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Next Review	1/26/2027	References	Policy

Charity Care Program (Confluence Health Financial Assistance Program)

POLICY:

Confluence Health is committed to the provision of health care services to all persons in need of medically necessary care regardless of ability to pay. In order to protect the integrity of operations and fulfill this commitment, the following criteria for the provision of financial assistance and charity care, consistent with the requirements of the Washington Administrative Code (WAC), Chapter 246-453, are established. These criteria will assist staff in making consistent objective decisions regarding eligibility for financial assistance and charity care while ensuring the maintenance of a sound financial base.

A. **COMMUNICATIONS TO THE PUBLIC:**

1. Information about Confluence Health's financial assistance and charity care policy also known as Charity Care Program (CCP) shall be made publicly available as follows:
    a. A notice advising patients that Confluence Health provides financial assistance and charity care shall be posted in key public areas of Confluence Health Hospital, including Admissions, the Emergency department and Financial Services.
    b. Confluence Health will distribute a written notice about the availability of financial assistance and charity care to all patients. The written notice also shall be verbally explained upon request. If for some reason, for example in an emergency situation, the patient is not notified of the existence of financial assistance and charity care before receiving treatment; he/she shall be notified in writing as soon as possible thereafter.

c. Both the written notice and the verbal explanation shall be available in any language spoken by more than ten percent of the population in the confluence health service are, interpreted for other non – English speaking or limited – English speaking patients and for other patients who cannot understand the writing and/or explanation. Confluence Health finds that following non – English translation(s) of the notice shall be made Available: Spanish

d. Confluence Health shall train front line staff to answer financial assistance and charity care questions effectively or direct such inquiries to the appropriate department in a timely manner.

e. Written notice about Confluence Health's financial assistance and charity care policy shall be made available to any person who requests the information, either by mail, by telephone or in person. Confluence health's sliding fee schedule, if applicable, shall also be made available upon request.

B. **List of Providers Subject to Confluence Health's Charity Care Program:**

1. Confluence Health will specifically identify a list of those physicians, medical groups, or other professionals providing services who are and who are not covered by its financial assistance and Charity Care Program. Each Confluence Health location will provide this list to any patient who requests a copy. The provider list can also be found online on the Confluence Health website at https://www.confluencehealth.org/documents/Providers-Covered-and-not-Covered-by-CH-FAP.pdf

C. **Staff Training:**

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

D. **Definitions:**

1. **Charity Care means** Charity Care and/or Financial Assistance means medically necessary hospital health care rendered to indigent persons when Third-Party Coverage, if any, has been exhausted, to the extent that the persons are unable to pay for the care or to pay deductible or coinsurance amounts required by a third-party payer based on the criteria in this policy.

2. **Third Party Coverage means** Third-Party Coverage means an obligation on the part of an insurance company, health care services contractor, health maintenance organization, group health plan, government program (Medicare, Medicaid or medical assistance programs, workers compensation, veteran benefits), tribal health benefits, or health care sharing ministry as defined in 26 U.S.C. Sec. 5000A to pay for

the care of covered patients and services, and may include settlements, judgments, or awards actually received related to the negligent acts of others (for example, auto accidents or personal injuries) which have resulted in the medical condition for which the patient has received hospital health care services.

