Tacoma Human Rights Commission

Charity Care Task Force

Interim Report

June 18, 2018

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I. Executive Summary

1. The Task Force was established by the Tacoma Human Rights Commission on 11/6/17 and is focused on disparate access to charity care based on language.
2. According to charity care law, hospitals have an *affirmative duty* to screen for charity care eligibility, interpret charity care information for patients with limited English proficiency, and ensure that the charity care application process is not burdensome.
3. The task force has reviewed a number of written publications to educate itself about issues relevant to its focus and inform itself of recent work regarding charity care that has been completed by other entities in and around Tacoma.
4. The task force has conducted outreach with several organizations and individuals, the Department of Health, elected officials, the MultiCare hospital system, and the CHI-Franciscan hospital system. Its research and outreach efforts have provided the task force with an in-depth understanding of the issues central to its focus and has prepared the task force to begin planning interventions and monitoring efforts aimed at improving access to financial assistance and charity care for Tacoma residents with limited English proficiency.
5. The task force has two primary interventions in mind:
    a. *Charity care training(s)*. Two community agencies – Sea-Mar Community Health Center/Tacoma and Korean Women's Association – have expressed a strong interest in the Task Force training their staff, so that these "navigators" can provide more knowledgeable and effective assistance to clients who may be eligible for charity care, particularly those with limited English proficiency. The Task Force intends to contact other local agencies, such as Tacoma Community House, to inquire whether they are also interested in such a training.
    b. *Discrimination complaints*. The Task Force has informed stakeholders that it would like to be notified of cases involving Tacoma residents with limited English proficiency who believe they were denied by a Tacoma hospital access to medical financial assistance or charity care.
6. The task force intends to continue monitoring language-based access to charity care in the following three ways:
    a. *Site visits*. The Task Force intends to continue periodic visits to Tacoma hospitals and affiliated clinics through 2019 to monitor whether the revised charity care policies and procedures outlined to us by MultiCare and CHI-Franciscan have been successfully implemented and sustained.
    b. *Department of Health*. The Task Force believes it is important that hospitals provide to DOH disaggregated charity care data, parsed by race, ethnicity, national origin, primary language, and whether interpretive services were provided.
    c. *Compliance Study*. In partnership with Columbia Legal Services, the task is exploring the viability of a study by the Equal Rights Center focused on Tacoma hospitals and extending over 2 years and focused on learning whether access to medical financial assistance for Tacoma residents with limited English proficiency improves at MultiCare and CHI-Franciscan hospital systems.

II. The Task Force

A. Alignment with City

In 2015, the City Council approved the City of Tacoma's Ten-Year Citywide Strategic Plan and Vision (*Tacoma 2015*). Ensuring that all Tacoma residents have equitable opportunities to share in the benefits of community progress is one of the Plan's Core Values. Ensuring that Tacoma residents experience no barriers to receiving human and social services is one of the Plan's Focus Areas.[1]

Amongst the five primary goals that guide the mission of the City's Office of Equity and Human Rights is equitable service delivery to all residents and visitors.[2]

In 2015, Tacoma joined the Welcoming Cities and Counties Initiative, which encourages communities to create more welcoming, immigrant-friendly environments.[3]

In 2016, the City-sponsored Tacoma Latino Town Hall Task Force found that amongst the Latino community's primary concerns were poor access to health care and discrimination in the area of language.[4]

In 2017, the City-sponsored Tacoma Immigrant & Refugee Task Force found that amongst the immigrant and refugee community's primary concerns were language barriers to services.[5]

B. Impetus

A 2017 study of Washington hospitals by the Equal Rights Center, funded by Columbia Legal Services, that found that Spanish speakers had markedly less access to charity care than English speakers.[6]

C. Creation

The Task Force was established by the Tacoma Human Rights Commission on 11/6/17.

D. Focus

Disparate access to charity care based on language.

E. Members

Brad Bates, Chair	Sarah Lee (as of 5/16/18)	Lisa Snyder
Gina Fonseca	Allen Ratcliffe	

F. Meetings to Date

December 20, 2017	March 10, 2018	May 16, 2018

[1] http://cms.cityoftacoma.org/tacoma-2025/tacoma-2025.pdf.
[2] http://cms.cityoftacoma.org/OEHR/AnnualReport/COT_OEHR_AnnualReport2016.pdf.
[3] Resolution No. 39116, adopted 2/17/15, http://cms.cityoftacoma.org/OEHR/facilitatingchange/Welcoming_Cities_Resolution_Council_Meeting.pdf
[4] *Tacoma Latino Town Hall Report*, 2016, http://cms.cityoftacoma.org/OEHR/facilitatingchange/Latino_Town_Hall_Report.pdf
[5] http://www.thenewstribune.com/news/local/article166733432.html.
[6] *Access Denied: Washington's Charity Care System, its Shortfalls, and the Effect on Low-Income Patients*, Columbia Legal Services, 2017, http://columbialegal.org/sites/default/files/170824CharityCareReportFINAL-DIGITAL.pdf.

January 27, 2018 (retreat)	April 21, 2018	June 13, 2018
February 10, 2018	May 2, 2018	

G. Work Plan

For a concise summary of the Task Force's work plan, please refer to Appendix A.

Study the problem of disparate access to charity care based on language.

Intervene to reduce language barriers to charity care.

Monitor language-based access to charity care through 2019.

III. Study

A. Brief Background

Charity care is hospital care provided for free or at reduced cost to patients whose income falls below 200% of the federal poverty line.[7] Hospital charity care laws have been in place since 1989 and are meant to ensure that health care is not out of reach for those who cannot afford it.[8] And the need for charity care is great. In Washington in 2015, 28% of the population (approx. 7 million individuals) had family incomes below 200% of the poverty level.[9]

According to charity care law, hospitals have an *affirmative duty* to screen for charity care eligibility, rather than wait for patients to apply. In addition, hospitals must perform charity care screening before attempting to collect payment, provide written notification that free or reduced care may be available, interpret charity care information for patients with limited English proficiency, and ensure that the charity care application process is not burdensome.[10]

Charity care is good public policy and a fair exchange for the many public benefits conferred on Washington hospitals. Non-profit and public hospitals receive substantial public subsidies, substantial public monies as compensation for hospital services, and protection against competition in the form of Washington's Certificate of Need Program.[11]

B. Research

The task force has reviewed the following written publications to educate itself about issues relevant to its focus and inform itself of recent work regarding charity care that has been completed by other entities in and around Tacoma. Please refer to Appendix B for a brief summary of this research.

