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

Should I read this?
This publication answers common questions about the medical coverage program called Charity Care. You will find the state’s legal authority for Charity Care in R.C.W. Ch. 70.170¹ and WAC Ch. 246-453². Important federal regulations are here. The law and regulations are in your local library, and online.³ To do more research, follow the footnotes. They cite the right law or regulation.⁴

What else can I read?
NoHLA’s (Northwest Health Law Advocates’) publication called Coverage Options in Washington State has info on other medical coverage programs available to some low-income persons who live in Washington.

If you are being sued for unpaid hospital bills, and Charity Care might have covered the bills, read our packet called Filing a Charity Care Defense to a Lawsuit for Hospital Debt Collection.

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

What is “Charity Care?”
It is a program established by law requiring hospitals to provide some types of medical care for free or at a lower cost if you cannot pay fully for the services. Covered services include inpatient and outpatient care.

➤ Charity Care may not cover services by medical workers who are not considered part of the hospital’s medical staff. Examples: Charity Care does not cover radiologists or anesthesiologists not employed by the hospital. Read your hospital’s plan. It must say which medical workers and their services it does and does not cover.

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⁴ Here is an example of a footnote: RCW 70.170.010.
Charity Care must cover emergency and other “medically necessary” care. The hospital can decide what other care it wants its Charity Care plan to cover, if any. 26 CFR 1.501(r)-0(c)(1).

Am I eligible for Charity Care?

It depends on your income and resources. Also, you must first apply for and use any private health 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 (used up) any other available health care coverage, you should be eligible for Charity Care. Charity Care should cover unpaid bills if you have health care coverage that does not pay all your hospital care bills, including bills for deductibles and co-pays.

- The hospital’s Charity Care plan explains how it will calculate your eligibility and how much help to give you. 24 CFR 1.501(r)-4(b).

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

1. **Your income is at or below 100% of the Federal Poverty Level**, adjusted for family size: you 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 100% of the Federal Poverty Level or less, the hospital cannot deny you Charity Care based on your savings or other assets.

2. **Your income is between 100% and 200% of the Federal Poverty Level**, adjusted for family size: you 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 if you ask. If your income is in this range, the hospital can consider your savings and other assets when deciding your eligibility 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).

3. **Your income is more than 200% of the Federal Poverty Level**, adjusted for family size: you 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 lower charges if your income is at this level.

- The chart in Appendix A of this packet shows the federal poverty levels for 2015.
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 free and discounted care. This is on top of your protections under state law and federal regulations.

- WSHA’s financial assistance and charity care pledge are online at http://tinyurl.com/q8wfg59.

The pledge limits how much hospitals can ask uninsured patients to pay for hospital-based care if their income is between 100% and 300% of the Federal Poverty Level. (See last two paragraphs in this section.) If a hospital decides you are in this income bracket, talk to hospital staff to

- make sure they follow these limits
- explain how they calculated any bills you get for hospital care

Your income is between 100% and 200% of the Federal Poverty Level, adjusted for family size: The hospital should not charge you more than the estimated cost of your hospital-based care.

You are uninsured and your income is between 200% and 300% of the Federal Poverty Level, adjusted for family size: The hospital should not charge you more than 130% of the estimated cost of your care.

Do the Charity Care laws apply to all hospitals?

The definition of what kinds of hospitals must provide Charity Care is in RCW 70.41.020(4). See also WAC 246-453-010(2).

- Charity Care applies to all psychiatric hospitals in Washington State.

The Washington State Department of Health keeps copies of Washington hospitals’ Charity Care policies. The list of hospitals that have given the Health Department copies of their Charity Care policies is online at http://tinyurl.com/oho75wc.
How do I get information about Charity Care?

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). Federal regulations say the info must be in “plain language” (easy to understand) and available

- In the emergency room
- In the admissions area
- On the hospital’s website
- At intake or discharge
- On billing statements

The hospital must also post its Charity Care plan online. You can ask for the website address. 24 CFR 1.501(r)-4(b)(5)(i)(A) & (D)(iv).

Even though they are supposed to post notices, not all hospitals have them posted. 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 you for information about whether insurance is available to you, it must give you written information that

- tells you about its Charity Care program AND
- explains how to apply for Charity Care

If you are unable to read, or you do not understand the explanation, the hospital must find someone to make it understandable to you.

