

“Charity Care:” Medical Coverage for Hospital-Based Medical Services

[with citations]

Introduction

This publication is a summary of law contained in Washington state laws and regulations. If you want to do further research, we’ve included citations¹ - that’s the place where the information summarized can be found.

This publication answers some common questions about the medical coverage program called “Charity Care.” You’ll find the legal authority for this program in [R.C.W. Ch. 70.170](#)² and [WAC Ch. 246-453](#)³. You can find the law and regulations in your local library, or on the internet at <http://www.leg.wa.gov/lawsandagencyrules/>. For information on other medical coverage programs that may be available to low-income persons in the state of Washington, see our publication [How Can I Get Medical Coverage or Help with Medical Bills?](#) at www.washingtonlawhelp.org.

If you’re being sued for medical services provided by a hospital which should have been covered by Charity Care, you may also want to read our related publication, [How to Present a Charity Care Defense to a Lawsuit for Hospital Debt Collection](#). It’s also available at www.washingtonlawhelp.org.

The laws governing Charity Care may be complicated and may change. Contact an attorney or, if you live outside King County, call NJP’s CLEAR line at 1-888-201-1014 (TTY: 1-888-201-9737), or 1-888-387-7111 for persons age 60 and over, for legal advice.

You may also want to contact [Washington Citizen Action](#), a private non-profit organization that **doesn’t provide legal advice but is interested in monitoring Charity Care cases** as part of an effort to make sure that hospitals are complying with the law. If you’re interested in discussing your experience with them, please call **Citizen Action** at **(206) 389-0050**.

What is “Charity Care?”

“Charity Care” is a program established under state law which requires hospitals to provide medical care for free or at a reduced cost if the recipient of the care isn’t able to pay fully for the services received. Charity Care covers services you receive from a hospital, whether the service provided is inpatient or outpatient.

◆ Charity Care may not cover services by medical personnel who aren’t considered part of the hospital’s medical staff. Examples: radiologists or anesthesiologists not employed by the hospital.

¹ Here’s an example of what a citation looks like: RCW 70.170.010.

² R.C.W. stands for Revised Code of Washington, which is Washington’s state law.

³ W.A.C. stands for Washington Administrative Code. The Code is made up of Washington state’s regulations.

Charity Care doesn't cover "extras" you receive while in the hospital, such as telephone or cable television services, unless those services are provided to the public for free.

Who qualifies for Charity Care?

Your eligibility for Charity Care is based on your income and resources. Also, you must apply for and use any private health care coverage or government health care coverage (such as Medicare and Medicaid) available to you. If your income and resources make you eligible for Charity Care, and you've exhausted any other available health care coverage, Charity Care coverage should be available to you. Thus, Charity Care should cover unpaid bills for Charity Care applicants who have health care coverage, including those bills resulting from deductibles and co-pays.

State rules divide eligibility for Charity Care into 3 categories based on income and resources (the rules of some hospitals are more generous):

- (1) **Any person whose income is at or below 100% of the Federal Poverty Level, adjusted for family size** (see chart below), is entitled to free care. There are no resource limits. [246-453-040(1).]
- (2) **Any person whose income is more than 100% but not more than 200% of the Federal Poverty Level, adjusted for family size (see attached chart), is entitled to reduced cost care based on a sliding scale** established by the hospital. The hospital's sliding scale "Charity Care Policy" must be made available to you upon request. The hospital has the discretion to impose a resource limit. [246-453-040(2), 246-453-050(1).]
- (3) **Any person whose income exceeds 200% of the Federal Poverty Level, adjusted for family size, may be eligible for reduced cost care if their income and resources aren't enough to enable them to fully pay for the hospital-based services.** [246-453-040(3).]
The hospital can decide whether to reduce charges if your income is at this level.

