

Policy/Procedure

PURPOSE:

The purpose of this policy is to outline Seattle Children's Hospital's policy and procedures with respect to the provision of Financial Assistance (also known as "charity care") to eligible patients consistent with federal and state law.

POLICY:

In furtherance of its charitable mission of Hope, Care, Cure, Seattle Children's Hospital ("Seattle Children's") offers Financial Assistance to eligible patients and families in accordance with this Policy.

Financial Assistance is provided for emergency and Medically Necessary Care to patients based upon family need and the criteria set forth in this Policy. Seattle Children's has established criteria for providing Financial Assistance in accordance with applicable law, including the requirements of Chapter 246-453 of the Washington Administrative Code (WAC), Chapter 70.170.060 of the Revised Code of Washington (RCW), and § 501(r) of the Internal Revenue Code (IRC) and its implementing regulations.

Eligibility decisions for Financial Assistance are made without regard to race, color, religion (creed), sex, gender identity or expression, sexual orientation, national origin (ancestry), disability, age, genetic information, marital status, citizenship, pregnancy or maternity, protected veteran status, or any other status protected by applicable national, federal, state, or local law.

Seattle Children's complies with the Emergency Medical Treatment and Active Labor Act (EMTALA) and its implementing regulations, providing appropriate medical screening examination and stabilizing treatment for emergency medical conditions, regardless of an individual's ability to pay.

DEFINITIONS:

Amounts Generally Billed (AGB): Patients who are eligible for Financial Assistance under this Policy will not be charged more for emergency or other Medically Necessary Care than the "amounts generally billed" (AGB) to patients who have health insurance covering such care by using the look-back method described in the IRC § 501(r) regulations. Seattle Children's determines AGB by multiplying the hospital's gross charges for any emergency or Medically Necessary Care by a percentage which is based on claims allowed under Medicare, Medicaid, and private health insurers during the last complete hospital fiscal year.

Information on Seattle Children's AGB percentage and how it is calculated can be obtained at <https://www.seattlechildrens.org/clinics/paying-for-care/financial-assistance/>.

Medically Necessary Care: Medically necessary hospital or clinic health care services that are reasonably calculated to diagnosis, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no equally effective more conservative or substantially less costly course of treatment available or suitable for the person requesting the service.

Financial Assistance (Charity Care): Emergency and Medically Necessary Care rendered to indigent persons for no fee or a discounted fee when Third-Party Coverage, if any, has been exhausted, to the extent that the persons are unable to pay for the care or to pay deductibles or co-insurance amounts required by a third-party payer.

Partial Discount Schedule: A publicly available schedule of discounts to charges for patients/families deemed eligible for Partial Financial Assistance under this Policy. See Section III.B.2. for detailed information on Seattle Children's Partial Financial Assistance discounts.

Third-Party Coverage: An obligation on the part of an insurance company, health care service contractor, health maintenance organization, group health plan, government program, tribal health benefits, or health care sharing ministry as defined in 26 U.S.C. Sec. 5000A to pay for the care of covered patients and services, and may include settlements, judgments, or awards actually received related to the negligent acts of others which have resulted in the medical condition for which the patient has received hospital health care service.

PROCEDURE:

I. **Access to Emergency Services:** Access to a medical screening examination and appropriate stabilizing treatment will not be delayed or denied based on an individual's ability to pay for services or determination of an individual's insurance coverage or Financial Assistance eligibility.

II. **Scope of Financial Assistance:**

A. **Operations:** For purposes of this policy, Financial Assistance means Seattle Children's giving an eligible patient/family a full or partial write-off of any patient balance remaining after applicable Third-Party Coverage has been exhausted. As part of the Financial Assistance application process, Seattle Children's Financial Counselors work with patients/families who do not have applicable Third-Party Coverage to assess whether such patients/families may be eligible for Medicaid and/or health care coverage through Washington's Health Benefit Exchange (RCW 43.71). Financial Counselors will provide estimates to patients/families on request and in compliance with state and federal law, assistance with Medicaid and Qualified Health Plan (QHP)¹ applications (including but not limited to providing the patient/family with information about the application process, necessary forms that must be completed, and/or connecting the patient/family with other agencies or resources who can assist the patient/family in completing such applications),

¹ A QHP is a standardized health plan a patient/family may purchase through the Washington Health Benefit Exchange during an open enrollment period or special enrollment period, pursuant to Washington Health Benefit Exchange rules and regulations.

and assistance with creation of interest-free payment plans. Financial Counselors can be reached at (206) 987-3333 or by email at FinancialCounselor@seattlechildrens.org.

