

NOT MAKING THE GRADE:

	Pass/Fail	Grade Points
or Self-Serve	Fail	0
	Fail	0
	Fail	0
	Fail	0
	Fail	0
	Fail	0
akers	Fail	0
Total Points		0
Final Grade		F

NONPROFIT
HOSPITALS
FAIL
IN THEIR
CHARITY CARE
MISSION

By Lissa Bell

Northwest Federation of Community Organizations (NWFCO)
Idaho Community Action Network (ICAN)
Montana People's Action (MPA)
People's Legal Defense Committee
Washington Citizen Action (WCA)

Organizations Releasing This Report

The Northwest Federation of Community Organizations (NWFCO) is a regional federation of five statewide, community-based social and economic justice organizations located in the states of Idaho, Montana, Oregon and Washington: Idaho Community Action Network (ICAN), Montana People's Action (MPA), Oregon Action (OA), Washington Citizen Action (WCA) and Coalition of Montanans Concerned with Disabilities (CMCD). Collectively, these organizations engage in community organizing and coalition building in fourteen rural and major metropolitan areas, including the Northwest's largest cities (Seattle and Portland) and the largest cities in Montana and Idaho.

Idaho Community Action Network (ICAN) serves as a powerful, consolidated voice for Idaho's poor, with chapters and membership clusters in six Idaho communities, including the state's three largest cities and numerous rural towns. Through ICAN, low-income Idaho families have a voice in the decisions that impact their lives. In addition to its direct action work, ICAN runs a statewide, volunteer-driven food program that helps low-income families supplement their monthly budgets. ICAN's community organizing model integrates the provision of food with training, leadership development and action on issues.

Montana People's Action (MPA) is a statewide, multi-issue membership organization. Its members are socially and racially diverse and include low- and moderate-income Montanans. MPA empowers its members to achieve lasting change for social and economic justice using direct action. The organization's activities have developed from effective neighborhood organizing, to winning victories at the municipal level, to uniting diverse constituencies and communities to impact policy at the state level. In a state with the lowest average annual income in the country, the fastest growing poverty level, and the highest portion of the population working multiple jobs, MPA's mission of advancing social and economic justice assumes a growing urgency.

People's Legal Defense Committee is a membership organization that advocates for migratory workers and their families. The Committee is the first organization of its kind in the Yakima Valley. It helped negotiate IRCA, the 1986 amnesty law which legalized approximately three million undocumented people. The Committee also organized the Coordinadora '96 which resulted on October 12, 1996, in the first march of Latinos to Washington D.C., a march which included over 100,000 participants.

Washington Citizen Action (WCA) is a social and economic justice organization with over 50,000 individual members statewide. In addition to its dynamic grassroots membership, WCA also includes permanent coalition partners from other community organizations, labor, senior, religious and people of color organizations. WCA has both a legislative and non-legislative issue agenda that focuses on increasing access to health care and living wage jobs.

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Overview

Communities across the Northwest support their nonprofit hospitals. This support, which comes in the form of large tax breaks, government grants and loans, and preferential regulatory treatment, has long been critical to the survival and health of such hospitals.

In return, the expectation is that these hospitals will help provide health care to the community members most in need of such help - namely, low-income people with little or no health insurance. This is the implicit bargain that communities and nonprofit hospitals strike. Out of this simple understanding has come free care or “Charity Care.” Charity Care is care hospitals provide, free or on a sliding scale, to low-income, uninsured residents of the areas they service.

Nonprofit hospitals have a moral — and, in some cases, legal — obligation to provide Charity Care. The question is, are nonprofit hospitals holding up their end of the bargain? Community organizations began asking this question after hearing stories from their low-income members about large hospital bills, collection agencies and medical bankruptcies. Ramona’s story was fairly typical.

Ramona visited Providence Seattle Medical Center in the summer of 1995, when she broke her arm. At the time, she was homeless and living with friends. She was not eligible for medical coupons, nor could she afford private insurance. Since she was unemployed, she did not have any options other than to remain uninsured and hope she did not get sick.

When she broke her arm, Ramona went to Providence to have it x-rayed and set. She also had to spend a night in the hospital. The bill totaled over \$2,300. Despite the fact that she was uninsured and homeless, she was never asked whether she could afford to pay her bill, nor was she told that a program such as Charity Care existed.

The bill was sent to her at her friend’s house, and the bills kept coming. “Even if I went and did some temporary work, I still couldn’t pay for it,” says Ramona. She comments that the hospital was not very flexible about possibilities for payment in increments. “They find out you don’t have money, and their attitude changes. They treat you like you’re crazy.”

Ramona’s bill went to collections after four or five months. The agency repeatedly called and hassled her and was unfazed by her consistent reply that she did not have the money.

Community organizations have heard story after story of this type from low-income members like Ramona. One theme running throughout many of the stories is that hospitals are failing to adequately inform patients about their Charity Care programs and are, thereby, effectively blocking access to these programs. Five community organizations based in the Northwest decided to launch a major study of the issue focused on three Northwest states: Idaho, Montana, and Washington.¹

The objective of the study is to assess the ability and willingness of hospitals to communicate openly and effectively with potential patients seeking information about Charity Care.

¹ The five organizations include the Northwest Federation of Community Organizations (NWFCO), Idaho Community Action Network (ICAN), Montana People’s Action (MPA), People’s Legal Defense Committee, and Washington Citizen Action (WCA). ICAN, MPA, and WCA are all statewide affiliates of the Northwest Federation of Community Organizations (NWFCO).

Data were gathered, via phone and site surveys, from 35 nonprofit hospitals in Idaho, Montana and Washington. This report summarizes the findings of this research.

What these findings show is that the great majority of nonprofit hospitals surveyed do a very poor job at communicating with potential patients seeking such information. 100 percent of Montana nonprofit hospitals, 80 percent of the Idaho nonprofit hospitals, and 54 percent of Washington nonprofit hospitals surveyed scored a “D” or “F” when rated on their ability or willingness to communicate openly and effectively with potential patients seeking information about Charity Care. Hospitals did an especially poor job of informing Spanish speakers about such care.

These findings are reflected in Grades Sheets; these allow the reader to view the hospitals together as a group and to compare their performance when it comes to communicating openly and effectively with potential patients seeking information about Charity Care. The report also includes individual Report Cards for each hospital. These give a more detailed assessment of each hospital’s performance.

The report concludes with a set of recommendations. Key recommendations are:

- **Hospitals should meet with the groups releasing the report to discuss how to make their Charity Care programs more public, transparent, and accessible;**
- **Charity Care legislation should be passed in Idaho and Montana;**
- **Further investigation should be done to determine whether hospitals are in compliance with Washington State’s Charity Care law;**
- **Further investigation should be done to determine whether hospitals are meeting federal guidelines on service to limited-English speakers; and**
- **Community members who have hospital bills and feel they may be entitled to Charity Care should contact the groups releasing the report.**

It is vital that hospitals communicate openly and effectively with the public about their Charity Care programs. Large numbers of low-income people in the Northwest have little or no health insurance and Charity Care is one of their few sources of affordable care. When hospitals fail to adequately inform the public about their Charity Care programs, they effectively block access to this important source of care. These recommendations are designed to insure that nonprofit hospitals fulfill their Charity Care obligations, and so to insure that low-income people have access to the health care they both need and deserve.

Regional Report

1. Introduction

Researchers found traces of Charity Care programs in the majority of nonprofit hospital surveyed for this report. One researcher, however, likened the effort to a search for the proverbial needle in a haystack. Moreover, attempting to obtain either written information about the programs or actual application forms was a fruitless task at the majority of hospitals. In other words, even when people know what they are looking for, and know what to ask for and where to ask for it, getting information is hard. The difficulties only multiply for the community members not already aware of the existence of Charity Care.

2. Access to Information on Charity Care

The study surveyed 35 nonprofit hospitals in 3 states: Idaho, Montana, and Washington.

