

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

Introduction

This publication is a summary of Washington state laws and regulations governing Charity Care. If you want to do more research, we have included citations.¹ A citation is the place where you can find the information summarized.

This publication answers some common questions about the medical coverage program called “Charity Care.” You will find the legal authority for this program in [R.C.W. Ch. 70.170](#)² and [WAC Ch. 246-453](#)³. The law and regulations are in your local library, and on the internet at <http://www.leg.wa.gov/lawsandagencyrules/>.

Our publication [How Can I Get Medical Coverage or Help with Medical Bills?](#) has information on other medical coverage programs that may be available to low-income persons in the state of Washington.

If you are being sued for unpaid hospital bills, and it is possible that Charity Care should have covered the bills, read our publication called [How to Present a Charity Care Defense to a Lawsuit for Hospital Debt Collection](#)

The laws governing Charity Care may be complicated and may change.

- ◆ If you are low-income and live outside King County, call CLEAR at 1-888-201-1014 weekdays between 9:15 a.m. and 12:15 p.m. for free legal advice.
- ◆ If you live in King County, call either: 1) the King County Bar Association’s Neighborhood Legal Clinics at (206) 267-7070 between 9:00 a.m. and noon, Monday – Thursday, to schedule a free half-hour of legal advice; or 2) 211 – the Washington Information Network, where you can get helpful information and be referred or connected to a someone to give you legal advice.
- ◆ If you are 60 years old or older, call the CLEAR*Sr line at 1-888-387-7111 for free legal advice, regardless of your income or financial status. Ask for information on how to vacate a judgment and, if you have no internet access, for copies of our publications.

You may also want to contact [Washington CAN!](#). **Washington CAN!** is a private non-profit organization that **does not provide legal advice. However, it is monitoring Charity Care**

¹ Here is an example of what a citation looks like: [RCW 70.170.010](#).

² R.C.W. stands for [Revised Code of Washington](#), which is made up of Washington State’s laws.

³ W.A.C. stands for [Washington Administrative Code](#). The Code is made up of Washington State’s regulations.

cases as part of an effort to make sure that hospitals are following the law. To tell them about your experience, call **Washington CAN!** at **(206) 389-0050**.

What is “Charity Care?”

“Charity Care” is a program established by state law. It requires hospitals to provide medical care for free or at a reduced cost if you cannot pay fully for the services you have gotten. Charity Care covers health care services you get from a hospital, including inpatient **and** outpatient care.

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

Charity Care only covers “extras” you get while in the hospital, such as telephone or cable television services, if those services are provided for free to the rest of the public.

Am I eligible for Charity Care?

It depends 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 have exhausted any other available health care coverage, you should be eligible for Charity Care coverage. Charity Care should cover unpaid bills for eligible Charity Care applicants who have health care coverage that does not pay all of their hospital care bills, including bills resulting from deductibles and co-pays.

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

- **Any person whose income is at or below 100% of the Federal Poverty Level**, adjusted for family size (see chart below), may get free care. There are no “resource limits” on Charity Care eligibility for people in this income range. [WAC 246-453-040\(1\)](#). If your income is no more than 100% of the Federal Poverty Level, you cannot be denied Charity Care based on your savings or other assets.
- **Any person whose income is between 100% and 200% of the Federal Poverty Level**, adjusted for family size (see attached chart), **may get reduced cost care based on a sliding scale** established by the hospital. The hospital must make its sliding scale “Charity Care Policy” available to you upon request. If your income is in this range, the hospital can consider the value of your savings and other assets when it decides whether you are eligible for Charity Care, and how much of a discount you should get on your hospital bill. . [WAC 246-453-040\(2\)](#); [WAC 246-453-050\(1\)](#).
- **Any person whose income is more than 200% of the Federal Poverty Level**, adjusted for family size, **may get reduced cost care if your income and resources are not enough to let you fully pay for the hospital-based services**. [WAC 246-453-040\(3\)](#). The hospital can decide whether to reduce charges if your income is at this level.