What if I do not read or speak English?

The hospital must provide this written information and explanation in any language spoken by more than ten percent 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).

How do I get a Charity Care application form?

The hospital’s Charity Care plan can tell you which staff to ask or room to apply in. If you have been discharged, you can call and have them mail it to you.
Can I apply online?
Yes. You can ask the hospital for an electronic copy of the application or get it from the hospital’s website.

Can I get help with my Charity Care application?
Yes. At intake or discharge, the hospital must give you a written summary about where to get help with your application. (The help may not be at/from the hospital. You may have to get help from another organization. The hospital's summary will have that organization’s contact info.) The summary must also tell you how to apply. 24 CFR 1.501(r)-1(B)(24)(v).

When can I apply for Charity Care?
You may apply at any time. WAC 246-453-020(10). It is better to apply sooner rather than later. (You can avoid getting bills and going into collections that way.)

- Ask hospital staff for a Charity Care application and for their “Charity Care Policy” when they first admit you 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 about your eligibility:

- an initial determination
- a final determination

The hospital makes its initial determination based on any verbal information you give them. They may require you to sign a written statement confirming the accuracy of your verbal information. 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, they cannot take any collection action against you or collect any deposits from you for services provided while they are making their initial decision. If the initial determination is that you are eligible, there should continue to be no collection actions or deposits collected 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 fourteen calendar days to give the hospital proof backing up your verbal information. Then the hospital will make a final determination about your eligibility. 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. \textit{WAC 246-453-020(4)}.

Here are some \textbf{examples} of proof of your eligibility for Charity Care:

- pay stubs
- income tax returns from the past year
- “W-2” statements
- unemployment compensation forms approving or denying your claim
- forms approving or denying Medicaid and/or state-funded medical assistance
- written statements from employers or welfare agencies  

\textit{WAC 246-453-030(2)}.

This is not a complete list. You may have other documents supporting your claim that you are eligible. Submit those, too.

- If the hospital determines it needs more info, it must tell you that in writing. It must explain in writing what additional info it needs for you to complete your application. \textit{26 CFR 1.5015-6 (c)(5)}.  

The hospital should not ask for so much information or make the application process so hard in other ways that you get discouraged and do not apply. \textit{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. \textit{WAC 246-453-020(5)}.

- Once the hospital has gotten the documentation it asked for from you, it must make a final determination of your eligibility for Charity Care and notify you of its decision within fourteen calendar days. The notice must also state any amount you must pay for your hospital services. \textit{WAC 246-453-020(7)}.  

\textbf{The hospital denied my application for Charity Care coverage. Now what?}

The hospital must give you a written denial notice stating its reason for denying your application. \textit{WAC 246-453-020(8)}. You may appeal that decision. The hospital must tell you in writing how to appeal its final determination.

- \textbf{BUT} - If you agree that your income is above 200\% of the Federal Poverty Level, your rights to appeal the denial of your application may be limited.

The hospital’s appeal procedure must include chances for you to
• give more proof
• 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 thirty days to appeal a denial of your Charity Care application. If you appeal within the first fourteen days, they cannot start any collection action until your appeal has been heard and denied. If you appeal after fourteen days but within thirty days, any collection actions must stop when you file the appeal. WAC 246-453-020(9)(a),(b).

If your appeal is denied, they must give you the decision and reason/s for it in writing. The hospital must also send the Department of Health a copy of its decision, and copies of the documents it based the decision on. WAC 246-453-020(9)(c).

The Department of Health must review Charity Care denials. If it finds the hospital has inappropriately denied you 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 eligibility for Charity Care. However, hospitals must make those determinations any time they get documentation or other information that would support a finding of Charity Care eligibility. WAC 246-453-020(10).
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 eligible for Charity Care. **WAC 246-453-020(10), (11).**

If a hospital did not properly process your application for Charity Care, contact the hospital immediately and demand that they do so the way this packet describes. Use the sample and blank form demand letter in this packet.