- *Out of Control: MultiCare Health System's Abusive Patient Collections Practices*, Washington Community Action Network, 2015[12]
- *Community Health Needs Assessment Report*, MultiCare Tacoma General Hospital, 2016[13]
- *State of Washington v. CHI-Franciscan Health* Case No. 3:17-cv-05690 (W.D.Wash. Aug. 31, 2017)
- *Mission Fail at CHI Franciscan: How Kitsap County's Largest Health Care Provider Puts the Bottom Line Ahead of its Charitable Mission*, Washington Community Action Network and UFCW21, 2017[14]

[7] See WAC 246-453-010(4)-(5); WAC 246-453-040.
[8] See RCW 70.170.010(2)-(3).
[9] Distribution of the Total Population by Federal Poverty Level (above and below 200% FPL), Timeframe: 2015, Kaiser Family Foundation, http://KFF.org/other/state-indicator/population-up-to-200-fpl/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.
[10] See RCW 70.170.060(6); WAC 246-453-020(1)-(2); WAC 246-453-010(16); and WAC 246-453-020(5).
[11] see Access Denied (footnote 4), pp. 6-7.
[12] https://issuu.com/wcan/docs/out-of-control-multicare-health-sys.
[13] https://www.multicare.org/file_viewer.php?id=9788&title=CHNA-TacomaGen.
[14] https://static1.squarespace.com/static/59415697f5e2317cee0f2fed/t/59dc02fa90badec5d2322f87/1507590909939/MISSION+FAIL+at+CHI+Franciscan+2017+Report.pdf.

- *Access Denied: Washington's Charity Care System, its Shortfalls, and the Effect on Low-Income Patients*, Columbia Legal Services, 2017
- *Responding to Immigrants' & Refugees' Fears About Health Care*, Northwest Health Law Advocates & Northwest Justice Project, 2017[15]
- *Amireh v. UW Medicine/Northwest*, King County Superior Court, Case No. 16-2-14579-5 SEA (March 20, 2018) (Final Order)[16]
- *SB 6273*, 2018[17]

C. Outreach

1. Organizations & Individuals

Since December 2017, the Task Force has met with the following organizations and individuals:

- 12/20/17 – Pierce County Community Healthcare Alliance (Dexter Gordon, PhD, Sarah Cherin, UFCW, & Curt Williams, SEIU 1199NW)
- 2/10/18 – SEIU 1199 NW (Rachel Erstad, external research analyst)
- 3/10/18 – Sea-Mar Community Health Centers, Tacoma Office (Harry Franqui, Director of Managed Care)
- 4/21/18 – Korean Women's Association (KWA, Troy Christensen, Executive Director)

The Task Force has also communicated directly with individuals at the following organizations:

- Columbia Legal Services
- Consejo Counseling and Referral Service
- Equal Rights Center
- Nativity House
- Northwest Health Law Advocates (NoHLA)
- Northwest Justice Project
- Tacoma Community House

From these organizations and individuals, the Task Force has received a wealth of invaluable information, a complete listing of which is beyond the scope of this interim report. A few of the key insights are listed below.

- There are many organizations and individuals in Tacoma advocating for improved access to medical financial assistance, although the Task Force may be alone in focusing specifically on reducing language barriers.
- There is strong interest in and support for the Task Force's work.

[15] http://nohla.org/wordpress/img/pdf/RespondImmFearsHC.pdf.
[16] http://www.columbialegal.org/sites/default/files/Amireh-Final%20OrderSM.pdf; *see also* http://www.columbialegal.org/court-approves-class-action-settlement-involving-screening-hospital-charity-care; http://nwhospitalcharitycaresettlement.com/.
[17] http://apps2.leg.wa.gov/billsummary?BillNumber=6273&Year=2017&BillNumber=6273&Year=2017.

- Many Tacoma residents with limited English proficiency also have scant knowledge of health care policies and do not understand their rights to access charity care or how to navigate health systems.
- Many Tacoma residents with limited English proficiency avoid initiating timely contact with health care providers for fear of unmanageable medical debt and/or fear of deportation.
- Sea-Mar, KWA, and TCH have expressed an interest in having the Task Force provide charity care training for their staff, so that these "navigators" can provide more knowledgeable and effective assistance to clients who may be eligible for charity care, particularly those with limited English proficiency.
- NoHLA has indicated a willingness to partner with the Task Force for charity care trainings and provide much needed expertise regarding the law as it relates to health care issues relevant to charity care and of acute concern to immigrants. Examples of such issues include being deemed a public charge, sponsors being asked to reimburse the government for benefits, and personal information being shared with immigration enforcement officials.

2. Department of Health

Washington's Charity Care law requires hospitals to report data to the Department of Health (DOH) concerning the charity care provided each year.[18] The Task Force contacted DOH to inquire about the charity care data that have been reported since 2016.

The program that collects this information is called the *Hospital Financial Reporting System* (HFRS) and is currently overseen by Randall Huyck at DOH. According to Mr. Huyck, DOH asks hospitals for the number of patients provided charity care each year, as well as the total cost to the hospital for charity care provided each year, and for this information to be provided separately for inpatient and outpatient services. According to Mr. Huyck, hospitals often fail to provide patient counts and sometimes do not parse the data by inpatient/outpatient status.[19]

It is important to note that the *actual cost* of charity care to hospitals is much less than the *billed charge amounts* that hospitals annually report to DOH. *Billed charge amounts* are based upon each hospital's "Charge Master" rate sheet that sets the price for every treatment and item supplied by the hospital. These "Charge Master" rates are significantly higher than the amounts the hospital actually expects to be paid, as private and government payors pay only a fraction of the hospital's "Charge Master" rates. For example, according to the DOH Report issued in 2017, although hospitals reported $532 million in charity care in 2015, the approximate cost of these services to hospitals was $185 million, based on the cost of care adjustment.[20]

[18] See RCW 70.170.
[19] Personal communication, B. Bates, 2/12/18.
[20] Washington State Department of Health, 2015 Washington State Charity Care in Washington Hospitals 8 (Feb. 2017), http://www.doh.wa.gov/Portals/1/Documents/2300/HospPatientData/2015CharityCareReport.pdf.

The February 2017 HFRS charity care report by DOH provided data from FY2015.[21] The report introduces a metric termed "*cost-to-charge ratio*," which adjusts *billed charge amounts* to better reflect the *actual cost* of providing charity care. In 2015, Washington hospitals' cost-to-charge ratios ranged from .18 to 1.8. The statewide average was .35, with the majority of hospitals between .32 and .56. Cost-to-charge ratios for Tacoma hospitals in 2015 were as follows: CHI/St. Joseph Medical Center - .24; MultiCare/Mary Bridge Children's Health - .28; and MultiCare/Tacoma General-Allenmore - .25.

