

Policy/Procedure

Purpose:

To outline requirements and practices for providing Financial Assistance (also known as "charity care") at Seattle Children's Primary Care Group clinics, which includes the primary care clinics listed on Appendix A, as may be updated from time to time.

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. 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. This policy is separate and distinct from Seattle Children's Hospital's Financial Assistance policy and program; eligibility determinations from one program are not applied to the other program and separate Financial Assistance applications are required for each program.

Definitions:

Medically Necessary Care: Medically necessary clinic health care 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 there is no equally effective more conservative or substantially less costly course of treatment available or suitable for the person requesting the service. Preventative care in a primary care setting is considered Medically Necessary Care for purposes of this policy.

Financial Assistance (Charity Care): Medically Necessary Care rendered to indigent persons 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 payor.

Pediatric Patient: A patient who establishes care at a Seattle Children's Primary Care Group clinic.

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, judgements, or awards actually received related to the negligent acts of others which have resulted in the medical condition for which the patient has received health care services.

Procedure:

I. Scope of Financial Assistance:

- A. Operations:** Eligibility for Financial Assistance results in a full write-off of the patient balance remaining after applicable Third-Party Coverage processing for an eligible patient/family. When requested, Financial Counselors can provide estimates, or assist with Medicaid and Qualified Health Plan (QHP) applications.
- B. What Charges Financial Assistance Covers:** Medically Necessary Care.
 - 1. Charges for services that are cosmetic, or elective are not eligible for Financial Assistance.
 - 2. Financial Assistance is not a program to fund 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 the applicable clinic.

- C. Duration:** Financial Assistance is generally granted in six-month increments. Administrative and presumptive approvals will be for the period of time determined by the approver. Patients or responsible parties can reapply at any time.

II. Eligibility Criteria for Financial Assistance:

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

- A. Income** - Patients may be eligible for full Financial Assistance if the patient or responsible party meets the application requirements and has a gross family income at or below 300% of the Federal Poverty Guidelines, as adjusted for family size. If self-employed, the net (take home) income information is used. Income documentation is not initially required but may be requested. Types of income documentation may include pay stubs, tax returns or business accounting documentation for self-employed applicants.

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, the lower income from the time services were provided will be used.

- B. Application** The patient or their responsible party must submit an application form by:

- i. Completing the online form available at <https://finasst.seattlechildrens.org/?sa=40>; or
- ii. Calling the billing office at (206) 884-4848 to complete an application form over the phone.

- C. Alternate Funding** – Financial Assistance is a secondary funding source after all other Third-Party Coverage and 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 (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, will be required to apply for Medicaid before Financial Assistance is granted. Patients who have enrolled in a health care sharing ministry for health care expenses are considered to be uninsured. A patient may choose to purchase a Qualified Health Plan (QHP), if applicable, in lieu of enrolling in Medicaid. 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.

- 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, Seattle Children's 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. 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. All presumptively granted Financial Assistance will only apply to balances already owed.

III. Financial Assistance Determination Process:

- A. Documentation** – All information relating to the application will be kept confidential. Determination of eligibility will be made within fourteen (14) days of receipt of all required information.

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 14 days of such

notice, the application may be denied.

3. **Denials** – In the event 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 by providing additional information about the family's income, size, other financial liabilities, or other pertinent factors. Seattle Children's Senior Director of Revenue Cycle, or their designee, will review all appeals for final determination.

APPROVED BY: Dr. Jeff Sperring, MD, Chief Executive Officer, Seattle Children's Healthcare System,
March 7, 2024

APPENDIX A

SEATTLE CHILDREN'S PRIMARY CARE GROUP CLINICS

Richmond Pediatrics Clinic
University Place Pediatric Clinic