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

The hospital has violated state and federal regulations. If you have applied for Charity Care, the hospital must suspend (stop) all collection actions until it has made a decision on your eligibility. **26 CFR 1.5015-6 (c)(5).** This includes

- A collection agency trying to collect on the hospital’s behalf - **26 CFR 1.501(r)6(b)**
- The hospital reporting you to credit agencies - **26 CFR 1.501(r)6(b)**
- Selling your debt- **26 CFR 1.501(r)6(b)**

Contact both the collection agency and the hospital. Let them know

- the hospital has not followed the law
- you are asking the hospital to process your application for Charity Care immediately

You should also ask them to stop collection actions. Use the sample and blank form letter in this publication. Send the collection agency a copy of the hospital letter. Send the hospital a copy of the collection agency letter.

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

You should still apply for Charity Care. That should stop the collection action. **WAC 246-453-020(10).**

You should also check all your records to see if you got notice from the hospital about their Charity Care program, and how to get help applying, at least thirty days before they started the collection action. **If you did not,** that may help your late application now. Contact both the collection agency and the hospital. Let them know you never got notice from the hospital about Charity Care. Ask the hospital to immediately send you a Charity Care application. Tell them to stop their collection actions. Use the sample letters and blank form letters to the hospital and collection agency in this packet. Send the collection agency a copy of the hospital letter. Send the hospital a copy of the collection agency letter.
I have not yet applied for Charity Coverage, but I think I am eligible. What if the hospital or a collection agency is suing me?

Immediately write the opposing lawyer to let him/her know:

- the hospital violated the law and regulations by not considering you for Charity Care eligibility
- the lawyer should dismiss the lawsuit or at least put it on hold until the hospital decides whether you are eligible for Charity Care

If you have not done so already, you should also write the hospital asking for a Charity Care application, or demanding that they properly process the application you already submitted (see above). Send the hospital a copy of your letter to the lawyer. Send the lawyer a copy of your letter to the hospital. Use the sample letter and blank form letter to lawyer in this packet.

Our packet called How to Present a Charity Care Defense to a Lawsuit for Hospital Debt Collection can help you fill out an ANSWER to the COMPLAINT. This will help make sure the court does not enter a default judgment against you. Call CLEAR to get this packet, or download it from www.washingtonlawhelp.org. If you cannot convince the lawyer to stop your case until the hospital decides your Charity Care eligibility, be ready to go to a hearing and present evidence of your income and resources.

The hospital denied my Charity Care application. Now they are 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.

You may win if you can gather good proof that your income and resources make you eligible for Charity Care. The hospital or collection agency’s lawyer may not have had a complete picture of your case. Call and write the lawyer and provide proof of your eligibility. Use the sample and blank form letter in this packet.

❖ You must also file an ANSWER to the lawsuit. See our packet called How to Present a Charity Care Defense to a Lawsuit for Hospital Debt Collection.
What if the hospital has gotten a judgment against me for hospital services that Charity Care should have covered?

If you can show you were actually eligible for Charity Care, in a few cases you may be able to get the judgment vacated. Our packet called *How to Vacate a Judgment or Order* has more information.

I was at this hospital before. I did not pay my hospital bills or apply for Charity Care to cover the bills. I need hospital care again. Can the hospital refuse to admit me because of the past bills?

No. The hospital cannot deny you or delay giving you medically necessary care in this situation unless it has first given you

- a Charity Care application form
- info about applying and how to get help applying in BOTH a plain language summary AND orally

Where else can I get help with Charity Care?

*Washington CAN!* is a private non-profit organization that does not provide legal advice. It is monitoring Charity Care cases to make sure hospitals are following the law. To tell them about your experience, call *Washington CAN!* at *(206) 389-0050.*

Other rights and requirements

All hospitals must provide emergency care to patients who are unable to pay all or part of the costs. If you have an emergency condition, or are in active labor, the hospital can ONLY transfer you IF:

- you give permission OR
- the transfer is due to the transferring hospital’s limited medical resources

*RCW 70.170.060(2).*

No hospital or its medical staff may refuse to admit patients who are 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 resulting in the admission of far fewer low-income patients 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 a hospital has violated your right to care, call the Department of Health at (360) 236-4210. If they will not help you and you disagree with their reasons, call CLEAR.