DOH has a separate database called the Comprehensive Hospital Abstract Reporting System (CHARS) which tracks inpatient discharge data for Washington hospitals. CHARS is currently overseen by Richard Ordos. The CHARS database is more detailed than the HFRS, in that it provides one record for each hospital inpatient discharge and each record includes information such as payer, as well as patient race (White, Black, American Indian, Asian, Hawaiian or Pacific Islander) and ethnicity (Hispanic: Yes/No). Charity care is recognized as a payer. However, in 2016, of the 649,000 records statewide, just 756 listed Charity Care as a payer and in Pierce County, just 14 of the 79,000 records listed Charity Care as a payer. Mr. Ordos speculated that few CHARS records include Charity Care as a payer because hospitals send this data to DOH approximately 45 days after discharge, yet charity care applications often take longer than 45 days to process.[22]

3. Elected Officials

On 5/2/18, the Task Force met with Rep. Laurie Jinkins to inform her of its work and to learn more about recent legislative activities relevant to charity care in general and language barriers to charity care in particular. Rep. Jinkins agreed to assist the Task Force with one of its *Monitoring* goals, namely, to explore whether it might be possible for DOH to collect from Washington hospitals disaggregated charity care data, parsed by race, ethnicity, national origin, primary language, and whether interpretive services were provided. Rep. Jinkins also expressed support for a second Task Force *Monitoring* goal, namely, a follow-up study by ERC focused on language-based access to charity care but targeting just Tacoma hospitals and conducted over 1-2 years.

On 7/12/18, the Task Force's work will be highlighted in the Tacoma Human Rights Commission's Annual Report to the Community Vitality and Safety Committee (City Council members Keith Blocker (Chair), Chris Beale, Justin Camarata, Catherine Uska, and/or alternate Lillian Hunter).

[21] *2015 Washington State Charity Care in Washington Hospitals*, Washington State Department of Health, February 2017, https://www.doh.wa.gov/Portals/1/Documents/2300/HospPatientData/2015CharityCareReport.pdf.
[22] Personal communication, B. Bates, 2/14/18.

4. MultiCare Hospital System

a) Website analysis

MultiCare's homepage has a "Language" (in English) button atop its homepage. Clicking on this button engages Google Translate which enables the user to navigate the entire website in any of over 100 languages. The accuracy of Google Translate is a matter of some debate[23].

The homepage also has a "Bill Pay" button which leads to a "Billing and Insurance" page with a clear notification that financial assistance is available, as well as links to financial assistance applications in 19 languages, including five of the six most commonly spoken languages in Tacoma (Spanish-7.1%, Vietnamese-2.1%, Russian-1.3%, Korean-1.2%, & Tagalog-0.9%; missing Cambodian-1.4%[24]).

The "Billing and Insurance" page also has links to a "Proof of Income Instruction Sheet," in the same 19 languages. This sheet indicates the discounts offered by MultiCare based on income, provide phone numbers to call with questions, list the information needed in the financial assistance application, and point out that a social security number is not necessary.

Please refer to Appendix C for a summary of the language accessibility of MultiCare's website.

b) Interpretive services

MultiCare indicated that it is creating a Patient/Family Interpreter Service by training qualified bilingual MultiCare staff and that it prefers this model over external interpreters because it can ensure a high quality of service. At least currently, however, MultiCare is also using external vendors for to provide certified interpreters for in-person, over-the-phone, & video-remote (laptop) services. Interpreter services are provided free of charge.

MultiCare indicated that when the main telephone number is called for any of the three MultiCare hospitals located within the City of Tacoma, the caller is greeted by an automated set of options, spoken in English. The fourth option (in English) is to press 1 for an interpreter. If selected, this option connects the caller with an external vendor that provides interpretation for the remainder of the call. MultiCare indicated that in May 2018 it planned to implement a Patient/Family Interpreter Line that would resolve the problem of the automated options being spoken only in English.

MultiCare indicated that callers who express concerns about paying for treatment are routinely screened for financial assistance.

[23] See https://www.theatlantic.com/technology/archive/2018/01/the-shallowness-of-google-translate/551570/ but also https://www.bostonglobe.com/business/2016/10/03/google-translate-getting-really-really-accurate/L1FuGTeV3JocnsWVTVTdaP/story.html.
[24] https://statisticalatlas.com/place/Washington/Tacoma/Languages.

Calls to Urgent Care/Primary Care clinics appear to be answered in English by receptionists. If an interpreter is needed, each facility is able to access interpreter services (external vendor) via speaker phone.

Please refer to Appendix D for a summary of the MultiCare's current interpretive services, financial assistance/charity care notification, and FA/CC application process.

c) Visible notification of FA/CC in the hospital

MultiCare indicated that notifications about financial assistance are posted in each of its three hospitals, typically at Patient Registration areas, and that the notification posters have been revised and improved. A MultiCare notification poster recently observed by The Task Force provided the following notification, in 9 languages): "Help with Hospital Bills: If you need help paying your bill, whether or not you have insurance, please contact our financial assistance office." Two financial assistance phone numbers, one toll-free, were provided at the bottom of the poster.

Please refer to Appendix D for a summary of the MultiCare's current financial assistance/charity care notification practices.

d) Flyers & brochures re: FA/CC

MultiCare publishes and distributes to all hospitals and clinics a flyer entitled "Patient Financial Navigation" that informs readers of the availability of financial assistance. The flyer that was available at the MultiCare site visited recently by the Task Force was printed in English. Currently, the Task Force does not know whether this flyer is available in languages other than English.

MultiCare publishes and distributes to all hospitals and clinics a booklet containing information regarding:

- Notice of Privacy Practices
- Conditions of Treatment
- Financial Disclosures
- Patient's Rights Materials
- Financial Assistance

The booklet that was available at the MultiCare site visited recently by the Task Force was printed entirely in English. However, the booklet is available online in 19 languages[25]. The Task Force found the booklet to be long and complicated, particularly if one is not already familiar with related content, regardless of primary language. Much of that complexity may be inevitable, given that the subject matter is complicated and in light of governmental rule and regulation.

e) Notification of FA/CC on billing statements

MultiCare indicated that its billing statements do include prominent notification of the availability of financial assistance, but currently only in English.