3. **Family** means a group of two or more persons related by birth, marriage, or adoption who live together. All such related persons are considered as members of one family;
4. **Initial determination of sponsorship status means** an indication, pending verification, that the services provided by the hospital and/or clinics may or may not be covered by third party sponsorship, or an indication from the responsible party, pending verification, that he or she may meet the criteria for designation as an indigent person qualifying for charity care.
5. **Final determination of sponsorship status means** the verification of third party coverage or lack of third party coverage, as evidenced by payment received from the third party sponsor or denial of payment by the alleged third party sponsor, and verification of the responsible party's qualification for classification as an indigent person, subsequent to the completion of any appeals to which the responsible party may be entitled and which on their merits have a reasonable chance of achieving third-party sponsorship in full or in part.
6. **Amount Generally Billed (AGB):** The amounts generally billed for emergency and other medically necessary care to patients who have health insurance is referred to in this policy as AGB. Confluence Health determines the applicable AGB percentage by multiplying the hospital's gross charges for any emergency or medically necessary care by a fixed percentage which is based on claims allowed under Medicare and private insurers. Information sheets detailing the AGB percentages (and how they are calculated using the lookback method) can be obtained on request by contacting patient services at (509) 436-4020.
    a. **Limitation on Charges for all Patients Eligible for Financial Assistance:**
        i. No patient who qualifies for any of the above-noted categories of assistance will be personally responsible for more than the "Amounts Generally Billed" (AGB) percentage of gross charges defined above.

E. **ELIGIBILITY CRITERIA:**

1. Financial assistance and charity care are generally secondary to all other financial resources available to the patient, including group or individual medical plans, worker's compensation, Medicare, Medicaid or medical assistance programs, other state, federal, or military programs, third party liability situations (e.g. auto accidents or personal injuries), or any other situation in which another person or entity may have a legal responsibility to pay for the costs of medical services.
2. Patients will be granted financial assistance and charity care regardless of race, creed, color, national origin, sex, sexual orientation, or the presence or any sensory, mental or physical disability or the use of a trained dog guide or service animal by a disabled person.
3. Financial Assistance and charity care shall be available to all patients seeking

medical services at Confluence Health.

4. Financial assistance and charity care shall be limited to "appropriate hospital – based medical services" as defined in WAC 246-453-010(7) and clinic services not excluded in J.1.
5. Confluence Health **shall not** require a disclosure of the existence and availability of family assets from Financial Assistance and Charity Care applicants.
6. Confluence Health's Charity Care schedule is based on the Federal Poverty Guideline and is updated annually. The incomes shown below represent 100% of the federal poverty level.
7.

Persons in Family	48 Contiguous States and D. C.
1	$15,960
2	$21,640
3	$27,320
4	$33,000
5	$38,680
6	$44,360
7	$50,040
8	$55,720
For each additional person, add	$5,680

https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines

8. A person with an annual family income equal to or below three hundred percent of the Federal Poverty Guideline, adjusted for family size, shall be determined to be an indigent person qualifying for charity sponsorship and shall have his/her charges for appropriate hospital based medical services not covered by public or private sponsorship reduced according to the following schedule:
    a. 0%-200% of the Federal Poverty Guideline, by 100%. Nominal fees are not charged to patients at or below 200% of the Federal Poverty Guideline on qualifying Charity Care services.
    b. 201%-250% of the Federal Poverty Guideline, by 75%
    c. 251%-300% of the Federal Poverty Guideline, by 50%.
9. Hospital policies and procedures shall specify the individual financial circumstances which may be considered by appropriate hospital personnel for the purposes of holding the responsible party accountable for a lesser amount, after the application of the sliding fee schedule, such as extraordinary non-discretionary expenses relative to the amount of the responsible party's medical care expenses.
10. For the purposes of catastrophic charity, Confluence Health may classify any individual responsible party whose income exceeds three hundred percent of the Federal Poverty Guideline, adjusted for family size, as an indigent person eligible for a discount from charges based upon that responsible party's individual financial circumstances. WAC 246-453-040.1.2.3

11. The responsible party's financial obligation which remains after the application of this sliding fee schedule may be payable in monthly installments over a reasonable period of time, without interest or late fees, as negotiated between the hospital and the responsible party. The responsible party's account shall not be turned over to a collection agency unless payments are missed or there is some period of inactivity on the account, and there is no satisfactory contact with the patient.

