

## Financial Assistance

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**PURPOSE:** To outline Seattle Children's Hospital's requirements and practices with respect to the provision of financial assistance.

**POLICY:** Seattle Children's Hospital provides health care appropriate for the special needs of children up to 21 years of age who are residents of Washington, Alaska, Montana, or Idaho, regardless of their ability to pay. Financial assistance (charity care) is provided to these children based upon family need and hospital resources. Seattle Children's has established criteria for providing financial assistance in accordance with applicable law, including the requirements of Chapter 246-453 Washington Administrative Code (WAC) and § 501(r) of the Internal Revenue Code 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 Emergency Medical Treatment and Active Labor Act and its implementing regulations (EMTALA), which require that all patients presenting for care in the Emergency Department (ED) be medically screened and stabilized, without discrimination and regardless of patient age; residency, or financial status.

### PROCEDURE:

#### I. Access to Emergency Services:

- A. Access to emergency services without discrimination 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. **Definition** – For purposes of this policy, financial assistance entails granting a full or partial write-off of any patient balance remaining after applicable third party processing for an eligible patient/family. Financial Counselors can also provide estimates upon request, assistance with Medicaid and Qualified Health Plan (QHP) applications, and creation of interest free payment plans. Financial Counselors can be reached at (206) 987-3333.
- B. **What charges Financial Assistance covers:** Financial assistance will be applied to appropriate emergency or medically necessary services, e.g., those hospital services that 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 for which there is no other equally effective, more conservative, or substantially less costly course of treatment available or suitable for the person requesting the service.

1. Charges for services that are cosmetic or elective are not eligible for financial assistance. (See examples in APPENDIX I)
2. Financial assistance is not a program to fund services that can be provided by an alternate provider within a patient's insurance network and have not been approved by that insurance to be provided at Seattle Children's.

**C. Which providers Financial Assistance covers:**

1. Seattle Children's Inpatient Providers:
  - a. Seattle Children's Hospital's facility charges;
  - b. Professional charges from providers employed by or under contract with Seattle Children's Hospital or Children's University Medical Group (CUMG) when CUMG bills for inpatient services provided at Seattle Children's *or* at a community hospital; and
  - c. Professional charges from providers employed by or under contract with Seattle Children's when Seattle Children's bills for inpatient services at Seattle Children's *or* at a community hospital
2. Seattle Children's Outpatient Providers:
  - a. Facility charges from Seattle Children's Hospital or clinics
  - b. Professional charges from providers employed by or under contract with CUMG when CUMG bills for outpatient services at a Seattle Children's clinic, outpatient department, or community site;
  - c. Professional charges from providers employed by or under contract with Seattle Children's Hospital, when Seattle Children's Hospital bills for outpatient services at a Seattle Children's clinic, outpatient department, or community site
  - d. All eligible services provided by Seattle Children's providers at Garfield High School Teen Clinic are covered by financial assistance pursuant to this policy based on the presumed income of minors consenting to their own care.
3. Non-covered providers:
  - a. Community providers who practice at Seattle Children's and who bill their own professional charges choose whether to grant financial assistance for their own bills commensurate with Seattle Children's financial assistance policy. See Appendix II for a list of those community providers with admitting privileges at Seattle Children's by name and practice who do not follow Seattle Children's financial assistance determinations.

**D. Duration** – Financial Assistance is generally granted in six month increments, provided, however, that financial assistance granted for an emergency course of care will be approved only for the dates of that course of care; and administrative and presumptive approvals made will be for the period of time determined by the approver. Patients or responsible parties can reapply 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. **Residency** –Patient must reside in Washington, Alaska, Montana, or Idaho (the “WAMI Region”). Patients are considered residents of the WAMI Region only if, prior to beginning their course of care, their primary residence is located in one of the WAMI Region states. **Exceptions:**
1. Seattle Children’s may grant limited-duration financial assistance to the patients who reside outside of the WAMI region when such patients have an unanticipated, emergency onset of illness.
  2. Solid organ transplant patients who reside in Oregon or Hawaii are eligible for financial assistance due to these states being part of Seattle Children’s Hospital UNOS transplant region.
  3. The Chief Financial Officer or delegate may exercise discretion to waive the residency requirement on a case by case basis for situations where care is only available at Seattle Children’s. It is expected that such waivers rarely will be granted.
- B. **Age** – The patient must be a child. For purposes of this policy, an individual under the age of 21 is considered to be a child. **Exceptions:**
1. Adults who are being tested or treated at Seattle Children’s to further the care of a Seattle Children’s patient who is a child (for example, testing for the presence of tuberculosis or genetic testing) may qualify for financial assistance. This includes adults who receive care for a prenatal condition.
  2. Patients 21 years and older may qualify for financial assistance when (a) they have received Clinical Overage Approval for a specific course of care best treated at Seattle Children’s through the process outlined in the **Patients 21 Years or Older** policy; or (b) they receive medical screening and/or stabilizing care in the Emergency Department (ED).
- C. **Alternate Funding** – Seattle Children’s financial assistance is a secondary funding source after all other funding options including but not limited to group or individual health insurance, eligible government programs including Medicaid, third party liability or workers’ compensation programs, designated grant or trust funds, or any other persons or entities with a responsibility to pay for medical services.