[25] https://www.multicare.org/for-patients/.

f) Application process for FA/CC

According to MultiCare representatives, its hospital and emergency room patients are screened for financial assistance immediately or within a couple of days of receiving services. If patients are already discharged, outreach is conducted to obtain the needed financial information. Screening is completed before patients are asked to make deposits toward medical services and patients granted preliminary eligibility are not asked to make payments unless it is ultimately determined that they are eligible for less than 100% financial assistance.

If interpretive services are needed, either a certified interpreter or a speaker phone hookup with Stratus is utilized to enable clear communication. Social security numbers are not necessary to be eligible for financial assistance.

As previously discussed, contracted independent provider groups have separate policies and procedures. The task force has not yet inquired whether satellite primary care locations offer patients financial assistance and, if so, whether patients are routinely screened or whether they must specifically inquire.

Please refer to Appendix D for a summary of the MultiCare's current financial assistance application process.

g) Income-based eligibility

Patients with incomes up to 300 percent of Federal Poverty Guidelines are eligible for 100% financial assistance (charity care).

Patients with incomes from 350 – 500% of the Federal Poverty Guidelines are offered increasing discounts from 5 – 30%.

According to MultiCare representatives, when individuals on fixed incomes are approved for financial assistance, the approval term is one year – up from the previous requirement of reapproval every three months. Those on varying incomes must apply for reapproval every 6 months.

h) Excluded services

Not all hospital and clinic services are eligible for financial assistance. For instance, services at affiliated family practice clinics are eligible but services provided at Urgent Care clinics are not. MultiCare has identified those services that are not eligible for financial assistance in two separate policies, both of which are available on its website[26]:

- Hospital-based financial assistance policy
- Clinic-based financial assistance policy

[26] https://www.multicare.org/financial-assistance/.

5. CHI-Franciscan Hospital System

a) Website analysis

CHI-Franciscan's homepage does not have a "Language" button and the website can be navigated only in English. Neither does the homepage have a "Bill Pay" button, although it has a button labeled "Patients and Visitors" which leads to a drop-down menu with a "Billing and Finances" button which leads to a "Billing, Insurance and Finances" page which includes a "Financial Assistance/Discounts" button. Once this series of links is followed, the user arrives at a page that indicates that financial assistance is available, as well as links to financial assistance applications in 10 languages, including five of the six most commonly spoken languages in Tacoma (Spanish-7.1%, Vietnamese-2.1%, Russian-1.3%, Korean-1.2%, & Tagalog-0.9%; missing Cambodian-1.4%). An application for financial assistance, as well details and a brief summary of the financial assistance policy can also be reached by navigating through the homepage link labeled "Make a Payment Online" which leads to a link labeled "Learn about Financial Assistance". Each of these pages and links are in English until you reach the page referenced above.

The financial assistance page also has links to a "Financial assistance summary" in 10 languages, a "Financial assistance policy" in 10 languages, the "Financial assistance policy addendum) in 9 languages – in each instance, the same top five languages are included as for the financial assistance application – and a "Collections policy" in five languages (English, Spanish, Vietnamese, German, and Chinese).

Neither the financial assistance page, the financial assistance application, nor any of these policies, includes a number to call with questions, although the page does include a "Billing FAQ" button that leads to a page with 19 questions, the bottommost of which is entitled "*I am having a hard time understanding my bill from CHI Franciscan – who can help me?*," which provides a phone number.

Please refer to Appendix C for a summary of the language accessibility of CHI-Franciscan's website.

b) Interpretive services

CHI-Franciscan indicated that it contracts with LAN (Language Access Network) for all interpreter/translation services. All individuals requesting interpreter/translation services are routed from the Regional Call Center to this number. The primary tool is MARTTI (My Accessible Real-Time Trusted Interpreter) – for CHI patients or customers who require an interpreter. Interpretive services are available 24/7 for over 250 languages. CHI-Franciscan indicated that it contracts with a different vendor named CyraCom for written translation services.

Patients who fall under the Medicaid/DSHS contract for payment receive interpreter/translation services through CTS Language Link (this is a separate Medicaid/DSHS contract)

CHI-Franciscan indicated that when the St. Joseph Hospital main telephone number is called, it is answered in English by an employee who is able to transfer the caller to LAN for interpretive services. As calls facilitated by an interpreter are "3-way", CHI-Franciscan staff are trained in "scripted" dialogues to assist callers. Callers with concerns about paying for treatment are routinely informed of the availability of financial assistance.

CHI-Franciscan indicated that calls its to Urgent Care (but not Primary Care) clinics that require interpretive services are handled via the same procedure as is used for calls to St. Joseph Hospital.

A CHI-Franciscan notification poster located in the St. Joseph Medical Center emergency room, recently observed by The Task Force indicated, in 20 languages, that interpretive services are available.

Please refer to Appendix D for a summary of the CHI-Franciscan's current interpretive services, financial assistance/charity care notification, and FA/CC application process.

c) Visible notification of FA/CC in the hospital

CHI-Franciscan indicated that notification posters regarding financial assistance are posted in the Patient Registration/Admissions area, emergency departments, Urgent Care clinics, and business office at St. Joseph Hospital.

A CHI-Franciscan notification poster recently observed by The Task Force provided the following notification, in English and Spanish): "Having trouble paying your bill? You may be eligible for financial assistance. For more information or if you have questions, please contact us at 844-286-5546 or visit us in Main Admitting. We will gladly provide you with information about our financial assistance policy and how to apply for assistance. You can also find this information on our website at www.chifranciscan.org."

Please refer to Appendix D for a summary of the CHI-Franciscan's current financial assistance/charity care notification practices.

d) Flyers & brochures re: FA/CC

The task force is working of gathering and studying CHI-Franciscan's flyers and brochures focused on financial assistance/charity care.

e) Notification of FA/CC on billing statements

CHI-Franciscan indicated that its billing statements do include prominent notification of the availability of financial assistance and in multiple languages. The task force must still confirm this information.

f) Application process for FA/CC

According to CHI-Franciscan representatives, patients are screened for financial assistance when insurance information is gathered during patient registration at the hospital. Screening is completed before patients are asked to make deposits toward medical services and patients granted preliminary eligibility are not asked to make

payments unless it is ultimately determined that they are eligible for less than 100% financial assistance.

Patients given a financial assistance application are not billed for 30 days. When a financial assistance application is filed, a 14-day waiting period occurs during application adjudication. When patients on a payment plan apply for financial assistance, the payment plan is suspended during application adjudication.