B. Charges Financial Assistance Covers and Does Not Cover: Financial Assistance will be applied to patient balances for emergency and Medically Necessary Care.

1. Charges for services that are cosmetic, elective, or primarily for the convenience of the patient are not eligible for Financial Assistance. See <https://www.seattlechildrens.org/clinics/paying-for-care/financial-assistance/> for a list of services that are not eligible for Financial Assistance.
2. Services that (a) can be provided by an alternate provider within a patient's insurance network; and (b) have not been approved by that insurance to be provided in network at Seattle Children's are not eligible for Financial Assistance.
3. Charges for services that are not reimbursable through a patient's Third-Party Coverage because Third-Party Coverage procedural or clinical requirements were not followed are not eligible for Financial Assistance.

C. Which providers Financial Assistance Covers:

1. **Covered Providers:**

- a. Financial Assistance applies to inpatient and outpatient facility and professional charges, as applicable, for services provided at Seattle Children's Hospital, at its specialty clinics, or at other community hospitals and sites, by providers employed by or under contract with Seattle Children's Hospital or Children's University Medical Group. This includes Odessa Brown Children's clinics.
- b. All eligible services provided by Seattle Children's Hospital providers at Garfield High School Teen Clinic (based on the presumed income of minors consenting to their own care).

2. **Non-covered providers:**

- a. Seattle Children's Primary Care Group, which includes Richmond Pediatrics clinic, has a separate Financial Assistance policy and program.
- b. Some community physicians or similarly credentialed medical providers who see patients at Seattle Children's Hospital bill separately for their professional charges. Those community providers may choose whether to grant financial assistance for their bills commensurate with Seattle Children's Financial Assistance Policy or may apply a different financial assistance policy. See Seattle Children's website at [Paying for Care and Financial Assistance at Seattle Children's \(seattlechildrens.org\)](https://www.seattlechildrens.org/paying-for-care-and-financial-assistance/) or call (206) 987-3333 for a list of those community providers who do not follow Seattle Children's Hospital's Financial Assistance Policy.

D. Duration – Financial assistance is typically granted in six-month increments. Financial Assistance granted for an emergency course of care, or resulting from an administrative or presumptive approval, will be approved only for that episode of care. Patients or responsible parties can reapply for Financial

Assistance at any time.

III. **Eligibility Criteria for Financial Assistance:** Patients must meet **all** the following criteria in order to be eligible for Financial Assistance:

A. **Income –**

1. **Full Financial Assistance:** Patients may be eligible for full Financial Assistance if the patient or responsible party has a gross family income at or below 400% of the Federal Poverty Guidelines, as adjusted for family size.
2. **Partial Financial Assistance:** Patients may be eligible for Partial Financial Assistance if the patient or responsible party has a gross family income between 401% and 599% of the Federal Poverty Guidelines, as adjusted for family size. In this case, the patient or responsible party is responsible for the applicable portion of the outstanding amount owed, and Seattle Children's Financial Assistance covers the remaining account balance. Information on Seattle Children's Partial Financial Assistance discounts is available at <https://www.seattlechildrens.org/clinics/paying-for-care/financial-assistance/> or by emailing FinancialCounselor@seattlechildrens.org or calling (206) 987-3333. In cases where a patient or responsible party would qualify for an uninsured discount and also qualifies for Partial Financial Assistance, the responsible party will receive only the Partial Financial Assistance discount, which is the most generous discount. Multiple discounts are not applied to the same account.
3. **Timing of Income Determination:** Income documented at the time clinical services were provided will be used for making Financial Assistance determinations. **Exception:** If income documented at the time of application would result in the family being approved rather than denied Financial Assistance, that lower income will be used.
4. **Adjustments to Income:** For purposes of determining income levels for Full and Partial Financial Assistance, if a patient or responsible party is self-employed, the net (take home) income information is used. Seattle Children's will deduct from the income calculation the amount that a family personally pays toward medical insurance premiums for coverage of their beneficiaries who are under the age 26. Income documentation to verify information indicated on the application form may be requested, including but not limited to pay stubs, accounting records and/or income tax returns.
5. **Family Size:** In Washington State, a family is defined by state law as two or more persons related by birth, marriage or adoption who live together (WAC 246-453-010(18)). However, Seattle Children's provides care to patients who are part of diverse family structures which do not always align with the strict WAC definition of family. Therefore, to create the opportunity for a more generous financial assistance discount, Seattle Children's may consider all adults and children physically living in the same home as the patient as part of one household for purposes of determining family size and income level for Financial Assistance eligibility. Dependents physically living outside of the home (e.g., students at college) can be included as a member of the household with verification that such dependent is claimed on the federal income tax

