


## APPLICATION FOR CERTIFICATE OF NEED

### Health Maintenance Organization Ambulatory Surgical Facility Projects

Certificate of Need applications must be submitted with a fee in accordance with Washington Administrative Code (WAC) 246-310-990.

Application is made for a Certificate of Need in accordance with provisions in Revised Code of Washington (RCW) 70.38 and WAC 246-310, rules and regulations adopted by the Washington State Department of Health. I hereby certify that the statements made in this application are correct to the best of my knowledge and belief.

<b>Signature and Title of Responsible Officers</b>  Karen Schartman, VP and CFO Finance and Strategy Kaiser Foundation Health Plan of Washington	<b>Date:</b> February 12, 2020  <b>Contact:</b> Julia Yeager Senior Director, Delivery System Strategy & Planning Phone: (206) 630-2846 Email: <a href="mailto:julia.a.yeager@kp.org">julia.a.yeager@kp.org</a>
<b>Legal Name of Applicant(s)</b> Kaiser Foundation Health Plan of Washington  <b>Address of Applicant(s)</b> Kaiser Foundation Health Plan of Washington  601 Union St Suite #3100, Seattle, WA 98101	<b>Type of Application:</b> <input checked="" type="checkbox"/> Ambulatory Surgical Facility <input type="checkbox"/> Kidney Disease Treatment Center  <b>Type of Project (check all that apply)</b> <input checked="" type="checkbox"/> New Health Care Facility <input type="checkbox"/> Capital expenditure over expenditure minimum <input type="checkbox"/> Pre-development Expenditure <input type="checkbox"/> Increase in the number of dialysis stations in a kidney disease center
<b>Intended date of incurring contractual obligation to construct, acquire, lease or finance capital asset:</b> Upon Certificate of Need approval  <b>Estimated capital expenditure:</b> \$45,015,138	<b>Intended date of undertaking project:</b> Upon Certificate of Need approval  <b>Intended date for beginning to offer services or operate completed project:</b> August 2022  <b>Project Summary:</b> Certificate of Need approval to establish and operate an ambulatory surgical facility, Kaiser Permanente Everett Ambulatory Surgery Center, with four (4) operating rooms and three (3) procedure rooms.

**Kaiser Foundation Health Plan of Washington  
Kaiser Permanente Everett Ambulatory Surgery Center  
Certificate of Need Application**

**Executive Summary**

Kaiser Foundation Health Plan of Washington (“KFHPWA”) is a federally tax-exempt, Washington nonprofit public benefit corporation, and a wholly-owned subsidiary of KFHPW Holdings, a Washington nonprofit corporation. KFHPW Holdings is a wholly-owned subsidiary of Kaiser Foundation Health Plan, Inc., a California nonprofit public benefit corporation. KFHPWA is registered as a health maintenance organization (HMO) with the Office of Insurance Commissioner, and offers comprehensive, coordinated health care to an enrolled membership for a fixed prepaid fee primarily through its owned and leased facilities, employed providers, and contracted providers. KFHPWA has a mutually exclusive relationship with its affiliated medical group -- Washington Permanente Medical Group -- which furnishes physician and related professional services to KFHPWA members within core areas of KFHPWA’s service area.

KFHPWA requests Certificate of Need approval to establish and operate an ambulatory surgical facility, Kaiser Permanente Everett Ambulatory Surgery Center, with four (4) operating rooms and three (3) procedure rooms. It should be noted this ASF will be located within a larger medical office building, named Kaiser Permanente Everett Medical Center, owned and operated by KFHPWA. The intent is to provide the services in an ASF service model, consistent with KFHPWA’s longstanding methods of operation to deliver integrated care to its members.

Thank you for your prompt consideration of this application.

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**Kaiser Foundation Health Plan of Washington  
Kaiser Permanente Everett Ambulatory Surgery Center  
Certificate of Need Application**

**I. APPLICANT DESCRIPTION:**

**a. Legal name(s) of applicant(s)**

Kaiser Foundation Health Plan of Washington

**b. Name and address of the proposed/existing facility.**

The proposed facility will be named Kaiser Permanente Everett Ambulatory Surgery Center ("Everett Ambulatory Surgery Center"). It should be noted this ASF will be located within a larger medical office building, named Kaiser Permanente Everett Medical Center, owned and operated by KFHPWA.

An address has not yet been assigned but it is associated with the following parcel numbers:

*00439069505001, 00439069503800, 00439069503700, 00439069503200,  
00439069503100, 00593669501300, 00593669501100, and 00439069505800.*

**c. Type of ownership**

Kaiser Foundation Health Plan of Washington ("KFHPWA") is a federally tax-exempt, Washington nonprofit public benefit corporation, and a wholly-owned subsidiary of KFHPW Holdings, a Washington nonprofit corporation. KFHPW Holdings is a wholly-owned subsidiary of Kaiser Foundation Health Plan, Inc., a California nonprofit public benefit corporation.

The UBI# for KFHPWA is 578-011-461.

**d. Name and address of owning entity at completion of project**

Kaiser Foundation Health Plan of Washington  
601 Union St., Suite #3100  
Seattle, WA 98101

**e. Name, title, address, and telephone number of the person to whom questions regarding this application should be directed**

Please address all questions to:

Julia Yeager  
Senior Director, Delivery System Strategy & Planning  
Phone:(206) 630-2846  
Email: [julia.a.yeager@kp.org](mailto:julia.a.yeager@kp.org)

**Physical Address**

1300 SW 27th St  
Renton, WA 98057

**Mailing Address**

PO Box 9813  
Renton, WA 98057-9055

**f. Corporate structure and related parties**

KFHPWA is governed by a Board of Directors appointed by its parent organization, KFHP, Inc. Together with Kaiser Foundation Hospitals (“KFH”), a California non-profit public benefit corporation, and regional independent and exclusively contracted Permanente Medical Groups, KFHP and its subsidiary health plan entities operate the “Kaiser Permanente Medical Care Program” (together, “Kaiser Permanente”).

- KFHPWA and the other health plan subsidiaries of KFHP are organized under state laws as non-profit corporations and are primarily licensed or registered under applicable state law as health maintenance organizations, health care service plans, or health care service contractors. All are exempt from federal income taxes as entities described under IRC Section 501(c)(3).
- KFH is organized under state law as a non-profit corporation, and it owns and operates hospitals and other health care facilities that are dedicated primarily to serving health plan enrollees. KFH is exempt from federal income taxes as an entity described under IRC Section 501(c)(3).

Please see Exhibit 1 for an organizational chart.

**g. Name and address of operating entity at completion of project**

The name and address of the operating entity will be the same as the facility and address identified above in section (b).

**h. General description and address of each facility owned and/or operated by applicant**

## Kaiser Foundation Health Plan of Washington

Medical Facilities			
Bellevue Medical Center	11511 NE 10th Street	Bellevue	98004
Bremerton Behavioral Health Services	555 Pacific Ave, Ste 202	Bremerton	98337
Burien Medical Center	140 SW 146th St	Seattle	98166-1997
Capitol Hill	201 16th Ave E	Seattle	98112
Downtown Seattle Medical Center	1420 5th Ave Suite 375	Seattle	98101
Everett Medical Center	2930 Maple St	Everett	98201-4261
Factoria Medical Center	13451 SE 36th St	Bellevue	98006-1454
Federal Way Medical Center	301 S 320th St	Federal Way	98003-5296
Gig Harbor Medical Center	5216 Point Fosdick Drive NW #102	Gig Harbor	98335
Kendall Yards Medical Center	546 N. Jefferson Lane, Suite 200	Spokane	99201
Kent Medical Center	26004 104th Ave SE	Kent	98031
Lidgerwood Medical Center	6002 North Lidgerwood	Spokane	99207-1124
Lincoln Heights Medical Center	3010 S. Southeast Blvd., Suite A	Spokane	99223
Lynnwood Medical Center	20200 54th Ave W	Lynnwood	98036-6389
Northgate Medical Center	9800 4th Ave NE	Seattle	98115-2158
Northpointe Medical Center	9631 N. Nevada St., Suite 100	Spokane	99218
Northshore Medical Center	11913 NE 195th St	Bothell	98011-3147
Olympia Medical Center	700 Lilly Rd NE	Olympia	98506-5196
Port Orchard Medical Center	1400 Pottery Ave	Port Orchard	98366-3768
Poulsbo Medical Center	19379 7th Ave NE	Poulsbo	98370
Puyallup Medical Center	1007 39th Ave SE	Puyallup	98374-2192
Rainier Medical Center	5316 Rainier Ave S	Seattle	98118-2398
Redmond Medical Center at Riverpark	15809 Bear Creek Parkway, Suite #100	Redmond	98052-4370
	Clinic upstairs in Suite #200		
Renton Medical Center	275 Bronson Way NE	Renton	98056-4099
Riverfront Medical Center	322 W North River Drive	Spokane	99201-2259
Silverdale Medical Center	10452 Silverdale Way NW	Silverdale	98383-9460
South Hill Medical Center	4102 S. Regal Street, Suite 101	Spokane	99223-4733
Tacoma Medical Center	209 Martin Luther King Jr Way	Tacoma	98405-4267
Tacoma South Medical Center	9505 Steele St S	Tacoma	98444-6858
Veradale Medical Center	14402 East Sprague Ave	Spokane	99216-2167
Hospital, Surgical, Procedural Facilities			
Bellevue Medical Center	11511 NE 10th Street	Bellevue	98004
Central Hospital	200 15th Ave E	Seattle	98112-5298
Capitol Hill Procedure Center	125 16th Ave E	Seattle	98112-5211
Tacoma Medical Center	209 Martin Luther King Jr Way	Tacoma	98405-4267

## Additional Operations

Kaiser Permanente as a whole, however, owns and directly operates 39 hospitals, 694 medical offices and other facilities in the eight geographic Regions where it provides services.<sup>1</sup>

Additionally, by way of illustration, below is a list of clinical and administrative facilities that Kaiser Foundation Health Plan of the Northwest, a sister organization of KFHPWA, operates in the State of Washington.

Facility Name	Address	City	County	State	Postal Code
Salmon Creek Medical/Dental Offices	14406 NE 20th Ave.	Vancouver	Clark	Washington	98684
Cascade Park Medical Offices	12607 SE Mill Plain Blvd.	Vancouver	Clark	Washington	98684
Longview/Kelso Medical/Dental Offices	1230 Seventh Ave.	Longview	Cowlitz	Washington	98632
Cascade Park Dental Offices	12711 SE Mill Plain Blvd.	Vancouver	Clark	Washington	98684
Mill Plain One Specialty Care	203 SE Park Plaza Dr., Ste. 140	Vancouver	Clark	Washington	98684
Orchards Medical Offices	7101 NE 137th Ave.	Orchards	Clark	Washington	98662
Battleground Medical Offices	720 W. Main St.	Battleground	Clark	Washington	98604
Stonemill Business Park	312 SE Stonemill Dr., Ste. 180	Vancouver	Clark	Washington	98684

### **i. Facility licensure/accreditation status**

Everett Ambulatory Surgery Center will be licensed by the Washington State Department of Health as an ASF, certified by the Centers for Medicare and Medicaid Services (CMS) as an ASC, and accredited by the Accreditation Association for Ambulatory Health Care (AAAHC).

### **j. Is applicant reimbursed for services under Titles V, XVIII, and XIX of Social Security Act?**

KFHPWA is reimbursed for services under Title XVIII as a Medicare Advantage Organization with enrolled beneficiaries and a participating provider under the 'original' fee-for-service Medicare program. In addition, KFHPWA operates licensed facilities that are participating Medicaid providers and furnish services to enrollees of another entity's Title XIX Medicaid managed care plan.

### **k. Geographic identification of primary service area.**

For purposes of certificate of need review under the HMO criteria set forth in RCW 70.38.115, the service area is considered to be Snohomish County. However, it should be recognized KFHPWA insureds from other counties are also expected to utilize the proposed ASF. If the ASF were not owned and controlled by a health maintenance organization, the service area designated by WAC 246-310-270(2) and (3) would be the Central Snohomish County Secondary Health Service Planning Area.

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<sup>1</sup> Kaiser Permanente 2018 Annual Report.

**l. List physician specialties represented on active medical staff and indicate number of active staff per specialty.**

Everett Ambulatory Surgery Center is not an existing facility. The following specialties will be offered: cardiology, gastroenterology<sup>2</sup>, general surgery, OB/GYN, ophthalmology, orthopedics, otolaryngology, pain management, podiatry, pulmonary, and urology.

**m. List all other generally similar providers currently operating in the primary service area.**

In 2017, Group Health Cooperative became part of the Kaiser Permanente Medical Care Program, when Kaiser Permanente acquired Group Health and its subsidiaries, which have been caring for members in Washington since 1947 as a provider of prepaid health coverage and health care services through its own medical providers and facilities. KFHPWA is registered as an HMO under state law, and continues to provide most of its Snohomish-area health care services to enrolled HMO members at KFHPWA owned and operated medical facilities, and through providers who are employed directly by KFHPWA or by its affiliated medical group -- Washington Permanente Medical Group.

According to Office of Insurance Commissioner records, there are currently nine (9) registered HMOs active in Washington State, including KFHPWA. (See Exhibit 3) KFHPWA has evaluated the eight other active HMOs and concludes, based on publicly available information about each of these entities, that none of the other eight HMOs provides services in the Primary Service Area of this project in a manner similar to KFHPWA. More specifically, none of the other eight HMOs owns and operates medical facilities furnishing the majority of services to its enrollees in the Primary Service Area, and none of the other eight HMOs furnishes physician and related professional services through an affiliated medical group that has a mutually exclusive relationship with the HMO.

Everett Ambulatory Surgery Center will provide service to patients six months of age and older who can be appropriately treated in an outpatient surgery facility, who require cardiology, gastroenterology, general surgery, OB/GYN, ophthalmology, orthopedics, otolaryngology, podiatry, pulmonary, or urology services.

See Table 1 below for a list of existing Central Snohomish operating room providers.

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<sup>2</sup> Full spectrum gastroenterology, including endoscopy, bariatric, and other services.

**Table 1. Central Snohomish providers with operating rooms**

Facility	License Number
Providence Regional Medical Center Everett - Colby	HAC.FS.00000084
Providence Regional Medical Center Everett - Pacific	HAC.FS.00000084
Gateway Surgery Center	ASF.FS.60100914
Sound Surgeons Surgery Center dba Northwest Weight Loss Surgery	ASF.FS.60534516
Everett Bone and Joint Surgery Center	ASF.FS.60101038
Kemp Surgery Center	ASF.FS.60100209
Physicians Eye Surgery Center	ASF.FS.60099809

Hospital source: January 2018 evaluation of CN App #17-12, Appendix A

ASF source: active ASFs in Everett listed under the Department of Health's Facility Search Webtool

KFHPWA provides its services in a manner unlike other community ambulatory surgery centers that perform procedures on a fee-for-service basis. As discussed below, KFHPWA provides procedural care to its members as one part of the comprehensive, clinically-integrated health care services furnished to members primarily by employed or closely affiliated providers under prepaid health coverage arrangements.

In short, there are no "other generally similar providers" furnishing services to KFHPWA members within the Primary Service Area for this project.

- n. For existing facilities, provide applicant's overall utilization for the last five years, as appropriate.**

Everett Ambulatory Surgery Center is not an existing facility. Therefore, this question is not applicable.

- o. Describe the history of applicant entity with respect to criminal convictions related to ownership/operation of health care facility, license revocations, and other sanctions described in WAC 246-310-230 (5)(a). If there have been no such convictions or sanctions, please so state.**

There have not been any such convictions or sanctions.

## **II. PROJECT DESCRIPTION:**

### **a. Describe the project for which Certificate of Need approval is sought.**

KFHPWA is requesting Certificate of Need approval to establish and operate an ambulatory surgical facility, Kaiser Permanente Everett Ambulatory Surgery Center, with four (4) operating rooms and three (3) procedure rooms. It should be noted this ASF will be located within a larger medical office building, named Kaiser Permanente Everett Medical Center, owned and operated by KFHPWA. The intent is to provide the services in an ASF service model, consistent with KFHPWA's longstanding methods of operation to deliver integrated care to its members.

### **b. Total estimated capital expenditures.**

The estimated cost of the proposed project is \$45,015,138.<sup>3</sup>

**Table 2. Kaiser Permanente Everett Ambulatory Surgery Center – Capital Expenditures**

	<b>Capital Expenditures</b>	<b>Total</b>
a	Land Purchase	\$4,326,532
b	Land/Building Improvement	\$2,670,463
c	Building Purchase	\$0
d	Residual Value of Replaced Facility	\$0
e	Building Construction	\$15,701,453
f	Fixed Equipment	\$1,696,782
g	Moveable Equipment	\$8,953,073
h	Architect & Engineering Fees	\$2,800,642
i	Consulting Fees	\$937,125
j	Site Work & Preparation	\$2,270,280
k	Supervision & Inspection	\$3,635,854
l	Cost of Securing Financing	\$0
m	Sale Tax	\$2,022,935
n	Other Project Cost	\$0
<b>o</b>	<b>Total Capital Expenditures</b>	<b>\$45,015,138</b>

### **c. Total estimated operating expense for the first and second years of operation (please show separately).**

	<b>2023</b>	<b>2024</b>
<b>Operating Expenses</b>	<u>\$10,404,452</u>	<u>\$14,323,238</u>

\*Project completion is anticipated to be August 2022. Therefore, 2023 and 2024 will be the first and second full years of operation.

Source: Applicant

<sup>3</sup> Except for moveable equipment which is tied to the list provided in Exhibit 5, capital expenditures are based on Kaiser Permanente Everett Ambulatory Surgery Center's allocation of the medical office building development, calculated as a pro rata share based on square footage.

**d. New services/changes in services represented by this project.**

The Everett Ambulatory Surgery Center is not an existing facility. Therefore, this question is not applicable.

**e. General description of types of patients to be served by the project.**

The Everett Ambulatory Surgery Center will provide services to patients six months and older who can be appropriately cared for in an outpatient ambulatory surgical facility, who require cardiology, gastroenterology, general surgery, OB/GYN, ophthalmology, orthopedics, otolaryngology, podiatry, pulmonary, and urology services.

The majority of procedures will be prescheduled. Patients with urgent needs will be accepted as appropriate. All patients are outpatients.