Since July 2016, patients who live in impoverished areas of Tacoma (as determined by demographic studies by a company called PARO) are pre-qualified for charity care and, as such, need not submit a financial assistance application and are not billed for hospital services. In addition, patients screened for and deemed eligible for financial assistance at community "feeder clinics" (e.g., Sea-Mar, Neighborhood Clinic, Project Access NW) are pre-approved for financial assistance when referred for hospital services.

According to a CHI-Franciscan representative, financial assistance applications have increased from 60/day in 2016 to 150-185/day in 2017 (these numbers do not distinguish between applicants based on primary language).

g) Income-based eligibility

Patients with incomes up to 300 percent of Federal Poverty Guidelines are eligible for 100% financial assistance (charity care).

In addition, CHI has added a "medical hardship rule" according to which medical debt is written off if it exceeds 25% of an individual's income (bookkeeping for these write-offs is separate from charity care).

Approvals for financial assistance extend for six months, both retroactively and proactively from the date of approval.

h) Excluded services

As with MultiCare, not all hospital and clinic services are eligible for financial assistance. For instance, an individual's bills for a surgery are likely to include both bills generated from the hospital operating room and bills specific to the surgeon's work, and only the former is eligible for financial assistance.

As far as the Task Force is aware, CHI-Franciscan has not published a list of services that are not eligible for financial assistance.

IV. Intervene

A. Agency Trainings

As was mentioned earlier in this report (see I.C.1), three community agencies – Sea-Mar Community Health Center/Tacoma, Korean Women's Association, and Tacoma Community House – have expressed an interest in the Task Force training their staff, so that these "navigators" can provide more knowledgeable and effective assistance to clients who may be eligible for charity care, particularly those with limited English proficiency.

Based on feedback received from his Customer Service Representatives, Harry Franqui, Director of Managed Care at Sea-Mar Community Health Centers in Tacoma, recently informed the Task Force that the following issues are of particular interest to his staff:

- What is charity care?
- Who is eligible?
- Are undocumented residents eligible?
- What is the application process?
- Will information be released to immigration enforcement?
- How can patients access interpretive services?
- What rights do patients have?

In order to accurately and thoroughly answer these questions, as well as others that will undoubtedly arise, the Task Force envisions assembling panel of experts to assist with the training. A list of presenters might include the following:

- Task force members.
- A staff member from the Office of Equity and Human Rights (OEHR) to provide education regarding how to file a discrimination complaint.
- An attorney from an agency like Northwest Health Law Advocates (NoHLA) or Northwest Justice Project (NJP), with expertise regarding immigrant and refugee concerns associated with health care.
- A liaison from either MultiCare or CHI-Franciscan, or both, to answer questions specific to each hospital system.

The Task Force is in the early stages of synthesizing what it has learned and designing a curriculum for a charity care training program. With assistance from Columbia Legal Services, the Task Force recently contacted both NoHLA and NJP with the goal of learning whether either might be willing to assist with this project. NoHLA has indicated that it is willing to attend and assist with the charity care trainings. Additional communication with NJP is planned. Over the next two months, the Task Force intends to contact both MultiCare and CHI-Franciscan to ask the same.

The Task Force members recognize that they will not be interpreting the law related to charity care or providing legal advice to agencies or navigators. A prime reason that the Task Force has reached out to NoHLA and NJP is so that attorneys from one or both of these agencies can address legal issues during the planned charity care trainings. To further ensure that the Task Force does not inadvertently open the City to legal liability in any regard, it will

consult with the City Attorney as it designs a training curriculum and prior to providing its first training program.[27]

The Task Force sees a charity care training program as one way that it can share what it has learned so that even after it eventually disbands, local agencies can use the training model to continue assisting those Tacoma residents with limited English skills in need of financial assistance for medical bills.

B. Discrimination Complaints

The Task Force has informed stakeholders that it would like to be notified of cases involving Tacoma residents with limited English proficiency who believe they were denied by a Tacoma hospital access to medical financial assistance. As was mentioned in the section directly above, during charity care training, the Task Force intends to educate Tacoma agencies and navigators about the process of filing a discrimination complaint with OEHR.[28]

[27] The training role of Task Force members would be analogous to that of OEHR investigators who explain the law to persons who file charges based on legal interpretations and legal summaries approved by the City Attorney.
[28] Tacoma Municipal Code, Chapter 1.29.060.H ("Public Accommodations. It is an unlawful discriminatory practice for a person to deny to any person the full and equal enjoyment of the goods, services, facilities, privileges, advantages, and accommodations of a place of public accommodation, resort, or amusement, on the grounds of race, religion, color, national origin or ancestry….").

V. Monitor

A. Hospital & Clinic Site Visits

The Task Force intends to continue periodic visits to Tacoma hospitals and affiliated clinics through 2019 to monitor whether the revised charity care policies and procedures outlined to us by MultiCare and CHI-Franciscan (see section II.C.4-5) have been successfully implemented and sustained.

B. Department of Health

As was discussed earlier in this report (II.C.2), Washington's Charity Care law requires hospitals to report data to DOH concerning charity care provided each year. However, the annual charity care data requested from DOH is currently limited to the following (separately for inpatient and outpatient services): 1) total number of patients provided charity care, and 2) total cost to the hospital for charity care. According to DOH, hospitals often fail to provide even this minimal amount of information.

The Task Force sees hospital reporting of charity care data as an important public safeguard. And, given the well-founded concerns regarding disparate access to charity care for Tacoma residents with limited English proficiency, the Task Force believes it is important that hospitals provide disaggregated charity care data, parsed by race, ethnicity, national origin, primary language, and whether interpretive services were provided.

Please refer to Appendix E for a summary of the Disaggregated Charity Care Data Desired From DOH. For a graphic depiction of this same information, please refer to Appendix F.

The Task Force's concerns echo the 2017 *Access Denied* report by CLS, which recommended that hospitals provide more detailed charity care data to DOH, including: number of patients who are screened for charity care eligibility; number of patients who receive charity care by income category; information explaining hospital outreach and language assistance efforts; and total amount of charity care provided to patients by income category.

C. Hospital Compliance Study

The 2017 study of Washington hospitals that found that Spanish speakers had markedly less access to charity care than English speakers was funded by Columbia Legal Services and was designed and conducted by the Equal Rights Center, a civil rights organization located in Washington, D.C. The Task Force, in partnership with CLS, has been in contact with ERC regarding a follow-up study modeled after the original 2017 study but focused just on Tacoma hospitals and extending over 2 years. The purpose of such an investigation would be to study whether in 2019 and 2020 access to medical financial assistance for Tacoma residents with limited English proficiency improves at MultiCare and CHI-Franciscan hospital systems. The Task Force has recently received a bid for such a study and, in conjunction with CLS, is exploring funding options.

