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Owner Patti Peters:  
Business Office/  
Patient Access/  
HIMS Manager  
Area Patient Financial  
Services

## Charity Care Policy

### I. PURPOSE

This Financial Assistance Policy is intended to ensure that patients who are at or near the federal poverty level receive Appropriate Hospital-Based Medical Services and Appropriate Non-Hospital-Based Medical Services at a cost that is based on their ability to pay for services up to and including care without charge. Financial Assistance will be granted to all eligible persons regardless of age, race, color, religion, sex, sexual orientation, or national origin in accordance with WAC Chapter 246-453 and RCW 70.170.

The written policy includes:

- (1) eligibility criteria for Financial Assistance,
- (2) describes the basis for calculating amounts charged to patients eligible for Financial Assistance,
- (3) describes the method by which patients may apply for Financial Assistance and
- (4) describe how the District will publicize the policy with the community services by the District.

### II. POLICY STATEMENT

Financial Assistance may cover all appropriate hospital-based medical services, received in the inpatient or outpatient/clinic setting. Services not qualifying under financial assistance may include elective or experimental procedures or separately billable professional services provided by the hospital's medical staff. Non-residents of Washington State are eligible for Financial Assistance consistent with Washington Administrative Code 246-453, which includes coverage for all medically necessary health care. Financial Assistance will not be denied based on immigration status.

### III. SCOPE

Lake Chelan Health is required to provide notice of its Financial Assistance program and will make a good-faith effort to provide every patient with information regarding its availability. Lake Chelan Health (inpatient and hospital-based outpatient clinics/facilities) will post signs in Patient Access, Business Office/Financial Counseling, Emergency Department, and Outpatient Registration that will notify the public of the Financial Assistance Policy. Eligibility for Financial Assistance requires that patients must fulfill all requirements and expectations as outlined in the Financial Assistance Policy. This Financial Assistance Policy and applications for Financial Assistance are available in any language spoken by more than five percent of the population or 1,000 individuals in the applicable hospital's service area. Additionally, interpreter services will be made available for other non-English speaking or limited-English speaking or other patients who cannot read or understand the written application materials

### IV. ROLES & RESPONSIBILITIES

All LCH staff can provide a charity care application for LCH patients. The financial counselor will receive the charity care application and supporting documentation to support the determination of a discounted rate based on the FPL LCH accounting department and will review and validate the charity care application. Upon approval, the accounting department will provide the requested adjustment to the business office manager for the appropriate discount

### V. DEFINITIONS

#### **Scope of Services:**

Financial Assistance will not be denied based on resident or immigration status. Patients seeking Medically necessary health care qualify when Third-Party Coverage, if any, has been exhausted, to the extent that the persons cannot pay for the care or to pay deductible or coinsurance amounts required by a third-party payer based on the criteria in this policy. Persons who have exhausted any third-party coverage, including Medicare and Medicaid, and whose income is above 200% of the federal poverty standards, adjusted for family size, or is otherwise not sufficient to enable them to pay for the care or to pay deductibles or coinsurance amounts required by a third-party payer, may be eligible for Financial Assistance under this policy.

#### **Appropriate Hospital-Based Medical Services:**

Those Lake Chelan Health hospital services that are reasonably calculated to diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, cause suffering or pain, 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 where appropriate, no treatment at all.

#### **Appropriate Non-Hospital Based Medical Services:**

Those services are rendered at the clinic offices by LCH Members. which are reasonably calculated to

diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, cause suffering or pain, result in illness or infirmity, 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. A course of treatment may include mere observation or, where appropriate, no treatment at all. For purposes of this Financial Assistance Policy, preventive care services may be considered "Appropriate Non-Hospital-Based Medical Services". LCH Members: For purposes of this policy, a physician or other qualified healthcare professional who has executed a practice agreement with LCH, or has otherwise reassigned their services to LCH under a contractual arrangement, and provides services at approved LCH sites of practice.

