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PULLMAN REGIONAL HOSPITAL

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Owner	Janine Maines: Director Revenue Integrity
Area	Patient Financial Services-Policies
Applicability	Pullman Regional Hospital

Financial Assistance / Charity Care

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POLICY:

Public Hospital District #1-A of Whitman County is committed to the provision of Health Care Services to all persons in need of medical attention and agree not to discriminate in the provision of services:

- Regardless of the individual's ability to pay,
- Patients will be granted charity care or financial assistance regardless of race, color, sex, nation origin, disability, religion, age, sexual orientation, or gender identity as required by law (Washington Administrative Code (WAC)-246-453).

Notification:

The Hospital's Charity Care Policy will be publicly available through the posting of sign in public areas of the Hospital. The Hospital will provide written notice to all patients informing them about the availability of charity care at the time the patient / guarantor requests information regarding third-party coverage.

Eligibility Criteria:

Any patient receiving "appropriate hospital-based medical services," as defined in WAC 246-453-010(7), and any responsible party (that is, any individual who is responsible for the payment of any hospital charges which are not subject to third-party payment) whose family income is equal to or below two hundred percent (200%) of the Federal Poverty Standard, adjusted for family size, shall be determined to

be indigent persons qualifying for charity sponsorship for the full amount of hospital charges related to appropriate hospital-based medical services as defined in WAC 246-453-010(7) that are not covered by private or public third-party sponsorship.

The Hospital may classify any individual responsible party whose income exceeds three hundred percent (300%) of the Federal Poverty Standard, adjusted for family size, as an indigent person eligible for discount from charges based upon that responsible party's individual financial circumstances. Thus, hospitals have the discretion to provide catastrophic charity care. Including such a provision in the policy specifically grants hospitals the discretion to consider severe financial hardship or personal loss in providing charity care.

The most current Federal Poverty Guidelines will be used for determination, along with the sliding scale (up to 300% of Federal Guidelines).

Exemptions from Standard - Catastrophic hospitalization costs or other patient-specific circumstances may justify granting charity care, even when a patient exceeds the indigent standards.

Any patient receiving appropriate hospital-based medical services as defined in WAC 246-453-010(7) and responsible party, (that is, any individual who is responsible for the payment of any hospital charges which are not subject to third party sponsorship), whose family income is between two hundred one percent (201%) and three hundred percent (300%) of the Federal Poverty Standard, adjusted for family size, shall be determined to be indigent persons qualifying for discounts from charges related to appropriate hospital-based medical services as defined in WAC 246-453-010(7) in accordance with the Hospital's sliding fee schedule and policies regarding individual financial circumstances.

In order to comply with the "Washington Hospital Voluntary Effort on Billing to the Uninsured," the additional procedures will be followed. (Uninsured means no third-party insurance. Health Savings accounts are considered insurance.) Notification (applies to all patients).

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Eligibility Determination:

Financial Assistance for otherwise eligible patients who do not follow through in obtaining insurance coverage potentially available to them (e.g. Medicaid) will be individually evaluated. Before being considered for Financial Assistance, the patient’s/guarantor’s eligibility for the third-party payment coverage will be assessed and the patient/guarantor may be required to apply for coverage under those programs for which he or she is eligible. Patients who fail to comply with the Financial Assistance application requirements may be denied financial assistance. A Financial Counselor may identify and assist eligible patients in applying for Medicaid coverage. Patients who do not elect to receive Medicaid benefits when eligible for Medicaid may be denied Financial Assistance; however, Pullman Regional Hospital will not deny Financial Assistance to a patient solely based upon the patient’s refusal to enroll in a plan available to the patient on the Health Benefits Exchange. If only subsidized insurance is available, Pullman Regional Hospital does not require a charity candidate to purchase for consideration.