Official 2009 Federal Poverty Level (FPL)

Family Size	Annual 100% FPL	Monthly 100% FPL	Monthly 200% FPL	Monthly 250% FPL
1	\$10,830	\$902.50	\$1,805	\$2,256.25
2	\$14,570	\$1,214.17	\$2,428.33	\$3,035.42
3	\$18,310	\$1,525	\$3,051.67	\$3,814.58
4	\$22,050	\$1,837.50	\$3,675	\$4,593.75
5	\$25,790	\$2,149.17	\$4,298.33	\$5,372.92
6	\$29,530	\$2,460.83	\$4,921.67	\$6,152.08
7	\$33,270	\$2,772.50	\$5,545	\$6,931.25
8	\$37,010	\$3,084.17	\$6,168.33	\$7,710.42

To which hospitals do the Charity Care laws apply?

The charity care laws apply to all hospitals, including psychiatric hospitals, in the state of Washington. [R.C.W. 70.170.020((2); WAC 246-453-010(2).] All hospitals must post or prominently display, within public areas of the hospital, information concerning the availability of free and reduced-cost Charity Care. [WAC 246-453-010(16), 246-453-020(2)]. Beware: not all hospitals comply with this notice requirement. You should always request that you be allowed to apply for Charity Care if you think you'll need coverage.

How do I apply for Charity Care?

At the time the hospital requests information from you about the availability of insurance, the hospital is required to provide you with information in writing and explain how you may obtain Charity Care. If you're not able to read or don't understand the explanation, the hospital must find someone to make the explanation understandable. This written information and explanation must be made available in any language spoken by more than 10% of the population in the hospital's service area. For those patients who can't communicate effectively in English but don't qualify to receive the written information, the hospital must provide a qualified interpreter to explain the availability of free or reduced-cost care. [WAC Sections 246-453-010(16), 246-453-020(2).]

You may ask hospital staff for a Charity Care application **at any time**.

◆ Even if you're not properly notified, you should ask hospital staff for a Charity Care application and for their "Charity Care Policy" when you're first admitted to the hospital, or as soon as possible thereafter. Hospital staff is required to provide you with an application at any time you request an application.

How does the hospital decide whether I'm eligible for Charity Care?

The hospital is required to make two decisions: an **initial determination** and a **final determination** of your eligibility for Charity Care.

The hospital must make its **initial determination** based on any verbal information you give. The hospital may require you to sign a written statement confirming the accuracy of the oral information you've provided. [246-453-030(1).] The initial determination must be completed at the time of admission, or as soon as possible following the initiation of services to the patient. [246-453-020(1)(b).] If you cooperate with the hospital's efforts to make an initial determination, then no collection actions may be taken against you and no deposits collected from you for hospital services provided. If the initial determination is that you're eligible, then collection actions and deposits continue to be prohibited. [246-453-020(1)(c),(6).]

Once you're initially determined to be eligible for Charity Care, **you're given at least 14 calendar days to obtain documentation** supporting the information you provided orally so that the hospital can make a **final determination** regarding your eligibility for Charity Care. [246-453-020(3).] Also, the hospital must make every reasonable effort to determine whether a

government agency or private insurance company will cover some or all of your hospital expenses. [246-453-020(4).]

Any of the following can be evidence of your eligibility for Charity Care:

- pay stubs
- income tax returns from the previous year
- “W-2” statements
- unemployment compensation forms approving or denying your claim
- forms approving or denying Medicaid and/or state-funded medical assistance, and
- written statements from employers or welfare agencies. [246-453-030(2).]

This list isn’t exclusive. If you have other documents that will support your eligibility, you may submit those documents as well.

Hospitals shouldn’t ask for so much information from you that you and others get discouraged and don’t apply. [246-453-030(5).] Hospitals must take into account language barriers and any physical, mental, intellectual or sensory deficiencies which may make it hard for you to comply with their application requirements. [246-453-020(5).]

◆ Once the hospital has received the requested documentation from you, it must make a final determination and notify you of its decision within 14 calendar days. The notice must include any amount of money you’ll be required to pay for your hospital services. [246-453-020(7).]

What if my application for Charity Care coverage is denied?

If your application for Charity Care is denied, the notice of denial must provide a reason for the denial. [246-453-020(8).]

