review/revision date:** | 10/9/2026 | **Pages:** | 6 |

**Purpose Statement:**
To establish the criteria by which Charity Care will be determined and to comply with the Department of Health's rules and State regulations.

**Definitions:**

- **WAC:** Washington Administrative Code
- **RCW:** Revised Code Washington

**Procedure:**
Klickitat Valley Health is organized and operated under the laws of Washington State for Public Hospital Districts. As a Public Hospital, Klickitat Valley Health does not deny emergency or urgent care to any person in need regardless of ability to pay. Klickitat Valley Health recognizes a responsibility to carry its share of the burden of meeting the needs of medically-indigent patients -- those with no, or inadequate means, for paying for needed care under current methods of financing healthcare services in the United States. KVH fulfills its legal responsibilities to provide services without charge or at reduced charges as prescribed by WAC 246-453 (as -- amended).

In an effort to maintain all applicants' dignity, Charity Care will be referred to as "Financial Assistance." Confidentiality of information will be maintained for all who apply for charitable services.

The district's charity care policy shall be publicly available through the posting of a sign and the distribution of written materials indicating the policy and/or procedure for consideration of charity care to patients at the time that the district requests information pertaining to their coverage. Spanish translations of this document shall be made available.

Klickitat Valley Health (District) 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 246-453, are established. 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. All providers at KVH are covered by the District's financial Assistance policy.

**Communications to the Public:**

Information about the District's financial assistance and charity care policy shall be made publicly available as follows:

- A notice advising patients that the District provides financial assistance and charity care shall be posted in key public areas of the hospital, including Admissions, the Emergency Department, Family Medicine Clinic and Building, Billing and Financial Services.

- The District will distribute a written notice about the availability of financial assistance and charity care to all patients. This is done at the time that the District requests information pertaining to third party coverage. The written notice also shall be verbally explained at this time. If for some reason, for example in an emergency situation, the patient is not notified of the existence of financial assistance and charity care before receiving treatment; he/she shall be notified in writing as soon as possible thereafter.

- Both the written notice and the verbal explanation shall be available in any language spoken by more than ten percent of the population in the District's service area, and interpreted for other non-English speaking or Limited-English speaking patients and for other patients who cannot understand the writing and/or explanation. The District finds that the following non-English translation(s) of the notice shall be made available: Spanish.

- The District shall train front-line staff to answer financial assistance and charity care questions effectively or direct such inquiries to the appropriate department in a timely manner.

- Written notice about the District's financial assistance and charity care policy shall be made available to any person who requests the information, either by mail, by telephone or in person. The District's sliding fee schedule, if applicable, shall also be made available upon request.

**Criteria for Financial Assistance and Charity Care:**

For medically necessary hospital care received on or after July 1, 2022, KVH will consider patients for financial assistance and charity care under this policy, when third-party coverage, if any, has been exhausted, based on the following criteria:

- The full amount of patient or guarantor responsibility for district charges will be determined to be charity care for a patient or their guarantor whose income is at or below 200% of the current federal poverty level, adjusted for family size.
    - **o** District will not consider the value of assets to reduce charity care discounts for individuals in this category.

- Seventy-five percent of patient or guarantor responsibility for district charges will be determined to be charity care for a patient or their guarantor whose income is between 201% and 250% of the current federal poverty level, adjusted for family size.

- Fifty percent of uncovered district charges will be determined to be charity care for a patient or their guarantor whose income is between 251% and 300% of the current federal poverty level, adjusted for family size.

**Medicaid and Health Benefit Exchange Obligations:**

Identification of Patients Eligible for Certain Third-Party Coverage: For services provided to patients on or after July 1, 2022, the following procedures will apply for identifying patients and/or their guarantors who may be eligible for health care coverage through Washington medical assistance programs (e.g., Apple Health) or the Washington Health Benefit Exchange:

- If information in the charity care/financial assistance application indicates that the patient or their guarantor may be eligible for coverage, KVH will assist the patient or their guarantor in applying for coverage. Per each patient's needs, this includes walking them through the process, answering questions, providing them with the appropriate forms, linking them to an agency representative and/or providing them with the appropriate links.

- **KVH will** assist patients or their guarantors in identifying and applying for available assistance programs including Medicaid and coverage available on the Washington Health Benefit Exchange.

- KVH staff will screen for uninsured patients and visits and proactively reach out to patients to assist them in applying for sources of Medical coverage such as Medicaid, ACA Marketplace plans.