## **APPLICATION**

When a patient wishes to apply for Financial Assistance, the patient shall complete a Confidential Financial Information (CFI) Form (Attachment B) and provide necessary and reasonable supplementary financial documentation to support the entries on the CFI. Lake Chelan Health will make an initial determination of a patient's Financial Assistance status at the time of admission or as soon as possible following the initiation of services to the patient. Financial Assistance application procedures shall not place an unreasonable burden upon the patient, taking into account any barriers that may hinder the patient's capability of complying with the application procedures. Screening for eligibility for Medicaid or other relevant public assistance benefits will be coordinated through the Patient Access Department, Discharge Planning/Outcome Management (if not nursing home placement), or through Patient Financial Services. Any one of the following documents shall be considered sufficient evidence upon which to base the final determination of Financial Assistance eligibility:

1. "W-2" withholding statement.
2. Current pay stubs (3 months);
3. Bank statements (3 months);
4. Last year's income tax return, including schedules, if applicable;
5. Written, signed statements from employers or others (letter of support) stating your current financial situation and circumstances if you have no proof of income;
6. Forms approving or denying eligibility for Medicaid and/or state-funded medical assistance;
7. Forms approving or denying unemployment compensation; or written statements from employers or welfare agencies.

In addition, in the event the patient is not able to provide any of the documents described above, Lake Chelan Health shall rely upon written and signed statements from either the responsible party or another party describing the applicant's income. If none of the above is available, Lake Chelan Health may decide based on knowledge of a prior grant of financial assistance or based on verbal representation.

Income shall be annualized from the date of application based on documentation and verbal information provided by the patient. The information will be processed by the financial counselor using the Hospital's Charity Care calculator. Seasonal and/or temporary employment, as well as fluctuation in income, will be

considered when processing the application.

Lake Chelan Health may waive income requirements, documentation, and verification if Financial Assistance eligibility is obvious. Lake Chelan Health staff discretion will be exercised in situations where factors such as from the responsible party for making a final determination of eligibility.

Lake Chelan Health shall make a final determination within 14 days of receipt of financial assistance applications and supporting documentation. Supporting documentation includes items listed on the Confidential Financial Information Form Instructions.

## **VI. PROCEDURE**

### **1. Initial Determination**

For the purpose of reaching an initial determination of eligibility, the District shall rely upon information provided orally or in written form for Financial Assistance as outlined in the Financial Assistance Application Form Instructions. The district may require the responsible party to sign a statement attesting to the accuracy of the information provided to the District for purposes of the initial determination of eligibility. Patients will be screened for other forms of coverage such as Medicaid and Health Benefits Exchange eligibility. This application, along with full disclosure of their financial status with supporting documentation, will be considered in the final determination of eligibility. Patients who do not have applicable Third-Party Coverage 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. Lake Chelan Health will not initiate collection efforts until an initial determination of Financial Assistance eligibility status is made. Where Lake Chelan Health initially determines that a patient may be eligible for Financial Assistance, any and all extraordinary collection actions (including civil actions, garnishments, and reports to collections or credit agencies) shall cease pending a final determination of Financial Assistance eligibility. However, as set forth in WAC 246-453-020 the failure of a patient or responsible party to reasonably complete Financial Assistance application procedures under this policy shall be sufficient grounds for Lake Chelan Health to initiate collection efforts directed at the patient. Accordingly, for purposes of this policy, a patient or responsible party has failed to reasonably complete financial assistance application procedures when the patient or responsible party does not submit application materials within 15 business days of the patient's or responsible party's receipt of the materials. Any collection efforts will be halted if the patient or responsible party reengages in the application process. Lake Chelan Health excludes assets in the calculation of determining eligibility for financial assistance.

### **2. Third-Party Coverage**

Financial Assistance is generally secondary to all other third-party coverage resources available to the patient.

This includes:

1. Group or individual medical plans.
2. Workers' compensation programs.
3. Medicare, Medicaid or other medical assistance programs.
4. Other state, federal or military programs.
5. Third-party liability situations. (e.g.: auto accidents or personal injuries).
6. Tribal health benefits.
7. Health care sharing ministry as defined in 26 U.S.C. Sec. 5000A.
8. Other situations in which another person or entity may have a legal responsibility to pay for the costs of medical services.

The medically indigent patient will be granted Financial Assistance regardless of race, color, sex, religion, age, national origin, or immigration status. In the event that the responsible party's identification as an indigent person is obvious to District personnel, the District is not obligated to establish the exact income level or request the documentation specified in the financial assistance application. Such individuals are determined to have presumptive eligibility (e.g., have qualified under the state Medicaid or Apple Health program).

In those situations where appropriate primary payment sources are not available, patients shall be considered for Financial Assistance under this District policy based on the following criteria consistent with requirements of WAC 246-453-040.