Patients with no other source of funding, including those who are uninsured or do not have insurance coverage for the services provided or to be provided, will be required to apply for Medicaid before financial assistance is granted. A patient may choose to purchase a Qualified Health Plan (QHP) if applicable in lieu of enrolling in Medicaid. Patients who have enrolled in a cooperative sharing group for health care expenses are considered to be uninsured. Seattle Children’s financial counselors are available to assist families with the Medicaid application process or with a QHP application. Financial counselors may waive the Medicaid application requirement if, for example, they determine during their screening process that a patient would not be eligible for Medicaid. Seattle Children’s reserves the right to require written confirmation that a patient is ineligible for alternate funding sources.

If a patient/family has a philosophical, religious, or other personal objection to applying for Medicaid, the patient/family may describe this in writing and they may be granted the option of being financially responsible for an amount equivalent to what WA Medicaid would have reimbursed Seattle Children's prior to financial assistance covering any remaining balance. An advance deposit toward this amount may be requested from families with incomes over 200% of the Federal Poverty Level for non-emergency services.

- D. **Income** - 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. If self-employed, the net (take home) income information is used. The amount that a family personally pays toward medical insurance premiums for their children members will be deducted from gross family income before it is assessed. Income documentation to verify information indicated on the application form may be requested, including pay stubs and/or income tax returns.

Responsible parties whose income is between 400% and 599% of Federal Poverty Guidelines may be eligible for partial financial assistance whereby they would be responsible for a percentage of the amount owed. In this case they are responsible for a portion of the outstanding balance, and Seattle Children's financial assistance covers the remaining balance.

In cases where a responsible party would otherwise qualify for either an uninsured discount or an employee discount and also qualifies for partial financial assistance, the responsible party will receive only the partial financial assistance, which is the most generous discount. Multiple discounts are not applied to the same account.

- E. **Application** –The patient or their responsible party must submit an application form, either by completing the online form on [www.seattlechildrens.org](http://www.seattlechildrens.org) or by printing a paper form from this same website and mailing or faxing it as instructed on such form or by 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. Applications can be submitted prior to the provision of services, during the course of care, or after services have been provided.
- F. **Presumptive Eligibility** - In cases where a patient can be reasonably presumed to qualify for financial assistance, and when the standard application processes are not likely to be completed due to socioeconomic or other factors, Seattle Children's Medical Director, Chief Financial Officer, or Senior Director of Revenue Cycle, or their designee, may administratively designate a patient as qualified for financial assistance in the absence of receiving all required information. Additionally, when a family includes additional information about their financial situation with their application, these same individuals can administratively make a financial assistance determination using this 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 the application will be kept confidential. Determination of eligibility will be made by the Business Services Department 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 party who applied for financial assistance.
  2. **Pending** – In the event incomplete information is received on the application, or an uninsured patient/family has not completed the Medicaid eligibility process, a letter communicating why the application has been Pended will be sent to the party who applied for financial assistance. If responsive information is not received within 14 days of such notice, the application will 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.
  3. **Appeals** - The applicant may appeal a denial of eligibility for financial assistance by providing additional information about the family’s income, size, other financial liabilities, or other pertinent factors to the Senior Director of Revenue Cycle within thirty (30) days of receipt of notification. 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 responsible party and the Department of Health in accordance with state law.

In the event that a patient/family or other responsible party makes a payment toward medically necessary hospital services and the patient/family is subsequently found to have met financial assistance criteria, payments applied to facility services 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. Payments applied to professional services will not be refunded. In the event a patient/family is denied eligibility for financial assistance and has no third party funding source or discount, a 25% discount will be automatically applied to the patient’s charges. The patient or responsible party is not billed full charges. This discount level is equal to or greater than the average discount negotiated with all major non-Medicaid payers.