F. **PROCESS FOR ELIGIBILITY DETERMINATION:**

1. **Initial Determination:**

    a. Confluence Health shall use an application process for determining eligibility for financial assistance and charity care. Referrals to provide financial assistance and charity care will be accepted from sources such as Confluence Health employees, physicians, community or religious groups, social services, financial services personnel and the patient, provided that any further use or disclosure of the information contained in the request shall be subject to the Health Insurance Portability and Accountability Act privacy regulations and Confluence Health's privacy policies. All requests shall identify the party that is financially responsible for the patient as the "responsible Party"

    b. Confluence Health's charity care application is available to all patients in the Hospital and clinics. The Hospitals and clinics will make every reasonable effort to reach initial and final determinations of charity care designation in a timely manner; however, the Hospital and Clinics shall make those designations at any time upon learning of facts or receiving documentation, as described in WAC 246-453-030. The patient must be compliant with requests from the CCP team for supporting household and financial documentation. The Patient shall provide the documentation no later than 30 days after submitting their application.

2. The initial determination of eligibility for financial assistance and charity care shall be completed at the time of admission or as soon as possible following initiation of services to the patient, but no later than 14 days after the time of admission or the initiation of services.
3. Pending final eligibility determination, Confluence Health will not initiate Collection efforts or request deposits, provided that the responsible party is cooperative with Confluence Health's efforts to reach a final determination of sponsorship status.
4. If Confluence Health becomes aware of factors which might qualify the patient for financial assistance or charity care under this policy, it shall advise the patient of this potential and make an initial determination that such account is to be treated as qualified to receive financial assistance or charity care.
5. If the Patient is found eligible for Financial Assistance or Charity Care and wishes to have bad debt from a prior year reviewed, the patient must provide income documentation from that period.

G. **FINAL DETERMINATION:**

1. Prima Facie Write-Offs. In the event that the responsible party's identification as an

indigent person is obvious to Confluence Health personnel, and Confluence Health can establish that the applicant's income is clearly within the range of eligibility, Confluence Health will grant charity care based solely on this initial determination. In these cases, Confluence Health is not required to complete full verification or documentation. WAC 246-453-030(3).

a. Confluence Health will screen all Indigent persons for Medicaid and/or VA/TriCare benefits prior to release from facility.
b. Insurance navigators will work requests within 2 business days
c. Appropriate accounts will be noted (within guidelines permitted)
d. Appropriate follow-up will be provided for the patient depending on programs etc.
e. Email response wil be sent with updates or final outcome whichever are appropriate
f. Financial Counselors/Patient Advocates will work off of self-pay WQ's and will work referrals from Case Managers and Discharge Coordinators. They also go to the floor and screen patient while they are in-house.

2. Financial assistance and charity care forms, instructions, and written applications shall be furnished to the responsible party when financial assistance or charity care is requested, when need is indicated, or when financial screening indicates potential need. All applications', whether initiated by the patient or Confluence Health, should be accompanied by documentation to verify information indicated on the application form. One or more of the following documents shall be considered sufficient evidence upon which to use the final determination of charity care eligibility:
    a. A 'W-2" withholding statement for current year
    b. Bank Statement (showing Social Security Deposit)
    c. PFMLA (Paid Family Medical Leave of Absent from State)
    d. Social Security benefit award letter
    e. Bank statement showing Social Security deposit and or Pension deposit
    f. Pay Stubs from all employment during the relevant time period
    g. An income tax return from the most recent calendar year
    h. Forms approving or denying eligibility for Medicaid and/or state-funded medical assistance
    i. Forms approving or denying unemployment compensation
    j. Written statements from employers or DSHS employees
    k. Veterans Benefits
    l. Child / Spousal Support – court order
    m. Property Income/ Tenants
    n. Unemployment Compensation
    o. Workmen's Comp (L&I)

p. Retirement

q. Pension

r. Annuity Payments

s. Profit and Loss statement

t. Any additional information which may assist in the determination.

