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**Garfield County  
Hospital District**  
Caring for Generations

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Last 03/2025  
Approved  
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Owner **Hollie Winslow:  
Business Office  
Manager**  
Department **Medical Records**

## Financial Assistance (Charity Care Policy)

Garfield County Hospital District (GCHD) is committed to providing financial assistance to persons who have healthcare needs that qualify for financial assistance. State law requires hospitals to provide free and discounted care to eligible patients and the indigent for appropriate hospital-based medically necessary services. A patient may qualify for free or discounted care based on family size and annual income, even if they have health insurance.

### Notification to the Public

GCHD prominently displays and posts financial assistance information throughout the facility.

GCHD offers financial assistance information in writing and verbally at the time the hospital requests information from the responsible party with regard to the availability of any third-party coverage.

Written notices, the verbal explanations, the policy summary and the application form will be available in any language spoken by more than ten percent of the population in the hospital's services area, and interpreted for other non-English speaking or limited-English speaking or other patients who can not read or understand the writing and explanation.

GCHD includes a notification for financial assistance on the first page of the billing and collection communications.

GCHD provides a copy of the Financial Assistance Policy, a plain language Policy Summary, the Application, the current federal poverty levels by family size and contact information for the specific hospital department for those needing assistance on the hospital website.

### Eligibility Determination

Any of the following documents shall be considered sufficient evidence upon which to base the final determination of charity care sponsorship status:

1. W-2 withholding statements for the prior year
2. Current pay stubs (3 months)
3. Last year's income tax return, including schedules if applicable
4. Written, signed statements from employers or others
5. Approval/denial of eligibility for Medicaid and/or state-funded medical assistance
6. Approval/denial of eligibility for unemployment compensation

Any responsible party who has been initially determined to meet the criteria identified within WAC 246-453-040 shall be provided with at least fourteen calendar days or such time as the person's medical condition may require, or such time as may reasonably be necessary to secure and to present documentation as described within WAC 246-453-030 prior to receiving a final determination of sponsorship status.

GCHD may not impose application procedures for financial assistance sponsorship which place an unreasonable burden upon the responsible party, taking into account any physical, mental, intellectual, or sensory deficiencies or language barriers which may hinder the responsible party's capability of complying with the application procedures. The failure of a responsible party to complete appropriate application procedures shall be sufficient grounds for the hospital to initiate collection efforts directed at the patient.

All third-party resources and non-hospital financial aid programs, including public assistance available through the state Medicaid program should be explored in conjunction with consideration of financial assistance. If an individual has applied for and has not yet received a determination, the eligibility for assistance will be postponed until the Medicaid Eligibility determination has been made. GCHD will provide information regarding third-party resources in addition to resources available to assist in the application process for other medical assistance programs.

GCHD must notify persons applying for financial assistance sponsorship of their final determination of sponsorship status within fourteen calendar days of receiving information in accordance with WAC 246-453-030; such notification must include a determination of the amount for which the responsible party will be held financially accountable. In the event that the hospital denies the responsible party's application for financial assistance sponsorship, the hospital must notify the responsible party of the denial and the basis for that denial.

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 financial assistance criteria at the time that services were provided, 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 financial assistance designation. In the event that the responsible party is not able to provide any of the documentation described above, GCHD shall rely upon written and signed statements from the responsible party for making a final determination of eligibility for classification as an indigent person.

Information requests, from GCHD to the responsible party, for the verification of income and family size shall be limited to that which is reasonably necessary and readily available to substantiate the

responsible party's qualification for charity sponsorship, and may not be used to discourage applications for such sponsorship. Only those facts relevant to eligibility may be verified, and duplicate forms of verification shall not be demanded.

The following criteria will be used to determine the amount of the discount percentage based on the information provided:

1. No patient with income under 200 percent of the federal poverty level is required to pay for care.
2. No patient with income greater than 201percent and under 250 percent of the federal poverty level is required to pay more than the 25 percent of the estimated cost of their care.
3. No patient with income greater than 251 percent and under 300 percent of the federal poverty level is required to pay more than 50 percent of the estimated cost of their care.

#### SCALE DISCOUNTS

POVERTY PERCENT	200%	250%	300%
Patient Responsible	Pays 0%	Pays 25%	Pays 50%

## Appeal or Reconsideration

All responsible parties denied financial assistance sponsorship under WAC 246-453-040 shall be provided with, and notified of an appeals procedure that enables them to correct any deficiencies in documentation or request review of the denial and results in review of the determination by the hospital's Business Officer Manager or equivalent.

Responsible parties shall be notified that they have thirty calendar days within which to request an appeal of the final determination of sponsorship status. Within the first fourteen days of this period, the hospital may not refer the account at issue to an external collection agency. After the fourteen day period, if no appeal has been filed, the hospital may initiate collection activities.

If the hospital has initiated collection activities and discovers an appeal has been filed, they shall cease collection efforts until the appeal is finalized.

In the event that the hospital's final decision upon appeal affirms the previous denial of financial assistance designation under the criteria described in WAC 246-453-040, the responsible party and the department of health shall be notified in writing of the decision and the basis for the decision, and the department of health shall be provided with copies of documentation upon which the decision was based.

## Other Assistance

**Uninsured discounts:** GCHD offers a discount for patients who do not have health insurance and pay their bill in full within 30 days of first statement date.

**Payment plans:** GCHD offers payment plans that will be determined case by case. A formal agreement will be executed and minimum monthly payments must be made consistently according to the terms of the agreement. Otherwise, the account will be subject to GCHD account collection process.

# Staff Training

GCHD has established a standardized training program on its Financial Assistance and Charity Care policy and the use of interpreter services to assist persons with limited English proficiency and non-English speaking persons in understanding information about its Financial Assistance and Charity Care policy. GCHD will provide regular training to front-line staff who work in registration, admissions, billing and any other appropriate staff, to answer Financial Assistance and Charity Care questions effectively, obtain any necessary interpreter services, and direct inquiries to the appropriate department in a timely manner.

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## Attachments

[WSHA-Financial-Assistance-Application.docx](#)

## Approval Signatures

Step Description	Approver	Date
CEO Approval	Mat Slaybaugh: CEO	03/2025
Department Manager Approval	Hollie Winslow: Business Office Manager	03/2025