**f. Projected utilization of service(s) for the first and second year of operation following project completion (*please show separately*). This should be expressed in appropriate workload unit measures.**

**Table 3. Kaiser Permanente Everett Ambulatory Surgery Center Utilization Forecast (Cases), 2023-2024**

	2023	2024
OR Cases	2,748	3,779
PR Cases	4,119	5,694
<b>Total Cases</b>	<b>6,867</b>	<b>9,473</b>

Source: Applicant

**g. A copy of the letter of intent, per WAC 246-310-080.**

Please see Exhibit 4.

**h. Sources of patient revenue (Medicare, etc.) with anticipated percentage of revenue from each source. Estimate the percentage of change for each of the courses of revenue by payer that will result from this project.**

Everett Ambulatory Surgery Center is not an existing facility, but a high proportion of patients who will receive services from the Everett Ambulatory Surgery Center will be members of KFHPWA's health plans. KFHPWA does not 'bill' members on a fee-for-service basis for services covered under these health plans, and instead receives prepaid, capitated premium revenue from members to cover these services and all other covered services furnished under the member's coverage arrangements.<sup>4</sup>

Table 4 below provides the projected payer mix based on KFHPWA's 2018 count of Snohomish County enrollees.

<sup>4</sup> Members receiving care at this or any facility may be responsible for certain cost sharing amounts, such as co-payments or deductibles, that are specific to a member's health plan coverage.)



**Table 4. Projected Everett Ambulatory Surgery Center Payer Mix**

<b>Payer</b>	<b>% of Enrollees</b>
Commercial/HCC	73.4%
Medicare	15.7%
Other Gov / L&I / PIP	9.3%
Medicaid	1.6%
<b>Total</b>	<b>100.0%</b>

Source: applicant. Based on 2018 KFHPWA enrollee count who reside in Snohomish County.

**i. Source(s) of financing.**

KFHPWA will fund this project with existing financial resources.

**j. Equipment proposed:**

Please see Exhibit 5 for a list of equipment associated with the proposed project.

**k. Drawings:**

- 1. Single line drawings, at least approximately to scale, of current locations which identify current department and services.**

Everett Ambulatory Surgery Center is not an existing facility. Therefore, this question is not applicable.

- 2. Single line drawings, at least approximately to scale, of proposed locations which identify proposed services and departments.**

Please see Exhibit 6.

- 3. Total net and gross square feet of project.**

The ASC will be 28,240 square feet.

**l. Anticipated dates of both commencement and completion of project.**

Commencement will begin upon receipt of Certificate of Need approval. The project is estimated to be complete by August 2022.

<b>Activity</b>	<b>Date</b>
Shell and Core Construction	July 2020 – March 2022
Estimated CON Approval	4Q2020
Tenant Improvement in ASC	May 2021 – May 2022
Project Completion (1 <sup>st</sup> Patient Treated)	August 2022

**m. Describe the relationship of this project to the applicant's long-range plan and long-range financial plan (if any).**

KFHPWA serves the needs of its members by providing health care services and coverage on a prepaid basis, principally using its own employed and closely affiliated providers and staff, and whenever possible furnishing such care in its own facilities. This 'model' of integrated care and coverage is fundamental to KFHPWA's values and operations.

KFHPWA currently has enrollment of approximately 63,525 members from Snohomish County. Further, we have experienced significant membership growth in the past five years, with Snohomish County membership growing at 6.9% annual growth from 2014 to 2019. The development of Everett Ambulatory Surgery Center is fundamental to fulfilling the promise of the patient-centered and high quality care through HMO-owned and operated facilities. KFHPWA's care for members is focused on individuals' total health, as guided by personal physicians, specialists, and care teams. Staff are supported by technology and tools to promote health, prevent disease, manage chronic illness, and deliver high-quality, affordable care.

The new capacity in Snohomish will also help alleviate demand pressures at Kaiser's Bellevue ASC and Procedure Center where many of the Snohomish members currently receive services. Therefore, the Everett Ambulatory Surgery Center not only represents a highly accessible option for Snohomish and regional patients, but it will also help ensure continued access and sufficient capacity for King County members in the future.

**n. Describe any of the following which would currently restrict usage of the proposed site and/or alternate site for the proposed project: (a) mortgages; (b) liens; (c) assessments; (d) mineral or mining rights; (e) restrictive clauses in the instrument of conveyance; (f) easements and right-of-ways; (g) building restrictions; (h) water and sewer access; (i) probability of flooding; (j) special use restrictions; (k) existence of access roads; (l) access to power and/or electricity sources; (m) shoreline management/environmental impact; (n) others (please explain).**

Please see responses below.

- a. **Mortgages** - Land purchased for cash with no financing at closing. All existing indebtedness encumbering the property will be paid at closing.
- b. **Liens** - Several of the parcels are encumbered by existing mortgages. These encumbrances will be paid at closing.
- c. **Assessments** - None
- d. **Mineral or mining rights on the property** - No mineral rights or mining rights granted with respect to the properties.

- e. **Restrictive clauses in the instrument of conveyance** - None of the conveyances contain any restrictions; there are existing restrictions imposed by the original plat recorded in 1891 applicable to all parcels within the plat.
- f. **Easements or rights-of-way that would impact developing the Everett property** - None
- g. **Building restrictions** – None, see item II.O below
- h. **Water and sewer access** – The site has access to municipal water and sewer. Easements for existing lines on site will be relocated after consultation with the affected utility.
- i. **Probability of flooding** - The ALTA survey documents that this is not a flood zone
- j. **Special use restrictions** - None after closing; one of the parcels is currently encumbered by a use restriction associated with mortgage financing obtained from state and county sources for the construction of low-income housing. These restrictions will be removed at closing when the mortgage loan is repaid.
- k. **Existence of access roads** - All properties abut public streets.
- o. **Provide documentation that the proposed site may be used for the proposed project. Documentation may include, but not be limited to a letter from any appropriate municipal authority, zoning information, and signed letter from leasing agent or realtor attesting to appropriate usage.**

The subject site has a Comprehensive Plan designation of Metropolitan Center (“Metro”), zoned Urban Mixed (“UM”). The proposed expansion of medical office / clinics uses is permitted per Everett Municipal Code section 19.19.030 with the benefit of Administrative Use Permit and Design Review for new construction. A street vacation of the existing alleys south and west of the existing medical office building is required prior to construction commencement. Kaiser Foundation Health Plan of Washington ownership exceeds two-thirds of the entire alley frontages posed for vacation. Consequently, the City of Everett has preliminarily determined that the vacation petitions can be supported. The proposed expansion is designed in substantial conformance with the applicable development standards and design guidelines of the Metro subarea and UM zone. No variances, text amendments, zone changes, or other discretionary actions are required.

- p. **Provide documentation that the applicant has sufficient interest in the site or facility proposed. "Sufficient interest" includes but not limited to one of the following:**
  - a. **clear legal title to the proposed site;**
  - b. **a lease for at least five years, with options to renew for not less than a total of twenty years, in the case of a hospital, psychiatric hospital, tuberculosis hospital, or rehabilitation facility;**

- c. a lease for at least one year with, options to renew for not less than a total of five years, in the case of freestanding kidney dialysis units, ambulatory surgical facility, hospice, or home health agency;**
- d. a legally enforceable agreement to give such title or such lease in the event that a Certificate of Need is issued for the proposed project.**

Please see Exhibit 7A for a map displaying which parcels the expanded medical office building, including the new surgical facility, will be situated. An address has not yet been assigned but it is associated with the following parcel numbers:

*00439069505001, 00439069503800, 00439069503700, 00439069503200, 00439069503100, 00593669501300, 00593669501100, and 00439069505800.*

Exhibit 7B provides parcel account summaries from the Snohomish County Assessor's office demonstrating that KFHPWA is the owner of all parcels associated with the site.<sup>5</sup>

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<sup>5</sup> The parcel account summary for parcel number 00439069505800, where the existing medical office building (Kaiser Everett Medical Center) is located, shows the owner as GROUP HEALTH COOPERATIVE which Kaiser Permanente acquired in 2017.

### **III. PROJECT RATIONALE:**

#### **A. Need (RCW 70.38.115(3)(a))**

##### **1. Identify and analyze the unmet health services needs and/or other problems toward which this project is directed.**

RCW 70.38.115(3)(a) establishes the need criteria for an HMO that proposes to establish an ASC. It provides that a CN application from an HMO:

*“shall be approved by the department if the department finds . . . [a]pproval of such application is required to meet the needs of the members of the health maintenance organization and of the new members which such organization can reasonably be expected to enroll.”*

Neither the CN statute nor Department rules provide a methodology for determining the extent of ASF capacity that is required in order to meet the minimum needs of HMO members, but Department rules do provide an ASF need methodology for non-HMO applicants at WAC 246-310-270(9). Consequently, we have adapted the non-HMO ASF need methodology for use in this project, as explained and applied below. The adapted need methodology projects a **total need for 4 operating rooms and 3 procedure rooms**. Please see Table 5 below, as well as a detailed description of the methodology used following the table.

**Table 5. Kaiser Permanente Everett Ambulatory Surgery Center Need Model**

<b>Existing Capacity</b>	<b>Operating Rooms</b>	<b>Procedure Rooms</b>
Supply of Rooms	0	0
Annual Capacity (68,850 min/room)	0	0
<b>Future Demand</b>		
3rd Year (2025) Demand - Cases	4,171	6,315
Average Minutes/Case	62	24
Gross Demand in 3rd Year (in Minutes)	257,184	150,216
Gross Demand (Rooms): 3rd Year Minute Demand Divided by Single Room Capacity Minutes (68,850)	3.74	2.18
<b>Net Need (Surplus)</b>		
Demand for Rooms	3.74	2.18
Supply of Rooms	0	0
<i>Net Unmet Need</i>	<i>3.74</i>	<i>2.18</i>
<b>Net Rooms Needed (Rounded Up)</b>	<b>4</b>	<b>3</b>

### ***Existing capacity***

Assume the annual capacity per operating room (“OR”) or procedure room (“PR”) dedicated to ambulatory surgery is 68,850 minutes and determine the total capacity minutes for all procedure rooms.

This is based upon the Department’s assumption in WAC 246-310-270(9)(a)(ii). Given KFHPWA does not operate an ASF in Snohomish County, the total capacity is 0 minutes.

### ***Future Demand***

Project the number of outpatient procedures to be performed at the HMO in the third-year of operation.

We have used the current number of procedures performed in the PRs and have adjusted for forecasted demand as follows:

- Base projections on KFHPWA’s members’ 2018 actual utilization.
- Apply a layer of internalization as members use internal providers such as Everett Ambulatory Surgery Center in place of external delivery providers.
- Project approximately 2.6% average annual growth in membership between 2018 and 2027.

Determine the average minutes per outpatient procedure at the HMO facility.

This is based upon WAC 246-310-270(9)(a)(ii), using KFHPWA internal data that shows:

Room Type	Minutes Per Case
Operating Rooms	62
Procedure Rooms	24

Both estimates exclude setup and cleanup time. The weighted average projected for the Everett Ambulatory Surgery Center in the third full year of operation following CN-approval (2025) is 62 and 24 minutes per case for the operating rooms and procedure rooms, respectively.

Calculate demand for outpatient procedure minutes needed in the third year of operation using the average minutes per outpatient surgery procedure at the HMO.

We have projected a total demand for 4,171 OR and 6,315 PR cases by CY2025. We converted this CY2025 case count to minutes by multiplying the total projected procedure count by the minutes per case listed above to calculate total demand for 257,184 OR and 150,216 PR minutes.

Calculate OR and PR Demand by dividing the amount of outpatient procedures time needed by the operating room standard of 68,850 minutes

Dividing total demand for minutes at the ASF in its third year by the operating room standard of 68,850 minutes, yields 3.74 ORs and 2.18 PRs, respectively (Table 5).

## Net Need

Subtract existing room capacity from total room demand to calculate net need/surplus.

As demonstrated in Table 5 above, there is overall demand for 3.74 ORs and 2.18 PRs projected in CY2025. Thus, there is **demonstrated need for the proposed project to operate 4 ORs and 3 PRs** at Everett Ambulatory Surgery Center.

### 2. Define the population that is expected to be served by the project.

As noted above, a high proportion of patients will be enrolled members of KFHPWA health plans who have chosen to receive care from Kaiser Permanente providers, as well as Labor and Industries patients and Medicaid patients. The Primary Service Area, as previously noted, includes patients primarily from Snohomish County, although KFHPWA members from other counties (e.g. Skagit, Whatcom) also are expected to utilize the proposed ASF.

See specific zip codes in Exhibit 2.

### 3. Provide utilization forecasts for each service

#### a. Utilization forecasts for at least five years following project completion.

Please see Table 6 below for a utilization forecast for the five years following the project.

**Table 6. Kaiser Permanente Everett Ambulatory Surgery Center Utilization Forecast, 2022-2027**

Room Type	Department	Aug-Dec 2022	2023	2024	2025	2026	2027	2028
OR	ORTHOPEDICS	231	988	1,379	1,542	1,719	1,905	2,027
OR	GENERAL SURGERY	118	491	667	728	794	861	916
OR	OPHTHALMOLOGY	54	230	319	356	396	437	472
OR	OB/GYN	73	305	414	450	490	530	561
OR	UROLOGY	70	294	401	440	482	525	561
OR	GASTROENTEROLOGY	45	190	264	293	324	357	380
OR	OTOLARYNGOLOGY	52	215	290	312	336	361	381
OR	CARDIOLOGY	5	22	30	33	36	39	42
OR	PAIN MANAGEMENT	2	7	9	10	11	12	13
OR	PODIATRY	1	3	4	4	5	5	5
OR	PULMONARY	1	3	3	4	4	4	4
PR	GASTROENTEROLOGY	583	2,477	3,430	3,808	4,220	4,651	4,947
PR	OPHTHALMOLOGY	216	921	1,277	1,423	1,582	1,750	1,889
PR	PAIN MANAGEMENT	156	657	901	991	1,089	1,190	1,267
PR	CARDIOLOGY	10	44	60	66	73	79	85
PR	PULMONARY	5	19	26	28	30	32	34
<b>Total</b>		<b>1,622</b>	<b>6,867</b>	<b>9,473</b>	<b>10,486</b>	<b>11,590</b>	<b>12,739</b>	<b>13,585</b>

**b. The complete quantitative methodology used to construct each utilization forecast.**

We have used the current number of procedures performed in the PRs and have adjusted for forecasted growth as follows:

- Base projections on KFHPWA's members' 2018 actual utilization.
- Apply a layer of internalization as members use internal Kaiser Permanente providers such as Everett Ambulatory Surgery Center in place of external providers.
- Project approximately 2.6% average annual growth in membership between 2018 and 2027.

**c. Identify and justify all assumptions related to changes in use rate, market share, intensity of service, and others.**

As shown in Table 7 below, KFHPWA has experienced significant year-over-year membership growth in the service area over the past five years (6.9% in Snohomish County). In addition to membership growth, there is a layer of internalization of members' utilization from external delivery providers to internal providers such as Everett Ambulatory Surgery Center. This is consistent with KFHPWA's model of furnishing clinically integrated health care services and health coverage through its comprehensive system of managed care.

**d. Evidence of the number of persons now using the service(s) who will continue to use the service(s).**

Everett Ambulatory Surgery Center is not an existing facility. Therefore this question is not applicable.

**e. Evidence of the Number of Persons Who Will Begin to Use the Services**

KFHPWA currently has approximately 63,525 from Snohomish County enrolled in its health plans. Table 7 below features enrollment from 2014 to 2019.

**Table 7. KFHPWA Enrollment of Snohomish County Residents, 2014-2019**

	2014	2015	2016	2017	2018	2019	2014-2019 Average Annual Growth
<b>Snohomish County</b>	45,596	46,569	54,603	56,216	56,977	63,525	6.9%

Source: Applicant



**4. a. Provide information on the availability and accessibility of similar existing services to the defined population expected to be served.**

KFHPWA believes that there are no “similar existing services” available and accessible to its current or anticipated future enrolled members within the service area for the Everett Ambulatory Surgery Center. There are two ways in which KFHPWA services furnished by KFHPWA providers to KFHPWA members in KFHPWA facilities are unique. First, KFHPWA’s model of furnishing clinically integrated managed care services through its providers and in its facilities is not available from any of the other HMOs that provide health coverage in this service area. Second, the surgical/procedure services that might be purchased from fee-for-service providers in the community are dissimilar in significant respects from the services available to KFHPWA members at its current and proposed owned-and-operated outpatient procedure facilities, making it impossible to identify and provide information on “similar existing services” that are comparable to KFHPWA’s own.

Specifically, with respect to the eight other HMOs identified as ‘active’ by the Washington State Office of Insurance Commissioner (OIC), each of these HMOs operates primarily, if not exclusively, on a “network provider” model in which services are furnished by community providers who have contracts with the HMO to care for the HMO’s patients, along with all of the provider’s other patients. Unlike KFHPWA, these ‘competing’ HMOs do not own and operate medical facilities in this area where most services -- including outpatient procedure services -- are furnished to the HMO’s members. Nor are the many contracted community providers in the typical HMO’s ‘networks’ linked together into any unified medical group, furnished with a common electronic health record (EHR) platform with which to share clinical information, or provided other clinical support tools to enhance the clinical integration of care to patients. In other words, the other HMOs in the service area may use a managed care approach to health care financing but do not attempt to manage patient care in the highly integrated manner KFHPWA is able to achieve using its own facilities, EHR platform and exclusive multi-specialty provider arrangements.

Further, Table 1 above provides a list of Central Snohomish providers with operating rooms. KFHPWA believes that the related procedures available for purchase in the fee-for-service provider community do not constitute “similar existing services” to those furnished through KFHPWA’s procedure centers. Procedures purchased on a fee-for-service basis *a la carte* from a variety of unrelated providers are fundamentally different from procedures furnished on a prepaid basis by an integrated delivery system using a single, closely-affiliated multispecialty medical group. KFHPWA strives to provide procedure services to its members through a model of employed staff and closely affiliated providers – medical and surgical specialists, anesthesiologists and others -- working in KFHPWA facilities, sharing common clinical practice guidelines and EHR systems, and sharing common incentives to provide the best and most appropriate care to members in the most efficient manner possible.

KFHPWA *does not* compete with fee-for-service ASCs or procedure centers in providing procedural services to the broader community. Instead, KFHPWA is legally responsible as an HMO for providing comprehensive health care services to its members, and focuses

on accomplishing this by ensuring that it has the capacity and capability to care for its current and future members in the most effective and efficient ways possible.