The Washington State Hospital Association has made a pledge about how its member hospitals will tell patients about Charity care, process patients' Charity Care applications and provide patients with free and discounted care. This is in addition to the protections provided by state law.

The pledge sets limits on the amount uninsured patients will be asked to pay for hospital-based care if their income is between 100% and 300% of the Federal Poverty Level. (See list below.) If a hospital decides you are in this income bracket, you should talk to hospital staff to make sure that they follow these limits and explain how any bills you get for hospital care were calculated. WSHA's financial assistance and charity care pledge are on the internet at <http://www.wsha.org/files/63/Charity-Care-pledge.pdf>.

- **Any uninsured person whose income is between 100% and 200% of the Federal Poverty Level**, adjusted for family size, should not be charged more than the estimated cost of her/his hospital-based care.
- **Any uninsured person whose income is between 200% and 300% of the Federal Poverty Level**, adjusted for family size, should not be charged more than 130% of the estimated cost of her/his care.

Official 2011 Federal Poverty Level (FPL)

Family Size	Annual 100% FPL	Monthly 100% FPL	Monthly 200% FPL	Monthly 250% FPL	Monthly 300% FPL
1	\$10,890	\$908	\$1,815	\$2,269	\$2723
2	\$14,710	\$1,226	\$2,452	\$3,065	\$3678
3	\$18,530	\$1,544	\$3,088	\$3,860	\$4632
4	\$22,350	\$1,863	\$3,725	\$4,656	\$5588
5	\$26,170	\$2,181	\$4,362	\$5,452	\$6543
6	\$29,990	\$2,499	\$4,998	\$6,248	\$7497
7	\$33,810	\$2,818	\$5,635	\$7,044	\$8453
8	\$37,630	\$3,136	\$6,272	\$7,840	\$9408

Do the Charity Care laws apply to all hospitals?

Yes. All hospitals in the state of Washington must provide Charity Care. [R.C.W. 70.170.020\(2\)](#)⁴; [WAC 246-453-010\(2\)](#).

◆ Charity Care also applies to all psychiatric hospitals in Washington State.

The Washington State Department of Health keeps copies of the Charity Care policies for hospitals in Washington State. The list of hospitals that have given the Health Department copies of their Charity Care policies is on the internet at

<http://www.doh.wa.gov/EHSPHL/hospdata/CharityCare/CharityPolicies/Default.htm>.

All hospitals must post or prominently display, in public areas of the hospital, information about the availability of free and reduced-cost Charity Care. [WAC 246-453-010\(16\)](#); [WAC 246-453-020\(2\)](#). **Beware.** Not all hospitals comply with this notice requirement. Always ask to apply for Charity Care if you think you will need coverage.

How do I apply for Charity Care?

When the hospital asks for information from you about the availability of insurance, it must give you information in writing that tells you about its Charity Care program and explains how you can apply for Charity Care. If you are unable to read, or you do not understand the explanation, the hospital must find someone to make the explanation understandable to you. The hospital must provide this written information and explanation in any language spoken by more than 10% of the population in its service area. The hospital must also provide a qualified interpreter to explain the availability of free or reduced-cost care to patients who cannot communicate effectively in English and who do not read or understand the explanation in a language in which it has been translated in writing. [WAC 246-453-010\(16\)](#), [246-453-020\(2\)](#).

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

◆ Ask hospital staff for a Charity Care application and for their “Charity Care Policy” when you are first admitted to the hospital, or as soon as possible after that. Hospital staff must give you an application **any time** you ask for one.

