

Purpose

Consistent with its mission to work together to provide excellence in healthcare, Olympic Medical Center is committed to providing financial assistance to uninsured and underinsured individuals who are in need of emergency or medically necessary treatment and have a household income between 0% and 300% of the Federal Poverty Level Guidelines (FPL).

In accordance with the Patient Protection and Affordable Care Act (PPACA) and section 501(r) of the Internal Revenue Service code, all financial assistance eligible patients will not be charged more for emergency or medically necessary care than the amount generally billed (AGB) to insured patients.

The purpose of this policy is to outline the circumstances under which financial assistance (also referred to as charity care) may be provided to qualifying low income patients for medically necessary healthcare services provided by Olympic Medical Center.

Policy

In recognition of the need of individuals with limited financial resources to obtain certain critical healthcare services, Olympic Medical Center is committed to the provision of medically necessary healthcare services to community members and those in emergent medical need.

Financial assistance is provided only when care is deemed medically necessary and after patients have been found to meet all financial criteria. Olympic Medical Center offers both free care and discounted care, depending on individuals' family size and income.

Consideration for financial assistance will be given equally to all qualifying individuals, regardless of race, color, sex, religion, age, national origin, veteran's status, marital status, sexual orientation, immigration status or other legally protected status.

Patients seeking assistance may first be asked to apply for other external programs (such as Medicaid) as appropriate *before* eligibility under this policy is determined. Olympic Medical Center has Certified Application Counselors on staff to assist patients in signing up for Washington State Medicaid, if they qualify. Additionally, any uninsured patients who are believed to have the financial ability to purchase health insurance may be encouraged to do so to help ensure healthcare accessibility and overall well-being.

Individuals eligible for financial assistance under this policy shall not be charged more than the amounts generally billed (AGB) to individuals who have insurance. This value shall be calculated using the "look-back" method based on actual paid claims from Medicare fee-for-service and private health insurers. The current AGB adjustment percentage is 37%.

Definitions

The following terms are meant to be interpreted as follows within the policy:

1. Financial Assistance: Healthcare services provided which are not expected to result in cash inflows; medically necessary services rendered without expected payment to individuals meeting established criteria.

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If you must use a printed version of a document, please ensure you are utilizing the most current version.

2. Appropriate hospital-based medical services: 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 section, "course of treatment" may include mere observation or, where appropriate, no treatment at all;

3. Emergency care or emergency services: services provided for care related to an emergency medical or mental condition;

4. Family: a group of two or more persons related by birth, marriage or adoption that live together; all such related persons are considered as members of one family.

5. Indigent persons: those patients who have exhausted any third-party sources, including Medicare and Medicaid, and whose income is equal to or below 300% of the federal poverty standards, adjusted for family size or is otherwise not sufficient to enable them to pay for the care or to pay deductibles or coinsurance amounts required by a third-party payor;

6. Catastrophic Care Assistance: Financial assistance given to patients whose medical expenses exceed one-fourth of their total annual household income.

7. Application Period: Begins on the date healthcare services are provided and ends on the date that an account has been garnished per legal judgement.

8. 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, judgments, or awards actually received related to the negligent acts of others which have resulted in the medical

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condition for which the patient has received hospital health care service. The pendency of such settlements, judgments, or awards must not stay hospital obligations to consider an eligible patient for charity care

Eligibility Requirements

To be eligible for Financial Assistance, a person may be deemed to have undue financial hardships, considering income and family size as determined by the hospital that make them unable to pay for all or a portion of their medical care. Financial Assistance shall be applied to those charges that are not covered by third party coverage or third-party sponsorship. Such consideration will include a review of gross income and family size.

Per WAC 246-453-030 for the purpose of reaching an initial determination of sponsorship status, hospitals shall rely upon information provided orally by the responsible party. The hospital may require the responsible party to sign a statement attesting to the accuracy of the information provided to the hospital for purposes of the initial determination of sponsorship status.

For the purpose of reaching an initial determination of sponsorship status, Olympic Medical Center staff shall make available online, in person, and in translated versions, a Plain Language Summary document outlining the financial assistance guidelines at every point of registration, for all patients.

Per WAC 246-453-030(2) any one of the following documents shall be considered sufficient evidence upon which to base the final determination of charity care sponsorship status, when the income information is annualized as may be appropriate:

- i. (a) A "W-2" withholding statement;
- ii. (b) Pay stubs;
- iii. (c) An income tax return from the most recently filed calendar year;
- iv. (d) Forms approving or denying eligibility for Medicaid and/or state-funded medical assistance;
- v. (e) Forms approving or denying unemployment compensation;
- vi. (f) Written statements from employers or welfare agencies.