In short, there are no “similar existing services” in the Everett area to what KFHPWA furnishes to its HMO members who require ambulatory procedures. This is evident by the fact that no ‘competing’ HMO in the service area furnishes these services in the same manner as KFHPWA, and in the fact that KFHPWA does not ‘compete’ with the fee-for-service providers of ambulatory procedure services in the community. KFHPWA provides ambulatory procedural services directly where it can effectively and efficiently do so, and purchases some specialized ASC services when necessary to care for its members.

- i. **Identify all existing providers of services similar to those proposed and include sufficient utilization experience of those providers that demonstrates that such existing services are not available in sufficient supply to meet all or some portion of the forecaster utilization.**

Not applicable. See above.

- ii. **If existing services are available to the defined population, demonstrate that such services are not accessible to that population. Time and distance factors, among others, are to be analyzed in this section.**

Not applicable. See above.

- iii. **If existing services are available and accessible to the defined population, justify why the proposed project does not constitute an unnecessary duplication of services.**

Not applicable. See above.

- b. **In the context of the criteria contained in WAC 246-310-210 (1) (a) and (b), document the manner in which:**

- i. **Access of low-income persons, racial and ethnic minorities, women, mentally handicapped persons, and other under-served groups to the services proposed is commensurate with needs for the health services.**

KFHPWA participates directly in government-supported health benefit programs, including Medicare and Affordable Care Act (Exchange) plans, and enrolls members from across the spectrum of income level, racial, ethnic and gender identity, and other status through these programs. In addition, KFHPWA provides health care services to Medicaid (Apple Health) clients as part of the delivery system for Molina Healthcare of Washington and its Medicaid plans. KFHPWA providers also participate in Project Access NW (furnishing specialty physician services to under-served populations). In

addition, KFHPWA participates in the Kaiser Permanente national Medical Financial Assistance (“MFA”) program, which provides extensive financial assistance to low-income individuals, without regard to whether they are KP members.

- ii **In the case of the relocation of a facility or service, or the reduction or elimination of a service, the present needs of the defined population for that facility or service, including the needs of under-served groups, will continue to be met by the proposed relocation by alternative arrangements.**

Not applicable.

**Applicants should include the following:**

- **Copy of admissions policy:**

See Exhibit 8 for an example of an existing KFHPWA admissions policy at Bellevue Procedure Center. See Exhibit 9 for the non-discrimination policy and Exhibit 10 for the consumer rights and responsibilities statement and policy.

- **Copy of community service policy:**

See Exhibit 11 for KFHPWA’s 2018 Community Benefit Report.

- **Copy of its charity care policy:**

See Exhibit 12.

- **Reference appropriate access problems and discuss how this project addresses such problems:**

Without expansion, as requested at the Everett Ambulatory Surgery Center, KFHPWA members and patients will continue to not have access to operating and procedure rooms in the Primary Service Area. Reasonable projections demonstrate need for the requested outpatient procedure room capacity at Everett Ambulatory Surgery Center.

**5. Special needs:** Not applicable

## **B. Cost Containment (RCW 70.38.115(3)(b))**

### Overview and Background

RCW 70.38.115(3)(b) establishes the cost containment criteria for an HMO that proposes to establish an ambulatory surgical facility. It provides the Program shall approve an HMO application if it finds that without approval:

[t]he health maintenance organization is unable to provide, through services or facilities which can reasonably be expected to be available to the organization, its health services in a reasonable and cost-effective manner which is consistent with the basic method of operation of the organization and which makes such services available on a long-term basis through physicians and other health professionals associated with it

Neither the CN statute nor Department rules provide more detailed criteria for determining whether an HMO would be unable, without approval, to provide its health services in a reasonable and cost-effective manner, consistent with its basic method of operation and which makes such services available on a long-term basis through physicians and other health professionals associated with it. In the absence of Department rules or clarifying application information requests, KFHPWA has adopted the statutory standard for use in this application, as explained and applied below.

### **KFHPWA's Basic Method of Operations**

KFHPWA serves the needs of its members by providing health care services and coverage on a prepaid basis, principally using its own employed and closely affiliated providers and staff, and whenever possible furnishing such care in its own facilities. This 'model' of care has been fundamental to KFHPWA's values throughout its more than 70-year existence as a provider of integrated health care services and health coverage in Washington state,<sup>6</sup> and continues to be reflected in its current operations. Any description of the "basic method of operation" of KFHPWA must focus on these key elements of clinical and operational integration that make KFHPWA unique in this service area.

### **KFHPWA Makes Its Services Available on a Long-Term Basis Through Physicians and Other Health Care Professionals Associated With It**

KFHPWA's existing surgery centers, such as Bellevue Ambulatory Surgery Center and Bellevue Procedure Center, are examples of how KFHPWA's 'basic method of operation' has been carried out 'on a long term basis through physicians and other health care professionals associated with it.' [RCW 70.38.115(3)(b).] KFHPWA's proposed development of a new ASC in Snohomish County is a continuation of this 'basic method of operation' of KFHPWA.

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<sup>6</sup> Prior to becoming part of the Kaiser Permanente Medical Care Program in February 2017, KFHPWA was known as – and continues to be the same legal entity as – Group Health Cooperative, founded in 1947 to bring together affordable health care services and health coverage through pre-paid managed care plans.

### **KFHPWA Is Unable to Provide, Through Services of Facilities Which Can Reasonably Be Expected to Be Available to KFHPWA, Its Health Services in a Reasonable and Cost-Effective Manner**

KFHPWA's clinical approach has no direct comparison in the Snohomish service area, or across Washington state. Even if KFHPWA could find providers of fee-for-service services in the community that had excess capacity to care for KFHPWA members, such services would not be comparable to those furnished within the KFHPWA integrated delivery system, and would not be "reasonable and cost-effective" and also "consistent with the basic method of operation of the organization."

Alternative services or facilities are not available in a 'reasonable and cost-effective' manner which is consistent with the 'basic method of operation' of the health maintenance organization.

- The provision of coordinated care across the continuum is a key element of the high quality care provided to KFHPWA consumers. Reliance on other providers of fee-for-service services would diminish our ability to provide coordinated care and achieve quality goals.
- Our ability to directly manage quality and safety, and to control costs, would diminish if services are provided outside KFHPWA facilities.
- Scheduling and coordinating care between KFHPWA providers and facilities, and a variety of non-KFHPWA surgery centers would add needless complexity to systems and processes. The added complexity would diminish our ability to coordinate care, and would raise risks related to service quality and patient safety.
- Our ability to use our integrated electronic health record system for the seamless coordination of care for members would be diminished, compromising our ability to coordinate care, achieve our high quality standards, and provide KFHPWA members access to key portions of the members' electronic health records.
- KFHPWA members are accustomed to receiving outpatient surgical care at facilities owned and operated by KFHPWA, where possible. Referring members to other community providers would significantly diminish the member experience at KFHPWA.

### Alternatives Analysis

As presented below, alternatives were evaluated in terms of access; quality; cost/efficiency; staffing impacts; and legal comparisons.

The following two options for this project were evaluated:

1. KFHPWA would not seek a CN and would not develop a new facility. ("Do Nothing")

2. KFHPWA would seek CN approval to develop and operate Everett Ambulatory Surgery Center with four (4) operating rooms and three (3) procedure rooms. (The Project).

**Table 8. Alternatives Analysis: Promoting Access to Health Care Services.**

<b>Option:</b>	<b>Advantages/Disadvantages:</b>
Option One: Do Nothing	<ul style="list-style-type: none"> <li>• Members living in the Planning Area are currently travelling to Capitol Hill, and Bellevue for procedures. Given increased congestion and travel times in the Puget Sound region, members may have to travel 1 to 3 hours for their procedures. (Disadvantage—"D")</li> <li>• Would limit members' access to the best-practices and core competencies from KFHPWA. (Disadvantage—"D")</li> <li>• Would harm KFHPWA's preferred health care delivery model to own and operate its care facilities and have health care services furnished by its employed staff or closely affiliated Kaiser Permanente providers. (D)</li> </ul>
Option Two: Develop and operate Everett Ambulatory Surgery Center with four (4) operating rooms and three (3) procedure rooms. (The Project).	<ul style="list-style-type: none"> <li>• A new ASC will decrease member travel and stress by significantly increasing geographic access to KFHPWA provided surgical services. (Advantages "A")</li> <li>• Provides members' access to the best-practices and core competencies from KFHPWA. ("A")</li> <li>• Provides the preferred delivery model for both KFHPWA, i.e., owning and operating care facilities and directly furnishing health care services. (A)</li> </ul>

**Table 9. Alternatives Analysis: Promoting Quality of Care.**

<b>Option:</b>	<b>Advantages/Disadvantages:</b>
Option One: Do Nothing	<ul style="list-style-type: none"> <li>• To the extent that patients reduce or delay care due to limited access or other barriers (e.g. long travel and wait), this negatively affects health outcomes and quality of care. (D)</li> <li>• By limiting members' access to the increased clinical collaboration among KFHPWA providers, this Option would comparatively limit members' quality of care. (D)</li> </ul>
Option Two: Develop and operate Everett Ambulatory Surgery Center with four (4) operating rooms and three (3) procedure rooms. (The Project).	<ul style="list-style-type: none"> <li>• By expanding members' access to the increased clinical collaboration among KFHPWA providers, this Option would comparatively enhance members' quality of care. (A)</li> </ul>

**Table 10. Alternatives Analysis: Promoting Cost and Operating Efficiency.**

<b>Option:</b>	<b>Advantages/Disadvantages:</b>
Option One: Do Nothing	<ul style="list-style-type: none"><li>• No additional capital expenditure required. (A)</li></ul>
Option Two: Develop and operate Everett Ambulatory Surgery Center with four (4) operating rooms and three (3) procedure rooms. (The Project).	<ul style="list-style-type: none"><li>• Does require significant capital expenditures. (D)</li><li>• By greatly expanding members' access to KFHPWA surgical services, this would allow greater execution of KFHPWA's preferred clinical delivery model---one it has found to be operationally most effective and efficient, i.e., lowest cost. (A)</li><li>• Opportunities for clinical collaboration and sharing best practices; would promote greater efficiency and quality. (A)</li></ul>

**Table 11. Alternatives Analysis: Staffing Impact.**

<b>Option:</b>	<b>Advantages/Disadvantages:</b>
Option One: Do Nothing	<ul style="list-style-type: none"><li>• No change in current staffing. (Neutral, "N")</li></ul>
Option Two: Develop and operate Everett Ambulatory Surgery Center with four (4) operating rooms and three (3) procedure rooms. (The Project).	<ul style="list-style-type: none"><li>• Although this Option requires additional staff, given KFHPWA competencies in recruitment this is not a barrier to developing and operating the proposed Everett facility. (N)</li></ul>

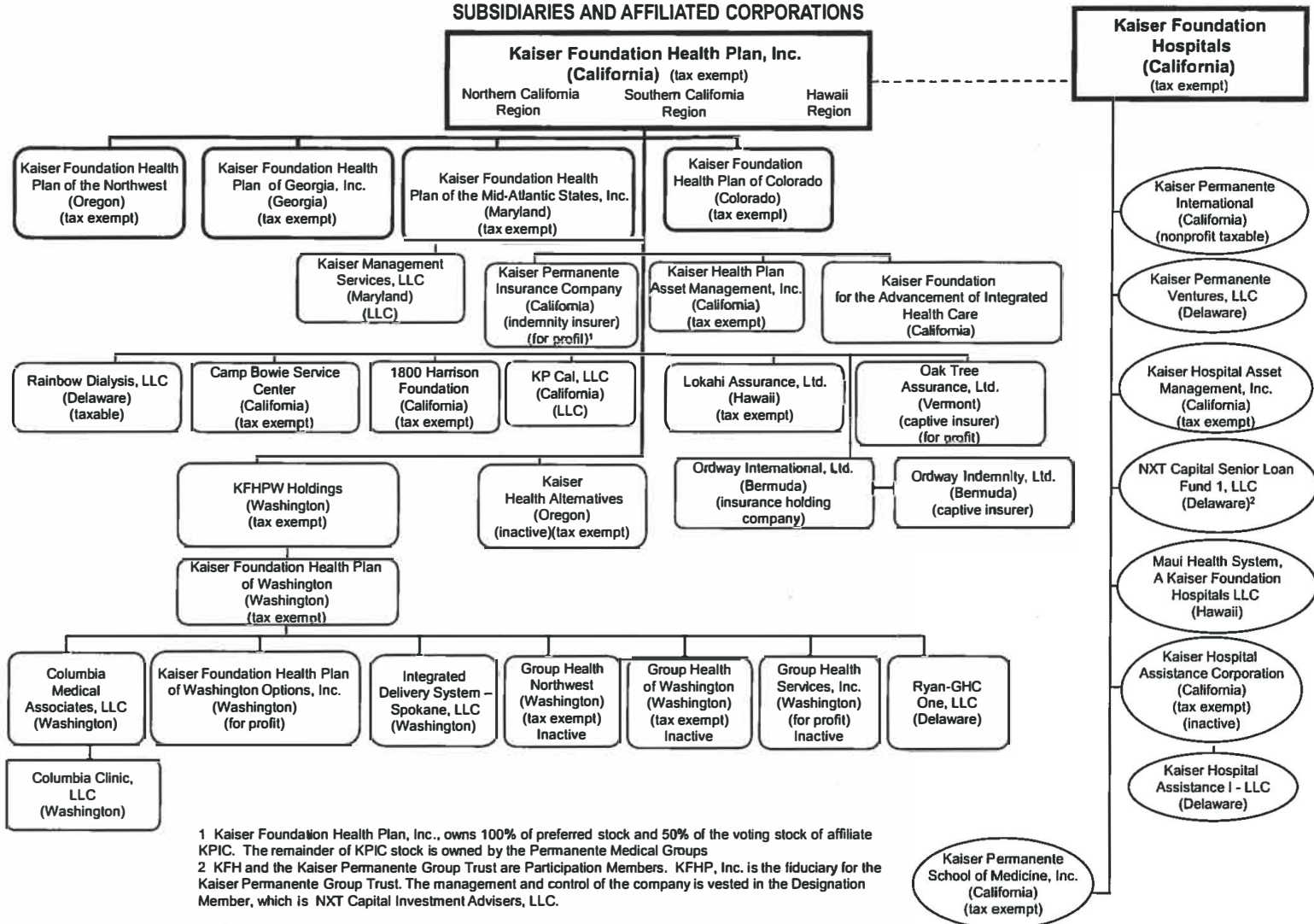
**Table 12. Alternatives Analysis: Legal Comparison.**

<b>Option:</b>	<b>Advantages/Disadvantages:</b>
Option One: Do Nothing	<ul style="list-style-type: none"><li>• Does not require a certificate of need. (A)</li></ul>
Option Two: Develop and operate Everett Ambulatory Surgery Center with four (4) operating rooms and three (3) procedure rooms. (The Project).	<ul style="list-style-type: none"><li>• Requires a certificate of need. (D)</li></ul>

**Exhibit 1.**  
**Organizational Chart**



**KAISER FOUNDATION HEALTH PLAN, INC. AND KAISER FOUNDATION HOSPITALS  
SUBSIDIARIES AND AFFILIATED CORPORATIONS**

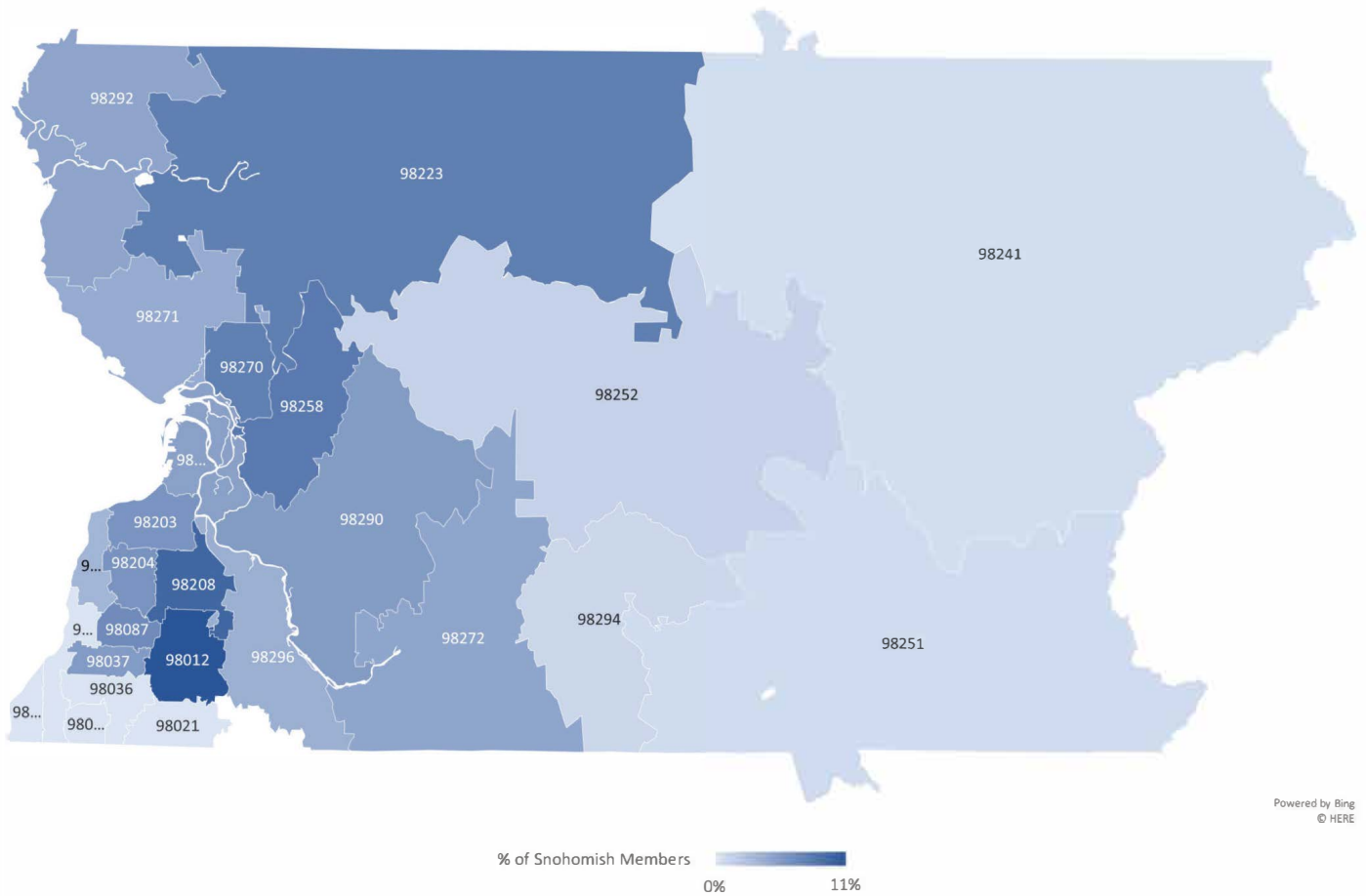


**Exhibit 2.**

**Map of KFHPWA Membership Count in Snohomish County**

**by Zip Code**

Map of KFHPWA Membership in Snohomish County by Zip Code



**Exhibit 3.**

**Office of the Insurance Commissioner's List of Active HMOs**

Consumer tools

- Agent and Company Lookup
- Orders
- Independent Review Decisions

Look up an agent, agency or company

Agent Search

Agency Search

Company Search

☒ Search **All** companies

☐ Search companies with **Active** lines of business only

**Search for company by name, coverage, license number, or organization type**

Name

Washington state license number (WAOIC)

Coverage type

Select All

NAIC number

Organization type

Health Maintenance Organization

Doing business as (DBA)

Washington state domestic companies only

Search ->

Clear all fields

[Need help searching?](#)

Showing 1-26 of 26 Results

Search Results - To sort, select a column heading.

