



**Fred Hutch**  
Cancer Center

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Sponsor Rowena Fish: Dir Revenue Cycle Mgt  
Policy Area Revenue Cycle  
Applicability FHCC Outpatient & Montlake  
References Org Wide/ Institutional

## FIN603 Financial Assistance - 8173037

### SCOPE:

This policy applies to all Fred Hutchinson Cancer Center ("Fred Hutch") healthcare facility outpatient and inpatient areas and to all urgent and other medically necessary services provided by Fred Hutch. A list of locations covered by this policy can be found in Appendix I - Covered Providers and Services List.

This policy shall be interpreted in a manner consistent with Section 501(r) of the Internal Revenue Code of 1986, as amended. In the event of a conflict between the provisions of such laws and this policy, such laws shall control.

### PURPOSE:

The purpose of this policy is to ensure Fred Hutch patients who are at or near the federal poverty level receive appropriate hospital-based medical services at a cost that is based on their ability to pay. Financial assistance is provided to these patients based upon family need. In order to protect the integrity of Fred Hutchinson Cancer Center's operations and fulfill this commitment, Fred Hutchinson Cancer Center has established the following criteria for the provision of financial assistance, consistent with the requirements of Chapter 246-453 WAC, Chapter 70.170 RCW, 26 USC §501(r) and SHB-1616. Financial Assistance will be granted to all eligible persons regardless of age, race, color, religion, sex, gender, sexual orientation or national origin.

### DEFINITIONS:

- **"Amounts generally billed (AGB)"** means financial assistance-eligible patients will not be charged more for care than the amounts generally billed to individuals who have insurance covering such care.



- **"Applicant"** means the patient or the party responsible for payment.
- **"Appropriate hospital-based medical services"** means those hospital services which are reasonably calculated to diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective more conservative or substantially less costly course of treatment available or suitable for the person requesting the service. For purpose of this definition, "course of treatment" may include mere observation or, where appropriate, no treatment at all.
- **"Family"** means a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family
- **"Financial assistance (charity care)"** means appropriate hospital-based medical services provided to indigent persons.
- **"Income"** means total cash receipts before taxes derived from wages and salaries, welfare payments, Social Security payments, strike benefits, unemployment or disability benefits, child support, alimony, and net earnings from business and investment activities paid to the individual.
- **"Indigent persons"** are those patients or guarantors who qualify for charity care based on the federal poverty level, adjusted for family size, and who have exhausted any third-party coverage.
- **"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. The pendency of such settlements, judgments, or awards must not stay hospital obligations to consider an eligible patient for charity care.

## POLICY:

### Eligibility Criteria for Financial Assistance:

The following patients may be eligible for financial assistance under this policy:

1. Patients requesting appropriate hospital-based medical services; and
2. Patients **not** requesting elective, investigational, or experimental forms of treatment.

Financial Assistance is generally secondary to all other third-party coverage resources available to the patient. This includes:

1. Group or individual medical plans
2. Workers' compensation programs.
3. Medicare, Medicaid or other medical assistance programs.
4. Other state, federal or military programs.



5. Third-party liability situations. (e.g.: auto accidents or personal injuries).
6. Tribal health benefits.
7. Health care sharing ministry as defined in 26 U.S.C. Sec. 5000A.
8. Other situations in which another person, entity, government agency or embassy may have legal responsibility to pay for the costs of medical services.

Fred Hutchinson Cancer Center staff also work with patients/families who do not have applicable Third-Party Coverage to assess whether such patients/families may be eligible for health care coverage through medical assistance programs under chapter 74.09 RCW or the Washington health benefit exchange

As a part of the financial assistance application process for determining eligibility for financial assistance, Fred Hutchinson Cancer Center will query as to whether a patient or their guarantor meets the criteria for health care coverage under medical assistance programs under chapter 74.09 RCW or the Washington health benefit exchange

If information in the application indicates that the patient or their guarantor is eligible for coverage, we will assist the patient or their guarantor in applying by, among other things, providing the patient/family with information about the application process, assisting patients through the application process, providing 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. In providing assistance to the application process, we will take into account any physical, mental, intellectual, sensory deficiencies or language barriers which may hinder either the patient or their guarantor from complying with the application procedures and will not impose procedures on the patient or guarantor that would constitute an unreasonable burden.

If the patient or guarantor fails to make reasonable efforts to cooperate with Fred Hutchinson Cancer Center in applying for coverage under chapter 74.09 RCW we are not obligated to provide financial assistance to such patient.

If a patient or their guarantor is obviously or categorically ineligible or has been deemed ineligible for coverage through medical assistance programs under chapter 74.09 RCW or the Washington health benefit exchange in the prior 12 months, Fred Hutchinson Cancer Center will not require the patient or their guarantor to apply for such coverage.

If the patient's eligibility for financial assistance is apparent, Fred Hutchinson Cancer Center may, in its sole discretion, choose to waive some or all of the documentation and verification requirements. Examples of circumstances in which the patient's eligibility for financial assistance may be apparent include the following:

1. A patient or guarantor who has declared bankruptcy and has included the Fred Hutchinson Cancer Center debt in the bankruptcy;
2. A patient or guarantor who dies without material assets;
3. A patient or guarantor who is determined to be homeless; or
4. Accounts returned by the collection agency as uncollectible due to any of the above



reasons.

Fred Hutchinson Cancer Center staff discretion will be exercised in situations where factors such as social or health issues exist. Such issues will be documented to support financial assistance consideration.

#### **Financial Criteria:**

In accordance with WAC 246-453-040, the applicant's family size and income will be reviewed and will determine Percentage of Federal Poverty Level (FPL), this percentage will determine the level of financial assistance to be awarded based on the date of service. The criteria for the financial assistance award can be found in Appendix II – Criteria for Tiered Financial Assistance Awards. Applicants (patients or their guarantors) will be eligible for financial assistance for the patient responsibility portion of their hospital charges equal to the unpaid balance remaining after all sources of third-party coverage and sponsorship have been exhausted.

The determination of eligibility for financial assistance will be applicable for the episode of care identified at the point of determination. The award of financial assistance is valid for a six-month period. Additional financial assistance will require the applicant to reapply.

#### **Application Process:**

To ensure appropriate handling of the patient's account, applications for financial assistance should be requested from Patient Financial Services or Patient Accounting staff. Forms and instructions to complete final determination will be furnished to applicant when financial assistance is requested, or when financial screening indicates potential need. Applicants can apply for financial assistance at any time until a court has entered a judgment against the applicant for the amounts owed.

Applicants who submit an application for financial assistance and who are initially determined to be eligible for financial assistance will be allowed 14 calendar days to complete the application process. This application, along with full disclosure of applicant's financial status with supporting documentation, will be considered in the final determination of eligibility.

Fred Hutchinson Cancer Center will suspend collection activities while a financial assistance application is in process.

In the event that an applicant pays a portion or all of Fred Hutchinson Cancer Center's charges related to appropriate hospital-based medical services and is subsequently found to have met the financial assistance criteria at the time that Fred Hutchinson Cancer Center provided the services, we will refund such amounts to the applicant within 30 days of the decision approving the financial assistance application.

#### **Eligibility Determination:**

Income documentation verifying information on the Financial Assistance /Charity Care Application Form may be requested. When requested, the verification documentation may include payroll check stubs (most recent two months). In the event an applicant requests financial assistance for outstanding Fred Hutchinson Cancer Center charges, we may request documentation consistent with this section to verify the applicant's income at the time Fred Hutchinson Cancer Center provided the services. Any one of the



following documents shall be considered sufficient evidence upon which to base the final determination of financial assistance eligibility.

1. A "W-2" withholding statement
2. Pay stubs
3. An income tax return from the most recently filed calendar year
4. Forms approving or denying eligibility for Medicaid and/or state-funded medical assistance
5. Forms approving or denying unemployment compensation
6. Written statements from employers or welfare agencies

If the applicant is not able to provide any of the documentation listed above, a written and signed attestation from the applicant certifying their income may be relied upon.

Fred Hutchinson Cancer Center 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.

Copies of documents that support the application will be kept with the application form. Determination of eligibility will be made by the Patient Accounting Department and/or the Patient Financial Services Department.

Fred Hutchinson Cancer Center will provide a final determination in writing, including the amount for which the applicant will be financially responsible, within 14 days of receipt of all application and documentation material. Denials, including the basis for denial, will be written and will include the following instructions for appeal or reconsideration.

The applicant may appeal the determination of eligibility for financial assistance by providing additional verification of income or family size to the Chief Financial Officer within 30 days of receipt of notification. All appeals will be reviewed by the Fred Hutchinson Cancer Center appeals committee for final determination. If this determination affirms the previous denial of financial assistance, written notification will be sent to the responsible party and the Department of Health in accordance with state law.

If a request has been denied, no collection activities will be initiated for 14 days after the denial has been communicated. If an appeal is filed, collection activities will cease until the appeal is finalized.

Fred Hutchinson Cancer Center does not charge any applicant receiving services covered by this Financial Assistance Policy more than our gross charges rates or more than the amounts generally billed (AGB) to persons with insurance covering such services by using the look-back method described in section 501(r)(5)(b)(4) of the Internal Revenue Code. Applicants can receive a copy of the Fred Hutchinson Cancer Center AGB Calculation Information Sheet (Appendix III) by contacting the Patient Financial Services department or visiting the website.

For information about the services covered by the Fred Hutchinson Cancer Center Financial Assistance Policy, please see the Covered Providers and Services List (Appendix I) or contact the Patient Financial Services department to receive a copy.

Our billing and collections practices for amounts not covered by financial assistance awards are



described in Fred Hutchinson Cancer Center's Collection Policy.

Access to emergency care will not be delayed or denied based on a patient's ability to pay for services or determination of the individual's sponsorship status.

### **Notification and Language Access:**

Fred Hutchinson Cancer Center's Financial Assistance Policy, a Plain Language Summary of the Financial Assistance Policy, Covered Providers and Services List (Appendix I), Criteria for Tiered Financial Assistance Awards (Appendix II), our AGB Calculation Information Sheet (Appendix III) , the financial assistance application, and Fred Hutchinson Cancer Center's Collection Policy are available in English, Spanish, Vietnamese, Chinese, Korean, and Russian. You can receive a copy of any of these documents by visiting our Financial Counseling department at Fred Hutchinson Cancer Center's Lake Union Clinic located at 825 Eastlake Ave. East, Seattle, Washington, 98109. You can also request that a copy be mailed or emailed to you free of charge by calling our Patient Financial Services department at (206) 606-6226 or toll free at 1 (800) 304 -1763, or email requests to [fincounsel@fredhutch.org](mailto:fincounsel@fredhutch.org). Written requests may be sent to Financial Counseling at 825 Eastlake Ave East, Mailstop: G3-650, Seattle, Washington 98109. You can also download a copy of these documents from our website at <https://www.seattlecca.org/patients/financial-assistance>. We will offer the Plain Language Summary of this policy to each person who seeks inpatient or outpatient services on behalf of their-self. Fred Hutchinson Cancer Center will include a written notice on our billing statements about the availability of financial assistance under this policy. Fred Hutchinson Cancer Center will post signs in appropriate public areas within the hospital notifying the public of the Financial Assistance Policy. When appropriate, Fred Hutchinson Cancer Center will work with community groups and organizations to provide copies of its Financial Assistance Policy summary to residents in the community.

## **REQUIREMENTS:**

N/A

## **REFERENCES:**

- 26 USC §501(r)
- Financial Assistance /Charity Care Application Form
- Internal Revenue Code section 501(r)(5)(b)(4)
- Fred Hutchinson Cancer Center Collection Policy
- Medicare (Title XVIII);
- Medicaid (Title XIX) (Washington Apple Health);
- RCW Chapter 70.170
- WAC Chapter 246-453-040
- Covered Providers List\_FAP Appendix I
- Criteria for Tiered FA Awards\_FAP Appendix II
- AGB Calculations Info Sheet\_FAP Appendix III



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## Attachments

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[AGB Calculation Info Sheet\\_FAP Appendix III.docx](#)

[Covered Providers List\\_FAP Appendix I.docx](#)

[Criteria for Tiered FA Awards\\_FAP Appendix II.docx](#)

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## Applicability

FHCC Montlake Policies, FHCC Outpatient Policies



FINANCIAL ASSISTANCE POLICY <8173037>  
APPENDIX I : Covered and Non-Covered Services and Providers

Last Updated 4/29/2022

Covered

Outpatient Facility fees at Fred Hutchinson Cancer Center locations

- South Lake Union
- Fred Hutchinson Cancer Center Mobile Mammography Unit
- Fred Hutchinson Cancer Center at UW Medicine - Northwest
- Fred Hutchinson Cancer Center at EvergreenHealth
- Fred Hutchinson Cancer Center at Overlake Medical Center
- Fred Hutchinson Cancer Center Peninsula
- Fred Hutchinson Cancer Center Issaquah
- Fred Hutchinson Cancer Center Proton Center

Inpatient Facility fees at Fred Hutchinson Cancer Center Hospital – UW Medicine Montlake

Non-Covered

As part of your care at Fred Hutchinson Cancer Center, you may receive services from health care providers associated with UW Medicine (UWM), University of Washington Physicians (UWP), and/or Seattle Children's Hospital (SCH). Our financial assistance awards do not apply to fees charged by UWM, UWP, or SCH. These organizations have adopted their own financial assistance policies. You may contact these organizations directly to obtain information about their financial assistance policies by contacting:

- University of Washington Medical Center: (206) 598-4320
- University of Washington Physicians: (206) 543-8606
- Harborview Medical Center: (206) 744-3084
- Seattle Children's Hospital: (206) 987-3333

In addition to the non-covered health care providers above, the following providers are also excluded from Fred Hutchinson Cancer Center's financial assistance awards.

Outpatient and Inpatient Facility and Professional fees for Fred Hutchinson Cancer Center  
Community affiliated hospitals

- UW Medicine – Northwest
- EvergreenHealth
- Overlake Medical Center
- UW School of Dentistry



Outside reference laboratories directly billing patient's insurance for cost coverage of Fred Hutchinson Cancer Center provider-ordered tests (including, but not limited to the following):

- UW Medicine Lab
- LabCorp

If you have any questions regarding whether an outside reference laboratory not listed above is covered please contact Fred Hutchinson Cancer Center's Patient Financial Services department at (206) 606-6226 or toll free at 1 (800) 304 -1763, or email requests to [fincounsel@seattlecca.org](mailto:fincounsel@seattlecca.org) .



Fred Hutchinson Cancer Center Patient Financial Assistance Policy  
Appendix II – Criteria for Tiered Financial Assistance Awards

In accordance with WAC 246-453-040, the Applicant's family size and income will be reviewed and will determine Percentage of Federal Poverty Level (FPL), this percentage will determine the level of financial assistance to be awarded based on the date of service. Applicants (patients or their guarantors) will be eligible for financial assistance for the patient responsibility portion of their hospital charges equal to the unpaid balance remaining after all sources of third party coverage and sponsorship have been exhausted.

For medically necessary care prior to July 1, 2022, Fred Hutchinson Cancer Center will consider patients for Financial Assistance and charity care under this policy, when third-party coverage, if any, has been exhausted, based on the following criteria and determination will be based on their income adjusted for family size, in the following amounts:

- income is not more than 300% of the FPL, will be eligible for financial assistance in the full (100%) amount.

For medically necessary care received on or after July 1, 2022, Fred Hutchinson Cancer Center will consider patients for financial assistance and charity care under this policy, when third-party coverage, if any, has been exhausted, based on the following criteria and determination will be based on their income adjusted for family size, in the following amounts as defined by RCW 70.170;

- income is not more than 300% of the FPL, will be eligible for financial assistance in the full (100%) amount.
- income is between 301% and 350 % of the FPL, will be eligible for financial assistance to a 75% discount.
- income is between 351% and 400% of the FPL, will be eligible for financial assistance to a 50% discount.



## **Fred Hutch Cancer Center Patient Financial Assistance Policy**

### **Appendix III - AGB Information Sheet**

Fred Hutch Cancer Center determines Amounts Generally Billed (AGB) on an annual basis using the “look-back method,” described under Treasury Regulation Section 1.501(r)- 5(b)(1).

#### **1. AGB Calculation:**

- Each year, Fred Hutch Cancer Center’s Finance Department gathers data on every claim for the fiscal year that has an ending receivable balance of <\$1000.
- This includes claims with the discharge date for the prior fiscal year. Fred Hutch Cancer Center’s fiscal year is July 1 through the following June 30.
- Self-Pay claims are excluded.
- Fred Hutch Cancer Center’s annual AGB percentage is equal to the sum of amounts paid by third party payers divided by the sum of the associated gross charges for those claims during the prior fiscal year.

**The calculation is summarized as follows:**

$$\text{AGB\%} = \text{Prior Fiscal Year Total Insurance Payments} / \text{Total Gross Charges}$$

#### **2. Timing and Use of AGB:**

- Fred Hutch Cancer Center’s Finance Department will determine the current AGB percentage, and Fred Hutch Cancer Center will begin applying the current AGB percentage, within 120 days of the end of each fiscal year.
- Patients who are deemed eligible for financial assistance in accordance with Fred Hutch Cancer Center’s Patient Financial Assistance Policy will not be charged more than amounts generally billed (“AGB”) to individuals who are covered by insurance. Eligible patients with insurance coverage will not be personally responsible to pay more than AGB after all payments by the health insurer have been applied.

#### **3. Effective December 1, 2024, Fred Hutch Cancer Center’s AGB is **44.94%** (based on fiscal year 2024 claims data).**