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

What if I need legal help?

- **Apply online with CLEAR*Online** - [http://nwjustice.org/get-legal-help](http://nwjustice.org/get-legal-help)
- **Call CLEAR at 1-888-201-1014**

CLEAR is Washington’s toll-free, centralized intake, advice and referral service for low-income people seeking free legal assistance with civil legal problems.

- **Outside King County**: Call 1-888-201-1014 weekdays from 9:15 a.m. until 12:15 p.m.

- **King County**: Call 211 for information and referral to an appropriate legal services provider Monday through Friday from 8:00 am – 6:00 pm. You may also call (206) 461-3200, or the toll-free number, 1-877-211-WASH (9274). You can also get information on legal service providers in King County through 211’s website at [www.resourcehouse.com/win211/](http://www.resourcehouse.com/win211/).

- **Persons 60 and Over**: Persons 60 or over may call CLEAR*Sr at 1-888-387-7111, regardless of income.

If you are deaf or hard of hearing, call 1-800-833-6384 to get a free relay operator. They will then connect you with 211.

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This publication provides general information concerning your rights and responsibilities. It is not intended as a substitute for specific legal advice. This information is current as of November 2015.

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## Official 2015 Federal Poverty Level (FPL)

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SAMPLE LETTER TO ATTORNEY REPRESENTING THE COLLECTION AGENCY WHEN YOU HAVE NOT HAD A CHANCE TO APPLY FOR CHARITY CARE OR THEY DID NOT PROPERLY PROCESS YOUR APPLICATION
(Use this when the hospital has sent your bill 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:

Your clients, ABC COLLECTIONS, are suing or threatening to sue me for nonpayment of a hospital bill. I believe GENERAL HOSPITAL should have offered and granted me Charity Care for the medical services I received there 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.”

Nothing in Washington law allows a hospital to claim there is a time limit after which patients cannot qualify for Charity Care (such as after a hospital has sent a bill to collections). Furthermore, if a patient pays part of or the entire bill and the hospital subsequently finds s/he qualified for Charity Care for the time of 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 this law, attached please find a copy of a demand letter to the hospital requesting it [check all that apply]

__x__ send me an application so I can apply for Charity Care and/or

__x__ properly process the Charity Care application I submitted.

Until GENERAL HOSPITAL makes a decision regarding my Charity Care application, I request 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

*Under WAC 246-453-090, anyone failing to comply with the policies, procedures, and sliding fee schedules required by WAC 246-453-080 (Charity Care) has violated RCW 70.170.060 and could face penalties including criminal misdemeanor charges and civil monetary penalties.
SAMPLE LETTER TO ATTORNEY REPRESENTING THE COLLECTION AGENCY WHEN YOU HAVE BEEN IMPROPERLY DENIED CHARITY CARE COVERAGE
(Use this when the hospital has sent your bill 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:

Your clients, ABC COLLECTIONS, are suing or have threatened me with a lawsuit for nonpayment of a hospital bill(s), a copy of which is attached. I believe GENERAL HOSPITAL should have determined I was eligible for Charity Care and that my legal obligation to GENERAL HOSPITAL for the medical services I received on approximately MARCH 1, 2011, is nothing or significantly less than the stated amount [if known, state reduced amount].

Washington Law divides eligibility for Charity Care into three 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, 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, 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 can 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 are not...
enough to enable them to fully pay for the hospital-based services. [246-453-040(3)] It is up to the hospital whether to reduce charges if your income at this level.

I believe the income and resources available to my family of [indicate number in your family] at the time I received services should have resulted in the hospital finding me eligible for free or reduced Charity Care coverage. I presented this information (see attached copy) to GENERAL HOSPITAL. They wrongly concluded I was not eligible. As my attached letter to GENERAL HOSPITAL states, I request 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 ask that you write to let me know 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

*Under WAC 246-453-090, anyone failing to comply with the policies, procedures, and sliding fee schedules required by WAC 246-453-080 (Charity Care) has violated RCW 70.170.060, and faces penalties including 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]

x Not been paid. I understand the hospital will send it to collections.
    Already been sent to collections.
    Already been sent to collections. The collection agency is suing me for nonpayment of
    the hospital bill.