- **At 17% of hospitals surveyed, researchers found no evidence that the hospitals provided Charity Care.²**

Researchers also found that, at the 29 hospitals where they were able to find some trace of a Charity Care program, these hospitals did little to alert people to the existence of Charity Care or to educate them about the workings of their Charity Care programs:

- **14% of hospitals which do provide Charity Care told people who called either that the hospital did not provide Charity Care or that they did not know if the hospital had such a program.³**
- **Of the 21 hospitals who, when called, said they did have programs, approximately one-third said that they had no *written information* on the program; the other two-thirds said they did but almost all of them refused to mail this information to the person calling.**
- **62% of the hospitals provided people who visited with no *written information* on Charity Care, either by posting or self-service.**
- **Even when asked directly, 59% of the hospitals provided people who visited with no *written information* on Charity Care.**

Callers found that getting hospitals to turn over *applications* to their Charity Care programs was just as difficult.

- **At 24% of hospitals where traces of Charity Care programs were found, people who called were discouraged from asking for *application* information or forms because staff were either**

¹ Findings based on data from all phone and visit surveys combined.

² People visiting the hospitals gathered written information indicating the presence of Charity Care programs.

unclear about whether the program existed or told people (erroneously) that the hospital did not provide Charity Care.

- 10% of the hospitals told people who called that the hospital did not have an *application* or that they did not know if the hospital had an *application*.
- 83% of the hospitals that told callers they had *applications* refused to mail the application to the person calling.
- 41% of the hospitals that told callers they needed to provide *supporting documents* with their applications were unable or unwilling to specify any of the documents required.

People presenting themselves in person at the 29 hospitals where some trace of a Charity Care program was found — and, more specifically, at 4 different stations within each hospital — fared no better at getting the hospital to provide applications:

- 93% of these hospitals provided no *application* to visitors via self-service.
- 52% of these hospitals provided no *application* to visitors, even when asked for it directly.

3. Access to Information on Charity Care for Spanish Speakers

For Spanish speakers, the practices of over half of all hospitals surveyed make learning about Charity Care impossible.

- At 69% of the hospitals where some trace of Charity Care was found, Spanish-speaking people who called for information about Charity Care were unable to get this information. In all of these cases, this was because Spanish-speaking people who called the hospitals were not able to talk with Spanish-speaking staff or with effective translators.
- In 65% of cases, the hospital hung up on the Spanish-speaking caller. (This treatment contrasts sharply with the treatment of English-speaking callers. In no cases did a hospital hang up on an English-speaking caller.)
- In 10% of the cases, the person calling was forced to end the call because the staff person did not speak Spanish.
- In another 10% of the cases, the person calling reached a computerized switchboard with no Spanish-language option.
- In 5% of the cases, the person calling was transferred to a voice mailbox that gave the caller instructions in English only.
- In 5% of the cases, the translation service provided was ineffective.

These findings demonstrate that hospital staffing practices bar Spanish speakers from any meaningful communication with the hospitals. This in turn bars Spanish speakers from learning about – and, by extension, applying for – Charity Care.

4. Conclusion

Based on the above findings, hospitals were graded on their ability and willingness to make written information and applications for Charity Care available to potential patients who asked for them. These grades are summarized in Chart 1. (For more detailed grades, see the individual Report Cards in Appendix 3. For information on how grades were assigned, see Appendix 1.)

As a quick glance at Chart 1 demonstrates, if these hospitals were members of an actual class, over a quarter of them would be forced to repeat the year. A whopping 71 percent of the hospitals got D's or F's, while only six percent got A's. In other words, very few hospitals do an even halfway decent job at informing visitors and callers about their charity care programs.

Chart 1: Grade Sheet for All Hospitals Surveyed

Hospital	Grade	City	State
Community Memorial Hospital	A	Enumclaw	Washington
Providence Yakima Medical Center	A	Yakima	Washington
Swedish Medical Center (Ballard)	B	Seattle	Washington
Overlake Hospital Medical Center	B	Bellevue	Washington
Virginia Mason Medical Center	B	Seattle	Washington
Providence Seattle Medical Center	B-	Seattle	Washington
Swedish Health Services (Broadway)	C	Seattle	Washington
The Eastside Hospital	C-	Redmond	Washington
Pocatello Regional Medical Center	C-	Pocatello	Idaho
Cassia Regional Medical Center	C-	Burley	Idaho
Highline Community Hospital	D	Burien	Washington
Highline Speciality Center	D	Tukwila	Washington
Northwest Hospital	D	Seattle	Washington
Providence Toppenish Hospital	D	Toppenish	Washington
Yakima Valley Memorial Hospital	D	Yakima	Washington
St. Joseph Regional Medical Center	D	Lewiston	Idaho
Saint Alphonsus Regional Medical Center	D	Boise	Idaho
Gritman Medical Center	D	Moscow	Idaho
St. James Community Hospital	D	Butte	Montana
Benefis Health Care (East & West Campuses)	D	Great Falls	Montana
St. Benedicts Family Medical Center	D-	Jerome	Idaho
Bonner General Hospital	D-	Sandpoint	Idaho
Mercy Medical Center	D-	Nampa	Idaho
Saint Vincent Hospital and Health Center	D-	Billings	Montana
Deaconess Billings	D-	Billings	Montana
Group Health Central Hospital	F	Seattle	Washington
Children's Hospital and Regional Medical Center	F	Seattle	Washington
St. Francis Hospital	F	Federal Way	Washington
Sunnyside Community Hospital	F	Sunnyside	Washington
Idaho Falls Recovery Center	F	Idaho Falls	Idaho
St. Mary's Hospital	F	Cottonwood	Idaho
Bozeman Deaconess Hospital	F	Bozeman	Montana
Community Medical Center	F	Missoula	Montana
St. Patrick Hospital	F	Missoula	Montana
Mountainview Medical Center	F	White Sulphur Springs	Montana

Idaho Report

1. Introduction

Nonprofit hospitals frequently describe their mission as including a commitment to health care access for low-income people. In a typical statement, one Idaho hospital writes that one of its five major priorities for 1999 is “to ensure access [to health care] for the poor, uninsured and underserved.”⁴ Statements such as these demonstrate that nonprofit hospitals understand they have an obligation to contribute to the health care needs of low-income community members. Missions statements aside, how do Idaho's nonprofit hospitals actually perform when it comes to meeting their community obligations? Stories like those of LoRee Goodwin suggest that there may be a big gap between word and deed.

LoRee is a single mother of two grown children. She has worked for the past 25 plus years as a waitress to support herself and her family. On November 25, 1995, she awoke feeling unwell. Her daughter took LoRee to the emergency room of the local hospital and then to see a specialist at Saint Alphonsus Regional Medical Center in Boise. The specialist at St. Al's determined that LoRee had had a stroke.

She had no health insurance and, because of the stroke, was unable to go back to her waitressing job as soon as she would have liked. So when she began getting bills from both the local hospital and St. Al's, bills which eventually totaled \$15,000, she called the hospitals to explain her situation. Both agreed to work out a payment plan with her, but LoRee found it impossible to keep up with her everyday bills, much less her medical bills. “I always tried to pay the hospitals more than my monthly payment....Even though I was paying the bills it was never enough for the hospital. They ended up sending me to a collection agency.”

After almost four years of trying to pay the bills, LoRee felt that her only option was to file for bankruptcy. “I went from working hard my entire adult life and always having good credit, to having a stroke and having to give that all up because no one was concerned about me as an individual, only as someone's next paycheck.”

Researchers found traces of Charity Care programs at St. Al's as well as at 7 of the other 9 Idaho nonprofit hospitals surveyed. LoRee is the type of person for whom the Charity Care programs of these hospitals are designed. Why is it then that people like LoRee do not know about Charity Care programs?

Experiences like LoRee's inspired the current study. The principle finding of the study suggests a fairly harsh reality: most hospitals seem to have Charity Care programs, but will give out very little information about these programs to visitors or callers, even when asked point blank for such information. In other words, getting access to information on Charity Care in Idaho is a daunting task.

⁴ Sisters of St. Joseph of Carondelet, *Annual Report 1998-1999: People Committed to Life, St. Joseph Regional Medical Center*, Lewiston, ID, 1999, p. 66.