If your family income is equal to or less than 200% of Federal Poverty Standards, you must also be given, and notified of, an **appeals procedure**. The hospital’s appeal procedure must include an opportunity for you to correct any deficiencies in the documentation you provided, and to request a review of the decision by the hospital’s chief financial officer or equivalent. [246-453-020(9).] You should also send a copy of your appeal to the Department of Health, Attention Larry Hettick, Hospital and Patient Data Systems, P.O. Box 47811, Olympia, WA 98504-7811.

You must also be notified that **you have 30 days to appeal**. If you appeal within the first 14 days, then no collection action may be started until your appeal has been heard and denied. If you appeal after 14 days but within 30 days, then any collection actions which have been started must be stopped. [246-453-020(9)(a),(b).]

If your appeal is denied, you must be notified in writing of the decision and the reason for it. The hospital must send a copy of its decision, and copies of the documentation upon which the decision was based, to the Department of Health. [246-453-020(9)(c).]

The Department of Health must review denials of Charity Care. If the hospital has inappropriately denied Charity Care, the Department of Health may seek penalties against the

hospital and individual staff members. [RCW 70.170.070; WAC243-456-020(9)(d).] If you're interested in having the Department of Health review your denied application, call (360) 236-4210. **The Department of Health and its contractors must maintain the confidentiality of any information which may identify you or any other individual patients.** [RCW 70.170.090.]

What if the hospital failed to make an initial or final determination in a timely manner?

Hospitals must make every reasonable effort to make initial and final determinations of Charity Care eligibility in a timely manner. However, hospitals must make those determinations at any time upon learning of facts or receiving documentation which would support a finding of Charity Care eligibility. Also, if you paid for part or all of the charges made for hospital services received which should have been covered by Charity Care, then you're entitled to a refund within thirty days of your being designated eligible for Charity Care. [WAC 246-453-020(10), (11).]

Thus, if a hospital failed to properly process your application for Charity Care, you should immediately contact the hospital and demand that they do so in the manner discussed in these materials. A sample and blank form demand letter is attached at the end of this publication.

What if I applied for Charity Care coverage, but no determination was made by the Hospital and they've turned me over to a collection agency?

Contact both the collection agency and the hospital. Inform them that the hospital has failed to follow the law and that you're requesting that the hospital immediately process your application for Charity Care. You should also request that collection actions be stopped. A sample and blank form letter to a collection agency is attached at the end of this publication. You should send a copy of the hospital letter to the collection agency, and a copy of the collection agency letter to the hospital.

What if I haven't yet applied for Charity Coverage but believe I'm eligible and the Hospital has turned me over to a Collection Agency?

Contact both the collection agency and the hospital. Inform them that the hospital has failed to follow the law and that you're requesting that the hospital immediately send you an application for Charity Care. You should also request that collection actions be stopped. Sample letters and blank form letters to the hospital and collection agency are attached at the end of this publication. You should send a copy of the hospital letter to the collection agency, and a copy of the collection agency letter to the hospital.

What If the hospital or a collection agency is suing me?

Immediately write the opposing attorney. Inform him/her that the hospital failed to follow the law by not considering you for Charity Care eligibility, and that the lawsuit should be dismissed or suspended pending a determination of your eligibility for Charity Care. If you haven't done

so already, you should also write the hospital a letter requesting an application for Charity Care Coverage, or demanding they properly process the application you've already submitted (see above). A copy of your letter to the attorney should be sent to the hospital, and a copy of your letter to the hospital should be sent to the attorney. A sample letter and a blank form letter to an attorney is attached for your use at the end of this publication.

You should also use NJP's packet, [How to Present a Charity Care Defense to a Lawsuit for Hospital Debt Collection](#), to complete an ANSWER to the COMPLAINT in order to make sure that a default judgment isn't entered against you. Get this packet by calling NJP's CLEAR line at 1-888-201-1014 (TTY: 1-888-201-9737) or 1-888-387-7111 for persons age 60 and over if you live outside King County, or at www.washingtonlawhelp.org. If you can't convince the attorney to stop your case until a Charity Care determination is made, be prepared to go to a hearing and present evidence of your income and resources.

What If The Hospital Incorrectly Determined Me To Be Ineligible for Charity Care Coverage And Is Suing Me?