The household income a hospital should base its Charity Care eligibility decision on is:

[Check all that apply. See the table in Appendix A for percentage of Federal Poverty Line for
your family size.]

X 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 are not enough to fully pay for the services the hospital is billing me for.
The status of my request for Charity Care Coverage is:

[Check the appropriate box.]

__X__ The hospital did not give me a Charity Care application when I was admitted for medical care. I formally request that you send an application to me at the address above.

____ I applied for Charity Care but you never properly processed my application. I formally request that you properly process my application for Charity Care now and make a final determination about my eligibility.

____ You improperly denied my application for Charity Care. I formally request that you reconsider it based on the attached information verifying my income and resources.

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

Please STOP any collection activity until you have considered my Charity Care application. *

Sincerely,

(Your signature)

*Under WAC 246-453-090, anyone failing to comply with the policies, procedures, and sliding fee schedules required by WAC 246-453-080 (Charity Care) has violated RCW 70.170.060 and faces penalties including criminal misdemeanor charges and civil monetary penalties.
SAMPLE LETTER TO THE COLLECTION AGENCY  
(Use this when the hospital has sent your bill 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,

GENERAL HOSPITAL sent my hospital bill to you for collection. I believe GENERAL HOSPITAL should have offered and granted me Charity Care for the services I received there 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.”

Nothing in Washington law allows a hospital to claim there is a time limit after which patients cannot qualify for Charity Care (such as after a hospital has sent a bill to collections). Furthermore, if a patient pays part of or the entire bill and the hospital subsequently finds s/he qualified for Charity Care for the time of 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 law states, the hospital must now give me the opportunity to apply for Charity Care, and your agency must stop any collection action until the hospital makes a determination on my application.*
Please dismiss this legal action until GENERAL HOSPITAL makes a decision regarding my Charity Care application.

Sincerely,

YOUR NAME AND SIGNATURE

CC: GENERAL HOSPITAL

*Under WAC 246-453-090, anyone failing to comply with the policies, procedures, and sliding fee schedules required by WAC 246-453-080 (Charity Care) has violated RCW 70.170.060 and faces penalties including criminal misdemeanor charges and civil monetary penalties.
LETTER TO ATTORNEY REPRESENTING THE COLLECTION AGENCY WHEN YOU HAVE NOT BEEN GIVEN A CHANCE TO APPLY FOR CHARITY CARE OR YOUR APPLICATION WAS NOT PROPERLY PROCESSED

DATE: _____________________________

_________________________________________________

_________________________________________________

_________________________________________________

_________________________________________________

_________________________________________________

_________________________________________________

Attorney: ___________________________

Dear Mr./Ms. ________________________:

Your clients, _________________________, are suing or threatening me with a lawsuit for nonpayment of a hospital bill. I believe _____________________ should have offered and granted me Charity Care for the medical services I received there 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.”

Nothing in Washington law allows a hospital to claim there is a time limit after which patients cannot qualify for Charity Care (such as after the hospital has sent a bill to collections). Furthermore, if a patient pays part of or the entire bill and the hospital subsequently finds s/he 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 law, I have attached a copy of a demand letter I wrote the hospital requesting an application so I may apply for Charity Care and/or that they properly process the Charity Care application I have submitted.

Please dismiss or stop this action until ________________ makes a decision regarding my Charity Care application.* 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:

*Under WAC 246-453-090, anyone failing to comply with the policies, procedures, and sliding fee schedules required by WAC 246-453-080 has violated RCW 70.170.060 and faces penalties including 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. ________________________:

Your clients, ________________________________, are suing or threatening me with a lawsuit for nonpayment of a hospital bill(s). A copy of the bill is attached. I believe the hospital should have found me eligible for Charity Care and that my legal obligation to ________________ for the medical services I received on approximately ____________ is nothing or significantly less than the stated amount [if known, state reduced amount].

Washington Law divides eligibility for Charity Care into three 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, 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, is entitled to reduced cost care based on a sliding scale established by the hospital. The hospital must make its sliding scale “Charity Care Policy” 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 are not
enough for them to fully pay for the hospital-based services. [246-453-040(3)] It is up to the hospital whether to reduce charges if your income is at this level.