2. Access to Information on Charity Care

This study surveyed 10 of the 11 nonprofit hospitals in Idaho.

- At 2 of 10 Idaho hospitals surveyed, researchers found no evidence that the hospitals provided Charity Care.⁵

“We have no Charity Care. We have set rates for everything,” Carnie, the receptionist at the front desk, told a visitor.
—Idaho Falls Recovery Center

At the other 8 hospitals where traces of Charity Care programs were found, staff do very little to alert people to the existence of Charity Care or to educate them about the program:

- 4 of the 8 hospitals which do provide Charity Care told people who called either that the hospital did not provide Charity Care or that they did not know if the hospital had such a program.⁶
- Of the 4 hospitals who, when called, said they did have programs, 1 said (erroneously) that it had no *written information* on the program; the other 3 said they did, but refused to mail this information to the person calling.
- 6 of the 8 hospitals provided no *written information* on Charity Care either by posting or self-service to people who visited.
- 4 of the 8 hospitals provided no *written information* on Charity Care even when asked for it directly by people who visited.

A caller asked if the hospital had written information on Charity Care. They did have it but, she was told, they would not mail it to her. They reserved this information for patients who were already being seen at the hospital.
—St. Joseph’s Regional Medical Center

“Becky in the billing department told me that the hospital had no printed information on Charity Care and that Charity Care transactions are generally handled through a phone conversation, not through written documents.”
—St. Joseph’s Regional Medical Center

Callers found that getting hospitals to turn over *applications* to their Charity Care programs was just as difficult.

- 1 of the 8 hospitals told people who called that the hospital did not have an *application*.
- Of the 3 hospitals that told callers they had *applications*, all refused to mail the application to the person calling.

⁵ Findings based on data from all phone and visit surveys combined.

⁶ People visiting the hospitals gathered written information indicating the presence of Charity Care programs.

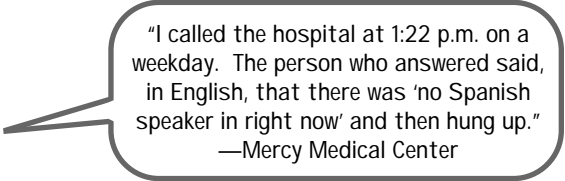
People presenting themselves in person at the 8 hospitals — and, more specifically, at 4 different stations within each hospital — fared no better at getting the hospital to provide applications than did those who simply called:

- 6 of the 8 hospitals provided no *application* to visitors via self-service.
- 4 of the 8 hospitals provided no *application* to visitors, even when asked for it directly.

3. Access to Information on Charity Care for Spanish Speakers

Hospitals make it difficult for all people to access information about their Charity Care programs. For Spanish speakers, the practices of over half of all Idaho hospitals surveyed make learning about Charity Care impossible.

- In 6 of 10 hospitals phoned, Spanish-speaking people who called the hospitals were not able to talk with Spanish-speaking staff.
- In all 6 of these cases, the hospital hung up on the Spanish-speaking caller.



"I called the hospital at 1:22 p.m. on a weekday. The person who answered said, in English, that there was 'no Spanish speaker in right now' and then hung up."
—Mercy Medical Center

This treatment contrasts sharply with treatment of English-speaking people; in no cases did a hospital hang up on an English-speaking person. The bottom line is that hospital staffing practices bar Spanish speakers from learning about Charity Care.

4. Conclusion

As Chart 2 reveals, the findings discussed above translated into uniformly poor grades for the Idaho hospitals surveyed. (See Appendix 3 for a detailed report card on each hospital and Appendix 1 for an explanation of how grades were calculated.) As we see in Chart 2, 80 percent of the hospitals surveyed got D's or F's, and none of the hospitals got above a C-. In other words, none of the hospitals do an even halfway decent job at informing visitors and callers about their charity care programs.

Chart 2: Grade Sheet for Idaho Hospitals

Hospital	Grade	City	State
Pocatello Regional Medical Center	C-	Pocatello	Idaho
Cassia Regional Medical Center	C-	Burley	Idaho
St. Joseph Regional Medical Center	D	Lewiston	Idaho
Saint Alphonsus Regional Medical Center	D	Boise	Idaho
Gritman Medical Center	D	Moscow	Idaho
St. Benedicts Family Medical Center	D-	Jerome	Idaho
Bonner General Hospital	D-	Sandpoint	Idaho
Mercy Medical Center	D-	Nampa	Idaho
Idaho Falls Recovery Center	F	Idaho Falls	Idaho
St. Mary's Hospital	F	Cottonwood	Idaho

Montana Report

1. Introduction

Montana has the lowest average annual income and the fastest growing poverty level in the country. Where income levels are low, the number of people with little or no health insurance is generally high. An estimated 12-16 percent of the state's residents lack any form of health care coverage. Another 12-16 percent are underinsured, with health plans that do not pay for primary, preventative or catastrophic care.⁷

Without adequate insurance, one small slip and people can find themselves buried under a mountain of medical bills. This is what happened to Vindy Miner. Vindy slipped on some wet rocks and broke four bones in her leg. She was taken to Community Medical Center in Missoula, where doctors operated on her twice. The bills came to over \$30,000. At the time of the accident, Vindy and her husband, Butch, were barely getting by financially. Now, with Vindy confined to a wheelchair while she recovered and unable to work, the couple's already meager income declined significantly.

Researchers for this study found traces of a Charity Care program at Community Medical, but Vindy and Butch knew nothing about the program and the hospital did not enlighten them. Instead, the Miners sent the hospital as much as they could each month – usually several hundred dollars. It was not enough for Community Medical. “We were talking to them the whole time, telling them how much we could send them each month,” recalls Butch. “Then all of a sudden their lawyers served us papers.” Butch and Vindy were forced to file for bankruptcy, then put their small business and house up for sale. After the bill was paid off, the hospital tried to come after them for interest.

Stories like Vindy's inspired the research that informs this report. They also illustrate why the report's findings are truly alarming. Hospital Charity Care is one of the few health care resources available to low-income Montanans. The study's findings show that hospitals all too often leave people in the dark about such care.

2. Access to Information on Charity Care

This survey included 8 nonprofit hospitals located in 5 Montana counties.⁸ These counties are home to 44% of the state's population.⁹

Survey findings indicate that, in Montana, low-income people wanting information on hospital Charity Care face a formidable set of obstacles.

⁷ State of Montana Health Care Authority, *Statewide Universal Health Care Access Report: A Report to the Legislature*, October 1, 1994.

⁸ In 1 of the 8 cases, Benefis Health Care, although there were two facilities located in different parts of town, the two facilities shared the same phone number; to keep uniformity across the visit and phone samples, the two Benefis facilities were treated as one entity.

⁹ Based on county and state population estimate of 7/1/98. Census and Economic Information Center, Montana Department of Commerce, <http://commerce.mt.gov>

- **At 2 of the 8 Montana hospitals surveyed, researchers found no evidence of charity care programs.**¹⁰

The 6 hospitals where traces of Charity Care programs were found do nothing either to alert people seeking care to the *existence* of these programs or to educate them about the programs:

"I visited the billing/finance department and talked to Brenda. She said the hospital offered no Charity Care. She said the hospital used to have a program but it was exhausted years ago."
—St. Patrick Hospital

- **1 of the 6 hospitals told a caller that the hospital did not have a Charity Care program, although it did.**¹¹
- **Of the 5 hospitals who, when called, said they did have programs, 3 told callers they had no *written information* on these programs, and the other two refused to mail their written information to the person calling.**

- **None of the 6 hospitals provided people who visited with *written information* on Charity Care either by posting or self-service.**
- **When asked directly, none of the 6 hospitals provided people who visited with written information on Charity Care.**

"I called and spoke with Cindy, a financial advisor in Patient Business Services. She told me that they do provide Charity Care, but that they don't advertise it because there would be too many people applying for it."
—Benefis Health Care

Callers found that getting the hospitals to turn over *applications* to their Charity Care programs was just as difficult.