If you didn't convince the Department of Health to overturn the hospital's decision (see above), be prepared to try to convince a judge that the hospital made an incorrect decision even though you cooperated appropriately with its application process.

The key to winning will be your gathering of documentation showing that your income and resources make you eligible for Charity Care. The Hospital or collection agency's attorney may not have been given a complete picture of your case, so you should call and write the attorney and provide documentation of your eligibility. A sample and blank form letter is attached at the end of this publication.

◆ **REMEMBER:** You must also file an ANSWER to the lawsuit; see our publication titled [How to Present a Charity Care Defense to a Lawsuit for Hospital Debt Collection](#), available at www.washingtonlawhelp.org.

What if a judgment has been obtained against me for hospital services which should have been covered by Charity Care?

If proper legal procedures were used in obtaining the judgment (examples: you were properly notified of the lawsuit and failed to answer, or you answered but didn't raise the defense that you weren't considered for Charity Care), then the judgment will remain in effect and you'll be legally responsible for the debt. If, however, you can show that the judgment wasn't obtained properly, and you can demonstrate that you would have been eligible for Charity Care, then the judgment may be vacated. Contact a private attorney for further assistance or, if you live outside King County, call NJP's CLEAR line at 1-888-201-1014, (TTY: 1-888-201-9737), or 1-888-387-7111 for persons age 60 and over, for information on how to vacate a judgment and for a copy of our publication [Motion to Vacate Judgment/Order](#). Or, download this publication at www.washingtonlawhelp.org.

Other rights and requirements

All hospitals must provide **emergency care** to patients who are unable to pay all or part of the costs. A hospital may not transfer a patient with an emergency condition, or who is in active labor, unless the patient gives permission or the transfer is due to the limited medical resources of the transferring hospital. [RCW 70.170.060(2).]

No hospital or its medical staff may refuse to **admit patients who would be expected to require unusually costly or prolonged treatment** unless the care available at the hospital would not be appropriate to the patient's needs. [RCW 70.170.060(1)(c).]

◆ No hospital or its medical staff may adopt or maintain admission practices or policies that result in a significant reduction in the proportion of low-income patients admitted who aren't able to pay all or part of anticipated charges. [RCW 70.170.060(1)(a),(b).]

It's possible that a hospital may refuse to provide services to an otherwise eligible patient who doesn't need emergency care services or whose treatment would not be unusually costly or prolonged. If you believe your right to care has been violated, you should contact the Department of Health at (360) 236-4210. If the Department of Health isn't willing to help you and you're not satisfied with its reasons, call Northwest Justice Project's CLEAR line at 1-888-201-1014, (TTY: 1-888-201-9737) or 1-888-387-7111 for persons age 60 and over, if you live outside King County.

It's against the law for a hospital or its staff to engage in unfair and discriminatory practices because of an individual's race, creed, color, national origin, sex, the presence of a disability, or the use of a trained dog guide or service animal by a person with a disability. If you believe that a hospital has unfairly discriminated against you, call the Washington State Human Rights Commission at 1-800-233-3247.

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This publication provides general information concerning your rights and responsibilities. It isn't intended as a substitute for specific legal advice.
This information is current as of the date of its printing, August 2009.

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**SAMPLE LETTER TO ATTORNEY REPRESENTING THE
COLLECTION AGENCY WHEN YOU HAVEN'T BEEN GIVEN A
CHANCE TO APPLY FOR CHARITY CARE OR YOUR
APPLICATION WASN'T PROPERLY PROCESSED
(To be used when your hospital bill has been sent to
collections and the collection agency is suing or planning to
sue you.)**

DATE

YOUR NAME
YOUR ADDRESS
YOUR CITY AND ZIP

Collection Attorney
ADDRESS
CITY, STATE, ZIP

Dear Mr./Ms. Attorney:

I am being sued or threatened with a lawsuit by your clients, ABC COLLECTIONS, for nonpayment of a hospital bill. I believe that I should have been offered and granted Charity Care for the medical services that I received at GENERAL HOSPITAL on approximately MARCH 1, 1998.

Under Washington Law, 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."