Name	WAOIC	Status ▲
<a href="#">COORDINATED CARE CORPORATION</a>	500635	ACTIVE
<a href="#">ESSENCE HEALTHCARE, INC.</a>	251346	ACTIVE
<a href="#">HUMANA HEALTH PLAN OF CALIFORNIA INC</a>	501362	ACTIVE
<a href="#">HUMANA HEALTH PLAN OF TEXAS INC</a>	501276	ACTIVE
<a href="#">MOLINA HEALTHCARE OF WASHINGTON INC</a>	136	ACTIVE
<a href="#">REGENCE HEALTH MAINTENANCE OF OREGON</a>	69137	ACTIVE
<a href="#">HUMANA HEALTH PLAN, INC.</a>	500398	ACTIVE
<a href="#">KAISER FOUNDATION HEALTH PLAN OF WASHINGTON</a>	554	ACTIVE

https://fortress.wa.gov/oic/consumertoolkit/Search.aspx

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2/5/2020

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<a href="#">WELLCARE OF WASHINGTON INC</a>	501337	ACTIVE
<a href="#">MAXICARE WASHINGTON INC</a>	587	INACTIVE
<a href="#">REGENECARE</a>	594	INACTIVE
<a href="#">SELECTCARE HEALTH PLANS</a>	53217	INACTIVE
<a href="#">THURSTON COUNTY HEALTH MAINTENANCE ORGANIZATION</a>	1289	INACTIVE
<a href="#">PACC DBA PACC HEALTH PLANS OF WASHINGTON</a>	85229	INACTIVE
<a href="#">PACIFIC HEALTH PLANS</a>	1032	INACTIVE
<a href="#">PACIFICARE OF WASHINGTON INC</a>	1041	INACTIVE
<a href="#">PERSONAL HEALTH OF PUGET SOUND</a>	1068	INACTIVE
<a href="#">PREMERA HEALTHPLUS</a>	586	INACTIVE
<a href="#">HUMANA HEALTH PLAN OF WASHINGTON INC</a>	611	INACTIVE
<a href="#">AETNA HEALTH INC</a>	979	INACTIVE
<a href="#">BESTCARE INC</a>	198	INACTIVE
<a href="#">CENTRAL WASHINGTON HEALTH PLAN</a>	121870	INACTIVE
<a href="#">GOOD HEALTH PLAN OF WASHINGTON THE</a>	53419	INACTIVE
<a href="#">GROUP HEALTH NORTHWEST</a>	555	INACTIVE
<a href="#">GROUP HEALTH OF WASHINGTON</a>	556	INACTIVE
<a href="#">HEALTH MAINTENANCE PLAN OF SNOHOMISH CO PHYSICIANS CORP</a>	589	INACTIVE

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<https://fortress.wa.gov/oic/consumertoolkit/Search.aspx>

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**Exhibit 4.**  
**Letter of Intent**

January 7, 2020

Nancy Tyson  
Executive Director  
Health Facilities and Certificate of Need  
Department of Health  
Certificate of Need Program  
111 Israel Road SE  
Tumwater, WA 98501

Dear Ms. Tyson:

In accordance with RCW 70.38.115(3) and WAC 246-310-080, Kaiser Foundation Health Plan of Washington ("KFHPWA"), a federally tax-exempt, Washington nonprofit corporation<sup>1</sup>, submits this letter of intent requesting certificate of need ("CN") approval to establish and operate an ambulatory surgery facility ("ASF"), Kaiser Permanente Everett Ambulatory Surgery Center, with four (4) operating rooms and three (3) procedure rooms.

**1. Description of proposed services:**

Certificate of Need approval to establish and operate an ambulatory surgery facility, Kaiser Permanente Everett Ambulatory Surgery Center, with four (4) operating rooms and three (3) procedure rooms. It should be noted this ASF will be located within a larger medical office building, named Kaiser Permanente Everett Medical Center, owned and operated by KFHPWA.

**2. Estimated cost of proposed project:**

The estimated cost of the proposed project is \$40,854,781. This includes direct and allocated costs for the ASF and the much larger medical office building, respectively.

**3. Identification of the service area:**

For purposes of certificate of need review under the HMO criteria set forth in RCW 70.38.115, the service area is considered to be Snohomish County. However, it should be recognized KFHPWA insureds from other counties adjacent to Snohomish County may also utilize the proposed ASF. If the ASF were not owned and controlled by a health maintenance organization, the service area designated by WAC 246-310-270(2) and (3) would be the Central Snohomish County Secondary Health Service Planning Area.

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<sup>1</sup> More specifically, Kaiser Foundation Health Plan of Washington ("KFHPWA") is a federally tax-exempt, Washington nonprofit public benefit corporation, and a wholly-owned subsidiary of KFHPW Holdings, a Washington nonprofit corporation. KFHPW Holdings is a wholly-owned subsidiary of Kaiser Foundation Health Plan, Inc., a California nonprofit public benefit corporation.



Thank you for your attention to this matter. If you have any questions, please contact me or Julia Yeager, Senior Director, Delivery System Strategy & Planning, 206.630.2846, [julia.a.yeager@kp.org](mailto:julia.a.yeager@kp.org).

Sincerely,

A handwritten signature in blue ink, appearing to read "Scharfman", with a stylized, flowing script.

Karen Scharfman  
VP and CFO, Finance and Strategy  
Kaiser Foundation Health Plan of Washington  
601 Union St., Suite 3100  
Seattle WA 98101

cc.

Frank Fox, Ph.D.  
David Glazer, KP Legal

**Exhibit 5.**  
**Equipment List**

**Kaiser Everett Ambulatory Surgery Center  
Equipment List**

DESCRIPTION	QTY
ABLATION, ENDOMETRIAL	1
ANALYZER, POINT OF CARE TESTING	2
ANCHORING, SEISMIC, MEDSTATION	1
ANESTHESIA MACHINE, SCGO, 4 DRAWER, WITH ECOFLOW	5
APRON, LEAD	13
ASPIRATOR, LIPOSUCTION, ULTRASONIC	1
ASPIRATOR, PORTABLE	2
BENCH, WORK, 24102006, ADJUSTABLE, ADJUSTABLE	1
BOOM, EQUIPMENT, GENERAL OR	4
BOOM, EQUIPMENT, GENERAL OR, EARLY PURCHASE	4
BOOM, EQUIPMENT, GI	2
BOOM, MONITOR, SECONDARY, EARLY PURCHASE	4
BOOM, MONITOR, SECONDARY, SINGLE	4
BUCKET, KICK	13
CABINET, ENDOSCOPY EQUIPMENT, SIDE, 20 SCOPES	2
CABINET, LOCKABLE	18
CABINET, STORAGE, MEDICAL GAS	2
CABINET, TREATMENT	13
CABINET, WORK, MOBILE	1
CAMERA, ROOM STATUS	4
CART, ANESTHESIA, 6 DRAWERS, 30-IN	2
CART, COLLECTION, SCOPE, 6 TRAY	5
CART, COMPUTER, INPATIENT, POWERED	7
CART, HOUSEKEEPING	2
CART, IV FLUID, 4 BASKETS	1
CART, LINEN	6
CART, MEDICATION, DISPENSING	5
CART, PROCEDURE	12
CART, RESUSCITATION, 6-DRAWER	2
CART, RESUSCITATION, PEDIATRIC	1
CART, SUPPLY	22
CART, UTILITY, PLASTIC	2
CART, UTILITY, STAINLESS	1
CASEWORK, MODULAR, EXAM ROOM, OVERHEAD ONLY	2
CLEANER, ENDOSCOPE, DOUBLE BAY, WITH COMPRESSOR	2
CLEANER, VACUUM	2
CLOCK, WALL	28
COAGULATOR, ARGON PLASMA, GI	1
COAGULATOR, ARGON PLASMA, OR	1
COFFEE MAKER	2
COLLAR, LEAD THYROID	10
COLPOSCOPE	1
COMMUNICATION SYSTEM, OPERATING ROOM	4
COMMUNICATION SYSTEM, OPERATING ROOM, VIDEO, EARLY PURCHASE	4
COMPRESSION UNIT, INTERMITTENT	4
COMPUTER-TERMINAL	61
CONSOLE, STORAGE, OPERATING ROOM	4
CONSOLE, STORAGE, OPERATING ROOM, FREESTND, EYE PROC SED	3
CONSOLE, STORAGE, OPERATING ROOM, SUB-BASE, 36 IN CONSOLE	3
CONTAINER, LIQUID NITROGEN, 50 LITER	1
CONTAINER, SHARPS, 2 GALLON	8
CONTAINER, SHARPS, 5.4 QUART	32
CONTAINER, SHARPS, MOBILE, 9-GALLON	2
CONTAINER, SHARPS, MOBILE, 9-GALLON, TROLLEY	5
CONTAINER, WASTE, MOBILE	2
CONTAINER, WASTE, MOBILE, BRUTE	1
CRYOSURGICAL UNIT, NITROGEN	1
CRYOSURGICAL UNIT, OPHTHALMIC	1
CURETTAGE SYSTEM, VACUUM	1
CUTTER, CAST	4

**Kaiser Everett Ambulatory Surgery Center  
Equipment List**

DESCRIPTION	QTY
DEFIBRILLATOR-MONITOR, PACEMAKER, EXTERNAL, W/ ETCO2	2
DERMATOME	1
DEVICE, INTEGRATED DATA COLLECTION, NEURON	5
DEVICE, MULTI-FUNCTION	3
DIGITAL DICTATION SYSTEM	1
DILATOR, SAVARY	1
DILUTION CONTROL SYSTEM	2
DISPENSER, GLOVE, THREE BOX	26
DISPENSING SYSTEM, PHARMACEUTICAL, 2 DWR MAIN	7
DISPENSING SYSTEM, PHARMACEUTICAL, 6 DWR MAIN	3
DISPENSING SYSTEM, PHARMACEUTICAL, ANESTHESIA CART	4
DRILL, OTOTOLOGY, HNS	2
ELECTROCAUTERY UNIT, LINE-POWERED, OPHTHALMIC	2
ELECTROSURGICAL UNIT, GI	2
ELECTROSURGICAL UNIT, OR, STANDARD	5
ENDOSCOPE, ARTHROSCOPY, SHOULDER-KNEE	12
ENDOSCOPE, ARTHROSCOPY, WRIST-ANKLE	2
ENDOSCOPE, BRONCHOSCOPE, ULTRASOUND	2
ENDOSCOPE, CYSTOSCOPE, RIGID	12
ENDOSCOPE, GASTROINTESTINAL, ULTRASOUND	2
ENDOSCOPE, LAPAROSCOPY, GENERAL	12
ENDOSCOPE, LARYNGOSCOPE, FLEXIBLE, PEDI	1
ENDOSCOPE, LARYNGOSCOPE, FLEXIBLE, VIDEO	2
ENDOSCOPE, LARYNGOSCOPE, VIDEO, WITH MONITOR	1
ENDOSCOPE, RESECTOSCOPE, OBG SET	2
ENDOSCOPE, RESECTOSCOPE, URO	3
ENDOSCOPE, URETEROSCOPE	2
ENDOSCOPE, URETEROSCOPE, RIGID	1
ENDOSCOPY SET, NASAL	1
ENDOSCOPY TELESCOPE, SINUS, RIGID, 30 DEG	1
ENDOSCOPY TELESCOPE, SINUS, RIGID, 45 DEG	1
ENDOSCOPY TELESCOPE, SINUS, RIGID, 70 DEG	1
EXTRACTOR, FUME	1
FLOWMETER, GASES, MEDICAL	22
FLOWMETER, GASES, OXYGEN	23
FREEZER, UNDERCOUNTER, SCIENTIFIC, PHARMACY, ADA	1
GAMMA FINDER	1
GAS SYSTEM, MEDICAL	4
GAS SYSTEM, MEDICAL, EARLY PURCHASE	4
GENERATOR, VESSEL SEALING SYSTEM	1
GLOVE, LEAD	4
HAMPER STAND, WITH LID	20
HAMPER STAND, WITH LID, HYDRAULIC	4
HAMPER STAND, WITHOUT LID, OR ONLY	8
HYPERTHERMIA UNIT, FORCED AIR	5
HYPO-HYPERTHERMIA UNIT, CIRCULATING-FLUID	1
HYSTEROSCOPY, FLUID MANAGEMENT	1
INFUSION PUMP, CONTROL UNIT	2
INFUSION PUMP, SINGLE CHANNEL	3
INFUSOR, PRESSURE, AUTOMATIC, 1000 ML	1
INFUSOR, PRESSURE, AUTOMATIC, 500 ML	1
INFUSOR, RAPID	1
INSUFFLATOR, GI	1
INTRAVENOUS POLE, INFUSION PUMPS	10
INTRAVENOUS POLE, POWER	3
INTRAVENOUS POLE, SURGICAL DRAPES	8
LADDER, STEP	9
LASER, CARBON DIOXIDE, ENT	1
LASER, GREEN LIGHT, UROLOGY	1
LASER, HO:YAG, URO	4

**Kaiser Everett Ambulatory Surgery Center  
Equipment List**

DESCRIPTION	QTY
LASER, OPHTHALMOLOGY, GREEN, OR	1
LIFT, PATIENT, TRANSFER, WITHOUT SCALE	1
LIGHT, HEAD, LIGHT SOURCE, OR	1
LIGHT, MAGNIFIER, PORTABLE	1
LIGHT, SURGICAL, DUAL	1
LIGHT, SURGICAL, DUAL WITH MONITOR ARM	4
LIGHT, SURGICAL, DUAL, EARLY PURCHASE	1
LITHOTRIPSY SYSTEM, ULTRASONIC	1
MESHER, SKIN GRAFT	1
MICROSCOPE, OPERATING, HNS	1
MICROSCOPE, OPERATING, OPHTHALMOLOGY	2
MICROSCOPE, OPERATING, PLASTICS, HAND	1
MODULE, MULTI MEASUREMENT CO2, EXTENSION	4
MONITOR, FACIAL NERVE	1
MONITOR, GLUCOSE	2
MONITOR, PHYSIOLOGIC, GENERAL OR, MX800	5
MONITOR, PHYSIOLOGIC, PROCEDURAL SEDATION, MX450	15
MONITOR, PHYSIOLOGIC, TRANSPORT	1
MONITORING SYSTEM, CONSCIOUSNESS MONITORING, BIS	1
MONITORING SYSTEM, OR SCHEDULING	4
MONITORING SYSTEM, OR SCHEDULING, MONITOR ONLY	3
MOUNT, COMPUTER, ANESTHESIA MACHINE	5
MOUNT, WALL, COMPUTER, 47 IN TRACK	27
MULTIMETER, DIGITAL	1
OVEN, MICROWAVE, COMMERCIAL	2
PAD, TRANSFER	1
PAD, TRANSFER, 34 INCH	4
PAD, TRANSFER, 50 INCH, BARIATRIC	5
PAD, TRANSFER, CART	4
PATIENT TRANSFER DEVICE, BARIATRIC	1
PHACO-EMULSIFIER	2
PICTURE ARCHIVING SYSTEM WORKSTATION	4
PLAYER, DVD, BLU-RAY	2
POINT OF SALE SYSTEM	2
POSITIONER, PATIENT, EXTRA LARGE	1
POSITIONER, PATIENT, KNEE	1
POSITIONER, PATIENT, LARGE	1
POSITIONER, PATIENT, MEDIUM	1
POSITIONER, PATIENT, SMALL	1
POSITIONER, PATIENT, T SHAPE	1
POSITIONER, PATIENT, U SHAPE	1
POWER TOOL, SURGICAL, HNS	1
POWER TOOL, SURGICAL, ORTHO, SMALL & MED BONE, BATTERY	2
POWER TOOL, SURGICAL, ORTHO, SMALL & MED BONE, ELECTRIC	3
PRINTER	44
PRINTER, BANKCARD	2
PRINTER, LABEL	6
PROBE, ULTRASONIC	5
PUMP SYSTEM, ARTHROSCOPY	1
PUMP, AIR SUPPLY	4
PUMP, SYRINGE	4
RACK, APRON, LEAD, 5 APRON	1
RACK, APRON, LEAD, 5 APRON, RIGHT, W-O GLOVES	2
RACK, CRUTCH	1
RADIOGRAPHIC UNIT, FLUOROSCOPY, MOBILE, C-ARM, MINI	2
RADIOGRAPHIC UNIT, MOBILE	2
REFRIGERATOR, BLOOD BANK, UNDERCOUNTER	1
REFRIGERATOR, DOMESTIC	1
REFRIGERATOR, DOMESTIC, ADA	1
REFRIGERATOR, SCIENTIFIC	4