- **1 of the 6 hospitals told callers that they did not know if they had an application.**
- **Of the 4 hospitals that told callers they did have *applications*, all refused to mail the application.**
- **2 of the 4 hospitals that told people who called that they needed to provide *support-***

"When I asked Cindy, a financial advisor in patient business services, to mail me their application, she told me that I would first have to be hospitalized and receive services, and then I could apply for Charity Care. She said that, at that point, I could apply and maybe they could cover the bill or maybe not."
—Benefis Health Care

¹⁰ Findings based on data from all phone and visit surveys combined.

¹¹ Another researcher gathered a Charity Care application from this hospital during an on-site visit.

ing documents with their applications were unable or willing to specify any of the documents required.

People presenting themselves in person at the 6 hospitals — and, more specifically, at 4 different stations within each hospital — fared no better at getting the hospitals to provide applications than did those who simply phoned:

- None of the 6 hospitals provided *applications* to visitors via self-service, and
- 3 of the 6 hospitals provided no *application* to visitors, even when asked for it directly.

3. Access to Information on Charity Care for Spanish Speakers

Getting Charity Care information and applications out of Montana nonprofit hospitals is a major challenge for English speakers. It is even more difficult for Spanish speakers.

- In 6 of 8 hospitals, Spanish-speaking people who called for information about Charity Care were unable to get this information. In all 6 cases, this was because the hospitals did not employ or have available Spanish-speaking staff.
- In 5 of these 6 cases, the hospital simply hung up on the caller.

This treatment contrasts sharply with treatment of English-speaking people; in no cases did a hospital hang up on an English-speaker.

- In 2 of the 5 “hang up” calls, the inability of the hospital to serve non-English speakers was played out for the caller in a long chain of transfers.
- In the remaining 3 “hang up” calls, staff made no attempt to find someone else at the hospital who might speak Spanish.

"The person said she didn't speak Spanish. She told me not to call again and hung up."
—Community Medical Center

"The person who answered the phone said, in English, 'I don't understand,' and transferred me to someone else. The second person said, in English, that they didn't understand and transferred me to a third person. That person said, 'No speak Spanish,' and hung up on me."
—St. Vincent Hospital and Health Center

"The person who answered the phone said, 'I don't understand Spanish' in English, and hung up."
—Deaconess Billings

Hospitals are not staffed in a way that enables them to communicate with Spanish speakers. This makes finding out about Charity Care next to impossible for Spanish speakers.

Chart 3: Grade Sheet for Montana Hospitals

Hospital	Grade	City	State
St. James Community Hospital	D	Butte	Montana
Benefis Health Care (East & West Campuses)	D	Great Falls	Montana
Saint Vincent Hospital and Health Center	D-	Billings	Montana
Deaconess Billings	D-	Billings	Montana
Bozeman Deaconess Hospital	F	Bozeman	Montana
Community Medical Center	F	Missoula	Montana
Mountainview Medical Center	F	White Sulphur Springs	Montana

4. Conclusion

As Chart 3 shows, the poor performance of the Montana hospitals surveyed translates into failing grades. (See Appendix 3 for a detailed report card on each hospital and Appendix 1 for an explanation of how grades were calculated.) Half the hospitals surveyed got D's and the other half got F's. These poor grades are all the more meaningful when we consider that the hospitals in question cover service areas that include almost half of Montana's residents. By guarding Charity Care information so closely, hospitals deprive low-income Montanans of the information they need to access a critical source of affordable health care.

Washington Report

1. Introduction

In Washington, nonprofit hospitals not only have a moral obligation to provide Charity Care, they have a legal obligation as well. Washington is one of only a handful of states that have Charity Care legislation. This legislation mandates, among other things, that hospitals provide free care to individuals whose income is at or below 100% of the federal poverty level.¹² It also requires hospitals to post or prominently display information concerning the availability of Charity Care within public areas of the hospital.¹³ What our study shows is an alarming rate of non-compliance by Washington hospitals with the public information provision of the law.

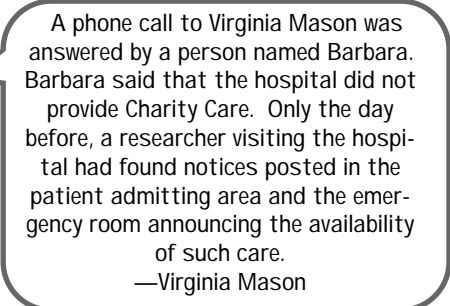
2. Access to Information on Charity Care

33 percent of Washington residents live in King and Yakima Counties. These counties are served by 17 nonprofit hospitals, all of which are surveyed in this report. Data gathered from these hospitals reveals that getting access to information on Charity Care in Washington is a daunting task despite the state law.

- **At 2 of the 17 hospitals surveyed, researchers found no evidence of a Charity Care program.**¹⁴

Most of the 15 hospitals at which some trace of Charity Care programs was found do little to alert people to the *existence* of their Charity Care programs or to educate them about these programs:

- **3 of the 15 hospitals which do provide charity care told people who called either that the hospital did not provide such care or that they didn't know if it had such a program.**¹⁵



A phone call to Virginia Mason was answered by a person named Barbara. Barbara said that the hospital did not provide Charity Care. Only the day before, a researcher visiting the hospital had found notices posted in the patient admitting area and the emergency room announcing the availability of such care.
—Virginia Mason

- **11 of the 15 hospitals provided no *written information* on Charity Care to people who visited, either by posting or via self-service.**
- **12 of the 15 hospitals provided no *written information* on Charity Care to people who visited, even when asked for it directly.**
- **Of the 12 hospitals who, when called, said they did have programs, 4 said the hospital did not**

¹² WCA 246-453-040(1).

¹³ WCA 246-453-010(16).

¹⁴ Findings based on data from all phone and visit surveys combined.

¹⁵ People visiting the hospitals gathered written information indicating the presence of Charity Care programs.

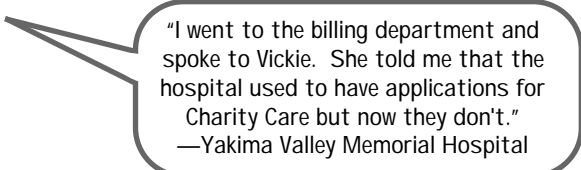
have *written information* on the program; the other 8 said they did, but 5 of these refused to mail this information to the person calling.

Callers found that getting hospitals to turn over *applications* to their Charity Care programs was just as difficult.

- At 3 of the 15 hospitals where traces of a Charity Care program were found, people who called were discouraged from asking for *application* information or forms because staff were unclear about whether the program existed or told people definitively (and erroneously) that the hospital had no such program.
- 1 of the 15 hospitals told people who called that the hospital did not have an *application*.
- Of the 11 hospitals that told people who called that they had *applications*, 8 refused to mail the application to the person calling.
- 2 of the 9 hospitals that told people who called that they needed to provide *supporting documents* with their applications were unable or unwilling to specify any of the documents required.

People presenting themselves in person at the 15 hospitals — and, more specifically, at 4 different stations within each hospital — fared no better at getting the hospitals to provide applications than did those who simply phoned:

- None of the 15 hospitals provided *applications* to visitors via posting or self-service.
- 8 of the 15 hospitals provided no *application* to visitors even when asked for it directly.



"I went to the billing department and spoke to Vickie. She told me that the hospital used to have applications for Charity Care but now they don't."
—Yakima Valley Memorial Hospital

These numbers paint a clear and stark picture of hospital practices around Charity Care in Washington State. What the numbers can only hint at, however, is the economic hardship that these practices cause low-income Washington residents. Sandra Haddix-Hamilton is a case in point. Sandra's difficulties with the Sisters of Providence began when she was going to school, working a work-study job, receiving welfare benefits, and raising her three children. When her daughter broke her wrist in a rollerblading accident, the situation was urgent and Sandra did not have time to return home for the medical coupons she uses to pay for her children's health care. She took her daughter to the Sisters of Providence emergency room, explained the situation, and was told she could pay the bill with coupons later. Her daughter was treated. Sandra was then told that the medical coupons would not cover the treatment because she had not been referred to the hospital by her doctor at the Sisters of Providence Clinic! The bill was sent to collections.