There is nothing in Washington law that allows hospitals to claim that there is a time limit after which patients can't qualify for Charity Care (such as *after* a bill has been sent to collections). Furthermore, if a patient pays part of or all of the bill and is subsequently found to have qualified for charity care for the time of the medical treatment, "any payments in excess of the amount determined to be appropriate in accordance with WAC 246-453-040 shall be refunded to the patient within thirty days of achieving the charity care designation." WAC 246-453-020(1).

Based on the aforementioned law, I have attached a copy of a demand letter I have written the hospital requesting that it send me an application so that I may apply for Charity Care and/or properly process the Charity Care application I have submitted.

Until GENERAL HOSPITAL makes a decision regarding my Charity Care application, I am asking that you dismiss or stop this action.* In the interest of resolving this issue efficiently and fairly, I am receptive to discussing this issue further with you at the earliest mutually convenient time.

Sincerely,

YOUR NAME AND SIGNATURE

CC: GENERAL HOSPITAL

*WAC 246-453-090 provides that anyone failing to comply with the policies, procedures, and sliding fee schedules as required by WAC 246-453-080 (Charity Care) shall constitute a violation of RCW 70.170.060. Criminal penalties include criminal misdemeanor charges and civil monetary penalties.

SAMPLE LETTER TO ATTORNEY REPRESENTING THE COLLECTION AGENCY WHEN YOU'VE BEEN IMPROPERLY DENIED CHARITY CARE COVERAGE

(To be used when your hospital bill has been sent to collections and the collection agency is suing or planning to sue you.)

DATE

YOUR NAME

YOUR ADDRESS

YOUR CITY, STATE, ZIP

Collection Attorney

ADDRESS

CITY, STATE, ZIP

Dear Mr./Ms. Attorney:

I am being sued or have been threatened with a lawsuit by your clients, ABC COLLECTIONS, for nonpayment of a hospital bill(s), a copy of which is attached. I believe that I should have been determined to be eligible for Charity Care and that my legal obligation to GENERAL HOSPITAL for the medical services that I received on approximately MARCH 1, 1998, is nothing or significantly less than the stated amount [if known, state reduced amount].

Under Washington Law, eligibility for Charity Care is divided into 3 categories based on income and resources:

(1) Any person whose income is at or below 100% of the Federal Poverty Level, adjusted for family size (see attached chart), is entitled to free care. There are no resource limits. [WAC 246-453-040(1)]

(2) Any person whose income is more than 100% but not more than 200% of the Federal Poverty Level, adjusted for family size (see attached chart), is entitled to reduced cost care based on a sliding scale established by the hospital. The hospital's sliding scale "Charity Care Policy" must be made available upon request. The hospital has the discretion to impose a resource limit. [246-453-040(2), 246-453-050(1)]

(3) Any person whose income exceeds 200% of the Federal Poverty Level, adjusted for family size, may be eligible for reduced cost care if their income and resources aren't sufficient to enable them to fully pay for the hospital-based services. [246-453-040(3)] It's up to the hospital whether to reduce charges if your income at this level.

I believe that the income and resources available to my family of [indicate number in your family] at the time services were provided should have resulted in my being determined eligible for free or reduced Charity Care Coverage. This information, a copy of which is attached, was presented to GENERAL HOSPITAL but it erroneously concluded that I wasn't eligible. As the attached letter to GENERAL HOSPITAL states, I am requesting once again that they reconsider their decision. I have raised or will raise as a defense to a lawsuit my eligibility for Charity Care. In the interest of resolving this issue efficiently and fairly, I am receptive to discussing this issue further with you at the earliest mutually convenient time. Alternatively, I would request that you communicate in writing your willingness to dismiss or forego the filing of a lawsuit concerning the hospital bills at issue.*

Sincerely,

YOUR NAME AND SIGNATURE

CC: GENERAL HOSPITAL

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SAMPLE CHARITY CARE LETTER TO HOSPITAL

YOURNAME
YOURADDRESS
YOUR CITY, STATE, ZIP

HOSPITAL NAME
HOSPITAL ADDRESS
HOSPITAL CITY, STATE ZIP

RE: Charity Care Application

Dear HOSPITAL GENERAL
(name of hospital)

My name is: PAT PATIENT

My Date of Birth is: 1-1-60

I received medical care at your hospital on the following date or dates: 4-1-98 to 4-8-98

Since that date, my account with the hospital has:
(Check all that apply)

- Not been paid and I am told that it will be sent to collections.
- Already been sent to collections.
- Already been sent to collections and I am being sued by the collection agency for nonpayment of the hospital bill.