For the purpose of reaching an initial determination Pullman Regional Hospital requires the responsible party to sign a statement attesting to the accuracy of the information provided. Any one of the following documents shall be considered sufficient evidence upon which to base the final determination of charity care, when the income information is annualized as may be appropriate:

a. A "W-2" withholding statement;
b. Pay stubs;
c. An income tax return from the most recently filed calendar year;
d. Forms approving or denying eligibility for Medicaid and/or state-funded medical assistance;
e. Forms approving or denying unemployment compensation; or
f. Written statements from employers or welfare agencies.

Consideration of Assets:

When determining eligibility for financial assistance and charity care under this policy, Pullman Regional Hospital may take into consideration the existence, availability, and value of assets of the patient and/or guarantor to reduce the amount of the discount granted. In doing so, Pullman Regional Hospital will exclude from consideration:

- The first $5,000 in monetary assets for an individual, $8,000 for a family of two, and $1,500 of monetary assets for each additional family member
- Equity in a primary residence
- Retirement plans other than 401(k) plans or similar
- Any prepaid burial contract or burial plot
- One motor vehicle and a second motor vehicle if it is necessary for employment or medical purposes
- Any life insurance policy with a face value of $10,000 or less

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Asset information obtained by the hospital in evaluating a patient for charity care will not be used for collection activities. Verification of facts is limited to facts relevant to eligibility for charity care.

The hospital will not impose procedures that create an "unreasonable burden" on the responsible party seeking information. Only information reasonably necessary and readily available to substantiate eligibility for charity care will be requested.

In the event that the responsible party is not able to provide any of the documentation described above, Pullman Regional Hospital shall rely upon written and signed statements from the responsible party for making a final determination of eligibility for classification as an indigent person. In addition, Pullman Regional Hospital may review any claim that would identify patients, either uninsured or underinsured with high patient responsibility would likely qualify for financial assistance or charity treatment qualification may be granted without documentation.

Eligibility will be based on income and family size: "Family" includes people related by birth, marriage or adoption who live together. Total cash receipts before taxes, derived from wages and salaries, public assistance payments, Social Security payments, strike benefits, unemployment or disability benefits, child support, alimony, and net earnings from business and investment activities paid to the individual.

Incomplete applications may be denied until complete information is made available and/or the written and signed statement noted above is received. Pullman Regional Hospital will notify patients in writing outlining information needed. If an application remains incomplete, Pullman Regional Hospital may

pursue further collection efforts.

Upon receipt of the completed application, a decision will be made within fourteen (14) calendar days. Applicants will be notified verbally or by letter of the decision.

Patients / responsible parties may appeal a financial assistance determination no later than thirty (30) calendar days after receiving the financial assistance determination. The patients / responsible parties may use the appeal to correct any deficiencies in documentation or request review of the denial by the Hospital's Chief Financial Officer or his or her equivalent. The Chief Financial Officer, or his or her equivalent, will review all appeals. The patients / responsible parties will be notified of the outcome of the appeal. During the first fourteen (14) days of the appeal period the Hospital will not refer the account at issue to an external collection agency. After the first fourteen (14) days of the appeal period, if no appeal has been filed, the Hospital may initiate collection activities. If the Hospital initiates collection activities and then discovers an appeal has been filed, the Hospital shall cease collection efforts until the appeal is finalized. In the event that the Hospital's final decision upon appeal affirms the previous denial of charity care designation under the criteria described in WAC 246-453-040(1) or (2), the responsible parties and the Department of Health shall be notified in writing of the decision and the basis for the decision, and the Department of Health shall be provided with copies of documentation upon which the decision was based.

Once approval has been granted, all applicable accounts will be adjusted and noted appropriately.

Any qualified payments made to approve accounts will be refunded back to the patient within thirty (30) days of approval.

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Confidentiality:

Except as required for determination of eligibility and as required for reporting purposes under WAC 246-453, all information relating to the application will be kept confidential. Complete copies of documents which support the application will be kept in an electronic archiving system.

Attachments

Charity Care Scale 2026.xlsx

Approval Signatures

Step Description	Approver	Date
	Janine Maines: Director Revenue Integrity	10/2026

Applicability

Pullman Regional Hospital

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