VI. Appreciation

The Task Force would like to thank the following individuals for their generous time and assistance:

Amy Bond, MultiCare
Ann Logerfo, Columbia Legal Services
Audrey Wheeler, CHI-Franciscan
Curt Williams, SEIR 1199NW
Dexter Gordon, University of Puget Sound
Harry Franqui, Sea-Mar Community Health Centers
Huma Zarif, Northwest Health Law Advocates
Jamilia Sherls, MultiCare
Janet Varon, Northwest Health Law Advocates
Laurie Jinkins, Washington State Representative
Rachel Erstad, SEIU 1199NW
Randall Huyck, Washington Department of Health
Rebecca Stith, Chair, Tacoma Human Rights Commission
Richard Ordos, Washington Department of Health
Sarah Cherin, UFCW
Shauneed Anderson, CHI-Franciscan
Troy Christensen, Korean Women's Association

VII. Appendices

A. Work Plan Summary

Study	Intervene	Monitor
1. Read relevant documents a. *Access Denied*, CLS (2016) b. *Out of Control*, WA-CAN (2016) c. CHNA – MultiCare & CHI (2016) d. *Mission Fail*, WA-CAN & UFCW21 (2017) e. WA v. CHI-Franciscan (2017) f. HB1359, HB2836, SSB6273 (2018) g. *I&R Fears*, NoHLA/NWJP (2017) h. Amireh v. UW Medicine/Northwest (2018) 2. Website analysis a. MultiCare, CHI, KP 3. Site visits a. Notices, flyers, etc. 4. Outreach to stakeholders a. Columbia Legal Services b. Equal Rights Center c. CHA d. SEIU 1199NW e. Tacoma Community House f. Consejo g. Sea-Mar h. Korean Women's Association i. Nativity House j. Dept. of Health k. AG's office l. Rep. Laurie Jinkins m. MultiCare n. CHI-Franciscan o. Kaiser Permanente p. NoHLA q. NWJP	1. Agency training(s) a. FA/CC law b. FA/CC application process c. Interpretive services d. Legal safeguards re deportation e. Filing a discrimination complaint 2. Community forum(s) a. a – e, as above 3. Hospital & clinic advocacy a. P&P re FA/CC for LEP patients b. Multilingual notifications: websites, public spaces, flyers, billing statements c. Main phone number provides FA/CC info for LEP callers d. Readily available & effective interpretive services e. FA/CC precedes collections 4. Discrimination complaints a. Race/ethnicity, national origin	1. Department of Health a. Add race, ethnicity, national origin, primary language, & interpretive services 2. Equal Rights Center a. Two-year compliance study 3. Website review a. Multilingual b. Easily accessible info re: FA/CC & applications 4. Hospital & clinic site visits a. Notifications, flyers, billing statements b. Interpretive services

B. Summary of Research

1. *Out of Control: MultiCare Health System's Abusive Patient Collections Practices*, Washington Community Action Network, 2015

   In its first report on the MultiCare hospital system, the Washington Community Action Network (WA-CAN) found that MultiCare's profits grew to be far higher than those of other nonprofit health systems in Washington State and that a focus on a collections model (or "revenue cycle" model) was integral to MultiCare's profit imperative. The initial report discussed two elements of this model: upfront demands for payment before or in the early stages of treatment, and pursuit of debtors' wages through third-party collection agencies.

   In this second report, WA-CAN focused on three other elements of the collections model used by MultiCare: the use of medical service liens to increase collections from accident victims ("third party liability claims"), the continued employment of aggressive vendors to raise revenue from even the smallest patient interactions, and the use of "strategic pricing."

   Based on its findings, WA-CAN offered several recommendations. First, MultiCare should sponsor an independent inquiry into the activities of its Revenue Cycle Department and into MultiCare Consulting Services, LLC and results of this inquiry should be made public. Second, MultiCare's patient collections activities and vendors should be overseen by an independent, community-based committee. And third, MultiCare should relieve the financial burden on self-pay, accident-victim, out-of-network, and high cost-share patients by limiting their charges to the average rates paid by insured patients, rather that the "Charge Master" rates (see below under *Department of Health, 2017*, for a discussion of this term).

2. *Community Health Needs Assessment Report*, MultiCare Tacoma General Hospital, 2016

   In its 2016 CHNA Report, MultiCare found that for the TGH service area, *access to health care* was one of the priority health needs. MultiCare determined that 36% of the residents in this service area were other than "White non-Hispanic" and that Hispanic residents were the largest (11%) of these minority groups. MultiCare also found that the top five languages spoken in this service area were, in descending order, Spanish, Korean, Vietnamese, Russian, and Tagalog.

   MultiCare made a commitment to improve culturally competent and respectful services to all people, regardless of age, race, ethnicity, gender, income, language, beliefs, or the complexity of their problem. MultiCare also committed to improving health care access to residents with limited English proficiency by increasing access to interpreter services, offering a language conversion setting on the main website, translating health education materials into the top five languages in the service area, and offering telecommunications devices for hearing impaired patients.

3. *State of Washington v. CHI-Franciscan Health*, 2017

   In its lawsuit, the Attorney General alleges that CHI-Franciscan Health d/b/a St. Joseph Medical Center undermined the purpose of the Charity Care Act, RCW 70.170, and violated the Washington Consumer Protection Act, RCW 19.86, by pressuring its low-income patients to pay for their treatment upfront while concealing the availability of charity care.

The lawsuit alleges that St. Joseph's on-site revenue cycle and collection vendor and agent, Conifer Health Solutions, demanded "point of service" payments from patients, using techniques designed to give patients the impression that their only option was to pay for their treatment upfront. The lawsuit alleges that St. Joseph did not screen patients for charity care eligibility or provide an explanation of its charity care program before making these aggressive payment demands. The lawsuit alleges that until 2016, Conifer trained its St. Joseph-based employees to never volunteer information about its charity care program to patients and only provide charity care applications to patients who specifically requested one, and that even when a patient requested a charity care application, Conifer trained its staff to attempt to collect a deposit from the patient before providing them with the charity care application. The lawsuit alleges that when St. Joseph's patients managed to obtain a charity care application, St. Joseph subjected them to income verification requirements that exceeded those permitted by Washington law and that this contributed to a denial rate of at least 50%.

4. *Mission Fail at CHI Franciscan: How Kitsap County's Largest Health Care Provider Puts the Bottom Line Ahead of its Charitable Mission*, Washington Community Action Network and UFCW21, 2017.