Saundra's problems with the hospital did not end there. Saundra was suffering from acute migraine headaches. Her optometrist detected evidence that glaucoma could be the cause and said she should see a Sisters of Providence specialist. Although this time she was referred appropriately, she was told – again, only after receiving services – that her medical coupons would not cover these services. Sisters of Providence also sent this bill to collections

Sisters of Providence has never mentioned Charity Care to Saundra.

Saundra says, “It seems like any time a referral is made within the Sisters of Providence system I end up with bills I can’t pay and the bills end up in collections. Why don’t they have a process at the time of treatment to make it clear what is covered by my coupons and what isn’t? They knew I was working a barely minimum wage job, raising three kids, receiving welfare, and going to school. Why don’t they tell people they have a Charity Care system that could help cover what medical coupons don’t?”

3. Access to Information on Charity Care for Spanish Speakers

Getting Charity Care information and applications out of Montana nonprofit hospitals is a major challenge for English speakers. It is even more difficult for Spanish speakers.

- **In 8 of 17 Washington hospitals surveyed, Spanish-speaking people who called the hospitals were not able to talk with Spanish-speaking staff or with effective translators.**
- **In 2 of the 8 cases, the person calling was forced to end the call because the staff person did not speak Spanish.**
- **In 2 of the 8 cases, the caller reached a computerized switchboard with no Spanish-language option.**
- **In 1 of the 8 cases, the caller was transferred to a voice mailbox with an outgoing message in English only.**
- **In 1 of the 8 cases, the translation service provided was ineffective.**
- **In 2 of the 8 cases, the hospital staff person simply hung up on the caller.**

“I called and the person who answered was a switchboard operator. She didn’t understand Spanish and transferred me to Urgent Care. No one in Urgent Care understood Spanish and I had to end the call.”
—Group Health Central Hospital

“When I called, the person who answered did not speak Spanish. She conferenced a translator into our call but neither knew the answer to my questions [about Charity Care] and they weren’t able to transfer the translator along with me to people in other offices.”
—Overlake Hospital Medical Center

“I called and the person who answered said, in English, ‘I don’t speak Spanish,’ and then hung up on me.”
—Eastside Hospital

This treatment contrasts sharply with treatment of English-speaking people; in no cases did a hospital hang up on an English-speaking person.

Chart 4: Grade Sheet for Washington Hospitals

Hospital	Grade	City	State
Community Memorial Hospital	A	Enumclaw	Washington
Providence Yakima Medical Center	A	Yakima	Washington
Swedish Medical Center (Ballard)	B	Seattle	Washington
Overlake Hospital Medical Center	B	Bellevue	Washington
Virginia Mason Medical Center	B	Seattle	Washington
Providence Seattle Medical Center	B-	Seattle	Washington
Swedish Health Services (Broadway)	C	Seattle	Washington
The Eastside Hospital	C-	Redmond	Washington
Highline Community Hospital	D	Burien	Washington
Highline Speciality Center	D	Tukwila	Washington
Northwest Hospital	D	Seattle	Washington
Providence Toppenish Hospital	D	Toppenish	Washington
Yakima Valley Memorial Hospital	D	Yakima	Washington
Group Health Central Hospital	F	Seattle	Washington
Children's Hospital and Regional Medical Center	F	Seattle	Washington
St. Francis Hospital	F	Federal Way	Washington
Sunnyside Community Hospital	F	Sunnyside	Washington

The bottom line is that more than half of the Washington hospitals surveyed were effectively inaccessible to callers who speak Spanish only. The language limitations of hospitals calls into question their ability to assure access to information on Charity Care for Spanish speakers.

4. Conclusion

Based on the above findings, hospitals were graded on their ability and willingness to make written information and applications for Charity Care available to potential patients who asked for them. These grades are summarized in Chart 4. (For more detailed grades, see the individual Report Cards in Appendix 3. For information on how grades were assigned, see Appendix 1.)

As Chart 4 shows, only 2 hospitals received A's for their efforts to inform potential patients about their charity care programs. While 4 more hospitals received a passing grade of B, an alarming 9 hospitals received dismal grades of D and F. In other words, over half the Washington hospitals surveyed do a poor job communicating about their programs to visitors and callers. This calls into question the seriousness with which hospitals view Washington's Charity Care law. It also calls into question the adequacy of the law as it is currently constructed and enforced.

Conclusion and Recommendations

It is vital that hospitals communicate openly and effectively with the public about their Charity Care programs. Large numbers of low-income people in the Northwest have little or no health insurance and Charity Care is one of their few sources of affordable care. When hospitals fail to adequately inform the public about their Charity Care programs, they effectively block access to this important resource.

Nonprofit hospitals sometimes portray the Charity Care they provide as a gift to the community. In reality, however, such hospitals have an obligation to the community to provide this care (and, by extension, to ensure access to this care by communicating clearly about their programs). They acquire this obligation when they register for nonprofit status and accept the substantial public subsidies that come with this status.

Until now, most communities have been willing to take hospitals at their word when they say they are working hard to meet their nonprofit obligation to provide affordable health care to low-income people. Should communities determine, however, that nonprofit hospitals are not fulfilling their part of the nonprofit bargain, they can easily turn what is now a “gentlemen’s agreement” into a mandatory contract enforced by law. In fact some states, including Washington, have already taken this step.

The data presented in this report suggest that Idaho and Montana badly need to pass strong charity care laws. In these states, nonprofit hospitals design and implement their Charity Care programs without real input or monitoring by the public. Study findings reveal how inadequate this voluntary approach to Charity Care programs is: 100 percent of Montana hospitals and 80 percent of the Idaho hospitals surveyed scored a “D” or “F” when tested on their ability or willingness to communicate openly and effectively with potential patients seeking information about Charity Care. Hospitals that fail to adequately inform the public about their Charity Care programs effectively block access to these programs. Idaho and Montana need strong charity care laws to make sure that hospitals really do fulfill their half of the nonprofit bargain.

The data presented in this report also suggest that Washington needs to strengthen its Charity Care law and do a better job at enforcing it. The study shows that less than 25 percent of the Washington nonprofit hospitals surveyed posted or displayed information concerning the availability of Charity Care within the hospital. Current law requires hospitals to post or prominently display such information. Strengthening enforcement is one of several ways in which Washington’s law should be improved.

It is also recommended that further investigation be done to determine whether Washington hospitals are in compliance with other provisions of the state’s Charity Care law.

Further investigation also needs to be done to determine whether hospitals are meeting federal guidelines on service to limited-English speakers.

Finally, it is recommended that hospitals should meet with the groups releasing this report to discuss how to make their Charity Care programs more public, transparent, and accessible. This report demonstrates that hospitals, when left to their own devices, are less than successful in designing and implementing programs that meet basic standards of transparency and accessibility. Community involvement is, therefore, essential. Discussions between community groups and hospitals should begin immediately.

Research Design and Methods

The *Not Making The Grade* regional report and the related *Not Making The Grade* state reports are all based on data collected in a major, 3-state study. The objective of the study was to assess the ability and willingness of hospitals to communicate openly and effectively with potential patients seeking information about Charity Care.

Data were gathered from 35 nonprofit hospitals in Idaho, Montana and Washington.¹⁶ In Idaho, 10 out of the 11 nonprofit hospitals operating in the state were surveyed. In Montana and Washington, a sample of counties was selected and all nonprofit hospitals in those counties — 8 and 17 hospitals, respectively — were surveyed.¹⁷ In Montana, the counties were Cascade, Gallatin, Missoula, Yellowstone and Silver Bow. These counties are home to 44% of Montana’s residents.¹⁸ In Washington, the counties were King and Yakima. These counties are home to 33% of Washington’s residents. Counties were selected to reflect the geographic, racial and economic diversity within each state.

Data were collected through conversations with hospital staff and by observations made during hospital site visits. Researchers made one round of visits and two rounds of phone calls, one in English and one in Spanish, to each hospital surveyed.