The household income on which a Charity Care eligibility decision should be made is:

[Check all that apply, see the table on page 2 to determine percentage of Federal Poverty Line for your family size.]

- At or below 100% of the Federal Poverty Line for my family size.
- At or below 200% of the Federal Poverty Line for my family size.
- Above 200% of the Federal Poverty Line for my family size but my income and resources aren't sufficient to fully pay for the hospital services for which I am being billed.

The status of my request for Charity Care Coverage is:

[Check the appropriate box.]

I wasn't given a Charity Care application when I was admitted to the hospital for medical care. Please accept this as my formal request for a Charity Care application to be sent to me at the address above.

I applied for Charity Care but my application was never properly processed. Please accept this as my formal request that my application for Charity Care be properly processed and a final determination made as to my eligibility.

My application for Charity Care was improperly denied and should be reconsidered based on the information I have attached verifying my income and resources.

Please immediately send me a copy of the Hospital's Charity Care policy which I am entitled to under the law.

I am also requesting that any collection activity be stopped until my Charity Care application has been considered. *

Sincerely,

(Your signature)

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**SAMPLE LETTER TO THE COLLECTION AGENCY
(To be used when your hospital bill has been sent to collections.)**

DATE

YOUR NAME
YOUR ADDRESS
YOUR CITY, STATE AND ZIP

COLLECTION AGENCY
COLLECTION AGENCY ADDRESS
COLLECTION AGENCY CITY, STATE AND ZIP

RE: Request For Suspension Of Collection Pending Charity Care Determination

Dear COLLECTION AGENCY,

My hospital bill from GENERAL HOSPITAL has been sent to you for collection. I believe that I should have been offered and granted Charity Care for the medical services that I received at GENERAL HOSPITAL on approximately MARCH 1, 1998.

Under Washington Law, 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.”

There is no time limit after which patients can’t qualify for Charity Care (such as *after* a bill has been sent to collections). Furthermore, if a patient pays part of or all of the bill and is subsequently found to have qualified for charity care for the time of the medical treatment, “any payments in excess of the amount determined to be appropriate in accordance with WAC 246-453-040 shall be refunded to the patient within thirty days of achieving the charity care designation.” WAC 246-453-020(1).

As the aforementioned law clearly states, I must now be given the opportunity to apply for charity care, and any collection action by your agency must be stopped until a determination is made on my Charity Care application.*

I am asking that you dismiss this legal action until GENERAL HOSPITAL makes a decision regarding my Charity Care application.

Sincerely,

YOUR NAME AND SIGNATURE

CC: GENERAL HOSPITAL

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**LETTER TO ATTORNEY REPRESENTING THE COLLECTION AGENCY
WHEN YOU HAVEN'T BEEN GIVEN A CHANCE TO APPLY FOR
CHARITY CARE OR YOUR APPLICATION WASN'T PROPERLY
PROCESSED**

DATE: _____

Attorney: _____

Dear Mr./Ms. _____:

I am being sued or threatened with a lawsuit by your clients, _____, for nonpayment of a hospital bill. I believe that I should have been offered and granted Charity Care for the medical services that I received at _____ on approximately _____.

Under Washington Law, 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."

There is nothing in Washington law that allows hospitals to claim that there is a time limit after which patients can't qualify for Charity Care (such as *after* a bill has been sent to collections). Furthermore, if a patient pays part of or all of the bill and is subsequently found to have qualified for charity care for the time of the medical treatment, "any payments in excess of the amount determined to be appropriate in accordance with WAC 246-453-040 shall be refunded to the patient within thirty days of achieving the charity care designation." WAC 246-453-020(1).

