



Original Approval:	8/17/2001
Effective:	9/21/2021
Approval:	9/21/2021
Next Review:	9/21/2022
Owner:	<i>Rowena Fish: Asst Dir Revenue Cycle</i>
Policy Area:	<i>Revenue Cycle</i>
References:	<i>CTL, EVG, ISQ, NWH, OVL, Organization Wide, PEN, SLU, Shine, Wellness Center</i>
Applicability:	<i>SCCA Outpatient & Inpatient</i>

FIN603 Financial Assistance - 8173037

SCOPE:

This policy applies to all Seattle Cancer Care Alliance ("SCCA") locations (hospital and outpatient clinics) and to all emergency, urgent and other medically necessary services provided by SCCA locations. A list of SCCA locations covered by this policy can be found in Appendix II - 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. This is a management level policy approved by the Chief Financial Officer.

PURPOSE:

The purpose of this policy is 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:

- "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.
- "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:
 - 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;
 - Serious impairment of bodily functions;
 - Serious dysfunction of any bodily organ or part.With respect to a pregnant woman who is having contractions the term shall mean:
 - There is inadequate time to affect a safe transfer to another hospital before delivery;

- Transfer may pose a threat to the health or safety of the woman or the unborn child.
- "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.

POLICY:

Eligibility Criteria for Financial Assistance:

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

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

Eligibility

Residency documentation verifying information on the Financial Assistance /Charity Care Application Form 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;

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

1. Patients who have an emergency medical condition;
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 primary funding sources:

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 including, but not limited to, cash assets, money market accounts, and/or employer related savings accounts);
10. Designated grant funds for which the patient would be eligible;
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 Applicant's eligibility for third party payment coverage will be assessed and the Applicant may be required to apply for coverage under those programs for which the Applicant is eligible. Applicants who do not elect to receive Medicaid benefits when eligible for Medicaid may be denied financial assistance. Applicants 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; or
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 primary funding sources must be provided prior to the patient being eligible to receive financial assistance.

Assessment of an Applicant'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, the Applicant's family size and income will be reviewed and will determine Percentage of Federal Poverty Line, this percentage will determine the level of financial assistance to be awarded. If the Applicant 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. Applicants whose income exceeds 300% of the federal poverty standard 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.

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.

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

In the event that an Applicant 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 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 SCCA charges, SCCA may request documentation consistent with this section to verify the Applicant's income at the time SCCA provided the services. Applicant 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;
5. Written statements from employers or welfare agencies.

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

1. Cash surrender value of life insurance policy;
2. Current bank statements (checking, savings, CD);
3. Stocks, bonds, IRA and other investments;
4. Letter of support and/or other documentation regarding living situation if the Financial Assistance/Charity Care Application Form indicates no income or assets.

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

The Applicant 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 Applicants 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 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 SCCA Chief Financial Officer within 30 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 Applicant 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 look-back method described in section 501(r)(5)(b)(4) of the Internal Revenue Code. Applicants can receive a copy of the SCCA AGB Calculation Information Sheet (Appendix I) by contacting the Patient Financial Services department or visiting the website.

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

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 Policy, a summary of SCCA's Financial Assistance Policy, SCCA AGB Calculation Information Sheet (Appendix I) , Covered Providers and Services List (Appendix II), 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 <https://www.seattlecca.org/patients/financial-assistance>. 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 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.

REQUIREMENTS:

N/A

REFERENCES:

- 26 USC §501(r)
- Financial Assistance /Charity Care Application Form
- Internal Revenue Code section 501(r)(5)(b)(4)
- SCCA Collection Policy
- Medicare (Title XVIII);
- Medicaid (Title XIX) (Washington Apple Health);
- RCW Chapter 70.170
- SCCA AGB Calculation Information Sheet (Appendix I)
- SCCA Financial Assistance Policy Covered Providers List (Appendix II)
- WAC Chapter 246-453-040

Seattle Cancer Care Alliance Patient Financial Assistance Policy
Appendix I - AGB Information Sheet

Seattle Cancer Care Alliance 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, SCCA’s Finance department gathers data on every claim for the fiscal year that has an ending receivable balance of <\$25.
- This includes claims with the discharge date for the prior fiscal year. SCCA’s fiscal year is July 1 through the following June 30.
- Self-Pay claims are excluded.
- SCCA’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:

- SCCA’s Finance Department will determine the current AGB percentage, and SCCA 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 SCCA’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, 2020, SCCA’s AGB is **48%** (based on fiscal year 2020 claims data).



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

Last Updated 7/6/2021

Covered

Outpatient Facility fees at Seattle Cancer Care locations

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

Inpatient Facility fees at Seattle Cancer Care Alliance – SCCA Hospital – UW Medicine
Montlake

Non-Covered

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

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

Outpatient and Inpatient Facility and Professional fees for SCCA 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 SCCA 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 SCCA's Patient Financial Services department at (206) 606-6226 or toll free at 1 (800) 304 -1763, or email requests to fincounsel@seattlecca.org .