A Phone Protocol and a Site-Visit Protocol were designed, and data were then gathered in accordance with guidelines set down in the two protocols. The Phone Protocol called on researchers to phone a hospital, introduce themselves as a potential patient, and ask a series of questions scripted out in the Protocol about Charity Care at the hospital. The Site-Visit Protocol called on researchers to visit a hospital, and more specifically, to visit four sites within the hospital: (1) the front desk, (2) the patient registration/admitting desk, (3) the emergency room, and (4) the billing office.¹⁹ At each site, researchers looked for posted and written information on Charity Care and applications for Charity Care; they also asked staff a series of questions laid out in the Visit Protocol about Charity Care at the hospital.

Once phone and visit surveys were completed, data were coded. In coding the data, every effort was made to give hospitals the benefit of the doubt. For example, researchers presenting themselves as potential patients did site surveys of hospitals, visiting four different stations in each hospital. If, at three of these sta-

¹⁶ In this report, “nonprofit hospital” means “nongovernment nonprofit hospital.”

¹⁷ The source used to identify the universe of nonprofit hospitals in the selected counties was the *American Hospital Association Guide to the Health Care Field, 1998-99 Edition*, Chicago, Illinois: American Hospital Association, Healthcare InfoSource, Inc., 1998.

¹⁸ Based on county and state population estimate of 7/1/98. Census and Economic Information Center, Montana Department of Commerce, <http://commerce.mt.gov>

¹⁹ Although in some instances hospitals used different names for these departments or sites, almost all hospitals surveyed had departments or sites which performed functions described in the site names used in this study. In some instances, functions which were performed at two separate sites in the bigger hospitals were combined and handled at one site in the smaller hospitals. In all cases, researchers visited the sites at which the functions of greeting, admitting, emergency admitting, and billing were handled. In a smaller number of cases, researchers were unable to gather data at one of the four stations because the station was unstaffed at the time of the patient’s visit. Finally, in a small number of cases, researchers were unable to gather data from the billing office because this office was located off site, usually at a parent hospital.

tions, hospital staff refused to give the visitor a copy of their Charity Care application, but staff at the fourth provided such a copy, the hospital was coded as providing Charity Care applications to potential patients. To give another example, if, in the course of the two phone calls to a given hospital, researchers were given different answers to the question, “Do you have written information on Charity Care?” the hospital was coded as having told callers that they did have written information.

Finally, grades were assigned to hospitals based on their performance in the following areas:

- **Were callers and visitors able to find some trace of Charity Care program?**
- **Does the hospital provide written information or applications via posting or self-serve?**
- **When asked, does hospital staff tell potential patients who call that the hospital has written information on Charity Care and does staff agree to send this information to the caller?**
- **When asked, does hospital staff tell potential patients who visit that the hospital has written information on Charity Care and does staff agree to provide this material to the visitor?**
- **When asked, does hospital staff tell potential patients who call that the hospital has applications for Charity Care and does staff agree to send an application to the caller?**
- **When asked, does hospital staff tell potential patients who visit that the hospital has applications for Charity Care and does staff agree to provide an application to the visitor?**
- **Was the hospital able to communicate with Spanish speakers?**
- **Did the hospital hang-up on the Spanish Speaker?**

Hospitals were assigned 1 point for every “yes” answer to the first 7 questions. They were graded down by half a point if the answer to question 8 was “yes.” Grades were then assigned based on the following grading scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1.

The Findings in Detail

Washington Hospitals: The Findings in Detail

1. Access to Information on Charity Care

		PHONE - Best of Two Rounds of Calls						VISIT				
		Charity Care	Written Information		Application		Documents to Support Application		Written Information		Application	
Hospital	City	'Do you provide?'	Have	Will send	Have	Will send	Applicant needs to provide	Able to specify at least one document	Posted	Given when requested	Self-Serve	Given when requested
Children's	Seattle	Y	Y	N	Y	N	SDK	na	N	N	N	N
Community Memorial	Enumclaw	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y
Eastside	Redmond	SDK	na	na	na	na	na	na	N	Y	N	Y
Group Health Central	Seattle	N	na	na	na	na	na	na	N	N	N	N
Highline Community	Burien	Y	Y	N	Y	N	Y	Y	N	N	N	N
Highline Specialty Ctr	Tukwila	Y	Y	N	N	na	Y	Y	N	N	N	N
Northwest	Seattle	Y	N	na	Y	N	Y	Y	N	N	N	N
Overlake	Bellevue	SDK	na	na	na	na	na	na	Y	Y	N	Y
Providence Seattle	Seattle	Y	Y	Y	Y	Y	Y	Y	N	N	N	Y
St. Francis	Federal Way	Y	N	na	Y	N	SDK	na	N	N	N	N
Swedish [Ballard]	Seattle	Y	Y	Y	Y	Y	N	na	N	N	N	N
Swedish [Broadway]	Seattle	Y	N	na	Y	N	Y	Y	N	N	N	Y
Virginia Mason	Seattle	N	na	na	na	na	na	na	Y	N	N	Y
Providence Toppenish	Toppenish	Y	Y	N	Y	N	Y	N	N	N	N	N
Providence Yakima	Yakima	Y	Y	N	Y	N	Y	Y	Y	Y	N	Y
Sunnyside Community	Sunnyside	N	na	na	na	na	na	na	N	N	N	N
Yakima Valley Memor	Yakima	Y	N	--	Y	N	Y	N	N	N	N	N

KEY: Y = Yes
 N = No
 SDK = Staff person didn't know
 na = not applicable (because of "No" answer on previous question)

Washington Hospitals: The Findings in Detail

2. Access to Information on Charity Care for Spanish Speakers

Hospital	City	PHONE - Calls by Spanish Speakers	
		Incomplete Call due to Hospital's English-Only Limitations?	HUNG UP on Spanish-Speaking Caller?
Children's	Seattle	Y	
Community Memorial	Enumclaw	Y	
Eastside	Redmond	Y	Y
Group Health Central	Seattle	Y	
Highline Community	Burien		
Highline Specialty Center	Tukwila		
Northwest	Seattle		
Overlake	Bellevue	Y	
Providence Seattle	Seattle	Y	Y
St. Francis	Federal Way	Y	
Swedish [Ballard]	Seattle		
Swedish [Broadway]	Seattle		
Virginia Mason	Seattle		
Providence Toppenish	Toppenish		
Providence Yakima	Yakima		
Sunnyside Community	Sunnyside	Y	
Yakima Valley Memorial	Yakima		

KEY: Y = Yes
 N = No
 SDK = Staff person didn't know
 na = not applicable (because of "No" answer on previous question)

Montana Hospitals: The Findings in Detail

1. Access to Information on Charity Care

		PHONE - Best of Two Rounds of Calls						VISIT				
		Charity Care	Written Information		Application		Documents to Support Application		Written Information		Application	
Hospital	City	'Do you provide?'	Have	Will send	Have	Will send	Applicant needs to provide	Able to specify at least one document	Posted	Given when requested	Self-Serve	Given when requested
Benefis Health Care ²¹	Great Falls	Y	Y	N	Y	N	Y	Y	N	N	N	N
Mountainview Medical	White Sulphur Springs	N	na	na	na	na	na	na	N	N	N	N
Bozeman Deaconess	Bozeman	Y	Y	N	SDK	na	SDK	na	N	N	N	N
Community Medical	Missoula	Y	N	na	Y	N	Y	N	N	N	N	N
St. Patrick	Missoula	N	na	na	na	na	na	na	N	N	N	N
Deaconess Billings	Billings	N	na	na	na	na	na	na	N	N	N	Y
Saint Vincent	Billings	Y	N	na	Y	N	Y	N	N	N	N	Y
St. James	Butte	Y	N	na	Y	N	Y	Y	N	N	N	N

2. Access to Information on Charity Care for Spanish Speakers

		PHONE - Calls by Spanish Speakers	
Hospital	City	Incomplete Call due to Hospital's English-Only Limitations?	HUNG UP on Spanish-Speaking Caller?
Benefis Health Care ²²	Great Falls		
Mountainview Medical	White Sulphur Springs	Y	Y
Bozeman Deaconess	Bozeman	Y	Y
Community Medical	Missoula	Y	Y
St. Patrick	Missoula	Y	Y
Deaconess Billings	Billings	Y	Y
Saint Vincent	Billings	Y	Y
St. James	Butte		