Timing of Income Determinations

Annual Family Income of the Applicant will be determined as of the time the Appropriate Hospital-Based Medical Services were provided, or at the time of application for Charity Care or Financial Assistance if the application is made within two years of the time the Appropriate Hospital-Based Medical Services were provided, the Applicant has been making good faith efforts towards payment for the services, and the Applicant demonstrates eligibility for Charity Care and/or Financial Assistance

Amounts Generally Billed

Olympic Medical Center patients who are deemed financial assistance eligible will not be charged more than amounts generally billed to insured patients for emergency or medically necessary care.

Identification of Patients Eligible for Certain Third-Party Coverage:

For services provided to patients on or after July 1, 2022, the following procedures will apply for identifying patients and/or their guarantors who may be eligible for health care coverage through Washington medical assistance programs (e.g., Apple Health) or the Washington Health Benefit Exchange:

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1. As a part of the charity care application process for determining eligibility for financial assistance and charity care, Olympic Medical 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.
2. If information in the application indicates that the patient or their guarantor is eligible for retroactive coverage through the medical assistance programs under chapter 74.09 RCW, Olympic Medical Center will assist the patient or their guarantor in applying by, among other things, providing the patient or their guarantor with information about the necessary forms that must be completed or connecting them with a Certified Application Counselor during business hours that will help with applying.
 - a. In providing assistance to the application process, Olympic Medical Center 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.
3. If the patient or guarantor fails to make reasonable efforts to cooperate with Olympic Medical Center in applying for coverage under chapter 74.09 RCW Olympic Medical Center is not obligated to provide charity care to such patient.
4. 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, Olympic Medical Center will not require the patient or their guarantor to apply for such coverage.

Criteria for Evaluation

For medically necessary hospital care received prior to July 1, 2022, Olympic Medical Center will approve the full amount of charity care for a guarantor whose income is at or below 100% of federal poverty level. For guarantors with an income of 101-300% federal poverty level, Olympic Medical Center will evaluate financial assistance approval based on a sliding fee schedule.

For medically necessary hospital care received on or after July 1, 2022, Olympic Medical Center will consider patients for financial assistance and charity care under this policy, when third-party coverage, if any, has been exhausted, based on the following criteria:

1. The full amount of patient or guarantor responsibility for hospital charges will be determined to be charity care for a patient or their guarantor whose income is at or below 200% of the current federal poverty level, adjusted for family size.
2. Seventy-five percent of patient or guarantor responsibility for hospital charges will be determined to be charity care for a patient or their guarantor whose income is between 201% and 250% of the current federal poverty level, adjusted for family size.
3. Fifty percent of uncovered hospital charges will be determined to be charity care for a patient or their guarantor whose income is between 251% and 300% of the current federal

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poverty level, adjusted for family size.

Any unusual circumstances or special hardships, including catastrophic hospitalization costs, will be considered and constitute justification for extending Financial Assistance to patients who do not meet all of the additional criteria. Administration has the discretion to bypass the charity care application process for those patients who cannot complete the application process or provide documentation supporting their application for charity care, in compliance with WAC 246-453-030(4).

Any person who is classified as indigent or medically indigent, is eligible for consideration to receive discounted care. Medical indigence refers to those who are too impoverished to meet their medical expenses. It may also include those whose income is sufficient to pay for basic living costs but not for medical care and those persons with generally inadequate income who are suddenly faced with catastrophic medical bills.

Patients will be provided with applications for Financial Assistance upon request and it will be made available on Olympic Medical Center's website, in paper form and via MyChart. Any and all other benefits will be assessed to determine eligibility for Financial Assistance. Those who meet the criteria mentioned above will be considered for full or partial Financial Assistance eligibility. Financial Assistance applies only to those charges that are not covered by any public or private sponsorship.

The patient will receive written notice that will include the level of discount allowed. Approval will be valid for 90 days and a new application will be required after such time. If the outstanding balance is not paid, the hospital reserves the right to assign unpaid balances to an outside collection agency.

Any responsible party who has been initially determined to meet the criteria identified within WAC 246-453-040 shall be provided with at least fourteen calendar days or such time as the person's medical condition may require, or such time as may reasonably be necessary to secure and to present documentation as described within WAC 246-453-030 prior to receiving a final determination of sponsorship status. Olympic Medical Center shall make a determination within fourteen (14) days after receipt of the completed application. If the Financial Assistance application is denied, the written notice will include a reason for denial, payment terms and instructions for the appeal process. The patient may appeal each determination one time by providing additional proof of income or family size within 30 days. If Olympic Medical Center has initiated collection activities and discovers an appeal has been filed, they shall cease collection efforts until the appeal is finalized. The patient will receive a written notice of the final decision. In making a determination, the applicant may be required to provide the hospital with additional documentation of items on the application. Failure to provide such documentation may result in denial of the application. In the event that Olympic Medical Center's final decision of appeal affirms the previous denial of charity care designation under the criteria described in WAC 246- 453-040, the responsible party and the Department of Health shall be notified in writing of the decision and the basis for the decision, and the Department of Health shall be provided with copies of documentation upon which the decision was based.