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

The hospital must 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 them. The hospital may require you to sign a written statement confirming the accuracy of the

⁴ RCW 70.170.020(2) says that all health care facilities licensed as hospitals licensed under RCW 70.41.020(2) must provide Charity Care. This is a mistake. The definition of what kinds health care facilities must be licensed as hospitals (and provide Charity Care) is found in RCW 70.41.020(4).

verbal information you have given. [WAC 246-453-030\(1\)](#). The hospital must make the initial determination at the time of your admission, or as soon as possible after they start providing you services. [WAC 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 while the hospital is making its initial decision about your charity care eligibility. If the initial determination is that you are eligible, then there should continue to be no collection actions or deposits collected from you for hospital services. [WAC 246-453-020\(1\)\(c\),\(6\)](#).

After the initial determination that you are eligible for Charity Care, **you have at least 14 calendar days to get documentation** to back up the information you gave the hospital verbally. Then the hospital will make a **final determination** about whether you are eligible for Charity Care. [WAC 246-453-020\(3\)](#). 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. [WAC 246-453-020\(4\)](#).

Examples of evidence proving 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. [WAC 246-453-030\(2\)](#).

This is not a complete list of all of the types of paperwork you can use to prove you are eligible for Charity Care. You may have other documents that will support your claim that you are eligible. Submit those, too.

Hospitals should not ask for so much information from you or make the Charity Care application process so hard in other ways that you get discouraged and do not apply. [WAC 246-453-030\(5\)](#). The hospital must take into account language barriers and any physical, mental, intellectual or sensory disabilities that may make it hard for you to do what they require to apply for Charity Care. [WAC 246-453-020\(5\)](#).

◆ Once the hospital has gotten the documentation from you that it asked for, it must make a final determination of your eligibility for Charity Care and notify you of its decision within 14 calendar days. The notice must also tell you any amount you must pay for your hospital services. [WAC 246-453-020\(7\)](#).

What if my application for Charity Care coverage is denied?

If the hospital decides you are not eligible for Charity Care, the hospital must give you a written notice of denial that tells you the hospital's reason for denying your application. [WAC 246-453-](#)

[020\(8\)](#). You may appeal that decision. The hospital has to tell you in writing how to appeal its final determination that you are not eligible for Charity Care.

◆ BUT - If you agree that your income is above 200% of the Federal Poverty Level, your rights to appeal the hospital's denial of your request for Charity Care may be limited.

The hospital's appeal procedure must include a chance for you to correct any deficiencies in the documents you provided, and to ask the hospital's chief financial officer or equivalent to review the decision. [WAC 246-453-020\(9\)](#). You must send a copy of your appeal to the Department of Health, Attention Mr. Randall Huyck, Hospital and Patient Data Systems, P.O. Box 47814, Olympia, WA 98504-7814.

The hospital must notify you that **you have 30 days to appeal a denial of your request for Charity Care**. 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 must stop when you file the appeal. [WAC 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 documents on which the decision was based, to the Department of Health. [WAC 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 want the Department of Health to review your denied application, call (360) 236-4210.

◆ The Department of Health and its contractors must keep confidential any information that may identify you or any other patients. [RCW 70.170.090](#).

What if the hospital missed the legal deadlines for making its initial or final determination (or never made a decision) about whether I was eligible for Charity Care)?

Hospitals must make every reasonable effort to meet the legal deadlines for making initial and final determinations of whether patients are eligible for Charity Care. However, hospitals must make those determinations at any time that they get documentation or other information that would support a finding of Charity Care eligibility. Also, if you paid part or all of the charges for hospital services that Charity Care should have covered, you are entitled to a refund within thirty days of when you are found to be eligible for Charity Care. [WAC 246-453-020\(10\), \(11\)](#).

If a hospital did not properly process your application for Charity Care, immediately contact the hospital and demand that they do so in the way we describe in this publication. A sample and blank form demand letter are included with this publication.

I applied for Charity Care coverage. The Hospital did not make a determination. They turned me over to a collection agency. Now what?

Contact both the collection agency and the hospital. Let them know that the hospital has not followed the law and that you are asking the hospital to process your application for Charity Care immediately. You should also ask them to stop collection actions. We include a sample and blank form letter to a collection agency with this publication. Send a copy of the hospital letter to the collection agency, and a copy of the collection agency letter to the hospital.