**Kaiser Everett Ambulatory Surgery Center  
Equipment List**

DESCRIPTION	QTY
REFRIGERATOR, UNDERCOUNTER, ADA	3
REGULATOR, OXYGEN, E TANK	7
REGULATOR, SUCTION, ADULT, CONTINUOUS	33
SCALE, DIAPER	1
SCANNING SYSTEM, ULTRASONIC VASCULAR	1
SCANNING SYSTEMS, ULTRASONIC, PORTABLE, COLORECTAL	1
SCRUBBER, FLOOR	2
SCRUBS, DISPENSER UNIT	2
SCRUBS, RETURN UNIT	2
SHAVER, ARTHROSCOPY	1
SHELF, STAINLESS STEEL	5
SHELVING SYSTEM, HIGH DENSITY, BASKET	14
SHELVING SYSTEM, HIGH DENSITY, BASKET, MOBILE	2
SHELVING, METAL	1
SHELVING, WIRE, 48 INCH	1
SHIELD, RADIATION	2
SHOULDER POSITIONING SYSTEM	1
SINK, PRE-PROCESSING, W-COUNTER, ADJUSTABLE, SINK RIGHT	2
SLINGS, PATIENT TRANSFER	1
SOLUTION, CONNECTIVITY, DOCKING STATION	2
SPECIMEN RADIOGRAPHIC UNIT, 10 X 15	1
SPONGE DETECTORS, SURGICAL, RADIOFREQUENCY, OR	4
STAND, BASIN, DOUBLE	4
STAND, BASIN, SINGLE	4
STAND, MAYO, OR, LARGE	4
STAND, MAYO, OR, SMALL	5
STATION, SOLDERING	1
STEP STOOL, STACKABLE	16
STETHOSCOPE, ULTRASOUND, VASCULAR	5
STIMULATOR, NERVE	5
STOOL, ADJUSTABLE, SURGICAL	1
STOOL, ADJUSTABLE, SURGICAL, TRAPEZOID	2
STOOL, ADJUSTABLE, WITH BACK, ERGO	2
STOOL, ADJUSTABLE, WITH BACK, ERGO, ANESTHESIA	1
STOOL, ADJUSTABLE, WITHOUT BACK, DARK LINEN	14
STOOL, STEP	1
STOOL, STEP, HANDRAIL	2
STRETCHER, MOBILE, GENERAL, 5 WHEEL	14
STRETCHER, MOBILE, OPHTHALMIC	3
SUCTION CANISTER ROLL STAND, TALL	4
SYSTEM, FLUID WASTE MANAGEMENT, ROVER	5
SYSTEM, IMAGE GUIDED SURGERY, HNS, AMBULATORY	1
SYSTEM, IMAGE MANAGEMENT, NOT SCAL	3
SYSTEM, VEIN CLOSURE	1
TABLE, INSTRUMENT, LARGE, 60 INCH	4
TABLE, INSTRUMENT, MID SIZE, 36 INCH	6
TABLE, OPERATING, GENERAL OR, C-SECTION	5
TABLE, OPERATING, HAND	1
TABLE, OPERATING, ORTHOPEDIC	1
TABLE, OPERATING, STIRRUPS, PADDED	4
TABLE, OVERBED	12
TABLE, UTILITY, PREP, 1 DRAWER	7
TELEVISION, 32 INCH	1
TESTER, LEAKAGE	2
TESTER, MEDICAL DEVICE, SAFETY ANALYZER, ADVANCED	1
TESTER, MEDICAL DEVICE, SAFETY ANALYZER, BASIC	1
TIMER, ELAPSED	4
TOURNIQUET, AUTOMATIC, SINGLE PORT	2
TRANSFER SYSTEM, GLUTARALDEHYDE, OPA	2
TRANSFER SYSTEM, GLUTARALDEHYDE, OPA	2

**Kaiser Everett Ambulatory Surgery Center  
Equipment List**

DESCRIPTION	QTY
TRUCK, CYLINDER, SINGLE, E TANK	5
TRUCK, OXYGEN TANK	1
ULTRASOUND SYSTEM, ENDOBRONCHIAL	1
ULTRASOUND SYSTEM, ENDOSCOPIC, GI	1
UNIT, FOREARM REDUCTION	1
URETHROTOME, ADULT	1
URETHROTOME, PEDI	1
VAPORIZER ABLATOR, HNS	1
VAPORIZER ABLATOR, ORTHO	1
VENDING MACHINE	3
VENTILATOR, JET	5
VIDEO BRONCHOSCOPE, DIAGNOSTIC	4
VIDEO BRONCHOSCOPE, THERAPEUTIC	1
VIDEO ENDOSCOPE, COLONOSCOPE	3
VIDEO ENDOSCOPE, DUODENOSCOPE, DIA & THERA, ERCP	3
VIDEO ENDOSCOPE, GASTROSCOPE, DIAGNOSTIC	1
VIDEO ENDOSCOPE, GASTROSCOPE, THERAPEUTIC	1
VIDEO SYSTEM, OPERATING ROOM, GENERAL	4
VIDEOENDOSCOPY SYSTEM, ANESTHESIA	1
VIDEOENDOSCOPY SYSTEM, GI, BRONCH	2
VIDEOENDOSCOPY SYSTEM, MONITOR	2
VIDEOENDOSCOPY SYSTEM, PRINTER	1
VIEWING SYSTEM, WIDE ANGLE, OPHTHALMOLOGY, ZEISS	1
VITRECTOMY UNIT	2
WARMER, BLOOD, FLUID	6
WHEELCHAIR, NON-POWERED, STANDARD, 18 IN, REMOVABLE ARMS	6

**Exhibit 6.**  
**Single Line Drawing**







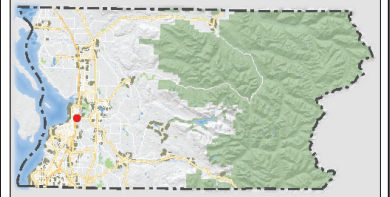
SPECIAL  
PROCEDURES  
7,437 SF

RECOVERY  
6585 SF



**Exhibit 7A.**

**Site Control Documentation: Parcel Map**



**Existing Kaiser  
Everett Medical Center  
Parcel**

**Recently Purchased  
Parcels for Kaiser MOB/  
ASC Expansion**

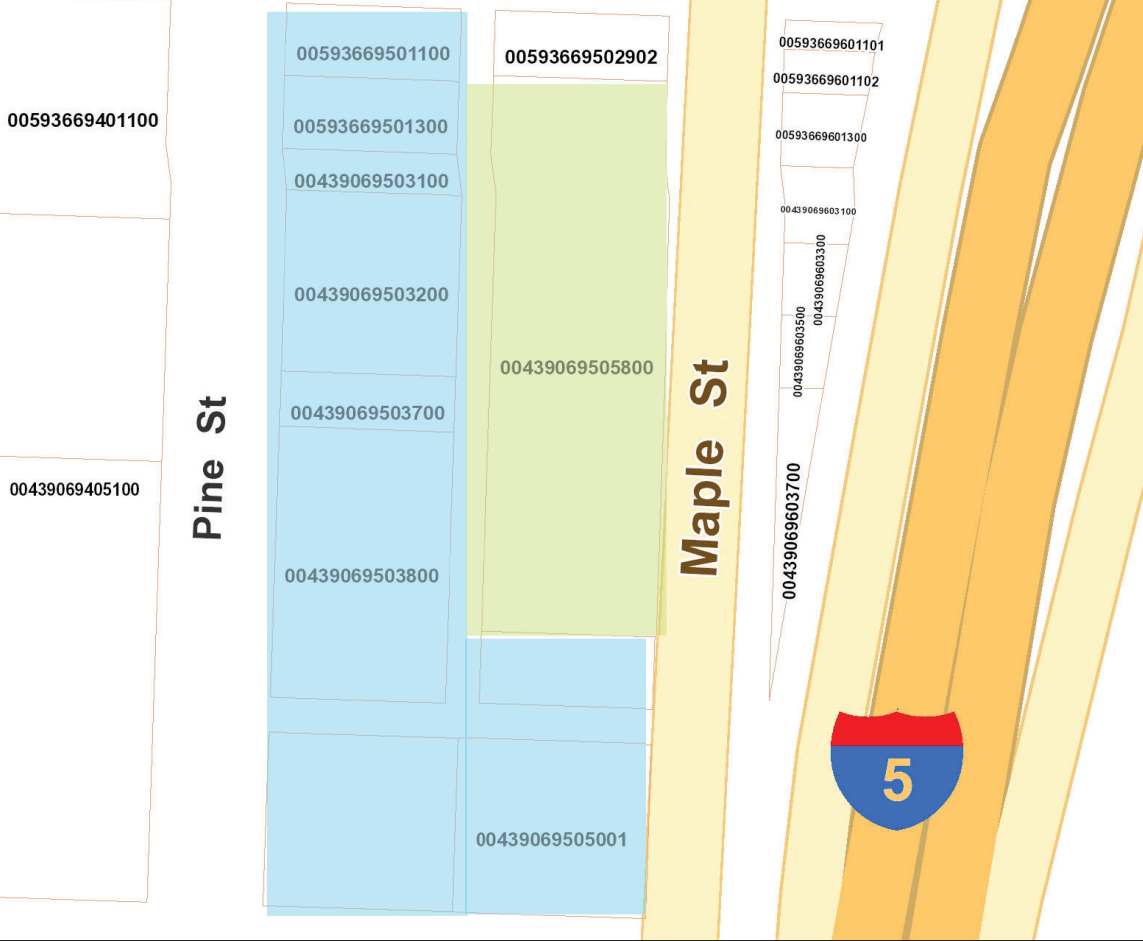
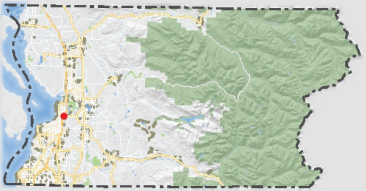
All maps, data, and information set forth herein ("Data"), are for illustrative purposes only and are not to be considered an official citation to, or representation of, the Snohomish County Code. Amendments and updates to the Data, together with other applicable County Code provisions, may apply which are not depicted herein. Snohomish County makes no representation or warranty concerning the content, accuracy, currency, completeness or quality of the Data contained herein and expressly disclaims any warranty of merchantability or fitness for any particular purpose. All persons accessing or otherwise using this Data assume all responsibility for use thereof and agree to hold Snohomish County harmless from and against any damages, loss, claim or liability arising out of any error, defect or omission contained within said Data. Washington State Law, Ch. 42.56 RCW, prohibits state and local agencies from providing access to lists of individuals intended for use for commercial purposes and, thus, no commercial use may be made of any Data comprising lists of individuals contained herein.



0 219 438 Feet

1/14/2020





**Existing Kaiser  
Everett Medical Center  
Parcel**

**Recently Purchased  
Parcels for Kaiser MOB/  
ASC Expansion**

0 110 219 Feet

1/14/2020



All maps, data, and information set forth herein ("Data"), are for illustrative purposes only and are not to be considered an official citation to, or representation of, the Snohomish County Code. Amendments and updates to the Data, together with other applicable County Code provisions, may apply which are not depicted herein. Snohomish County makes no representation or warranty concerning the content, accuracy, currency, completeness or quality of the Data contained herein and expressly disclaims any warranty of merchantability or fitness for any particular purpose. All persons accessing or otherwise using this Data assume all responsibility for use thereof and agree to hold Snohomish County harmless from and against any damages, loss, claim or liability arising out of any error, defect or omission contained within said Data. Washington State Law, Ch. 42.56 RCW, prohibits state and local agencies from providing access to lists of individuals intended for use for commercial purposes and, thus, no commercial use may be made of any Data comprising lists of individuals contained herein.

**Exhibit 7B.**

**Site Control Documentation: Parcel Account Summaries**

[Property Search](#) > [Search Results](#) > Property Summary

1/14/2020

Parcel Number	00439069505800	Property Address	2930 MAPLE ST , EVERETT, WA 98201-3832
---------------	----------------	------------------	--

Property Description	Section 29 Township 29 Range 05 Quarter NE EVERETT LAND CO S 1ST ADD BLK 695 D-00 - LOTS 58 THRU 70 BLK 695 SD PLAT TGW LOTS 27-28 & S 5FT OF LOT 29 BLK 695 PLAT OF SWALWELLS 2ND ADD
Property Category	Land and Improvements
Status	Active, Host Other Property, Locally Assessed
Tax Code Area	00010

Use Code	651 Medical & Other Health Services
Unit of Measure	Acre(s)
Size (gross)	1.05

0127258 is Located On this property
0166603 is Located On this property

Role	Percent	Name	Address



1/14/2020

https://www.snoco.org/proptax/(S(ztusv0r2h3cf2zzueoummj3b))/parcelinfo.aspx

Taxpayer	100	GROUP HEALTH COOPERATIVE	12501 E MARGINAL WAY S ASB 1, TUKWILA, WA 98168
Owner	100	GROUP HEALTH COOPERATIVE	OF PUGET SOUND 521 WALL ST, SEATTLE, WA 98121 United States

**Property Values**

Value Type	Tax Year 2019	Tax Year 2018	Tax Year 2017	Tax Year 2016	Tax Year 2015
Taxable Value Regular	\$12,263,000	\$11,568,800	\$10,758,200	\$9,416,000	\$9,142,000
Exemption Amount Regular					
Market Total	\$12,263,000	\$11,568,800	\$10,758,200	\$9,416,000	\$9,142,000
Assessed Value	\$12,263,000	\$11,568,800	\$10,758,200	\$9,416,000	\$9,142,000
Market Land	\$765,900	\$997,900	\$933,800	\$88,900	\$84,400
Market Improvement	\$11,497,100	\$10,570,900	\$9,824,400	\$9,327,100	\$9,057,600
Personal Property					

**Active Exemptions**

No Exemptions Found

**Events**

Effective Date	Entry Date-Time	Type	Remarks
11/21/2017	11/21/2017 11:49:00	Tax Bill Recalculation	Seg/Merge for 2017 performed by strndh
09/22/2017	09/22/2017 11:39:00	Property Characteristic Changed	2018 Lot size (net) changed from 0.93 to 1.05 by sasjmk
09/22/2017	09/22/2017 11:39:00	Property Characteristic Changed	2018 Size (gross) changed from 0.93 to 1.05 by sasjmk
07/21/2017	07/21/2017 16:17:00	Seg/Merge Completed	Parent in Seg/Merge C170362, Effective: 01/01/2016 by sasklm
07/21/2017	07/21/2017 16:17:00	Value Modification	Value Change Due to Segregation/Merger: C170362 by sasklm

**Tax Balance**

No Charges are currently due. If you believe this is incorrect, please contact our Office at (425) 388-3366.

[Installments Payable/Paid for Tax Year\(Enter 4-digit Year, then Click-Here\):](#) 2019**Distribution of Current Taxes**

District	Rate	Amount	Voted Amount	Non-Voted Amount
CENTRAL PUGET SOUND REGIONAL TRANSIT AUT	0.21	\$2,538.44	\$0.00	\$2,538.44

https://www.snoco.org/proptax/(S(ztusv0r2h3cf2zzueoummj3b))/parcelinfo.aspx

2/4

CITY OF EVERETT	2.54	\$31,188.06	\$6,131.50	\$25,056.56
EVERETT SCHOOL DISTRICT NO 2	4.87	\$59,717.57	\$59,717.57	\$0.00
PORT OF EVERETT	0.25	\$3,090.68	\$0.00	\$3,090.68
SNOHOMISH COUNTY-CNT	0.72	\$8,784.92	\$0.00	\$8,784.92
STATE	2.57	\$31,455.66	\$0.00	\$31,455.66
TOTAL	11.15	\$136,775.33	\$65,849.07	\$70,926.26

### Pending Property Values

Pending Tax Year	Market Land Value	Market Improvement Value	Market Total Value	Current Use Land Value	Current Use Improvement	Current Use Total Value
2020	\$789,800.00	\$13,310,200.00	\$14,100,000.00	\$0.00	\$0.00	\$0.00

### Levy Rate History

Tax Year	Total Levy Rate
2019	11.153497
2018	12.168671
2017	12.217961

### Real Property Structures

Description	Type	Year Built	More Information
KAISER PERMANENTE	Commercial	1994	<a href="#">View Detailed Structure Information</a>

### Receipts

Date	Receipt No.	Amount Tendered	Amount Due
11/05/2019 00:00:00	<a href="#">10834462</a>	\$68,387.67	\$68,387.67
04/23/2019 00:00:00	<a href="#">10522500</a>	\$68,387.66	\$136,775.33
11/05/2018 11:53:00	<a href="#">10274023</a>	\$70,388.47	\$159,600.54
04/02/2018 00:00:00	<a href="#">9771765</a>	\$70,388.46	\$140,776.93
11/02/2017 15:36:00	<a href="#">9709608</a>	\$65,721.63	\$145,850.05
05/01/2017 00:00:00	<a href="#">9426596</a>	\$549.80	\$1,099.61
05/01/2017 00:00:00	<a href="#">9426593</a>	\$60,601.08	\$121,202.17
05/01/2017 00:00:00	<a href="#">9426594</a>	\$687.26	\$1,374.52
05/01/2017 00:00:00	<a href="#">9426597</a>	\$549.80	\$1,099.61
05/01/2017 00:00:00	<a href="#">9426598</a>	\$1,031.19	\$2,062.39
05/01/2017 00:00:00	<a href="#">9426602</a>	\$137.45	\$274.90

05/01/2017 00:00:00	<a href="#">9426603</a>	\$618.87	\$1,237.67
05/01/2017 00:00:00	<a href="#">9426595</a>	\$1,546.18	\$3,092.36
11/04/2016 00:00:00	<a href="#">9155131</a>	\$54,722.03	\$54,722.03
05/09/2016 00:00:00	<a href="#">8891652</a>	\$54,722.02	\$109,444.05
10/30/2015 00:00:00	<a href="#">8571027</a>	\$56,402.69	\$56,402.69
04/29/2015 00:00:00	<a href="#">8302797</a>	\$56,402.68	\$112,805.37

Sales History										
Sale Date	Entry Date	Recording Date	Recording Number	Sale Amount	Excise Number	Deed Type	Transfer Type	Grantor(Seller)	Grantee(Buyer)	Other Parcels
No Sales History Found										

Property Maps					
Neighborhood Code	Township	Range	Section	Quarter	Parcel Map
5307000	29	05	29	NE	<a href="#">View parcel maps for this Township/Range/Section</a>

[Printable Version](#)  
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Version 4.0.3.0

[Property Search](#) > [Search Results](#) > Property Summary

## 1/14/2020

Parcel Number	00593669501100	Property Address	UNKNOWN UNKNOWN , UNKNOWN,
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Property Description	SWALWELLS 2ND ADD BLK 695 D-00 - LOTS 11 & 12
Property Category	Land and Improvements
Status	Active, Locally Assessed
Tax Code Area	00010

Use Code	461 Automobile Parking (Lot)
Unit of Measure	Acre(s)
Size (gross)	0.14

No Related Properties Found

Role	Percent	Name	Address
Taxpayer	100	KAISER FOUNDATION HEALTH PLAN	1300 SW 27TH ST, RENTON, WA 98057
Owner	100	KAISER FOUNDATION HEALTH PLAN OF	1300 SW 27TH ST, RENTON,