When determining eligibility for financial assistance and charity care under this policy, Olympic Medical Center will not take into consideration the existence, availability, and value of assets or the patient and/or guarantor to reduce the amount of the discount granted.

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Per WAC 246-453-020(11) In the event that a responsible party pays a portion or all of the charges related to appropriate medical services, and is subsequently found to have met the charity care criteria at the time that services were provided, any payments in excess of the amount determined to be appropriate in accordance with WAC 246-453-040 shall be refunded to the patient within thirty (30) days of achieving the charity care designation.

Public Notification

Olympic Medical Center has established a standardized training program on its Financial Assistance and Charity Care policy and the use of interpreter services to assist persons with limited English proficiency and non-English-speaking persons in understanding information about its Financial Assistance and Charity Care policy. Olympic Medical Center will provide regular training to front-line staff who work in registration, admissions and billing, and any other appropriate staff, to answer Financial Assistance and Charity Care questions effectively, obtain any necessary interpreter services, and direct inquiries to the appropriate department in a timely manner.

Notice shall be publicly available in accordance with WAC 246-453-020(2) that charges for services provided to those persons meeting the criteria established within WAC 246-453-040 may be waived or reduced. Olympic Medical Center assistance policy, financial assistance application, and summary of the financial assistance policy are available to patients in English, Mandarin and Spanish. These documents are available free of charge at our facilities, by mail, and online.

All patients are provided with information about the availability of Financial Assistance upon registration. Signs advertising Financial Assistance will be posted throughout Olympic Medical Center facilities.

Olympic Medical Center billing statements and other written communications concerning billing or collection of a hospital bill by Olympic Medical Center will include the following statement on the first page of the statement in both English and the second most spoken language in Olympic Medical Center's Service Area:

"You may qualify for free care or a discount on your hospital bill, whether or not you have insurance. Please contact our financial assistance office at (360)417-7111."

A document that identifies providers who comply with Olympic Medical Center's Financial Assistance Policy and those who maintain their own separate policies is available on our website and maintained by Medical Staff Services. This document will be updated by Medical Staff Services on a quarterly basis.

Collection Efforts for Outstanding Patient Accounts

Pending final eligibility determination, Olympic Medical Center will not initiate collection efforts or requests for deposits, provided that the responsible party within a reasonable time is cooperative with Olympic Medical Center's efforts to reach a determination of Financial Assistance eligibility status. Extraordinary Collection Activities (ECA) may only be initiated 120 days after the date of first billing statement. However, an account will be considered for Financial Assistance up until a judgment has been reached by the collection's agency. Accounts that have reached judgement or have had garnishments applied will not be considered eligible for Financial Assistance.

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Attachment A- Charity Care Percentage Discounts

For services on or after July 1, 2022, the full amount of charges will be reviewed to be charity care for any guarantor whose gross family income is at or below 200% of the current federal poverty guidelines, consistent with WAC 246-453, provided that such persons are not eligible for other private or public health coverage sponsorship RCW 70.170.060(5). In determining the applicability of the Olympic Medical Center additional discounts, gross annual income and family size are considered for guarantors with income between 201% and 300% of the federal poverty guidelines.

For services prior to July 1, 2022, the full amount of charges will be reviewed to be charity care for any guarantor whose gross family income is at or below 100% of the current federal poverty guidelines, consistent with WAC 246-453, provided that such persons are not eligible for other private or public health coverage sponsorship RCW 70.170.060(5). In determining the applicability of the Olympic Medical Center additional discounts, gross income and family size are considered for guarantors with income between 101% and 300% of the federal poverty guidelines.

The Patient Financial Services Department will process each application for approval or denial, and the application along with a Determination of Eligibility form will be forwarded to the Supervisor of Patient Accounts for final approval based on the following guidelines:

| | |
|----------------------|--------------------------------------|
| \$0-\$2,500 | Financial Services Representatives |
| \$2,501-\$10,000 | Financial Services Supervisor |
| \$10,001 - \$50,000 | Patient Financial Services Manager |
| \$50,001 - \$100,000 | Director of Revenue Cycle Management |
| \$100,001+ | Chief Financial Officer |

This policy addresses **charity care**. Any changes or updates should be compliant with current law and **WAC 246-453-070**. It must be submitted to the state by Patient Financial Services within 30 days of any change.

Changes

The table below lists changes to this document made over time.

| Date of Change | Description of Change |
|----------------|---|
| 06/23/2022 | Policy updated with new regulations |
| 12/6/2021 | Converted version 4.0 to MCN. Previous Name: 9.03 |
| 06/01/1984 | Original Effective Date |