- As part of the Financial Assistance application process, KVH staff also work with patients/families who do not have applicable Third-Party Coverage to assess whether such patients/families may be eligible for Medicaid and/or health care coverage through Washington's Health Benefit Exchange (RCW 43.71). Staff will provide assistance with Medicaid and Qualified Health Plan applications, and including but not limited to providing the patient/family with information about the application process, assisting patients through the application process, providing necessary forms that must be completed, and/or connecting the patient/family with other agencies or resources who can assist the patient/family in completing such applications

**Process for Eligibility Determination:**

- Initial Determination:
    - The District shall use an application process for determining eligibility for financial assistance and charity care. Requests to provide financial assistance and charity care will be accepted from sources such as physicians, community or religious groups, 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 the District's privacy policies. All requests shall identify the party that is financially responsible for the patient ("responsible party").
    - 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. This includes a verbal statement from the patient.
    - Pending final eligibility determination, the District will not initiate collection efforts or request deposits, provided that the responsible party is cooperative with the District's efforts to reach a final determination of sponsorship status.
    - Pending final eligibility determination, the District will not initiate collection efforts or request deposits, provided that the responsible party is cooperative with the District's efforts to reach a final determination of sponsorship status.

- Final Determination:
    - Prima Facie Write-Offs. In the event that the responsible party's identification as an indigent person is obvious to District personnel, and the District can establish that the applicant's income is clearly within the range of eligibility, the District will grant charity care based solely on this initial determination. In these cases, the District is not required to complete full verification or documentation. (In accordance with WAC 246-453-030(3)).
    - Financial assistance and charity care forms, instructions, and written applications shall be furnished to the responsible party when financial assistance or charity care is requested, when need is indicated, or when financial screening indicates potential need. All applications, whether initiated by the patient or the District, should be accompanied by documentation to verify information indicated on the application form. Any one of the following documents shall be considered sufficient evidence upon which to base the final determination of charity care eligibility:
        - Gross monthly income (income before taxes and deductions)

- A "W-2" withholding statement;
- Pay stubs from all employment during the relevant time period;
- An income tax return from the most recently filed calendar year;

- Forms approving or denying eligibility for Medicaid and/or state-funded medical assistance;
- Forms approving or denying unemployment compensation; or
- Written statements from employers or DSHS employees
- Family members living in the household (family includes people related by birth, marriage, or adoption who live together)

- During the initial request period, the patient and the District may pursue other sources of funding, including Medical Assistance and Medicare. The responsible party will be required to provide written verification of ineligibility for all other sources of funding. The District may not require that a patient applying for a determination of indigent status seek bank or other loan source funding.
- Usually, the relevant time period for which documentation will be requested will be three 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.
- In the event that the responsible party is not able to provide any of the documentation described above, the District 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)).

- Time frame for final determination and appeals.
  - Each financial assistance and charity care applicant who has been initially determined eligible for charity care shall be provided with at least fourteen (14) calendar days, or such time as may reasonably be necessary, to secure and present documentation in support of his or her charity care application prior to receiving a final determination of sponsorship status.

- **o** The District shall notify the applicant of its final determination within fourteen (14) days of receipt of all application and documentation material.
- **o** The responsible party may appeal a denial of eligibility for charity care by providing additional verification of income or family size to the Patient Financial Services Office within thirty30) days of receipt of notification. During this time collection effort will cease in accordance with WAC 246-453-020(9)(b).
- **o** 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 246-453-020(10).

- 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 financial assistance or 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 thirty (30) days of receiving the financial assistance or charity care designation.

- Adequate notice of denial:
  - **o** When an application for financial assistance and charity care is denied, the responsible party shall receive a written notice of denial which includes:
    - The reason or reasons for the denial
    - The date of the decision; and
    - Instructions for appeal or reconsideration.
  - **o** When the applicant does not provide requested information and there is not enough information available for the District to determine eligibility, the denial notice also includes:
    - A description of the information that was requested and not provided, including the date the information was requested;
    - A statement that eligibility for charity care cannot be established based on information available to the District;

- That 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.

- The Chief Financial Officer will review all appeals. If this review affirms the previous denial of financial assistance and charity care, written notification will be sent to the responsible party and the Department of Health in accordance with state law.

- Re-Determination: If a patient has been found eligible for financial assistance or charity care this will be good for a 180-day period. If the patient continues receiving services for an extended period of time after that 180-day period, the responsible party will need to submit a new financial assistance application and income documentation to begin a new 180-day period.

- In accordance with WAC 246-453-020(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 shall be refunded to the patient within thirty days of achieving the charity care designation.

**Documentation and Records:**

- 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.

- Documents pertaining to financial assistance and charity care shall be retained for five (5) years.

**References:**

RCW 70.170.060
https://app.leg.wa.gov/rcw/default.aspx?cite=70.170.060

WAC 246-453
https://app.leg.wa.gov/wac/default.aspx?cite=246-453