

WSHA Standard Charity Care/Financial Assistance Documents Guidance on Adoption of Standard Application Form and Instruction Sheet

The purpose of the WSHA standard charity care/financial assistance application form and instruction sheet is to make charity care/financial assistance available to all who need and qualify for it, provide patients with a common experience across hospitals and health systems, and enable hospitals and systems to collect necessary information to evaluate each patient's eligibility for charity care and financial assistance. The application form and instruction sheet were designed to help hospitals meet both Washington State charity care requirements and Section 501(r) federal financial assistance requirements.

These documents were developed by WSHA's charity care work group, and approved by the WSHA Public Policy Committee, CFO Advisory Group, and the WSHA Board of Trustees. The expectation is that WSHA members will follow this guidance on the adoption of these standard documents.

Maintain standard look and feel of documents

Except for the areas discussed below, the instruction sheet and application form should remain in this standard form. Part of the reason for developing these standard documents was concern from patients and legislators that financial assistance forms were confusing and the questions and requirements varied significantly from hospital to hospital. Maintaining the overall look and contents of the documents will help meet the goal of improving the patient experience.

These documents were created to serve as a "closed universe" – meaning that individual hospitals may choose to delete questions on the standard form, but no hospital should add questions. Please do not ask for additional information beyond what is included in the standard form.

Add hospital name, logo, income levels, and pay stubs information

A few sections of the instruction sheet and application form highlighted in yellow need to be customized with each hospital's or system's information. Each highlighted section includes instructions on the information that needs to be inserted.

- Instruction sheet: Insert information such as the hospital/system name and logo or contact information for patients seeking assistance.
- Application form, page 2: In the box marked "Income information," each hospital or system should determine how many pay stubs to request. State law allows hospitals to require pay stubs, but does not direct how many may be requested. Hospitals should not place an unreasonable burden on the patient or family and should not request more than 3 months of paystubs. We encourage hospitals to request the minimum number necessary to assess income.
- Application form, page 2: In the box marked "Asset Information," each hospital or system may change the income percentage in the italicized line reading "This information may be used if your income is above xxx% of the Federal Poverty Guidelines." Hospitals may only consider assets for patients receiving discounted care and they may not be considered for people who qualify for free care (those up to 300% for Tier 1 hospitals and 200% for Tier 2 hospitals). Hospitals may decide to increase the FPL level at which they choose to consider assets or may decide not to consider assets at all.

Delete fields you do not use

Areas of the instruction form and application form are highlighted in green. These items may be deleted from the form, but should not be altered or added to.

- Instruction sheet: The requirement that patients declare assets may be removed if the hospital does not require this information under its charity care/financial assistance policy.
- Application form, page 1: The boxes labeled “Social Security Number (optional*)” may be removed if the hospital does not use or request this information. Consider removing only if the hospital does not request or use Social Security numbers to process applications for charity care/financial assistance, including for those above the state law requirements.
- Application form, page 2: The box labeled “Expense Information” may be removed if the hospital/system does not request expense information under its charity care/financial assistance policy. Individual expense items listed in the Expense Information box may be removed if the hospital does not wish to consider a particular type of expense in its charity care/financial assistance assessment. However, no additional expense information or questions should be added.
- Application form, page 2: The box labeled “Asset Information” may be removed if the hospital/system does not request asset information under its charity care/financial assistance policy. Individual assets listed in the Asset Information box may be removed if the hospital does not wish to consider a particular asset in its charity care/financial assistance assessment. However, no additional asset information or questions should be added.

Social Security numbers

Hospitals may not **require** a Social Security number be supplied in order to establish eligibility for charity care under state-mandated levels (up to 400% of the Federal Poverty Level for Tier 1 hospitals and 300% for Tier 2 hospitals). Hospitals may request and use Social Security numbers to verify patient identity or speed approval for charity care at state-mandated levels. Hospitals should be mindful that some patients may be uncomfortable about the request for a Social Security number, and other patients do not have one. Please carefully consider whether this is a field your hospital will actually use and remove it if you do not.

State and federal law

These documents are drafted to comply with state charity care law and federal IRS 501(r) regulations. 501(r) regulations are mandatory for 501(c)(3) nonprofit hospitals.

Provide information on federal poverty levels

Whether a patient qualifies for charity care/financial assistance is based on the patient’s family size and income, as a percentage of the Federal Poverty Guidelines. State law requirements vary for Tier 1 and Tier 2 hospitals and are summarized in the table below:

Tier 1: hospitals owned or operated by a health system that owns or operates 3 or more acute care hospitals (also including Seattle Children’s Hospital, Overlake Medical Center, EvergreenHealth Kirkland, and Legacy Salmon Creek)	Tier 2: includes all other hospitals (independent and small hospitals and behavioral health hospitals not owed by a system)
0-300% FPL - Free to patient	0-200% FPL – Free to patient
	201-250% FPL – 75% discount for the full amount of the patient responsibility portion of their hospital charges for patients
	251-300% FPL – 50% discount for the full amount of the patient responsibility portion of their hospital charges for patients
301-350% FPL – 75% discount for the full amount of the patient responsibility portion of their hospital charges for patients	
351-400% FPL – 50% discount for the full amount of the patient responsibility portion of their hospital charges for patients L	

Some hospitals are more generous. Poverty guidelines are produced by the federal government and are updated yearly. Hospitals should provide patients with easy access to the current version of the Federal Poverty Guidelines, including a link or copy of the Federal Poverty Guidelines in paper and electronic form, accompanied by a copy of the hospital’s sliding fee scale. The annually-updated Federal Poverty Guidelines are available [here](#).

Review policies and procedures

Each hospital should review its current charity care/financial assistance policies and procedures to align them with the information collected on the standard application form. If the hospital’s charity care/financial assistance policy needs to be revised, the revised policy must be submitted to the Department of Health for review 30 days before the policy is implemented at the hospital. Documents must be submitted to the Department of Health electronically by emailing CharityCare@doh.wa.gov.

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