return of another identified member of the household. Patients 18 years and older are considered a separate household for purposes of Financial Assistance eligibility when living independently (i.e., outside of the home of their parents or legal guardians) and no other person can claim the patient as a dependent on his or her federal income tax return.

6. **Assets.** Seattle Children's does not take into consideration the existence, availability, or value of a patient's or responsible party's assets for purposes of determining eligibility for Financial Assistance (although Seattle Children's may still consider assets and collect information related to such assets as required by the Centers for Medicare and Medicaid for Medicare cost reporting purposes).

B. Alternate Sources of Funding –

1. **Third-Party Sources:** Seattle Children's Financial Assistance is a secondary funding source after all other Third-Party Coverage (as defined above) and other funding sources have been exhausted, including but not limited to, group or individual health insurance, eligible government programs including Medicaid, third-party liability or workers' compensation programs, health care sharing ministry plans, designated grant or trust funds, or any other persons or entities with a responsibility to pay for medical services.
2. **Where Medicaid Application Required:** Patients with no Third-Party Coverage or other source of funding, including those who (a) are uninsured; (b) do not have insurance coverage for the services provided or to be provided; or (c) have insurance coverage with significantly limited benefits based on the assessment by Seattle Children's, will be required to apply for Medicaid before Financial Assistance is granted, subject to subsections a. and b. below. Patients who have enrolled in a health care sharing ministry for health care expenses are considered to be uninsured for purposes of this determination.
 - a. A patient may choose to purchase a QHP through the Washington Health Benefit Exchange, if applicable, in lieu of enrolling in Medicaid. Seattle Children's Financial Counselors are available to assist families with the Medicaid application process or with a QHP application, as noted in Section II.A. above.
 - b. Seattle Children's will not impose procedures on patients applying for Financial Assistance or Medicaid that place an unreasonable burden upon the patient or responsible party, taking into account any physical, mental, intellectual, or sensory deficiencies, or language barriers that may hinder the patient's or responsible party's capability of complying with such application procedures. No patient or responsible party will be required to apply for Medicaid or any state or federal program where the patient or responsible party is obviously or categorically ineligible, or has been deemed ineligible in the prior twelve (12) months (provided, in the latter case, that the patient/responsible party has not had a change in circumstances such that the patient/responsible party would now qualify for Medicaid or any state or federal program).
 - c. Subject to subsections a. and b. above, if a patient/family fails

to make reasonable efforts to cooperate with Seattle Children's in applying for Medicaid, including those who refuse to apply for Medicaid on philosophical, religious, or other personal grounds, and is at 599% or less of the Federal Poverty Guidelines, the maximum Financial Assistance that will be granted is 55%.

C. Application –The patient or their responsible party must submit an application form for Financial Assistance by:

1. Completing the online form available at www.seattlechildrens.org/clinics/paying-for-care/financial-assistance/; or
2. Printing a paper form from this same website and mailing or faxing it as instructed on such form; or
3. Completing a paper application, which can be picked up from any Seattle Children's registration desk or obtained by mail from a financial counselor, and mailing or faxing it as instructed in such application packet.

Financial Assistance applications can be submitted prior to the provision of services, during the course of care, or after services have been provided.

D. Presumptive Eligibility - In cases where a patient can be reasonably presumed to qualify for Financial Assistance, and the standard application processes are not likely to be completed due to socioeconomic or other factors such as homelessness, Seattle Children's Vice President or Senior Director of Revenue Cycle, or their designee, may administratively designate a patient as qualifying for Financial Assistance in the absence of receiving all required information. Seattle Children's may review relevant and publicly available information about a family's financial situation, other than their credit report, in cases when the family is unresponsive to a bill for an outstanding balance and may grant presumptive Financial Assistance for that outstanding balance eligibility based on this information. All presumptively granted Financial Assistance will only apply to balances already owed.