Based on the aforementioned law, I have attached a copy of a demand letter I have written the hospital requesting that it send me an application so that I may apply for Charity Care and/or properly process the Charity Care application I have submitted.

Until _____ makes a decision regarding my Charity Care application, I am asking that you dismiss or stop this action.* In the interest of resolving this issue efficiently and fairly, I am receptive to discussing this issue further with you at the earliest mutually convenient time.

Sincerely,

CC: _____

*WAC 246-453-090 provides that anyone failing to comply with the policies, procedures, and sliding fee schedules as required by WAC 246-453-080 (Charity Care) shall constitute a violation of RCW 70.170.060. Criminal penalties include criminal misdemeanor charges and civil monetary penalties.

LETTER TO ATTORNEY REPRESENTING THE COLLECTION AGENCY WHEN YOU'VE BEEN IMPROPERLY DENIED CHARITY CARE COVERAGE

DATE: _____

Dear Mr./Ms. _____:

I am being sued or have been threatened with a lawsuit by your clients, _____, for nonpayment of a hospital bill(s), a copy of which is attached. I believe that I should have been determined to be eligible for Charity Care and that my legal obligation to _____ for the medical services that I received on approximately _____, is nothing or significantly less than the stated amount [if known, state reduced amount].

Under Washington Law, eligibility for Charity Care is divided into 3 categories based on income and resources:

(1) Any person whose income is at or below 100% of the Federal Poverty Level, adjusted for family size (see attached chart), **is entitled to free care**. There are no resource limits. [WAC 246-453-040(1)]

(2) Any person whose income is more than 100% but not more than 200% of the Federal Poverty Level, adjusted for family size (see attached chart), **is entitled to reduced cost care based on a sliding scale** established by the hospital. The hospital's sliding scale "Charity Care Policy" must be made available upon request. The hospital has the discretion to impose a resource limit. [246-453-040(2), 246-453-050(1)]

(3) Any person whose income exceeds 200% of the Federal Poverty Level, adjusted for family size, **may be eligible for reduced cost care if their income and resources aren't sufficient to enable them to fully pay for the hospital-based services**. [246-453-040(3)] It's up to the hospital whether to reduce charges if your income at this level.

I believe that the income and resources available to my family of [indicate number in your family] at the time services were provided should have resulted in my being determined eligible for free or reduced Charity Care Coverage. This information, a copy of which is attached, was presented to _____ but it erroneously concluded that I wasn't eligible. As the attached letter to _____ states, I am requesting once again that they reconsider their decision. I have raised or will raise as a defense to a lawsuit my

eligibility for Charity Care. In the interest of resolving this issue efficiently and fairly, I am receptive to discussing this issue further with you at the earliest mutually convenient time. Alternatively, I would request that you communicate in writing your willingness to dismiss or forego the filing of a lawsuit concerning the hospital bills at issue.*

Sincerely,

CC: _____

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CHARITY CARE LETTER TO HOSPITAL

DATE: _____

RE: Charity Care Application

Dear HOSPITAL _____
(name of hospital)

My name is: _____

My Date of Birth is: _____

I received medical care at your hospital on the following date or dates: _____

Since that date, my account with the hospital has:
(Check all that apply)

- Not been paid and I am told that it will be sent to collections.
- Already been sent to collections.
- Already been sent to collections and I am being sued by the collection agency for nonpayment of the hospital bill.

The household income on which a Charity Care eligibility decision should be made is:

[Check all that apply, see the table on page 2 to determine percentage of Federal Poverty Line for your family size.]

- At or below 100% of the Federal Poverty Line for my family size.
- At or below 200% of the Federal Poverty Line for my family size.
- Above 200% of the Federal Poverty Line for my family size but my income and resources aren't sufficient to fully pay for the hospital services for which I am being billed.

The status of my request for Charity Care Coverage is:

[Check the appropriate box.]

_____ I wasn't given a Charity Care application when I was admitted to the hospital for medical care. Charity Care notice wasn't given to me in writing and explained, or adequate assistance wasn't given considering my limited ability to speak or read English, or other need for extra assistance. Please accept this as my formal request for a Charity Care application to be sent to me at the address above.