### **3. Income**

By policy, persons whose income is equal to or below 300% of the federal poverty standard may be eligible to receive Financial Assistance. Lake Chelan Health will consider all sources of income in establishing income eligibility for Financial Assistance. Income includes total cash receipts before taxes derived from wages and salaries; welfare payments; Social Security payments; strike benefits; unemployment or disability benefits; child support; alimony; and net earnings from business and investment activities paid to the individual patient/guarantor. If gross family income is at or below 200% of the current federal poverty guidelines (consistent with WAC code 246-453-050, these patients shall receive a 100% adjustment on their patient balance.

A sliding fee scale shall be used to determine the amount that shall be discounted for patients with incomes greater than 200% and less than or equal to 300% of the current federal poverty level. All resources of the family as defined by WAC 246-453-050 are considered in determining the applicability of the sliding fee scale in Attachment A.

The sliding fee scale 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, without interest or late fees. In determining the maximum amount of charges, the District calculates this by using the Amounts Generally Billed (AGB) look-back methodology. For the current year, the District's AGB percentage is listed in Attachment A (enclosed). No individual

qualifying under the Financial Assistance Policy shall be charged more than the AGB for emergency care or other medically necessary services. See 26 USC §501(r)(5)(A)

## **4. Catastrophic Financial Assistance**

The District may offer Financial Assistance for patients with family income above 300% of the federal poverty level or at a higher percentage for those above 100% of the federal poverty guidelines when circumstances indicate severe financial hardship or personal loss. This will be done only upon recommendation by the business office manager with adequate justification and only upon approval by the Chief Financial Officer. These adjustments shall be included in the Chief Financial Officer's regular financial assistance report to the Board of Commissioners

## **5. Notifications**

Lake Chelan Health shall notify persons applying for Financial Assistance of its determination of eligibility for Financial Assistance within 14 days of a receiving person's completed application for Financial Assistance and supporting documentation. Approvals, Requests for More Information or Denials for Financial Assistance applications shall be in writing and shall include instructions for appeal or reconsideration. In the event that Lake Chelan Health denies Financial Assistance, Lake Chelan Health shall notify the person applying for Financial Assistance of the basis for the denial. If denied the patient/guarantor may provide additional documentation to Lake Chelan Health or request review by the Chief Financial Officer or their designee within 30 days of receipt of the notification of denial. If this review affirms the previous denial of Financial Assistance, written notification will be sent to the patient/guarantor and the Department of Health in accordance with state law.

## **6. Documentation of Records**

All information relating to the application will be kept confidential. Copies of documents that support the application will be kept with the financial assistance application form and retained for seven years.

## **VII. REFERENCES**

1. Washington Administrative Code, Chapter 246-453, "Hospital Financial Assistance" with specific reference to the following:
2. WAC 246-453-020 Uniform procedures for the identification of indigent persons
3. WAC 246-453-030 Data requirements for the identification of indigent persons
4. WAC 246-453-040 Uniform criteria for the identification of indigent persons
5. RCW 70.170.060 Financial Assistance – Prohibited and required hospital practices and policies
6. 26 USC §501(r)(5)(A) and (B)
7. Lake Chelan Health Billing & Collection Policy
8. Lake Chelan Health (Policy Stat ID 8989696 – "Duty to Provide Appropriate Medical Screen Examination

9. Policy (CAH) - Emergency Medical Treatment and Active Labor Act (EMTALA)"

## VIII. ATTACHMENTS

1. Attachment A: Federal Poverty Guidelines/Sliding Fee Scale
2. Attachment B: Financial Assistance Application / Confidential Financial Information (CFI) Form

*\*This policy may be revised at any time without prior notice. All revisions supersede prior policy and are effective immediately upon approval.*

*\*Any printed policy is not valid past the print date and should not be relied on for official purposes. Current versions of all policies can be found in PolicyStat.*

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### Attachments

[2025 Sliding Scale - Charity Care Eligibility \(4\).xlsx](#)

[CHARITY CARE APPLICATION.pdf](#)

### Approval Signatures

Step Description	Approver	Date
Board Approval	Wendy Kenck: Executive Assistant	3/27/2025
Executive Approval	Ronald Truman: CFO	3/27/2025
Executive Admin	Wendy Kenck: Executive Assistant	3/20/2025
Policy Management Committee	Committee Policy Management: Policy Management Committee	3/19/2025
	Patti Peters: Business Office/ Patient Access/HIMS Manager	3/19/2025