B. **Partial Financial Assistance (Sliding Scale):**

When a responsible party qualifies for partial financial assistance (sliding scale), Seattle Children’s will not charge the patient more than the average amount paid by all payers (Medicare, Medicaid and commercial payers) during the last complete hospital fiscal year. This is also called the “amounts generally billed” or AGB.

See Appendix III for the current maximum amount of financial responsibility under partial financial assistance.

**V. Communications to the Public:**

Information about Seattle Children’s financial assistance policy is made publicly available as follows:

- A. Public Notice/Interpretation – A notice is displayed at all main entrance registration locations in 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 its website at [www.seattlechildrens.org](http://www.seattlechildrens.org). An additional option is available on the website to translate any or all of these documents into any other language spoken in the community within 7-10 days.
- B. Individual Notification – Seattle Children’s will make financial assistance information available to each person who is being seen at a Seattle Children’s site of care. Paper application forms in English, Spanish, Vietnamese, Russian or Somali are available for pick up at registration desks at all Seattle Children’s clinics.
- C. 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 completion of the application.
- D. Patient bills – Each bill sent to a family, including the first bill sent post-discharge, contains written information about the availability of financial assistance and the number to call for further assistance.

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**Approved by Washington State Department of Health:** 04/05/10, 11/12, 03/13, 05/16

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**Additional Key Words:** Charity, Free care, Patient Billing, Uncompensated

**APPENDIX I:**

Services that Seattle Children's has determined are elective or cosmetic and therefore are not eligible for financial assistance include, but are not limited to:

1. Orthodontia services for malocclusion in the absence of an underlying medical condition
2. Adults seeking genetic testing for purposes of determining whether a genetic condition could be transmitted to future children OR genetic testing of a patient when such testing will not provide information that contributes to the patient's care plan
3. Earwell cosmetic ear reshaping procedure
4. Laser surgery performed for cosmetic purposes only
5. Otoplasty for cosmetic purposes
6. Replacement of lost dental retainers
7. Elective mental health programs/classes

**APPENDIX II:**

Community providers with admitting privileges who bill professional charges for services provided at Seattle Children’s from their own office, and who do not grant financial assistance commensurate with Seattle Children’s determinations to their own bills, are listed below.

A provider with an asterisk is one who both works for or is contracted with Children’s and who also refers patients from their community practice to have services at Children’s. Financial Assistance is granted only when seeing patients as an employee or contractor for Children’s.

This list is subject to change quarterly, and is updated on [www.seattlechildrens.org](http://www.seattlechildrens.org).

<b>Practice or Provider Name</b>
Allegro Pediatrics
Dr. Senait Abraham Sea Mar Medical Clinic
Dr. David Atherton Dentistry for Children & Adolescents
Dr. Molly Capron Neighborcare - Columbia City
Dr. Felix Chu The Polyclinic - First Hill
Dr. Daniel Downey Downey Plastic Surgery
Dr. Mary Farrington Virginia Mason Medical Center
Dr. Julie Francis Eastside Dermatology Inc.
Dr. Heather Henne Neighborcare - Columbia City
Dr. Robin Hornung Everett Clinic
Dr. Shayan Irani Virginia Mason Medical Center
Dr. David Jeong Virginia Mason Medical Center*
Dr. Neil Kaneshiro Woodinville Pediatrics
Dr. Richard Kozarek Virginia Mason Medical Center
Dr. Thomas Lenart Children's Eye Doctors
Dr. John Liu Eastside Pediatric Dental Group
Dr. Sally Sue Lombardi Eastside Pediatric Dental Group
Dr. Kimberly McDermott Neighborcare - Columbia City
Dr. Craig Murakami Virginia Mason Medical Center
Dr. Michael Nuara Virginia Mason Medical Center
Dr. Hee-Jung Park Virginia Mason Medical Center
Dr. Mary Pew Neighborcare - Meridian*
Dr. Donna Quinby Eastside Pediatric Dental Group
Dr. Seth Schwartz Virginia Mason Medical Center
Dr. Peter Shelley Federal Way Eye & Laser Center
Dr. Jessica Tarantino ABCD, Inc.
Dr. Cornelius Van Niel Sea Mar Comm Health Center
Dr. Michael Whelan Sound Surgery*
Dr. Bryan Williams Seattle Special Care Dentistry*
Dr. Dali Wu Sea Mar Comm Health Center

### **APPENDIX III**

Based on the completion of fiscal year 2015, the maximum amount a patient with partial financial assistance will be charged is 50%. The average generally billed or AGB for fiscal year 2015 for all payers was 51%.