



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. 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**" is an obligation on the part of an insurance company, health care service contractor, health maintenance organization, group health plan, government program, tribal health benefits, embassies 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 services. The pendency of such settlements, judgments, or awards must not stay hospital obligations to consider an eligible patient for charity care.

POLICY:

Eligibility Criteria

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.

This policy describes the processes for evaluating applications and awarding Financial Assistance.

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 Washington medical assistance programs (e.g., Apple Health) and/or health care coverage through Washington's Health Benefit Exchange (RCW 43.71) or any other state Medicaid program.

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, by 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 application. 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 or the Washington Health Benefit Exchange, 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 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 apply 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.

If 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 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. 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.fredhutch.org/en/patient-care/patient-services/insurance-and-billing/financial-assistance.html>. 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

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](#)