WASHINGTON

WA 98057

**Property Values**

Value Type	Tax Year 2019	Tax Year 2018	Tax Year 2017	Tax Year 2016	Tax Year 2015
Taxable Value Regular	\$142,800	\$126,400	\$121,400	\$122,300	\$116,900
Exemption Amount Regular					
Market Total	\$142,800	\$126,400	\$121,400	\$122,300	\$116,900
Assessed Value	\$142,800	\$126,400	\$121,400	\$122,300	\$116,900
Market Land	\$132,300	\$115,500	\$111,000	\$112,500	\$106,500
Market Improvement	\$10,500	\$10,900	\$10,400	\$9,800	\$10,400
Personal Property					

**Active Exemptions**

No Exemptions Found

**Events**

Effective Date	Entry Date-Time	Type	Remarks
01/02/2020	01/13/2020 13:39:00	Owner Terminated	Property Transfer Filing No.: 1213474 01/02/2020 by sasset
01/02/2020	01/13/2020 13:39:00	Owner Added	Property Transfer Filing No.: 1213474 01/02/2020 by sasset
01/02/2020	01/02/2020 15:25:00	Taxpayer Changed	Property Transfer Filing No.: 1213474 01/02/2020 by strbme
01/02/2020	01/02/2020 15:25:00	Excise Processed	Property Transfer Filing No.: 1213474, Statutory Warranty Deed 01/02/2020 by strbme
11/07/2007	11/29/2007 11:16:00	Owner Terminated	Property Transfer Filing No.: 574442 11/07/2007 by sashmt
11/07/2007	11/29/2007 11:16:00	Owner Added	Property Transfer Filing No.: 574442 11/07/2007 by sashmt
11/07/2007	11/16/2007 15:41:00	Taxpayer Changed	Property Transfer Filing No.: 574442 11/07/2007 by strpcs
11/07/2007	11/14/2007 12:28:00	Excise Processed	Property Transfer Filing No.: 574442, Statutory Warranty Deed 11/07/2007 by strbjp
06/24/2002	08/06/2002	Owner Terminated	Property Transfer Filing No.: 464143 06/24/2002 by sasmns

1/14/2020

https://www.snoco.org/proptax/(S(oapbamdh1ah1a5re254dgqzh))/parcelinfo.aspx

	15:30:00		
06/24/2002	08/06/2002 15:30:00	Owner Added	Property Transfer Filing No.: 464143 06/24/2002 by sasmns
06/24/2002	08/06/2002 15:30:00	Property Assigned To Transfer/Sale	Property Assigned to Transfer/Sale. Filing No.: 464143, Statutory Warranty Deed by sasmns
06/24/2002	06/28/2002 13:41:00	Excise Processed	Property Transfer Filing No.: 464143, Statutory Warranty Deed 06/24/2002 by strgss
06/24/2002	06/28/2002 13:41:00	Taxpayer Changed	Property Transfer Filing No.: 464143 06/24/2002 by strgss
11/16/2001	11/19/2001 16:01:00	Excise Processed	Property Transfer Filing No.: 268577, Trustee Deed 11/16/2001 by strtab
04/27/2001	06/22/2001 15:44:00	Owner Terminated	Property Transfer Filing No.: 264144 04/27/2001 by sasgdt
04/27/2001	06/22/2001 15:44:00	Owner Added	Property Transfer Filing No.: 264144 04/27/2001 by sasgdt
04/27/2001	04/30/2001 16:05:00	Excise Processed	Property Transfer Filing No.: 264144, Trustee Deed 04/27/2001 by strtab
04/27/2001	04/30/2001 16:05:00	Taxpayer Changed	Property Transfer Filing No.: 264144 04/27/2001 by strtab

**Tax Balance**

No Charges are currently due. If you believe this is incorrect, please contact our Office at (425) 388-3366.

[Installments Payable/Paid for Tax Year\(Enter 4-digit Year, then Click-Here\):](#) 2019

**Distribution of Current Taxes**

District	Rate	Amount	Voted Amount	Non-Voted Amount
CENTRAL PUGET SOUND REGIONAL TRANSIT AUT	0.21	\$29.56	\$0.00	\$29.56
CITY OF EVERETT	2.54	\$363.18	\$71.40	\$291.78
EVERETT SCHOOL DISTRICT NO 2	4.87	\$695.40	\$695.40	\$0.00
PORT OF EVERETT	0.25	\$35.99	\$0.00	\$35.99
SNOHOMISH COUNTY-CNT	0.72	\$102.30	\$0.00	\$102.30
STATE	2.57	\$366.30	\$0.00	\$366.30
TOTAL	11.15	\$1,592.73	\$766.80	\$825.93

**Pending Property Values**

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1/14/2020

https://www.snoco.org/proptax/(S(oapbamdh1ah1a5re254dgqzh))/parcelinfo.aspx

Pending Tax Year	Market Land Value	Market Improvement Value	Market Total Value	Current Use Land Value	Current Use Improvement	Current Use Total Value
2020	\$146,300.00	\$4,700.00	\$151,000.00	\$0.00	\$0.00	\$0.00

### Levy Rate History

Tax Year	Total Levy Rate
2019	11.153497
2018	12.168671
2017	12.217961

### Real Property Structures

Description	Type	Year Built	More Information
No Real Property Structures Found			

### Receipts

Date	Receipt No.	Amount Tendered	Amount Due
01/02/2020 15:29:00	<a href="#">10853556</a>	\$2,857.21	\$2,857.21
08/13/2018 00:00:00	<a href="#">10038184</a>	\$876.72	\$1,645.78
02/15/2018 00:00:00	<a href="#">9737859</a>	\$830.62	\$2,368.74
05/02/2017 00:00:00	<a href="#">9429240</a>	\$756.46	\$1,498.09
12/19/2016 00:00:00	<a href="#">9166459</a>	\$781.85	\$781.85
05/03/2016 00:00:00	<a href="#">8863430</a>	\$724.98	\$1,435.74
11/02/2015 00:00:00	<a href="#">8575741</a>	\$721.23	\$721.23
04/30/2015 16:21:00	<a href="#">8312257</a>	\$721.23	\$17,158.96

### Sales History

Sale Date	Entry Date	Recording Date	Recording Number	Sale Amount	Excise Number	Deed Type	Transfer Type	Grantor(Seller)	Grantee(Buyer)	Other Parcels
04/27/2001	04/30/2001	04/27/2001		\$0.00	264144	X	S	FREEBORN STEPHEN L TRUSTEE	AMRESKO INDEPENDENCE FUNDING INA	No
11/16/2001	11/19/2001	11/16/2001		\$0.00	268577	X	M	AMRESKO INDEPENDENCE FUNDING INC	AMRESKO INDEPENDENCE FUNDING INA	No
06/24/2002	06/28/2002	06/24/2002		\$675,000.00	464143	W	M	AMRESKO INDEPENDENCE	SR 92 ASSOCIATES	No

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1/14/2020

https://www.snoco.org/proptax/(S(oapbamdh1ah1a5re254dgqzh))/parcelinfo.aspx

								FUNDING INC4641		
11/07/2007	11/14/2007	11/07/2007		\$180,000.00	574442	W	S	SR 92 ASSOCIATES	BIGLUND LLC	No
01/02/2020	01/02/2020	01/02/2020		\$1,600,000.00	1213474	W	S	BIGLUND LLC	KAISER FOUNDATION HEALTH PLAN OF WA	No

Property Maps					
Neighborhood Code	Township	Range	Section	Quarter	Parcel Map
5307000	29	05	20	SE	<a href="#">View parcel maps for this Township/Range/Section</a>

<a href="#">Printable Version</a> Developed by Thomson Reuters. ©2005-2017 All rights reserved. Version 4.0.3.0
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## 1/14/2020

Parcel Number	00593669501300	Property Address	2915 PINE ST , EVERETT, WA 98201-3835
---------------	----------------	------------------	---------------------------------------

Property Description	SWALWELLS 2ND ADD BLK 695 D-00 - LOTS 13 & 14
Property Category	Land and Improvements
Status	Active, Host Other Property, Locally Assessed
Tax Code Area	00010

Use Code	637 Warehousing & Storage Services
Unit of Measure	Acre(s)
Size (gross)	0.14

2668120 is Located On this property
0110734 is Located On this property

Role	Percent	Name	Address
Taxpayer	100	KAISER FOUNDATION HEALTH PLAN	1300 SW 27TH ST, RENTON, WA 98057

1/14/2020

[https://www.snoco.org/proptax/\(S\(divzwn0ucxzubwspovfxpcf\)\)/parcelinfo.aspx](https://www.snoco.org/proptax/(S(divzwn0ucxzubwspovfxpcf))/parcelinfo.aspx)

Owner	100 KAISER FOUNDATION HEALTH PLAN OF WASHINGTON	1300 SW 27TH ST, RENTON, WA 98057
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**Property Values**

Value Type	Tax Year 2019	Tax Year 2018	Tax Year 2017	Tax Year 2016	Tax Year 2015
Taxable Value Regular	\$465,000	\$431,000	\$431,000	\$388,000	\$310,000
Exemption Amount Regular					
Market Total	\$465,000	\$431,000	\$431,000	\$388,000	\$310,000
Assessed Value	\$465,000	\$431,000	\$431,000	\$388,000	\$310,000
Market Land	\$132,300	\$115,500	\$111,000	\$112,500	\$106,500
Market Improvement	\$332,700	\$315,500	\$320,000	\$275,500	\$203,500
Personal Property					

**Active Exemptions**

No Exemptions Found

**Events**

Effective Date	Entry Date-Time	Type	Remarks
01/02/2020	01/13/2020 13:37:00	Owner Terminated	Property Transfer Filing No.: 1213471 01/02/2020 by sasset
01/02/2020	01/13/2020 13:37:00	Owner Terminated	Property Transfer Filing No.: 1213471 01/02/2020 by sasset
01/02/2020	01/13/2020 13:37:00	Owner Added	Property Transfer Filing No.: 1213471 01/02/2020 by sasset
01/02/2020	01/02/2020 15:07:00	Taxpayer Changed	Property Transfer Filing No.: 1213471 01/02/2020 by strbme
01/02/2020	01/02/2020 15:07:00	Excise Processed	Property Transfer Filing No.: 1213471, Bargain and Sale Deed 01/02/2020 by strbme
12/10/2019	12/17/2019 09:42:00	Owner Terminated	Property Transfer Filing No.: 1211752 12/10/2019 by sasspp
12/10/2019	12/17/2019 09:42:00	Owner Added	Property Transfer Filing No.: 1211752 12/10/2019 by sasspp
12/10/2019	12/10/2019 10:38:00	Excise Processed	Property Transfer Filing No.: 1211752, Quit Claim Deed 12/10/2019 by strhpw
09/27/2019	10/14/2019 11:37:00	Owner Added	Property Transfer Filing No.: 1207043 09/27/2019 by saslmf
09/27/2019	10/08/2019 14:07:00	Taxpayer Changed	Property Transfer Filing No.: 1207043 09/27/2019 by strseh
09/27/2019	10/08/2019 14:07:00	Excise Processed	Property Transfer Filing No.: 1207043, Quit Claim Deed 09/27/2019 by strseh
02/14/2002	03/01/2002 14:41:00	Owner Terminated	Property Transfer Filing No.: 168872 02/14/2002 by sasmns
02/14/2002	03/01/2002 14:41:00	Owner Added	Property Transfer Filing No.: 168872 02/14/2002 by sasmns
02/14/2002	02/21/2002 13:00:00	Excise Processed	Property Transfer Filing No.: 168872, Statutory Warranty Deed 02/14/2002 by strnls
02/14/2002	02/21/2002 13:00:00	Taxpayer Changed	Property Transfer Filing No.: 168872 02/14/2002 by strnls

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**Tax Balance**

No Charges are currently due. If you believe this is incorrect, please contact our Office at (425) 388-3366.

[Installments Payable/Paid for Tax Year\(Enter 4-digit Year, then Click-Here\):](#)

**Distribution of Current Taxes**

District	Rate	Amount	Voted Amount	Non-Voted Amount
CENTRAL PUGET SOUND REGIONAL TRANSIT AUT	0.21	\$96.26	\$0.00	\$96.26
CITY OF EVERETT	2.54	\$1,182.62	\$232.50	\$950.12
EVERETT SCHOOL DISTRICT NO 2	4.87	\$2,264.43	\$2,264.43	\$0.00
PORT OF EVERETT	0.25	\$117.20	\$0.00	\$117.20
SNOHOMISH COUNTY-CNT	0.72	\$333.11	\$0.00	\$333.11
STATE	2.57	\$1,192.76	\$0.00	\$1,192.76
TOTAL	11.15	\$5,186.38	\$2,496.93	\$2,689.45

**Pending Property Values**

Pending Tax Year	Market Land Value	Market Improvement Value	Market Total Value	Current Use Land Value	Current Use Improvement	Current Use Total Value
2020	\$146,300.00	\$339,700.00	\$486,000.00	\$0.00	\$0.00	\$0.00

**Levy Rate History**

Tax Year	Total Levy Rate
2019	11.153497
2018	12.168671
2017	12.217961

**Real Property Structures**

Description	Type	Year Built	More Information
Martinson Piano Moving & Strg.	Commercial	1998	<a href="#">View Detailed Structure Information</a>

**Receipts**

Date	Receipt No.	Amount Tendered	Amount Due
11/13/2019 00:00:00	<a href="#">10844449</a>	\$2,619.12	\$2,619.12
06/27/2019 11:37:00	<a href="#">10590173</a>	\$2,852.51	\$5,445.70
10/08/2018 00:00:00	<a href="#">10058254</a>	\$5,716.72	\$5,716.72

1/14/2020

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10/23/2017 00:00:00	<a href="#">9545177</a>	\$2,632.97	\$2,632.97
04/10/2017 00:00:00	<a href="#">9218990</a>	\$2,632.97	\$5,265.94
11/04/2016 08:30:00	<a href="#">9151651</a>	\$2,254.90	\$2,254.90
05/04/2016 00:00:00	<a href="#">8869806</a>	\$2,254.90	\$4,509.80
11/02/2015 00:00:00	<a href="#">8576275</a>	\$1,912.58	\$1,912.58
11/02/2015 00:00:00	<a href="#">8574980</a>	\$0.00	\$1,912.58
05/04/2015 00:00:00	<a href="#">8324852</a>	\$1,912.58	\$3,825.16

**Sales History**

Sale Date	Entry Date	Recording Date	Recording Number	Sale Amount	Excise Number	Deed Type	Transfer Type	Grantor(Seller)	Grantee(Buyer)	Other Parcels
02/14/2002	02/21/2002	02/14/2002		\$300,000.00	168872	W	S	HOUNSHELL MICHAEL E & SUSAN	MARTINSON ERIC & GIGI	No
09/27/2019	10/08/2019	09/27/2019		\$0.00	1207043	QC	S	MARTINSON ERIC & GIGI	MARTINSON ERIC & GIGI	No
12/10/2019	12/10/2019	12/10/2019		\$232,500.00	1211752	QC	S	MARTINSON ERIC & GABLE-MARTINSON GIGI	GABLE ROGER	No
01/02/2020	01/02/2020	01/02/2020		\$3,634,750.00	1213471	BS	S	GABLE ROGER/MARTINSON ERIC & GIGI	KAISER FOUNDATION HEALTH PLAN OF WA	No

**Property Maps**

Neighborhood Code	Township	Range	Section	Quarter	Parcel Map
5307000	29	05	20	SE	<a href="#">View parcel maps for this Township/Range/Section</a>

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[https://www.snoco.org/proptax/\(S\(divzwn0ucxzuxbwspovfxpcf\)\)/parcelinfo.aspx](https://www.snoco.org/proptax/(S(divzwn0ucxzuxbwspovfxpcf))/parcelinfo.aspx)

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[Property Search](#) > [Search Results](#) > Property Summary

## 1/14/2020

## General Information

## Property Characteristics

## Related Properties

## No Related Properties Found

## Parties

Role	Percent	Name	Address
Taxpayer	100	KAISER FOUNDATION HEALTH PLAN OF WASHINGTON	1300 SW 27TH ST, RENTON, WA 98057
Owner	100	KAISER FOUNDATION HEALTH PLAN OF	1300 SW 27TH ST, RENTON,

WASHINGTON

WA 98057

**Property Values**

Value Type	Tax Year 2019	Tax Year 2018	Tax Year 2017	Tax Year 2016	Tax Year 2015
Taxable Value Regular	\$241,000	\$337,000	\$337,000	\$304,000	\$243,000
Exemption Amount Regular					
Market Total	\$241,000	\$337,000	\$337,000	\$304,000	\$243,000
Assessed Value	\$241,000	\$337,000	\$337,000	\$304,000	\$243,000
Market Land	\$105,800	\$106,500	\$90,000	\$69,000	\$66,000
Market Improvement	\$135,200	\$230,500	\$247,000	\$235,000	\$177,000
Personal Property					

**Active Exemptions**

No Exemptions Found

**Events**

Effective Date	Entry Date-Time	Type	Remarks
01/02/2020	01/13/2020 13:46:00	Owner Terminated	Property Transfer Filing No.: 1213483 01/02/2020 by sasset
01/02/2020	01/13/2020 13:46:00	Owner Added	Property Transfer Filing No.: 1213483 01/02/2020 by sasset
01/02/2020	01/02/2020 15:58:00	Taxpayer Changed	Property Transfer Filing No.: 1213483 01/02/2020 by strseh
01/02/2020	01/02/2020 15:58:00	Excise Processed	Property Transfer Filing No.: 1213483, Statutory Warranty Deed 01/02/2020 by strseh
09/16/2017	11/20/2017 15:55:00	Owner Added	Property Transfer Filing No.: 1147895 09/16/2017 by sasmcb
09/16/2017	11/20/2017 15:55:00	Owner Terminated	Property Transfer Filing No.: 1147895 09/16/2017 by sasmcb
09/16/2017	09/20/2017 13:11:00	Excise Processed	Property Transfer Filing No.: 1147895, Statutory Warranty Deed 09/16/2017 by straml
09/16/2017	09/20/2017 13:11:00	Taxpayer Changed	Property Transfer Filing No.: 1147895 09/16/2017 by straml
08/14/2008	08/14/2008	Property Characteristic	2008 Size (gross) changed from 0.42 to 0.08 by sasmjt

1/14/2020

[https://www.snoco.org/proptax/\(S\(awqlmwbaak3dscnnxl0shron\)\)/parcelinfo.aspx](https://www.snoco.org/proptax/(S(awqlmwbaak3dscnnxl0shron))/parcelinfo.aspx)

	14:10:00	Changed	
04/07/2005	04/07/2005 15:59:00	Taxpayer Changed	Party/Property Relationship by strphb
03/29/2004	04/15/2004 10:13:00	Owner Added	Property Transfer Filing No.: 473398 03/29/2004 by sasjms
03/29/2004	04/15/2004 10:13:00	Owner Terminated	Property Transfer Filing No.: 473398 03/29/2004 by sasjms
03/29/2004	03/31/2004 14:41:00	Excise Processed	Property Transfer Filing No.: 473398, Statutory Warranty Deed 03/29/2004 by strjy

**Tax Balance**

No Charges are currently due. If you believe this is incorrect, please contact our Office at (425) 388-3366.