IV. **Financial Assistance Determination Process:**

A. Documentation – All information relating to a patient's Financial Assistance application will be kept confidential. Determination of eligibility will be made by Seattle Children's within fourteen (14) days of receipt of all required information. Seattle Children's will not initiate extraordinary collection efforts while in the process of reviewing the application.

1. **Approvals** – A letter communicating an approval of Financial Assistance and the applicable eligibility period will be sent to the applicant.
2. **Pending** – In the event incomplete information is received on the application, or a patient/family has not completed the Medicaid eligibility process when required, the application will be pended and a letter communicating why the application has been pended will be sent to the applicant. If responsive information is not received within fourteen (14) days of such notice, the application may be denied.
3. **Denials** – In the event Seattle Children's determines a patient is not eligible for Financial Assistance, a written denial will be provided to the applicant and will include the reason(s) for denial, the date of the

decision, and the instructions for appeal or reconsideration.

4. **Appeals** – The applicant may appeal a denial of eligibility for Financial Assistance within thirty (30) days of the determination by providing additional information about the family's income, size, other financial liabilities, or other pertinent factors to the Senior Director of Revenue Cycle. The Senior Director of Revenue Cycle will review all appeals for final determination. If this final determination affirms the previous denial of Financial Assistance, written notification will be sent to the applicant and the Department of Health in accordance with state law.
5. **Refunds** – In the event that a patient/family or other responsible party makes a payment toward Medically Necessary Care and the patient/family is subsequently found eligible for Financial Assistance, patient payments applied to facility charges in the 90 days preceding the eligibility determination will first be applied to other outstanding balances, and any remaining funds will then be refunded within thirty (30) days.

B. **Uninsured/Self-Pay Discount.** In the event a patient/family is denied or otherwise determined to be ineligible for either Full or Partial Financial Assistance and has no Third-Party Coverage or other discount, a 25% discount will be applied to the patient's facility and professional charges.

V. **Staff Training:** Appropriate staff in roles most likely to engage in discussions with families about Financial Assistance, including all those in registration, admission or revenue cycle roles, must participate in an annual training module regarding Financial Assistance, including how to access language resources to be able to assist families with limited English proficiency or who are deaf or hard of hearing.

VI. **Communications to the Public:** Information about Seattle Children's Financial Assistance Policy is made publicly available as follows:

- A. **Public Notice** – A notice is displayed in key public areas of the hospital, including primary public registration locations and the Emergency Department, in languages spoken by more than 10% of the population of the hospital service area: English, Spanish, Vietnamese, Russian and Somali. Additionally, Seattle Children's Financial Assistance Policy, a plain language summary of the Financial Assistance Policy, and the Financial Assistance application form in these same languages is on Seattle Children's website at www.seattlechildrens.org/clinics/paying-for-care/financial-assistance/.
- B. **MyChart notification** – Notification of the availability of Financial Assistance is included during the electronic patient portal MyChart check-in process.
- C. **Individual Notification** – Seattle Children's will make reasonable effort to both determine the existence of any Third-Party Coverage for Medically Necessary Care in full or part, and to assess whether families checking in at Seattle Children's sites of care would like information about or screening for Financial Assistance. Paper copies of the Financial Assistance Policy, Plain Language Summary, and applications in English, Spanish, Vietnamese, Russian or Somali are available for pick up at registration desks at all Seattle Children's clinics.
- D. **Translation Services** – Notices and written information concerning Financial Assistance may be translated into any other language spoken in the community by contacting Seattle Children's Financial Counselor's at FinancialCounselor@seattlechildrens.org or (206) 987-3333.
- E. **Financial Counselors** – Financial Counselors, who have access to interpreter services

for languages other than English, are available in person and by telephone (206-987-3333), to assist with questions concerning Financial Assistance or completion of the application.

- F. **Patient Bills** – Patient bills will include a statement on the first page of the bill in both English and Spanish, or in Somali, Vietnamese, or Russian if that is the family's registered primary language, that communicates the availability of Financial Assistance, whether or not the patient or responsible party has insurance coverage, and the email or phone number to contact for further assistance.

Approved by Washington State Department of Health: