

Seattle Cancer Care Alliance

Financial Assistance and Charity Care Policy

Policy

Seattle Cancer Care Alliance ("SCCA") provides health care appropriate for the special needs of cancer patients. The Financial Assistance Policy and Charity Care Policy is intended to ensure that residents of Washington State 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 SCCA's operations and fulfill this commitment, SCCA has established the following criteria for the provision of financial assistance, consistent with the requirements of Chapter 246-453 WAC, Chapter 70.170 RCW, and 26 USC §501(r). These criteria will assist the staff in making consistent and objective decisions regarding eligibility for financial assistance while ensuring the maintenance of a sound financial base.

Definitions :

"Financial assistance " (also known as charity care) means appropriate hospital-based medical services provided to indigent persons.

"Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:

- a. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- b. Serious impairment of bodily functions; or
- c. Serious dysfunction of any bodily organ or part.

With respect to a pregnant woman who is having contractions the term shall mean:

- d. That there is inadequate time to effect a safe transfer to another hospital before delivery; or
- e. That transfer may pose a threat to the health or safety of the woman or the unborn child.

"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.

"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" means responsible parties with family income equal to or below two hundred percent of the federal poverty level, adjusted for family size.

"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.

"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.

Eligibility Criteria for Financial Assistance :

The following patients shall not be eligible for financial assistance under this policy:

1. Patients who are not residents of Washington State. Patients are considered residents of Washington State only if: (1) prior to beginning their course of care, their primary residence is located in Washington State; (2) they intend to continue living in Washington State permanently or for an indefinite period of time; and (3) they did not come to Washington State for the purposes of seeking medical services;
2. Patients who request any service other than appropriate hospital-based medical services; and
3. Patients who request elective, investigational or experimental forms of treatment that do not meet the definition of "appropriate hospital-based medical services".

The following patients may be eligible for financial assistance under this policy notwithstanding the fact they are not residents of the State of Washington:

1. Patients who have an emergency medical condition; and
2. Patients who are refugees, asylees or seeking asylum and provide appropriate INS documentation.

Financial assistance is secondary to all other funding sources available to the patient including but not limited to the following:

1. Group or individual health plans,;
2. Medicare (Title XVIII);
3. Medicaid (Title XIX) (Washington Apple Health);
4. Crime victims programs
5. Other federal, state, or military programs such as CHAMPUS or Washington State Kidney Disease Program;
6. Third party liability payments arising from auto accidents, other personal injuries or other claims;
7. Workers compensation programs;
8. Any other persons or entities who may have a legal responsibility to pay for the medical service;
9. Personal financial resources:
10. Designated grant funds for which the patient would be eligible; and
11. Any other circumstances in which another person or entity may have legal responsibility to pay for the cost of medical services.

Before being considered for financial assistance, the patient's eligibility (or the party responsible for payment) for third party payment coverage will be assessed and the patient (or the party responsible for payment) may be required to apply for coverage under those programs for which he or she is eligible. Patients who do not elect to receive Medicaid benefits when eligible for Medicaid may be denied financial assistance. Patients who fail to comply with the financial assistance application requirements, may be denied financial assistance.

If the patient's eligibility for financial assistance is apparent, SCCA 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 SCCA 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.
4. Accounts returned by the collection agency as uncollectible due to any of the above reasons.

SCCA 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.

Written denials (or oral denials followed by written documentation) of all potentially pertinent funding sources must be provided prior to the patient being eligible to receive financial assistance. Assessment of a patient's eligibility for financial assistance will be made without regard to the patient's race, sex, gender identity, creed, ethnicity, religion, age or sexual orientation.

Financial Criteria

In accordance with WAC 246-453-040 and subject to SCCA financial resources, patients will be eligible to be considered for financial assistance if they submit the necessary application and if the party responsible for payment has a family income at or below 300% of the federal poverty level as adjusted for family size. If the party responsible for payment has a family income at or below 300% of the federal poverty standard as adjusted for family size, the patient will be eligible for financial assistance in the amount equal to the unpaid balance remaining after all sources of third party coverage and sponsorship have been exhausted. Responsible parties whose income exceeds 300% of the federal poverty level as adjusted for family size but who have incurred catastrophic account balances after all sources of third party coverage and sponsorship will be considered for hardship write-offs on a case by case basis.

As part of your care at SCCA, 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). SCCA's 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

The applicant's family size and income will be reviewed and will determine Percentage of Federal Poverty Level. This percentage will determine the level of financial assistance to be awarded.

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 responsible party 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 or the WSSHA website. Forms and instructions to complete final determination will be furnished to responsible party when financial assistance is requested, or when financial screening indicates potential need. Persons can apply for financial assistance at any time until a court has entered a judgment against the person for the amounts owed.

Persons who submit an application for financial assistance and who are initially determined to be eligible for financial assistance will be allowed fourteen calendar days to complete the application process. This application will be considered in the final determination of eligibility. People who do not meet the definition of indigent persons may be required to provide additional documentation regarding their financial circumstances when seeking financial assistance prior to final determination of eligibility.

SCCA will suspend collection activities while a financial assistance application is in process.

In the event that a patient pays a portion or all of SCCA's charges related to appropriate hospital-based medical services, and is subsequently found to have met the financial assistance criteria at the time that SCCA provided the services, SCCA will refund such amounts to the patient within thirty (30) days of the decision approving the financial assistance application.

Eligibility Determination :

Income documentation verifying information on the Confidential Financial Information Form ("CF") may be requested. When requested, the verification documentation may include payroll check stubs (most recent two months). In the event a patient requests financial assistance for outstanding SCCA charges, SCCA may request documentation consistent with this section to verify the patient's income at the time SCCA provided the services. Responsible parties may submit one or more of the following items in lieu of or in addition to payroll information:

1. IRS tax return (most recent year);
2. W-2 withholding statement;
3. Forms approving or denying eligibility for Medicaid and/or state funded assistance;
4. Forms approving or denying eligibility for unemployment compensation; or
5. Written statements from employers or welfare agencies.

In addition to the documentation listed above, for those who are above 200% of the federal poverty standard, the following may be requested:

1. Personal ID (Driver's License, Photo ID, Passport, Birth certificate);
2. Most recent rent/mortgage verification;
3. Most recent utility verification;
4. Cash surrender value of life insurance policy;
5. Current bank statements (checking, savings, CD);
6. Stocks, bonds, IRA and other investments; and
7. Letter of support and/or other documentation regarding living situation if the CF indicates no income or assets.

In the event that the responsible party is not able to provide any of the documentation listed above, a written and signed attestation from the responsible party certifying his or her income may be relied upon.

The responsible party will be required to provide written verification of ineligibility for all other sources of funding.

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. SCCA may run a credit check on individuals applying for financial assistance, if the individual is above 200% of the federal poverty standard.

SCCA will provide a final determination in writing, including the amount for which the patient will be financially responsible, within fourteen 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 responsible party may appeal the determination of eligibility for financial assistance by providing additional verification of income or family size to the SCCA chief financial officer within thirty days of receipt of notification. All appeals will be reviewed by the SCCA 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.

SCCA does not charge any person receiving services covered by this Financial Assistance Policy more than SCCA's gross charges rates or more than the amounts generally billed (AGB) to persons with insurance covering such services by using the prospective method described in section 501(r)(5)(b)(4) of the Internal Revenue Code.

SCCA's billing and collections practices for amounts not covered by financial assistance awards are described in SCCA'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

SCCA's Financial Assistance and Charity Care Policy, a summary of SCCA's Financial Assistance Policy, the financial assistance application, and SCCA's Collection Policy are available in English, Spanish, Vietnamese, and Russian. You can receive a copy of any of these documents by visiting our Patient Registration department at SCCA'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@seattlecca.org. Written requests may be sent to Patient Financial Services at 825 Eastlake Ave East, Mailstop: LG3-340, Seattle, Washington 98109. You can also download a copy of these documents from SCCA's website at <http://www.seattlecca.org/financial-assistance-resources.cfm>. SCCA will offer the plain language summary of this policy to each person who seeks inpatient or outpatient services on behalf of himself or herself. SCCA will include a written notice on SCCA's billing statements about the availability of financial assistance under this policy. SCCA will post signs in appropriate public areas within the hospital notifying the public of the Financial Assistance and Charity Care Policy. When appropriate, SCCA will work with community groups and organizations to provide copies of its Financial Assistance Policy summary to residents in the community.