I believe the income and resources available to my family of [indicate number in your family] at the time I received services should have resulted in the hospital finding me eligible for free or reduced Charity Care coverage. I presented this information (see attached copy) to _______________ but it erroneously concluded I was not eligible. As the attached letter to _______________ states, I request again that they reconsider their decision. I have raised or will raise my eligibility for Charity Care as a defense to a lawsuit.

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 request you write to let me know your willingness to dismiss or forego the filing of a lawsuit concerning these hospital bills.*

Sincerely,

______________________________

CC:

*Under WAC 246-453-090, anyone failing to comply with the policies, procedures, and sliding fee schedules required by WAC 246-453-080 (Charity Care) has violated RCW 70.170.060 and faces penalties including criminal misdemeanor charges and civil monetary penalties.
CHARTER 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/s: __________
__________________________

Since that date, my account with the hospital has:
[Check all that apply]

____ Not been paid. I understand you are sending it to collections.

____ Already been sent to collections.

____ Already been sent to collections. The collection agency is suing me for nonpayment of
the hospital bill.

Letter to Hospital – Page 1
The household income you should base a Charity Care eligibility decision on is:

[Check all that apply. See the table in Appendix A for 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 are not enough to fully pay for the hospital services I am being billed for.

The status of my request for Charity Care Coverage is:
[Check the appropriate box.]

___ The hospital did not give me a Charity Care application when it admitted me. The hospital did not give me written Charity Care notice and explain it, or did not give me adequate assistance, considering my limited ability to speak or read English or other need for extra assistance. I formally request that you send me a Charity Care application at the address above.

___ I applied for Charity Care but you never properly processed my application. I formally request that you properly process my application for Charity Care and make a final determination about my eligibility.

___ You improperly denied my application for Charity Care and should reconsider it based on the attached information verifying my income and resources.

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

Please stop any collection activity until you have considered my Charity Care application. *

Sincerely,

____________________________________________________

*Under WAC 246-453-090, anyone failing to comply with the policies, procedures, and sliding fee schedules required by WAC 246-453-080 (Charity Care) has violated RCW 70.170.060 and faces penalties including 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 the hospital should have offered and granted me Charity Care for the medical services I received there 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.”

Nothing in Washington law allows a hospital to claim there is a time limit after which patients cannot qualify for Charity Care (such as after a hospital has sent a bill to collections). Furthermore, if a patient pays part of or the entire bill and the hospital subsequently finds s/he qualified for Charity Care for the time of 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 law clearly states, you must now give me the opportunity to apply for Charity Care, and your agency must stop any collection action until the hospital makes a determination on my application.*

Please dismiss this legal action until ____________________________ makes a decision regarding my Charity Care application.

Sincerely,

_______________________________________________

CC:

*Under WAC 246-453-090, anyone failing to comply with the policies, procedures, and sliding fee schedules required by WAC 246-453-080 (Charity Care) has violated RCW 70.170.060 and faces penalties including 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
UPO Box 47814
UOlympia, WA 98504-7814

RE: Request for Suspension of Collection Pending Charity Care Determination

Dear Mr. Huyck:

I received care at ________Hospital on approximately ____________________________ , 20 . The hospital is demanding payment or has sent my bill to collection, or I am being sued. I believe the hospital should have offered and granted me Charity Care for the services I received and that the hospital can provide Charity Care to me at any time.

My income as adjusted for family size is (check all that apply. See the table in Appendix A for 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 are not enough to fully pay for the services the hospital is billing me for.
[Check the appropriate box.]

_____The hospital did not give me a Charity Care application when it admitted me. The hospital did not give me written Charity Care notice and explain it, or did not give me adequate assistance, considering my limited ability to speak or read English or other need for extra assistance.

_____I applied for Charity Care but the hospital either would not give me the application form, refused to accept my application, or did not properly process and make a final determination on my Charity Care application.

_____The hospital improperly denied my application for Charity Care.

Additional explanation: _____________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
___________________.

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

[Check one box below.]

☐ I ask the Department of Health and its contractors to 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 for investigating my complaint against ____________ Hospital. Please let me know how quickly you will be able to respond to this complaint.

Sincerely,

________________________________________

_________________________