I have not yet applied for Charity Coverage, but I think I am eligible. Meanwhile, the Hospital has turned me over to a collection agency. What can I do?

Contact both the collection agency and the hospital. Let them know that the hospital has failed to follow the law. Ask that the hospital immediately send you an application for Charity Care. You should also ask them to stop their collection actions. Sample letters and blank form letters to the hospital and collection agency are included with this publication. 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 to the opposing attorney. Let the attorney know that the hospital failed to follow the law by not considering you for Charity Care eligibility, and that the lawsuit should be dismissed or put on hold at least until the hospital decides whether you are eligible for Charity Care. If you have not done so already, you should also write the hospital a letter asking for an application for Charity Care coverage, or demanding that they properly process the application you have already handed in (see above). Send a copy of your letter to the attorney to the hospital, and a copy of your letter to the hospital to the attorney. A sample letter and a blank form letter to an attorney are included with this publication.

Our packet called [*How to Present a Charity Care Defense to a Lawsuit for Hospital Debt Collection*](#) will help you fill out an **ANSWER** to the **COMPLAINT**. This will help make sure that a default judgment is not entered against you. Call CLEAR to get this packet, or download it from www.washingtonlawhelp.org. If you cannot convince the attorney to stop your case until a Charity Care determination is made, be ready to go to a hearing and present evidence of your income and resources.

The hospital denied my application for Charity Care coverage. Now the hospital is suing me. What can I do?

If you did not convince the Department of Health to overturn the hospital's decision (see above), you must try to convince a judge that the hospital's decision was wrong, even though you cooperated with the Charity Care application process.

You may win if you can gather good documentation showing that your income and resources make you eligible for Charity Care. The Hospital or collection agency's attorney may not have

had a complete picture of your case. Call and write to the attorney and provide documentation of your eligibility. A sample and blank form letter are included with this publication.

◆ **REMEMBER:** You must also file an ANSWER to the lawsuit. See our publication called [How to Present a Charity Care Defense to a Lawsuit for Hospital Debt Collection](#).

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

If you can show that you were actually eligible for Charity Care, there are limited circumstances where you may be able to get the judgment vacated. Our publication called [How to Vacate a Judgment or Order](#) has more information.

- ◆ If you are low-income and live outside King County, call CLEAR at 1-888-201-1014 weekdays between 9:15 a.m. and 12:30 p.m.
- ◆ If you live in King County, call either: 1) the King County Bar Association's Neighborhood Legal Clinics at (206) 267-7070 between 9:00 a.m. and noon, Monday – Thursday, to schedule a free half-hour of legal advice; or 2) 211 – the Washington Information Network, where you can get helpful information and be referred or connected to someone who can give legal advice.
- ◆ If you are 60 years old or older, call the CLEAR*Sr line at 1-888-387-7111 for free legal advice, regardless of your income or financial status. Ask for information on how to vacate a judgment and, if you have no internet access, for copies of our publications.

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 one 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 use admission practices or policies that result in a significant reduction in the proportion of low-income patients admitted who are unable to pay all or part of anticipated charges. [RCW 70.170.060\(1\)\(a\),\(b\)](#).

A hospital may refuse to provide services to an otherwise eligible patient who does not need emergency care services or whose treatment would not be unusually costly or prolonged. If you

believe your right to care has been violated, call the Department of Health at (360) 236-4210. If the Department of Health will not help you and you are unsatisfied with its reasons, call CLEAR.

It is 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, October 2011.

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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, 2011.

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, 2011, 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

*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 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: 4-1-11 to 4-8-11

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)

*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 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, 2011.

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

*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 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 HAVE 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: _____

*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.

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. Randall Huyck, Hospital and Patient Data Systems

Washington State Department of Health _____

PO Box 47814

Olympia, WA 98504-7814

RE: Request For Suspension Of Collection Pending Charity Care Determination

Dear Mr. Huyck:

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 make 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 below.]

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,