3. During the initial request period, Confluence Health shall determine the existence or non existence of private or public sponsorship which might cover the charges for hospital care.
4. Confluence Health and the patient may pursue other sources of funding, including Medical Assistance and Medicare. The responsible party will be required to provide written verification of ineligibility for all other sources of funding. Confluence Health may not require that a patient applying for a determination of indigent status seek bank or other loan source funding.
5. Confluence Health shall determine the annual family income of the patient as classified under Federal Poverty Guidelines at the time the health care services were provided, or at the time of the application for charity care if the application is made within two years of the time of service, provided the patient has been making good faith efforts towards payment of health care services rendered, and the patient demonstrates eligibility for charity care. (RCW 70.170.060(10))
6. Confluence Health shall consider applications for charity care at any time, including any time there is a change in the patients financial circumstances.
7. In the event that the responsible party is not able to provide any of the documentation described above, Confluence health shall rely upon written and signed statements from the responsible party for making a final determination of eligibility for classification as an indigent person. (WAC 246-453-030(4))
8. **Time frame for final determination and appeals:**
    a. Confluence Health shall notify the applicant of the determination of sponsorship within fourteen (14) days of receipt of the completed charity care application and supporting income documentation.
        i. During the initial determination of sponsorship, all collection efforts are ceased.
    b. The responsible party may appeal a denial of eligibility for charity care by providing additional verification of income or family size to the CCP staff of Confluence Health within 30 days of receipt of notification.
        i. During the appeal of a determination of sponsorship status, all collection efforts are ceased.
    c. The timing of reaching a final determination of charity care status shall have no bearing on the identification of charity care deductions from revenue as distinct from bad debts, in accordance with WAC246-453-020(10)
    d. If the patient or responsible party has paid some or the entire bill for

medical services and is later found to have been eligible for financial assistance or charity care at the time services were provided, any payments in excess of the amounts 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.

i. Co-pay, deductibles and coinsurance are eligible for CCP write offs if the patient is approved for CCP.

9. **Adequate notice of denial:**

a. When an application for financial assistance and charity care is denied, the responsible party shall receive a written notice of denial which includes:

i. The reason or reasons for the denial

ii. The date of the decision; and

iii. Instructions for appeal or reconsideration.

b. When the applicant does not provide requested information and there is not enough information available for Confluence Health to determine eligibility, the denial notice shall also include:

i. A description of the information that was requested and not provided, including the date the information was requested;

ii. A statement that eligibility for charity care cannot be established based on information available to Confluence Health; and

iii. That eligibility shall be determined if, within thirty days from the date of the denial notice, the applicant provides all specified information previously requested but not provided.

c. All appeals will be reviewed by the Charity Care review board. If this review affirms the previous denial of financial assistance and charity care, written notification will be sent to the responsible party and the Department of Health in accordance with state law.

d. If a patient has been found eligible for financial assistance or charity care and continues receiving services for an extended period of time, patients must reapply every 6 months for Charity Care reevaluation, and will need to provide supporting income documentation with the new application.

H. **DOCUMENTATION AND RECORDS:**

1. Confidentiality: All information relating to the application will be kept confidential. Copies of documents that support the application will be kept with the application form.

2. Documents pertaining to financial assistance and charity care shall be retained for five (5) years.

I. **FRAUD:**

1. False Statements

a. Including but not limited to;

i. Falsifying household size
ii. Falsifying Marital status
iii. Falsifying Income status and sources
iv. Falsifying any documents asked for as part of application

2. Concealing Information
    a. This includes financial status change within thirty (30) days of occurrence
    b. Change in household size/ marital status

3. Consequences of a falsified account
The account will be reviewed with the accurate information and a decision will be based on the new information.

4. Notification of possible Fraud
    a. The patient will be notified in writing of an 'audit' on their account.
    b. The patient will have thirty (30) days to provide the documentation proving status.

J. CHARGES FINANCIAL ASSISTANCE DOES NOT COVER: Financial assistance will be applied to balances for medically necessary care.