KEY: Y = Yes
 N = No
 SDK = Staff person didn't know
 na = not applicable (because of "No" answer on previous question)

²¹ Data combined from both East and West Campuses

²² Data combined from both East and West Campuses

Idaho Hospitals: The Findings in Detail

1. Access to Information on Charity Care

		PHONE - Best of Two Rounds of Calls							VISIT			
		Charity Care	Written Information		Application		Documents to Support Application		Written Information		Application	
Hospital	City	'Do you provide?'	Have	Will send	Have	Will send	Applicant needs to provide	Able to specify at least one document	Posted	Given when requested	Self-Serve	Given when requested
St. Benedicts	Jerome	Y	N	na	N	na	Y	Y	N	Y	N	N
St. Joseph	Lewiston	Y	Y	N	Y	N	Y	Y	N	N	N	N
Saint Alphonsus	Boise	Y	Y	N	Y	N	Y	Y	N	N	N	N
Gritman Medical	Moscow	Y	Y	N	Y	N	Y	Y	N	N	N	N
Pocatello Regional	Pocatello	SDK	na	na	na	na	na	na	Y	Y	N	N
Bonner General	Sandpoint	N	na	na	na	na	na	na	N	Y	N	N
Mercy Medical	Nampa	N	na	na	na	na	na	na	N	Y	N	N
Cassia Regional	Burley	SDK	na	na	na	na	na	na	Y	N	N	Y
Idaho Falls Recovery	Idaho Falls	N	na	na	na	na	na	na	N	N	N	N
St. Mary's	Cottonwood	N	na	na	na	na	na	na	N	N	N	N

2. Access to Information on Charity Care for Spanish Speakers

		PHONE - Calls by Spanish Speakers	
Hospital	City	Incomplete Call due to Hospital's English-Only Limitations?	HUNG UP on Spanish-Speaking Caller?
St. Benedicts	Jerome	Y	Y
St. Joseph	Lewiston		
Saint Alphonsus	Boise		
Gritman Medical	Moscow		
Pocatello Regional	Pocatello	Y	Y
Bonner General	Sandpoint	Y	Y
Mercy Medical	Nampa	Y	Y
Cassia Regional	Burley	Y	Y
Idaho Falls Recovery	Idaho Falls	Y	Y
St. Mary's	Cottonwood		

KEY:
 Y = Yes
 N = No
 SDK = Staff person didn't know
 na = not applicable (because of "No" answer on previous question)

Appendix 3:

Report Cards

Report Cards for Idaho Hospitals.....	28
Report Cards for Montana Hospitals.....	38
Report Cards for Washington Hospitals.....	46

Bonner General Hospital

(Sandpoint, Idaho)

Charity Care Report Card – 1999

	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Pass	1
• Provides Written Information or Application via Posting or Self-Serve	Fail	0
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Pass	1
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Fail	0
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (**Staff hung up on Spanish-Speaking Caller)	Fail**	0

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points 2**

Final Grade

D-

<i>Cassia Regional Medical Center</i> <i>(Burley, Idaho)</i>		
Charity Care Report Card – 1999		
	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Pass	1
• Provides Written Information or Application via Posting or Self-Serve	Pass	1
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Fail	0
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Pass	1
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (**Staff hung up on Spanish-Speaking Caller)	Fail**	0

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points 3**

Final Grade **C-**

Gritman Medical Center

(Moscow, Idaho)

Charity Care Report Card – 1999

	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Pass	1
• Provides Written Information or Application via Posting or Self-Serve	Fail	0
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Fail	0
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Fail	0
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (**Staff hung up on Spanish-Speaking Caller)	Pass	1

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points 2

Final Grade

D

<i>Idaho Falls Recovery Center</i> <i>(Idaho Falls, Idaho)</i>		
Charity Care Report Card – 1999		
	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Fail	0
• Provides Written Information or Application via Posting or Self-Serve	Fail	0
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Fail	0
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Fail	0
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (**Staff hung up on Spanish-Speaking Caller)	Fail**	0

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points **0****

Final Grade ***F***

Mercy Medical Center

(Nampa, Idaho)

Charity Care Report Card – 1999

	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Pass	1
• Provides Written Information or Application via Posting or Self-Serve	Fail	0
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Pass	1
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Fail	0
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (**Staff hung up on Spanish-Speaking Caller)	Fail**	0

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points 2**

Final Grade

D-

<i>Pocatello Regional Medical Center</i> <i>(Pocatello, Idaho)</i>		
Charity Care Report Card – 1999		
	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Pass	1
• Provides Written Information or Application via Posting or Self-Serve	Pass	1
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Pass	1
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Fail	0
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (**Staff hung up on Spanish-Speaking Caller)	Fail**	0

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points **3****

Final Grade

C-

Saint Alphonsus Regional Medical Center

(Boise, Idaho)

Charity Care Report Card – 1999

	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Pass	1
• Provides Written Information or Application via Posting or Self-Serve	Fail	0
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Fail	0
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Fail	0
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (**Staff hung up on Spanish-Speaking Caller)	Pass	1

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points 2

Final Grade

D

<i>St. Benedicts Family Medical Center</i> <i>(Jerome, Idaho)</i>		
Charity Care Report Card – 1999		
	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Pass	1
• Provides Written Information or Application via Posting or Self-Serve	Fail	0
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Pass	1
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Fail	0
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (**Staff hung up on Spanish-Speaking Caller)	Fail**	0

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points **2****

Final Grade

D-

St. Joseph Regional Medical Center

(Lewiston, Idaho)

Charity Care Report Card – 1999

	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Pass	1
• Provides Written Information or Application via Posting or Self-Serve	Fail	0
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Fail	0
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Fail	0
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (*Staff hung up on Spanish-Speaking Caller)	Pass	1

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points 2

Final Grade

D

<i>St. Mary's Hospital</i> <i>(Cottonwood, Idaho)</i>		
Charity Care Report Card – 1999		
	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Fail	0
• Provides Written Information or Application via Posting or Self-Serve	Fail	0
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Fail	0
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Fail	0
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (**Staff hung up on Spanish-Speaking Caller)	Pass	1

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points **1**

Final Grade

F

Benefis Health Care (East & West Campuses) (Great Falls, Montana)

Charity Care Report Card – 1999

	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Pass	1
• Provides Written Information or Application via Posting or Self-Serve	Fail	0
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Fail	0
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Fail	0
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (**Staff hung up on Spanish-Speaking Caller)	Pass	1

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points 2

Final Grade

D

<i>Bozeman Deaconess Hospital</i> <i>(Bozeman, Montana)</i>		
Charity Care Report Card – 1999		
	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Pass	1
• Provides Written Information or Application via Posting or Self-Serve	Fail	0
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Fail	0
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Fail	0
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (*Staff hung up on Spanish-Speaking Caller)	Fail**	0

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points 1**

Final Grade

F

Community Medical Center

(Missoula, Montana)

Charity Care Report Card – 1999

	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Pass	1
• Provides Written Information or Application via Posting or Self-Serve	Fail	0
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Fail	0
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Fail	0
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (**Staff hung up on Spanish-Speaking Caller)	Fail**	0

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points 1**

Final Grade **F**

<i>Deaconess Billings</i> <i>(Billings, Montana)</i>		
Charity Care Report Card – 1999		
	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Pass	1
• Provides Written Information or Application via Posting or Self-Serve	Fail	0
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Fail	0
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Pass	1
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (**Staff hung up on Spanish-Speaking Caller)	Fail**	0

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points 2**

Final Grade

D-

Mountainview Medical Center

(White Sulphur Springs, Montana)

Charity Care Report Card – 1999

	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Fail	0
• Provides Written Information or Application via Posting or Self-Serve	Fail	0
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Fail	0
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Fail	0
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (*Staff hung up on Spanish-Speaking Caller)	Fail**	0

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points 0**

Final Grade **F**

<i>St. James Community Hospital</i> <i>(Butte, Montana)</i>		
Charity Care Report Card – 1999		
	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Pass	1
• Provides Written Information or Application via Posting or Self-Serve	Fail	0
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Fail	0
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Fail	0
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (*Staff hung up on Spanish-Speaking Caller)	Pass	1