_____ I applied for Charity Care but my application was never properly processed. Please accept this as my formal request that my application for Charity Care be properly processed and a final determination made as to my eligibility.

_____ My application for Charity Care was improperly denied and should be reconsidered based on the information I have attached verifying my income and resources.

Please immediately send me a copy of the Hospital's Charity Care policy which I am entitled to under the law.

I am also requesting that any collection activity be stopped until my Charity Care application has been considered. *

Sincerely,

*WAC 246-453-090 provides that anyone failing to comply with the policies, procedures, and sliding fee schedules as required by WAC 246-453-080 (Charity Care) shall constitute a violation of RCW 70.170.060. Criminal penalties include criminal misdemeanor charges and civil monetary penalties.

LETTER TO THE COLLECTION AGENCY

DATE: _____

RE: Request For Suspension Of Collection Pending Charity Care Determination

Dear _____,

My hospital bill from _____ has been sent to you for collection. I believe that I should have been offered and granted Charity Care for the medical services that I received at _____ on approximately _____.

Under Washington Law, 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.”

There is no time limit after which patients can’t qualify for Charity Care (such as *after* a bill has been sent to collections). Furthermore, if a patient pays part of or all of the bill and is subsequently found to have qualified for charity care for the time of the medical treatment, “any payments in excess of the amount determined to be appropriate in accordance with WAC 246-453-040 shall be refunded to the patient within thirty days of achieving the charity care designation.” WAC 246-453-020(1).

As the aforementioned law clearly states, I must now be given the opportunity to apply for charity care, and any collection action by your agency must be stopped until a determination is made on my Charity Care application.*

I am asking that you dismiss this legal action until _____ makes a decision regarding my Charity Care application.

Sincerely,

CC: _____

*WAC 246-453-090 provides that anyone failing to comply with the policies, procedures, and sliding fee schedules as required by WAC 246-453-080 (Charity Care) shall constitute a violation of RCW 70.170.060. Criminal penalties include criminal misdemeanor charges and civil monetary penalties.

LETTER TO THE DEPARTMENT OF HEALTH

DATE: _____

Mr. Lawrence Hettick, Hospital and Patient Data Systems

Washington State Department of Health _____

PO Box 47811

Olympia, WA 98504-7811

RE: Request For Suspension Of Collection Pending Charity Care Determination

Dear Mr. Hettick:

I received care at _____ Hospital on approximately _____, 200____, and the hospital is demanding payment, my bill has been sent to collection, or I am being sued. I believe that I should have been offered and granted Charity Care for the medical services that I received and that Charity Care can be provided to me at any time.

My income as adjusted for family size is (check all that apply, see the table on page 2 to determine percentage of Federal Poverty Line for your family size):

_____ At or below 100% of the Federal Poverty Line for my family size.

_____ At or below 200% of the Federal Poverty Line for my family size.

_____ Above 200% of the Federal Poverty Line for my family size but my income and resources aren't sufficient to fully pay for the hospital services for which I am being billed.

[Check the appropriate box.]

_____ I wasn't given a Charity Care application when I was admitted to the hospital for medical care. Charity Care notice wasn't given to me in writing and explained, or adequate assistance wasn't given considering my limited ability to speak or read English, or other need for extra assistance

_____ I applied for Charity Care but my application was never properly processed and either the hospital would not give me the application form, refused to accept my application for Charity Care, or didn't properly process and a final determination on my Charity Care application.

_____ My application for Charity Care was improperly denied.

Additional explanation:

Please review the denial of my Charity Care application or the hospital's failure to comply with Charity Care notice, application, determination, and other Charity Care requirements. If the hospital has inappropriately denied Charity Care, I ask that the Department of Health impose civil penalties against the hospital and individual staff members.

[Check one box.] I ask that the Department of Health and its contractors maintain the confidentiality of any information which may identify me or I authorize the Department of Health and its contractors to disclose my name to the Hospital for purposes of investigation but to otherwise keep my information confidential.

Thank you in advance for investigating my complaint against _____ Hospital. Please let me know how quickly you'll be able to respond to this complaint.

Sincerely,