1. Charges for services that are cosmetic, investigative, or primarily for the convenience of the patient are not eligible for Financial Assistance. Below are examples of services that are ineligible:
    a. Employer required screenings
    b. Infertility Treatment
    c. Cosmetic surgery
    d. Upgraded specialty lenses for cataract surgery
    e. Vision hardware
    f. CWOFS (Central Washington Oral & Facial Surgery) Cash Pay Discounts

2. Services that can be provided by an alternate in-network provider that have not been approved by the patient's insurance to be provided out-of-network at Confluence Health are not eligible for Financial Assistance.

K. Collection Actions.

1. Statements will generate every 30 days for any account that has an outstanding self-pay balance. All statements include information about Confluence Health's financial assistance and charity care program, along with contact information for Confluence Health's Charity Care Representatives.

2. At 30-60 days if no payment has been made, Confluence Health will make reasonable efforts to contact the guarantor regarding their outstanding balance.
    a. If no communication has been received, a phone call may be attempted to begin working with the guarantor. If the guarantor cannot be reached a letter will be sent.

b. The guarantor will be advised of the availability of all payment plan options, bank financing, sliding scale discounts, and Confluence Health's financial assistance and charity care program.

i. When a guarantor is being screened for eligibility for Confluence Health's financial assistance and charity care program, all collection efforts on unpaid balances will cease pending a final determination.

3. At 90 days past due, further collection efforts will commence.
    a. Attempts will be made to contact the guarantor by phone and through letter correspondence until the account reaches 120 days past due.
    b. The guarantor will be advised of the availability of all payment plan options, bank financing, sliding scale discounts, and Confluence Health's financial assistance and charity care program.
        i. When a guarantor is being screened for eligibility for Confluence Health's financial assistance and charity care program, all collection efforts on unpaid balances will cease pending a final determination.
4. At 120 days past due, the account will be referred to an outside collections agency.
    a. If at any point during the collection process the guarantor requests that they be screened for Confluence Health's financial assistance and charity care program, collection activity will cease until a final determination is made.

REFERENCES:

WAC 246-453-010(7) "Appropriate hospital-based medical services" means those hospital services which are reasonably calculated to diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective more conservative or substantially less costly course of treatment available or suitable for the person requesting the service. For purpose of this section, "course of treatment" may include mere observation or, where appropriate, no treatment at all.

WAC 246-453-030.3 In the event that the responsible party's identification as an indigent person is obvious to hospital personnel, and the hospital personnel are able to establish the position of the income level within the broad criteria described in WAC 246-453-040 or within income ranges included in the hospital's sliding fee schedule, the hospital is not obligated to establish the exact income level or to request the aforementioned documentation from the responsible party, unless the responsible party requests further review.

WAC 246-453-030.4 In the event that the responsible party's identification as an indigent person is obvious to hospital personnel, and the hospital personnel are able to establish the position of the income level within the broad criteria described in WAC 246-453-040 or within income ranges included in the hospital's sliding fee schedule, the hospital is not obligated to establish the exact income level or to

request the aforementioned documentation from the responsible party, unless the responsible party requests further review.

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. The timing of reaching a final determination of charity care status shall have no bearing on the identification of charity care deductions from revenue as distinct from bad debts.

***Note: policy must be published on DOH Hospital website & CH.org as updates occur.**

Attachments

Confluence_CCPolicyLetter2.3.2026.pdf

Approval Signatures

Step Description	Approver	Date
PolicyStat Administrator	Crista Davis: Regulatory Standards Coordinator	1/26/2026
CFO	Janette Townsend: Chief Financial Officer	1/26/2026
VP	Kaci Ramsey: VP Revenue Cycle	1/25/2026
Director	Loni Daniels: Patient Access & Financial SVCS Director	1/23/2026
	James Markel: Patient Services Manager	1/19/2026

Standards

No standards are associated with this document