   In this 2017 report, the Washington Community Action Network and United Food and Commercial Workers Union 21 presented additional evidence that CHI-Franciscan's aggressive billing and debt collection practices and substandard charity care program imposed unnecessary hardships on Kitsap County patients. The report speculated that CHI's actions may have resulted from a campaign to boost CHI's faltering bottom line, exemplified by its $585 million operating loss in FY 2017.

   The report found that CHI-Franciscan patients with billing problems frequently reported that they were not informed about the availability of financial assistance and instead faced intense pressure to pay for procedures before they were even performed and prior to being properly screened for financial assistance eligibility. Advocates for immigrant workers reported that, following Harrison Medical Center's affiliation with CHI, financial assistance applications from low-paid immigrant workers were more likely to be rejected.

   The report also found that between 2014 and 2016, CHI Harrison reduced charity care spending from $8.3 million to $1.32 million, an 86% decline. In 2016, the $1.63 million property tax exemption CHI Franciscan received from Kitsap County exceeded the cost of charity care at CHI Harrison by $312,000. In 2016, CHI Harrison spent 2.8 times as much on public relations as it did on charity care. In 2016, CHI Franciscan providers authorized a collection agency to sue 274 patients in Kitsap County District Court for medical debt and these patients faced markups at high as 275% on their bills due to collection fees and interest.

   The report offered several recommendations. First, that CHI-Franciscan expand its charity care program to match regional competitors, limit the use of extraordinary collection actions, and ensure that CHI-affiliated providers meet their legal and moral obligation to provide financial assistance to all eligible patients. Also, that CHI-Franciscan accept ongoing community oversight of its financial assistance and community benefits programs.

5. *Access Denied: Washington's Charity Care System, its Shortfalls, and the Effect on Low-Income Patients*, Columbia Legal Services, 2017

For this report, CLS reviewed various state and national reports concerning charity care, as well as the charity care policy of every hospital in Washington. CLS also conducted outreach to vulnerable low-income communities of color, communities with a high proportion of people who are LEP, and immigrant communities. CLS provided charity care trainings to non-profit agencies and churches that serve these communities in 11 counties in Washington. And CLS interviewed over 30 patients who were eligible for charity care from Washington hospitals but did not receive it.

CLS found that Washington hospitals were not affirmatively informing patients of their charity care rights, were not routinely screening patients for charity care, that the charity care application process often required documentation that far exceeded what the law allows, and that hospitals and debt collectors were frequently collecting on hospital bills that charity care eligible patients did not actually owe. In addition, CLS found that hospitals were not doing enough to address language barriers to charity care.

To further study language barriers to charity care, CLS retained the Equal Rights Center to conduct Spanish-English matched-pair testing. ERC had an English-speaking and a Spanish-speaking tester place telephone calls to 20 hospitals across Washington State and inquire about health services on behalf of a low-income relative who was described as being uninsured and having trouble paying for services. ERC found that 80% of the hospitals (16 of 20), hung up at least once on the Spanish-speaking tester. In the end, the Spanish-speaking tester was told about the availability of charity care by only 40% (8 of 20) of the hospitals, whereas the English-speaking tester was told at least once about the availability of charity care at 100% of the hospitals.

Based on its findings, CLS provided a set of recommendations for Washington hospitals, the Department of Health, and the Washington State Legislature.

6. *Responding to Immigrants' & Refugees' Fears About Health Care*, Northwest Health Law Advocates & Northwest Justice Project, 2017

This publication provides a summary of the current laws, policies, and government actions that apply in Washington State and are relevant to non-citizen's access to healthcare. According to NoHLA and NJP, many non-citizens express fears that using health care, especially government-assisted care, may harm their own or their loved ones' ability to remain in the U.S. These fears include the following:

- Raids by immigration law enforcement (possibly assisted by state or local police) near hospitals, clinics, and other places where people seek health care;
- Private information they give in benefits applications and to health care providers being shared with immigration agencies or law enforcement;
- Health care of other government assistance they legally receive jeopardizing their current or future legal status in the U.S.

Under current federal policy memoranda by ICE and U.S. Customs and Border Protection, health facilities are considered "sensitive locations" where immigration arrests, interviews, searches, and surveillance "are to be avoided" unless there are exigent circumstances or designated ICE or CBP officials have prior-approved those actions. The current administration has not changed these policies but could do so without legislation.

Under current law, HIPAA prohibits disclosure of PHI without patients' consent, except where required by law. In its HIPAA Privacy Rule, the U.S. Department of Health and Human Services (HHS) has issued guidance about what is "required by law" (court orders, warrants, subpoenas, summonses, administrative requests, and other law enforcement requests in emergencies). State laws can provide greater protections. Washington's law on disclosure of personal information does not apply to immigration status, so the health care provider cannot release that information without the patient's consent. And when a warrant of subpoena is issued for such information, there must be advance notice giving adequate for a protective order.

Certain immigrants may be barred from obtaining lawful permanent resident status, or may lose status, if the government determines they are likely to become a *"public charge"* – someone who depends on government assistance for their subsistence. However, unless new legislation is passed, the public charge test remains a prospective test based on numerous factors, there is a fairly lengthy list of categories of immigrants that are exempt from the test, public charges will not be considered in the naturalization process, and the public charge ground for deportation will remain extremely narrow.

People who get status through a family visa petition are required to submit an "affidavit of support" from the petitioning family member stating that the sponsor will financially support the person immigrating. In theory, the government can seek reimbursement from sponsors, but in practice it rarely if ever does so. This is subject to change.

7. *Amireh v. UW Medicine/Northwest*, 2018

On 3/20/18, King County Superior Court granted final approval to a class action settlement in a case brought by patients against UW Medicine/Northwest, involving screening for charity care at the hospital. The settlement covers all patients who received emergency room care from Northwest Hospital between June 21, 2010 and July 31, 2017, whose income was at or below 300% of the federal guidelines, who were uninsured or underinsured, and who were billed without first being screened for charity care eligibility. Under the settlement, patients who meet these criteria can still apply to be screened for eligibility for charity care. Plaintiffs were represented by the Seattle law firm Schroeter Goldmark & Bender, along with Columbia Legal Services.

8. SB 6273, 2018

On 3/23/18, Governor Jay Inslee signed this bill, which changes how hospitals must notify patients of the availability of charity care. Under this new law, hospitals must: 1) develop training programs re: the hospital's charity care policy and use of interpreter services, 2) prominently display notice of charity care availability throughout the hospital and in all languages spoken by more than 10% of the population in the hospital's service area, 3) make available on the hospital's website the charity care policy and an application form, and both must be available in all languages spoken by more than 10% of the population in the hospital's service area, and 4) include on page 1 of all billing statements and written communications re: billing, a notice re: charity care, and this statement must be in both English and the second most spoken language in the hospital's service area.

