


+	 <b>WASHINGTON HEALTH SYSTEM</b> 155 Wilson Avenue Washington, PA 15301	<b>Date of Origin:</b> 10/2007	<b>Page</b>
		<i>All revision dates must be listed.</i>	
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<b>FINANCE DEPARTMENT POLICY/PROCEDURE</b>	<b>Reviewed:</b> 12/2009, 04/2011, 02/2014	<b>Section</b>	

## Charity Care

### Policy

It is the mission of The Washington Hospital that patients receive care regardless of their ability to pay. Charity Care is not available for elective non-covered services such as cosmetic surgery. Charity Care will be available to patients based on a sliding scale of gross income as it compares to the Federal Poverty Guidelines. To participate in the Charity Care Program, patients must agree to apply for Medical Assistance in a timely manner and provide evidence of their gross income including, but not limited to, tax returns, pay stubs, and Social Security and pension award letters.

### Procedure

- A patient can be referred to the Charity Care Program at any time in the collection process that he/she expresses the inability to pay and a desire to be considered for Charity Care.
- The date the Charity Care application was requested and the date mailed to the patient should be noted in the Patient Accounting system. All collection activity will be suspended until a Charity Care eligibility determination is made.
- It is a condition of the Charity Care Program for the patient to apply for Medical Assistance or satisfactorily demonstrate that they are not eligible for Medical Assistance. This proof of non-eligibility can be based on the financial screening that is performed prior to submitting a formal Medical Assistance application. Documentation of the financial screening is maintained and will be used as part of the Charity Care application and will be used to assist in determining program eligibility.
- Charity Care applications will be reviewed upon receipt for completeness. If an application is not considered complete, the patient will be notified promptly of any missing information or information that requires clarification.
- Charity Care applications are reviewed initially for household income. Once the income is calculated, the patient's gross income is compared to the appropriate income limits (uninsured or insured with patient balance) and a recommendation for Charity Care is then made.

- The Business Office Manager will review all Charity Care applications and present recommendations to Revenue Cycle Director for a final determination of Charity care.
- The Business Office Manager will coordinate the notification letter to the patient and assure the account is adjusted appropriately based on determination. Any remaining balance will be handled as described in the credit and collection policies/procedures.
- A log is maintained of all Charity Care applications received. After an application is reviewed, the log is updated to reflect the final determination or outcome and the date it was made.
- If a patient is deemed to be transient, the above application process is by-passed and the charges are written off as Charity Care. The same approval process (Business Office Manager and Revenue Cycle Director approval) for charity care applies.
- Accounts discharged for bankruptcy are deemed to be Charity Care.
- Patient Liabilities remaining after insurance processing are eligible for the Charity Care Program.
- If verified patient is deceased and it is verified there is no estate balance the account will be deemed Charity Care.