[Installments Payable/Paid for Tax Year\(Enter 4-digit Year, then Click-Here\):](#)

**Distribution of Current Taxes**

District	Rate	Amount	Voted Amount	Non-Voted Amount
CENTRAL PUGET SOUND REGIONAL TRANSIT AUT	0.21	\$49.89	\$0.00	\$49.89
CITY OF EVERETT	2.54	\$612.93	\$120.50	\$492.43
EVERETT SCHOOL DISTRICT NO 2	4.87	\$1,173.61	\$1,173.61	\$0.00
PORT OF EVERETT	0.25	\$60.74	\$0.00	\$60.74
SNOHOMISH COUNTY-CNT	0.72	\$172.65	\$0.00	\$172.65
STATE	2.57	\$618.17	\$0.00	\$618.17
TOTAL	11.15	\$2,687.99	\$1,294.11	\$1,393.88

**Pending Property Values**

Pending Tax Year	Market Land Value	Market Improvement Value	Market Total Value	Current Use Land Value	Current Use Improvement	Current Use Total Value
2020	\$118,000.00	\$134,000.00	\$252,000.00	\$0.00	\$0.00	\$0.00

**Levy Rate History**

Tax Year	Total Levy Rate
2019	11.153497
2018	12.168671
2017	12.217961

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**Real Property Structures**

Description	Type	Year Built	More Information
38% OB, ADVANCED DESIGNS	Commercial	1997	<a href="#">View Detailed Structure Information</a>

**Receipts**

Date	Receipt No.	Amount Tendered	Amount Due
10/18/2019 14:17:00	<a href="#">10646462</a>	\$1,344.00	\$1,344.00
06/28/2019 11:00:00	<a href="#">10590458</a>	\$1,478.39	\$2,822.39
12/20/2018 11:30:00	<a href="#">10292379</a>	\$2,255.46	\$2,255.46
04/20/2018 00:00:00	<a href="#">9950578</a>	\$2,050.42	\$4,100.84
09/20/2017 13:09:00	<a href="#">9489277</a>	\$2,058.73	\$2,058.73
05/01/2017 00:00:00	<a href="#">9420302</a>	\$2,058.72	\$4,117.45
10/18/2016 00:00:00	<a href="#">8956374</a>	\$1,766.73	\$1,766.73
05/04/2016 00:00:00	<a href="#">8874143</a>	\$1,766.73	\$3,533.46
10/30/2015 00:00:00	<a href="#">8561130</a>	\$1,499.22	\$1,499.22
04/20/2015 00:00:00	<a href="#">8171213</a>	\$1,499.22	\$2,998.44

**Sales History**

Sale Date	Entry Date	Recording Date	Recording Number	Sale Amount	Excise Number	Deed Type	Transfer Type	Grantor(Seller)	Grantee(Buyer)	Other Parcels
03/29/2004	03/31/2004	03/29/2004		\$235,000.00	473398	W	S	CHHABRAAND /CHHABRA	HODO WILLIAM J & CHERYL L	No
09/16/2017	09/20/2017	09/16/2017		\$241,034.00	1147895	W	S	HODO WILLIAM J & CHERYL L	SVAGLIC RICHARD J	No
01/02/2020	01/02/2020	01/02/2020		\$3,090,000.00	1213483	W	S	SVAGLIC RICHARD J	KAISER FOUNDATION HEALTH PLAN OF WA	No

**Property Maps**

Neighborhood Code	Township	Range	Section	Quarter	Parcel Map
5307000	29	05	29	NE	<a href="#">View parcel maps for this Township/Range/Section</a>

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## 1/14/2020

Parcel Number	00439069503200	Property Address	2929 PINE ST , EVERETT, WA 98201-3835
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## General Information

Property Description	Section 29 Township 29 Range 05 Quarter NE EVERETT LAND CO'S 1ST ADD BLK 695 D-00 - LOTS 32 THRU 36 BLK 695 (EXEMPT PER ST OF WA REG #08523-002)
Property Category	Land and Improvements
Status	Active, Locally Assessed
Tax Code Area	00010

### Property Characteristics

Use Code	179 Other Group Quarters
Unit of Measure	Acre(s)
Size (gross)	0.34

## Related Properties

No Related Properties Found

## Parties

Role	Percent	Name	Address
Taxpayer	100	KAISER FOUNDATION HEALTH PLAN	1300 SW 27TH ST, RENTON, WA 98057

Owner	100 KAISER FOUNDATION HEALTH PLAN OF WASHINGTON	1300 SW 27TH ST, RENTON, WA 98057
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**Property Values**

Value Type	Tax Year 2019	Tax Year 2018	Tax Year 2017	Tax Year 2016	Tax Year 2015
Taxable Value Regular					
Exemption Amount Regular	\$984,500	\$1,052,300	\$1,056,700	\$1,045,000	\$1,010,900
Market Total	\$984,500	\$1,052,300	\$1,056,700	\$1,045,000	\$1,010,900
Assessed Value	\$984,500	\$1,052,300	\$1,056,700	\$1,045,000	\$1,010,900
Market Land	\$276,300	\$240,000	\$232,500	\$221,300	\$210,000
Market Improvement	\$708,200	\$812,300	\$824,200	\$823,700	\$800,900
Personal Property					

**Active Exemptions**

DoR Institutional

**Events**

Effective Date	Entry Date-Time	Type	Remarks
01/02/2020	01/13/2020 13:47:00	Owner Terminated	Property Transfer Filing No.: 1213486 01/02/2020 by sasset
01/02/2020	01/13/2020 13:47:00	Owner Added	Property Transfer Filing No.: 1213486 01/02/2020 by sasset
01/02/2020	01/02/2020 16:13:00	Taxpayer Changed	Property Transfer Filing No.: 1213486 01/02/2020 by strbme
01/02/2020	01/02/2020 16:13:00	Excise Processed	Property Transfer Filing No.: 1213486, Quit Claim Deed 01/02/2020 by strbme
12/13/2010	12/13/2010 15:18:00	Taxpayer Changed	Party/Property Relationship by strpmw
11/05/2003	11/05/2003 10:31:00	Seg/Merge Completed	Parent in Seg/Merge C030785, Effective: 01/01/2003 by sassls
11/05/2003	11/05/2003 10:31:00	Value Modification	Value Change Due to Segregation/Merger: C030785 by sassls
11/03/2003	11/03/2003 09:29:00	Property Characteristic Changed	Size changed from 0.00 to 0.34 by sassls

1/14/2020

https://www.snoco.org/proptax/(S(pd00kwouvtzeitjqzxsiumg))/parcelinfo.aspx

10/01/2003	10/01/2003 11:39:00	Tax Bill Recalculation	Tax Recalculation Performed 10/01/2003 by strpac
10/01/2003	10/01/2003 11:38:00	Tax Bill Recalculation	Tax Recalculation Performed 10/01/2003 by strpac
10/01/2003	10/01/2003 11:38:00	Tax Bill Recalculation	Tax Recalculation Performed 10/01/2003 by strpac
01/14/2000	12/14/2010 10:58:00	Owner Terminated	Party/Property Relationship by sasset
01/14/1994	12/14/2010 10:58:00	Owner Added	Party/Property Relationship by sasset

**Tax Balance**

No Available Tax Charges Information for this Property at the Moment.

[Installments Payable/Paid for Tax Year\(Enter 4-digit Year, then Click-Here\):](#) **Distribution of Current Taxes**

District	Rate	Amount	Voted Amount	Non-Voted Amount
TOTAL				

**Pending Property Values**

Pending Tax Year	Market Land Value	Market Improvement Value	Market Total Value	Current Use Land Value	Current Use Improvement	Current Use Total Value
2020	\$292,500.00	\$774,800.00	\$1,067,300.00	\$0.00	\$0.00	\$0.00

**Levy Rate History**

Tax Year	Total Levy Rate
2019	11.153497
2018	12.168671
2017	12.217961

**Real Property Structures**

Description	Type	Year Built	More Information
EXEMPT, 1996 ClubHouse-BLDG #2	Commercial	1996	<a href="#">View Detailed Structure Information</a>
EXEMPT, 31 UNITS COCOON HOUSE	Commercial	1991	<a href="#">View Detailed Structure Information</a>

https://www.snoco.org/proptax/(S(pd00kwouvtzeitjqzxsiumg))/parcelinfo.aspx

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Receipts

Date	Receipt No.	Amount Tendered	Amount Due
No Receipts Found			

Sales History

Sale Date	Entry Date	Recording Date	Recording Number	Sale Amount	Excise Number	Deed Type	Transfer Type	Grantor(Seller)	Grantee(Buyer)	Other Parcels
01/02/2020	01/02/2020	01/02/2020		\$1,800,000.00	1213486	W	S	COCOON HOUSE	KAISER FOUNDATION HEALTH PLAN OF WA	No

Property Maps

Neighborhood Code	Township	Range	Section	Quarter	Parcel Map
5307000	29	05	29	NE	<a href="#">View parcel maps for this Township/Range/Section</a>

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[Property Search](#) > [Search Results](#) > Property Summary

## 1/14/2020

Parcel Number	00439069503700	Property Address	UNKNOWN UNKNOWN , UNKNOWN,
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Property Description	EVERETT LAND CO S 1ST ADD BLK 695 D-00 - LOT 37 & N1/2 LOT 38
Property Category	Land and Improvements
Status	Active, Locally Assessed
Tax Code Area	00010

Use Code	581 Eating Places (Restaurants)
Unit of Measure	Acre(s)
Size (gross)	0.1

No Related Properties Found

Role	Percent	Name	Address
Taxpayer	100	KAISER FOUNDATION HEALTH PLAN OF WASHINGTON	1300 SW 27TH ST, RENTON, WA 98057
Owner	100	KAISER FOUNDATION HEALTH PLAN OF	1300 SW 27TH ST, RENTON,

WASHINGTON

WA 98057

**Property Values**

Value Type	Tax Year 2019	Tax Year 2018	Tax Year 2017	Tax Year 2016	Tax Year 2015
Taxable Value Regular	\$119,700	\$109,100	\$95,600	\$88,900	\$84,400
Exemption Amount Regular					
Market Total	\$119,700	\$109,100	\$95,600	\$88,900	\$84,400
Assessed Value	\$119,700	\$109,100	\$95,600	\$88,900	\$84,400
Market Land	\$113,600	\$109,100	\$95,600	\$88,900	\$84,400
Market Improvement	\$6,100				
Personal Property					

**Active Exemptions**

No Exemptions Found

**Events**

Effective Date	Entry Date-Time	Type	Remarks
01/02/2020	01/14/2020 13:55:00	Property Assigned To Transfer/Sale	Property Assigned to Transfer/Sale. Filing No.: 1213628, Bargain and Sale Deed by sasset
01/02/2020	01/14/2020 13:55:00	Owner Terminated	Property Transfer Filing No.: 1213628 01/02/2020 by sasset
01/02/2020	01/14/2020 13:55:00	Owner Added	Property Transfer Filing No.: 1213628 01/02/2020 by sasset
01/02/2020	01/06/2020 16:24:00	Taxpayer Changed	Property Transfer Filing No.: 1213628 01/02/2020 by strseh
01/02/2020	01/06/2020 16:24:00	Excise Processed	Property Transfer Filing No.: 1213628, Bargain and Sale Deed 01/02/2020 by strseh
06/25/2019	06/25/2019 09:29:00	Taxpayer Changed	Party/Property Relationship by strrtc
01/26/2005	01/26/2005 15:24:00	Taxpayer Changed	Party/Property Relationship by strssl
05/25/2004	08/04/2004 15:38:00	Property Assigned To Transfer/Sale	Property Assigned to Transfer/Sale. Filing No.: 384144, Quit Claim Deed by sasset
05/25/2004	08/04/2004	Owner Added	Property Transfer Filing No.: 384144 05/25/2004 by sasset

	15:38:00		
05/25/2004	08/04/2004 15:38:00	Owner Terminated	Property Transfer Filing No.: 384144 05/25/2004 by sasset
05/25/2004	07/13/2004 10:38:00	Excise Processed	Property Transfer Filing No.: 384144, Quit Claim Deed 05/25/2004 by strphb
05/25/2004	07/13/2004 10:38:00	Taxpayer Changed	Property Transfer Filing No.: 384144 05/25/2004 by strphb

**Tax Balance**

No Charges are currently due. If you believe this is incorrect, please contact our Office at (425) 388-3366.

[Installments Payable/Paid for Tax Year\(Enter 4-digit Year, then Click-Here\):](#) 2019

**Distribution of Current Taxes**

District	Rate	Amount	Voted Amount	Non-Voted Amount
CENTRAL PUGET SOUND REGIONAL TRANSIT AUT	0.21	\$24.78	\$0.00	\$24.78
CITY OF EVERETT	2.54	\$304.43	\$59.85	\$244.58
EVERETT SCHOOL DISTRICT NO 2	4.87	\$582.91	\$582.91	\$0.00
PORT OF EVERETT	0.25	\$30.17	\$0.00	\$30.17
SNOHOMISH COUNTY-CNT	0.72	\$85.75	\$0.00	\$85.75
STATE	2.57	\$307.04	\$0.00	\$307.04
TOTAL	11.15	\$1,335.08	\$642.76	\$692.32

**Pending Property Values**

Pending Tax Year	Market Land Value	Market Improvement Value	Market Total Value	Current Use Land Value	Current Use Improvement	Current Use Total Value
2020	\$127,000.00	\$2,900.00	\$129,900.00	\$0.00	\$0.00	\$0.00

**Levy Rate History**

Tax Year	Total Levy Rate
2019	11.153497
2018	12.168671
2017	12.217961

**Real Property Structures**

Description	Type	Year Built	More Information
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No Real Property Structures Found

Receipts

Date	Receipt No.	Amount Tendered	Amount Due
11/06/2019 00:00:00	<a href="#">10842274</a>	\$667.54	\$667.54
06/25/2019 00:00:00	<a href="#">10589593</a>	\$734.30	\$1,401.84
10/09/2018 00:00:00	<a href="#">10059975</a>	\$663.81	\$663.81
04/26/2018 00:00:00	<a href="#">9964083</a>	\$663.80	\$1,327.61
04/13/2017 00:00:00	<a href="#">9250847</a>	\$1,168.04	\$1,168.04
04/11/2016 00:00:00	<a href="#">8661984</a>	\$1,033.30	\$1,033.30
10/13/2015 00:00:00	<a href="#">8387453</a>	\$520.72	\$520.72
04/15/2015 00:00:00	<a href="#">8136699</a>	\$520.72	\$1,041.44

Sales History

Sale Date	Entry Date	Recording Date	Recording Number	Sale Amount	Excise Number	Deed Type	Transfer Type	Grantor(Seller)	Grantee(Buyer)	Other Parcels
05/25/2004	07/13/2004	05/25/2004		\$0.00	384144	QC	M	CARNEY GRETCHEN L	CARNEY INVESTMENTS LLC	No

Property Maps

Neighborhood Code	Township	Range	Section	Quarter	Parcel Map
5307000	29	05	29	NE	<a href="#">View parcel maps for this Township/Range/Section</a>

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## Property Account Summary

1/14/2020

Parcel Number	00439069503800	Property Address	2903 PACIFIC AVE , EVERETT, WA 98201-4529
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### General Information

Property Description	EVERETT LAND CO S 1ST ADD BLK 695 D-00- S1/2 LOT 38 & ALL LOTS 39 THRU 50 EXC E 2FT SD LOT 50
Property Category	Land and Improvements
Status	Active, Host Other Property, Locally Assessed
Tax Code Area	00010

### Property Characteristics

Use Code	581 Eating Places (Restaurants)
Unit of Measure	Acre(s)
Size (gross)	0.86

### Related Properties

0127845 is Located On this property
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### Parties

Role	Percent	Name	Address
Taxpayer	100	KAISER FOUNDATION HEALTH PLAN OF WASHINGTON	1300 SW 27TH ST, RENTON, WA 98057

1/14/2020

[https://www.snoco.org/proptax/\(S\(rif1zge5ledscfyqgrbtjqqm\)\)/parcelinfo.aspx](https://www.snoco.org/proptax/(S(rif1zge5ledscfyqgrbtjqqm))/parcelinfo.aspx)

Owner	100 KAISER FOUNDATION HEALTH PLAN OF WASHINGTON	1300 SW 27TH ST, RENTON, WA 98057
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**Property Values**

Value Type	Tax Year 2019	Tax Year 2018	Tax Year 2017	Tax Year 2016	Tax Year 2015
Taxable Value Regular	\$1,242,000	\$1,242,000	\$986,000	\$903,000	\$907,000
Exemption Amount Regular					
Market Total	\$1,242,000	\$1,242,000	\$986,000	\$903,000	\$907,000
Assessed Value	\$1,242,000	\$1,242,000	\$986,000	\$903,000	\$907,000
Market Land	\$645,800	\$660,300	\$641,300	\$608,800	\$580,200
Market Improvement	\$596,200	\$581,700	\$344,700	\$294,200	\$326,800
Personal Property					

**Active Exemptions**

No Exemptions Found

**Events**

Effective Date	Entry Date-Time	Type	Remarks
01/02/2020	01/14/2020 13:55:00	Property Assigned To Transfer/Sale	Property Assigned to Transfer/Sale. Filing No.: 1213628, Bargain and Sale Deed by sasset
01/02/2020	01/14/2020 13:55:00	Owner Terminated	Property Transfer Filing No.: 1213628 01/02/2020 by sasset
01/02/2020	01/14/2020 13:55:00	Owner Added	Property Transfer Filing No.: 1213628 01/02/2020 by sasset
01/02/2020	01/06/2020 16:24:00	Taxpayer Changed	Property Transfer Filing No.: 1213628 01/02/2020 by strseh
01/02/2020	01/06/2020 16:24:00	Excise Processed	Property Transfer Filing No.: 1213628, Bargain and Sale Deed 01/02/2020 by strseh
06/25/2019	06/25/2019 09:28:00	Taxpayer Changed	Party/Property Relationship by strrtc
07/28/2014	07/28/2014 15:41:00	Taxpayer Changed	Party/Property Relationship by strlaw
12/28/2012	12/28/2012 09:05:00	Taxpayer Changed	Party/Property Relationship by strlm

[https://www.snoco.org/proptax/\(S\(rif1zge5ledscfyqgrbtjqqm\)\)/parcelinfo.aspx](https://www.snoco.org/proptax/(S(rif1zge5ledscfyqgrbtjqqm))/parcelinfo.aspx)

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1/14/2020

https://www.snoco.org/proptax/(S(rif1zge5ledscfyqgrbtjqm))/parcelinfo.aspx

04/14/2009	04/14/2009 09:00:00	Taxpayer Changed	Party/Property Relationship by straml
01/26/2005	01/26/2005 15:26:00	Taxpayer Changed	Party/Property Relationship by strssl
05/25/2004	08/04/2004 15:38:00	Owner Terminated	Property Transfer Filing No.: 384144 05/25/2004 by sasset
05/25/2004	08/04/2004 15:38:00	Owner Added	Property Transfer Filing No.: 384144 05/25/2004 by sasset
05/25/2004	08/04/2004 15:38:00	Property Assigned To Transfer/Sale	Property Assigned to Transfer/Sale. Filing No.: 384144, Quit Claim Deed by sasset
05/25/2004	07/13/2004 10:38:00	Taxpayer Changed	Property Transfer Filing No.: 384144 05/25/2004 by strphb
05/25/2004	07/13/2004 10:38:00	Excise Processed	Property Transfer Filing No.: 384144, Quit Claim Deed 05/25/2004 by strphb
08/01/1979	01/29/2003 14:38:00	Owner Added	Party/Property Relationship by saslch
07/31/1979	01/29/2003 14:39:00	Owner Terminated	Party/Property Relationship by saslch

**Tax Balance**

No Charges are currently due. If you believe this is incorrect, please contact our Office at (425) 388-3366.