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points **2**

Final Grade

D

Saint Patrick Hospital

(Missoula, Montana)

Charity Care Report Card – 1999

	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Fail	0
• Provides Written Information or Application via Posting or Self-Serve	Fail	0
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Fail	0
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Fail	0
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (**Staff hung up on Spanish-Speaking Caller)	Fail**	0

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points 0**

Final Grade

F

<i>St. Vincent Hospital and Health Center</i> <i>(Billings, Montana)</i>		
Charity Care Report Card – 1999		
	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Pass	1
• Provides Written Information or Application via Posting or Self-Serve	Fail	0
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Fail	0
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Pass	1
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (**Staff hung up on Spanish-Speaking Caller)	Fail**	0

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points 2**

Final Grade **D-**

Children's Hospital and Regional Medical Center (Seattle, Washington)

Charity Care Report Card – 1999

	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Pass	1
• Provides Written Information or Application via Posting or Self-Serve	Fail	0
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Fail	0
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Fail	0
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (**Staff hung up on Spanish-Speaking Caller)	Fail	0

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points 1

Final Grade

F

<i>Community Memorial Hospital</i> <i>(Enumclaw, Washington)</i>		
Charity Care Report Card – 1999		
	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Pass	1
• Provides Written Information or Application via Posting or Self-Serve	Pass	1
• Tells Caller Has Written Information & Agrees to Send	Pass	1
• Tells Visitor Has Written Information & Agrees to Provide	Fail	0
• Tells Caller Has Application Form & Agrees to Send	Pass	1
• Tells Visitor Has Application Form & Agrees to Provide	Pass	1
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (*Staff hung up on Spanish-Speaking Caller)	Fail	0

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points **5**

Final Grade

A

The Eastside Hospital

(Redmond, Washington)

Charity Care Report Card – 1999

	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Pass	1
• Provides Written Information or Application via Posting or Self-Serve	Fail	0
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Pass	1
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Pass	1
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (**Staff hung up on Spanish-Speaking Caller)	Fail**	0

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points **3****

Final Grade

C-

<i>Group Health Central Hospital</i> <i>(Seattle, Washington)</i>		
Charity Care Report Card – 1999		
	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Fail	0
• Provides Written Information or Application via Posting or Self-Serve	Fail	0
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Fail	0
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Fail	0
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (*Staff hung up on Spanish-Speaking Caller)	Fail	0

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points **0**

Final Grade

F

Highline Community Hospital

(Burien, Washington)

Charity Care Report Card – 1999

	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Pass	1
• Provides Written Information or Application via Posting or Self-Serve	Fail	0
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Fail	0
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Fail	0
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (*Staff hung up on Spanish-Speaking Caller)	Pass	1

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points 2

Final Grade **D**

Highline Specialty Center <i>(Tukwila, Washington)</i>		
Charity Care Report Card – 1999		
	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Pass	1
• Provides Written Information or Application via Posting or Self-Serve	Fail	0
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Fail	0
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Fail	0
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (**Staff hung up on Spanish-Speaking Caller)	Pass	1

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points **2**

Final Grade **D**

Northwest Hospital

(Seattle, Washington)

Charity Care Report Card – 1999

	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Pass	1
• Provides Written Information or Application via Posting or Self-Serve	Fail	0
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Fail	0
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Fail	0
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (**Staff hung up on Spanish-Speaking Caller)	Pass	1

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points 2

Final Grade **D**

<i>Overlake Hospital Medical Center</i> <i>(Bellevue, Washington)</i>		
Charity Care Report Card – 1999		
	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Pass	1
• Provides Written Information or Application via Posting or Self-Serve	Pass	1
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Pass	1
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Pass	1
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (**Staff hung up on Spanish-Speaking Caller)	Fail	0

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points **4**

Final Grade

B

Providence Seattle Medical Center (Seattle, Washington)

Charity Care Report Card – 1999

	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Pass	1
• Provides Written Information or Application via Posting or Self-Serve	Fail	0
• Tells Caller Has Written Information & Agrees to Send	Pass	1
• Tells Visitor Has Written Information & Agrees to Provide	Fail	0
• Tells Caller Has Application Form & Agrees to Send	Pass	1
• Tells Visitor Has Application Form & Agrees to Provide	Pass	1
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (**Staff hung up on Spanish-Speaking Caller)	Fail**	0

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points 4**

Final Grade *B-*

<i>Providence Toppenish Hospital</i> <i>(Toppenish, Washington)</i>		
Charity Care Report Card – 1999		
	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Pass	1
• Provides Written Information or Application via Posting or Self-Serve	Fail	0
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Fail	0
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Fail	0
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (*Staff hung up on Spanish-Speaking Caller)	Pass	1

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points **2**

Final Grade

D

Providence Yakima Medical Center (Yakima, Washington)

Charity Care Report Card – 1999

	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Pass	1
• Provides Written Information or Application via Posting or Self-Serve	Pass	1
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Pass	1
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Pass	1
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (**Staff hung up on Spanish-Speaking Caller)	Pass	1

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points 5

Final Grade

A

<i>St. Francis Hospital</i> <i>(Federal Way, Washington)</i>		
Charity Care Report Card – 1999		
	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Pass	1
• Provides Written Information or Application via Posting or Self-Serve	Fail	0
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Fail	0
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Fail	0
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (*Staff hung up on Spanish-Speaking Caller)	Fail	0

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points 1

Final Grade

F

Sunnyside Community Hospital

(Sunnyside, Washington)

Charity Care Report Card – 1999

	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Fail	0
• Provides Written Information or Application via Posting or Self-Serve	Fail	0
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Fail	0
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Fail	0
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (*Staff hung up on Spanish-Speaking Caller)	Fail	0

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points 0

Final Grade **F**

<i>Swedish Health Services (Broadway)</i> <i>(Seattle, Washington)</i>		
Charity Care Report Card – 1999		
	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Pass	1
• Provides Written Information or Application via Posting or Self-Serve	Fail	0
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Fail	0
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Pass	1
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (**Staff hung up on Spanish-Speaking Caller)	Pass	1

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points **3**

Final Grade

C

Swedish Medical Center (Ballard)
(Seattle, Washington)

Charity Care Report Card – 1999

	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Pass	1
• Provides Written Information or Application via Posting or Self-Serve	Fail	0
• Tells Caller Has Written Information & Agrees to Send	Pass	1
• Tells Visitor Has Written Information & Agrees to Provide	Fail	0
• Tells Caller Has Application Form & Agrees to Send	Pass	1
• Tells Visitor Has Application Form & Agrees to Provide	Fail	0
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (**Staff hung up on Spanish-Speaking Caller)	Pass	1

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points 4

Final Grade **B**

Virginia Mason Medical Center (Seattle, Washington)		
Charity Care Report Card – 1999		
	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Pass	1
• Provides Written Information or Application via Posting or Self-Serve	Pass	1
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Fail	0
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Pass	1
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (*Staff hung up on Spanish-Speaking Caller)	Pass	1

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points 4

Final Grade

B

Yakima Valley Memorial Hospital

(Yakima, Washington)

Charity Care Report Card – 1999

	Pass/Fail	Grade Points
<u>Access to Information on Charity Care</u>		
• Some Indication of a Charity Care Program Found	Pass	1
• Provides Written Information or Application via Posting or Self-Serve	Fail	0
• Tells Caller Has Written Information & Agrees to Send	Fail	0
• Tells Visitor Has Written Information & Agrees to Provide	Fail	0
• Tells Caller Has Application Form & Agrees to Send	Fail	0
• Tells Visitor Has Application Form & Agrees to Provide	Fail	0
<u>Access to Information on Charity Care for Spanish Speakers</u>		
• Ability of Hospital to Communicate with Spanish Speakers (**Staff hung up on Spanish-Speaking Caller)	Pass	1

Grading Scale: A+=7, A=5-6, B=4, C=3, D=2, F=0-1. The sign ** turns grade into a "minus."

Total Points 2

Final Grade D