C. Hospital Website Analysis

X= Yes, Left blank= No

Questions	CHI	Multicare	Kaiser
1. Does the homepage include a "button" in non-English that directs the user to a homepage in that same non-English language? *If "yes," what non-English languages?* [1]		X	X
2. Is the entire website available in non-English? *If "yes," what non-English languages?* [2]		X	X
3. Does the homepage include a "button" labeled "Bill Pay" or something equivalent? *Is this button also labeled in non-English? If "yes," what languages?* [3]	X	X	
4. Does the homepage include a search bar that leads to a webpage re: "Bill Pay" or something equivalent? *Does a non-English search term get the user to the same webpage?* [4]	X	X	X
5. Does the website include a "Bill Pay" or equivalent webpage in non-English? *If "yes," what languages?* [5]		X	
6. Does the website include a clear explanation that financial assistance is available for those who can't afford to pay their medical bill? Is this available in non-English? *If "yes," what languages?* [6]	X	X	
7. Does the website direct the user to financial assistance application forms? Does this direction exist in non-English? *If "yes," what languages?* [7]	X	X	
8. Does the website include financial assistance applications? *If "yes," what languages?* [8]	X	X	

1. If "yes," what non-English languages?

CHI Franciscan	Multicare
Not Available	Utilizes Google Translate service available to translate webpage to 90 languages.

2. If "yes," what non-English languages?

CHI Franciscan	Multicare
Not available	Utilizes Google Translate service available to translate webpage to 90 languages.

3. Is this button also labeled in non-English? If "yes," what languages?

CHI Franciscan	Multicare
Not available	Utilizes Google Translate service available to translate webpage to 90 languages and button does change to language requested.

4. Does a non-English search term get the user to the same webpage?

CHI Franciscan	Multicare
Not available	Utilizes Google Translate service available to translate webpage to 90 languages allows for terms to be searched in different languages.

5. If "yes," what languages?

CHI Franciscan	Multicare
Link only available in English	Webpage to pay bills is only available in English.

6. If "yes," what languages?

CHI Franciscan	Multicare
Financial Assistance information available in: Chinese - Simplified & Traditional German Khmer Korean Laotian Spanish Russian Vietnamese	Page can be translated using the Google translate service but PDF documents including additional information are only offered in English.

7. Does this direction exist in non-English? If "yes," what languages?

CHI Franciscan	Multicare
Only available in English	Utilizes Google Translate service available to translate webpage to 90 languages.

8. If "yes," what languages?

CHI Franciscan	Multicare
Application available in: -Chinese – Simplified & Traditional -Khmer -Korean -Laotian -Spanish -Russian -Vietnamese	Applications available in: -Arabic -Burmese -Cambodian -Chinese(Simplified) -Chinese(Traditional) -Filipino -French -Korean -Lao -Punjabi -Russian -Spanish -Ukrainian -Vietnamese

D. Summary of Hospital Interpretive Services & FA/CC Notification & Application Process

Questions	MultiCare	CHI
1. Phone calls to the main # a. Are interpretive services available? b. Are LEP callers informed of FA/CC?	a. VM for all 3 hospitals is in English, offers option to press 1 for interpreter (via vendor). Staff at clinics answer in English, can access vendor. b. Callers w/ $ concerns are transferred to finance dept to be screened for FA/CC.	a. Staff speak English, LEP callers are transferred to 888-779-6380 for interpretive services. b. Callers w/ $ concerns are transferred to finance dept to be screened for FA/CC.
2. Notification of FA/CC in hospitals a. Where posted? b. What languages? c. Clear re CC?	a. Patient Registration area & other locales b. Multiple c. Yes	a. Patient reg/adm, ER, urgent care, & bus office b. English & Spanish c. Somewhat
3. Flyers & brochures re FA/CC in hospitals & clinics a. Where? b. What languages? c. Clear re CC?	a. A booklet is "distributed" to all settings (?) b. English c. No – complicated	a. Patient reg/adm, ER, urgent care, & bus office b. English & Spanish c. Uncertain
4. Billing statements a. Include FA/CC notification? b. Where? c. What languages?	a. Yes b. Uncertain c. English	a. Yes b. Uncertain c. Uncertain
5. Application a. During registration, are LEP patients screened for FA/CC? b. Does screening precede request for payment?	a. All hospital & ER patients are screened for FA/CC during registration or w/i 2 days b. Yes	a. All hospital & ER patients are screened for FA/CC during registration b. Yes
6. Websites a. Include FA/CC notification? b. Where? c. What languages?	a. Yes. b. Direct on some pages, via link on other pages c. Multiple languages – many	a. Yes. b. Direct on some pages, via link of other pages c. Multiple languages – many

E. Summary of the Disaggregated Charity Care Data Desired From DOH

1. For all patients, breakdown (number & percentage) by:
   a. Race,
   b. ethnicity,
   c. national origin,
   d. primary language, &
   e. whether interpretive services were provided.
2. For patients provided interpretive services, breakdown (number and percentage) by:
   a. type of interpreting service (e.g., bi-lingual staff, telephone interpreter, in-person interpreter, certified vs. uncertified),
   b. primary language.
3. For patients whose accounts were attached to collections, liens, or bench warrants, breakdown (number & percentage) by race, ethnicity, national origin, primary language, & whether interpretive services were provided.
4. For all patients, number and percentage that *applied for* financial assistance.
   a. Of patients that applied for financial assistance, breakdown (number & percentage) by race, ethnicity, national origin, primary language, and & whether interpretive services were provided.
5. For all patients, number and percentages that *were provided <u>any</u>* financial assistance.
   a. Of patients that were provided any financial assistance, breakdown (number & percentage) by race, ethnicity, national origin, primary language, & whether interpretive services were provided.
6. For all patients, number and percentage that *were provided <u>100%</u>* financial assistance (i.e., charity care).
   a. Of patients provided 100% financial assistance, breakdown (number & percentage) by race, ethnicity, national origin, primary language, & whether interpretive services were provided.
7. For patients that applied for financial assistance, number and percentage that were denied.
   a. Of patients whose financial assistance application was denied, breakdown (number & percentage) by race, ethnicity, national origin, primary language, & whether interpretive services were provided.

F. Graphic Depiction of the Disaggregated Charity Care Data Desired From DOH