[Installments Payable/Paid for Tax Year\(Enter 4-digit Year, then Click-Here\):](#) 2019

**Distribution of Current Taxes**

District	Rate	Amount	Voted Amount	Non-Voted Amount
CENTRAL PUGET SOUND REGIONAL TRANSIT AUT	0.21	\$257.09	\$0.00	\$257.09
CITY OF EVERETT	2.54	\$3,158.74	\$621.00	\$2,537.74
EVERETT SCHOOL DISTRICT NO 2	4.87	\$6,048.21	\$6,048.21	\$0.00
PORT OF EVERETT	0.25	\$313.03	\$0.00	\$313.03
SNOHOMISH COUNTY-CNT	0.72	\$889.74	\$0.00	\$889.74
STATE	2.57	\$3,185.83	\$0.00	\$3,185.83
TOTAL	11.15	\$13,852.64	\$6,669.21	\$7,183.43

**Pending Property Values**

Pending Tax Year	Market Land Value	Market Improvement Value	Market Total Value	Current Use Land Value	Current Use Improvement	Current Use Total Value
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1/14/2020

https://www.snoco.org/proptax/(S(rif1zge5ledscfyqgrbtjqm))/parcelinfo.aspx

2020	\$667,900.00	\$622,100.00	\$1,290,000.00	\$0.00	\$0.00	\$0.00
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**Levy Rate History**

Tax Year	Total Levy Rate
2019	11.153497
2018	12.168671
2017	12.217961

**Real Property Structures**

Description	Type	Year Built	More Information
DENNYS	Commercial	1978	<a href="#">View Detailed Structure Information</a>

**Receipts**

Date	Receipt No.	Amount Tendered	Amount Due
11/06/2019 00:00:00	<a href="#">10842275</a>	\$6,926.32	\$6,926.32
06/25/2019 00:00:00	<a href="#">10589590</a>	\$7,618.95	\$14,545.27
10/09/2018 00:00:00	<a href="#">10059563</a>	\$7,556.75	\$7,556.75
04/26/2018 00:00:00	<a href="#">9964082</a>	\$7,556.74	\$15,113.49
10/19/2017 00:00:00	<a href="#">9542108</a>	\$6,023.46	\$6,023.46
04/13/2017 00:00:00	<a href="#">9250849</a>	\$6,023.46	\$12,046.92
10/28/2016 00:00:00	<a href="#">9016701</a>	\$5,247.88	\$5,247.88
04/11/2016 00:00:00	<a href="#">8661983</a>	\$5,247.87	\$10,495.75
10/13/2015 00:00:00	<a href="#">8388255</a>	\$5,595.85	\$5,595.85
04/15/2015 00:00:00	<a href="#">8137632</a>	\$5,595.84	\$11,191.69

**Sales History**

Sale Date	Entry Date	Recording Date	Recording Number	Sale Amount	Excise Number	Deed Type	Transfer Type	Grantor(Seller)	Grantee(Buyer)	Other Parcels
05/25/2004	07/13/2004	05/25/2004		\$0.00	384144	QC	M	CARNEY GRETCHEN L	CARNEY INVESTMENTS LLC	No

**Property Maps**

Neighborhood Code	Township	Range	Section	Quarter	Parcel Map
5307000	29	05	29	NE	<a href="#">View parcel maps for this Township/Range/Section</a>

https://www.snoco.org/proptax/(S(rif1zge5ledscfyqgrbtjqm))/parcelinfo.aspx

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## 1/14/2020

Parcel Number	00439069505001	Property Address	2917 PACIFIC AVE , EVERETT, WA 98201-5307
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## General Information

Property Description	Section 29 Township 29 Range 05 Quarter NE EVERETT LAND CO S 1ST ADD BLK 695 D-01- COMB FOR TAX PURP ONLY - E 2FT LOT 50 & ALL LOTS 51 THRU 55 TGW LOT 56 BLK 695 ALSO TGW LOT 57 BLK 695
Property Category	Land and Improvements
Status	Active, Host Other Property, Locally Assessed
Tax Code Area	00010

## Property Characteristics

Use Code	639 Other Business Services NEC
Unit of Measure	Acre(s)
Size (gross)	0.52

## Related Properties

2870417 is Located On this property
2818837 is Located On this property

## Parties

Role	Percent	Name	Address

1/14/2020

[https://www.snoco.org/proptax/\(S\(ftz5g41x2ondksptwmqwymey\)\)/parcelinfo.aspx](https://www.snoco.org/proptax/(S(ftz5g41x2ondksptwmqwymey))/parcelinfo.aspx)

Taxpayer	100	KAISER FOUNDATION HEALTH PLAN OF WASHINGTON	1800 HARRISON ST 19TH FLOOR, OAKLAND, CA 94612
Owner	100	KAISER FOUNDATION HEALTH PLAN OF WASHINGTON	1800 HARRISON ST 19TH FLOOR, OAKLAND, CA 94612

**Property Values**

Value Type	Tax Year 2019	Tax Year 2018	Tax Year 2017	Tax Year 2016	Tax Year 2015
Taxable Value Regular	\$1,584,000	\$1,453,000	\$1,352,000	\$1,240,000	\$1,240,000
Exemption Amount Regular					
Market Total	\$1,584,000	\$1,453,000	\$1,352,000	\$1,240,000	\$1,240,000
Assessed Value	\$1,584,000	\$1,453,000	\$1,352,000	\$1,240,000	\$1,240,000
Market Land	\$390,100	\$425,700	\$414,700	\$392,600	\$376,000
Market Improvement	\$1,193,900	\$1,027,300	\$937,300	\$847,400	\$864,000
Personal Property					

**Active Exemptions**

No Exemptions Found

**Events**

Effective Date	Entry Date-Time	Type	Remarks
01/02/2020	01/13/2020 13:34:00	Owner Terminated	Property Transfer Filing No.: 1213465 01/02/2020 by sasset
01/02/2020	01/13/2020 13:34:00	Owner Added	Property Transfer Filing No.: 1213465 01/02/2020 by sasset
01/02/2020	01/07/2020 08:50:00	Taxpayer Changed	Property Transfer Filing No.: 1213465 01/02/2020 by strndh
01/02/2020	01/02/2020 14:56:00	Excise Processed	Property Transfer Filing No.: 1213465, Bargain and Sale Deed 01/02/2020 by strpgp
05/29/2019	06/04/2019 12:22:00	Taxpayer Changed	Property Transfer Filing No.: 1195630 05/29/2019 by strbme
05/29/2019	06/04/2019 12:22:00	Excise Processed	Property Transfer Filing No.: 1195630, Quit Claim Deed 05/29/2019 by strbme
05/20/2019	05/28/2019 12:52:00	Property Assigned To Transfer/Sale	Property Assigned to Transfer/Sale. Filing No.: 1194816, Quit Claim Deed by sasset

[https://www.snoco.org/proptax/\(S\(ftz5g41x2ondksptwmqwymey\)\)/parcelinfo.aspx](https://www.snoco.org/proptax/(S(ftz5g41x2ondksptwmqwymey))/parcelinfo.aspx)

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09/17/2014	09/17/2014 09:05:00	Tax Bill Recalculation	Seg/Merge for 2014 performed by strkdh
08/25/2014	08/25/2014 15:19:00	Seg/Merge Completed	Parent in Seg/Merge C140348, Effective: 01/01/2013 by sasmjt
08/25/2014	08/25/2014 15:19:00	Value Modification	Value Change Due to Segregation/Merger: C140348 by sasmjt
04/23/2014	04/23/2014 08:52:00	Tax Bill Recalculation	Board of Equalization for 2010 performed by straml
04/02/2014	04/02/2014 10:27:00	Value Modification	Type: Appeal, Status: Approved, Tax Year: 2010 by sasdas
01/01/2005	02/08/2005 10:04:00	Property Assigned To Transfer/Sale	Property Assigned to Transfer/Sale. Filing No.: 293802, Quit Claim Deed by sasmns
01/01/2005	02/08/2005 10:04:00	Owner Terminated	Property Transfer Filing No.: 293802 01/01/2005 by sasmns
01/01/2005	02/08/2005 10:04:00	Property Assigned To Transfer/Sale	Property Assigned to Transfer/Sale. Filing No.: 293802, Quit Claim Deed by sasmns
01/01/2005	02/08/2005 10:04:00	Owner Added	Property Transfer Filing No.: 293802 01/01/2005 by sasmns
01/01/2005	01/26/2005 08:59:00	Taxpayer Changed	Property Transfer Filing No.: 293802 01/01/2005 by strnls
01/01/2005	01/25/2005 15:01:00	Excise Processed	Property Transfer Filing No.: 293802, Quit Claim Deed 01/01/2005 by strnls

**Tax Balance**

No Charges are currently due. If you believe this is incorrect, please contact our Office at (425) 388-3366.

[Installments Payable/Paid for Tax Year\(Enter 4-digit Year, then Click-Here\):](#)

**Distribution of Current Taxes**

District	Rate	Amount	Voted Amount	Non-Voted Amount
CENTRAL PUGET SOUND REGIONAL TRANSIT AUT	0.21	\$327.89	\$0.00	\$327.89
CITY OF EVERETT	2.54	\$4,028.53	\$792.00	\$3,236.53
EVERETT SCHOOL DISTRICT NO 2	4.87	\$7,713.66	\$7,713.66	\$0.00
PORT OF EVERETT	0.25	\$399.22	\$0.00	\$399.22
SNOHOMISH COUNTY-CNT	0.72	\$1,134.74	\$0.00	\$1,134.74
STATE	2.57	\$4,063.10	\$0.00	\$4,063.10
<b>TOTAL</b>	<b>11.15</b>	<b>\$17,667.14</b>	<b>\$8,505.66</b>	<b>\$9,161.48</b>

**Pending Property Values**

Pending Tax Year	Market Land Value	Market Improvement Value	Market Total Value	Current Use Land Value	Current Use Improvement	Current Use Total Value
2020	\$408,100.00	\$1,254,900.00	\$1,663,000.00	\$0.00	\$0.00	\$0.00

**Levy Rate History**

Tax Year	Total Levy Rate
2019	11.153497
2018	12.168671
2017	12.217961

**Real Property Structures**

Description	Type	Year Built	More Information
	Commercial	1978	<a href="#">View Detailed Structure Information</a>

**Receipts**

Date	Receipt No.	Amount Tendered	Amount Due
11/04/2019 14:06:00	<a href="#">10825646</a>	\$8,833.57	\$8,833.57
05/02/2019 13:24:00	<a href="#">10562121</a>	\$8,833.57	\$17,667.14
11/01/2018 14:06:00	<a href="#">10264202</a>	\$8,840.54	\$8,840.54
05/02/2018 16:25:00	<a href="#">10005720</a>	\$8,840.54	\$17,681.08
11/02/2017 13:44:00	<a href="#">9706651</a>	\$8,259.34	\$8,259.34
05/01/2017 15:45:00	<a href="#">9428655</a>	\$8,259.34	\$16,518.68
11/02/2016 14:03:00	<a href="#">9141420</a>	\$7,206.39	\$7,206.39
05/06/2016 00:00:00	<a href="#">8886499</a>	\$7,206.38	\$14,412.77
11/03/2015 00:00:00	<a href="#">8586931</a>	\$7,650.33	\$7,650.33
05/04/2015 00:00:00	<a href="#">8329992</a>	\$7,650.33	\$15,300.66

**Sales History**

Sale Date	Entry Date	Recording Date	Recording Number	Sale Amount	Excise Number	Deed Type	Transfer Type	Grantor(Seller)	Grantee(Buyer)	Other Parcels
01/01/2005	01/25/2005	01/01/2005		\$0.00	293802	QC	M	SKOTDAL BROTHERS LLC	2917 PACIFIC LLC	No
05/20/2019	05/24/2019	05/20/2019		\$0.00	1194816	QC	S	SKOTDAL	SKOTDAL	No

1/14/2020

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								ANDREW P/SKOTDAL CRAIG G	BROTHERS LLC	
05/29/2019	06/04/2019	05/29/2019		\$0.00	1195630	QC	S	SKOTDAL ANDREW P/SKOTDAL CRAIG G	SKOTDAL BROTHERS LLC	No
01/02/2020	01/02/2020	01/02/2020		\$3,790,000.00	1213465	BS	S	2917 PACIFIC LLC	KAISER FOUNDATION HEALTH PLAN OF WA	No

Property Maps

Neighborhood Code	Township	Range	Section	Quarter	Parcel Map
5307000	29	05	29	NE	<a href="#">View parcel maps for this Township/Range/Section</a>

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**Exhibit 8A.**

**[Example] Admission Criteria Policy**

Department & Location	Policy	Section
Procedure Center	Admission Criteria for Procedure Center	Admission, D/C, Transfer Page 1 of 4

ADOPTED: 6/2015

REVISION/REVIEW DATE:	DESCRIPTION OF SUBSTANTIVE REVISION:
	For prior revision descriptions, contact Procedure Center admin specialist
6/2015, Reviewed 10/17	New policy

### **POLICY:**

Only those procedures that meet patient conditions and eligibility criteria may be performed in the Procedure Center.

### **PURPOSE:**

To establish the circumstances and procedures that can be safely done as an outpatient procedure.

### **SPECIAL INSTRUCTIONS:**

- The following criteria must be met for patients to receive care in the Procedure Center:
  - The physical condition of the patient, as determined by the proceduralist must be such that inpatient hospitalization from the procedure is not anticipated.
  - Procedure consists of cases where patients are discharged on average within 40 minutes of the end of the procedure. .
  - Procedures are performed only at the designated hours when appropriate resources are available.
  - The majority of the procedures are prescheduled. Consumers with urgent needs are accepted as appropriate but all patients are considered outpatients.
  - All physicians providing Procedure Center services for their patients must be credentialed and privileged in the Procedure Center.
- The Procedure Center provides service to adults requiring gastroenterology procedures with and without moderate sedation for symptomatic as well as for colon cancer screening. In addition, Bronchoscopy, EBUS and TEEs are performed under moderate sedation. See Addendum A for a complete list of procedures.
- Additional services without sedation include flexible sigmoidoscopy for colon cancer screening, PillCam, PH and manometry services.
- Patients that do not meet the Procedure Center criteria for service include:
  - Uncontrolled hypertension :BP sys > 200 and/or BP diastolic > 120
  - Unstable angina
  - Recent MI < 6 weeks
  - Active CHF
  - Unstable dysrhythmias
  - Severe pulmonary disease
  - Severe unstable diabetes

- h. Unstable renal failure K+ > 6.0mEq/L
  - i. Recent CVA; < 14 days ago
  - j. Pediatric Cases
  - k. Confused/Mentally challenged
  - l. BMI >50
5. Procedures eligible to be performed in the Procedure Center shall be identified and approved by the medical staff.
  6. The procedure list is reviewed and approved by the Procedure Center Oversight Committees on an annual basis. Additionally, new procedures and/or changes to a procedure that have significant impact to the team (competency, proctoring, equipment etc.) shall be reviewed and approved by the Oversight Committees. Physicians pursuing performance of new or significant changes to procedures are asked to contact the Procedure Center Chief or Clinic Operations Manager (COM)
  7. The medical staff approved list of procedures is maintained and available in the Procedure Center.
  8. It is the responsibility of the proceduralist to evaluate the patient and the procedure preoperatively for suitability for outpatient surgery.
  9. For planned procedures, a “Pre procedure assessment” is completed by the proceduralist immediately prior to the procedure.
  10. Prior to day of surgery by an RN or ARNP to identify potential risks for appropriateness for the procedure.
  11. All patients admitted to the Procedure Center shall be under the direct care of a member of the medical staff. The medical staff member shall ensure the continuity of care for each patient including pre-procedure, intra-procedure, and post-procedure care. Each patient shall be provided prior to admission all necessary instruction and education for pre and post- procedure care including patient bill of rights and responsibilities.

**POLICY RESPONSIBILITY:** Procedures Center Chief and Clinic Operations Manager

Written by: Elizabeth Rosen, RN, Director Quality & Regulatory Compliance

Reviewed by: Barbara Wiesenbach, RN, Clinic Operations Manager  
Marilyn Moorhouse, RN, Clinic Operations Manager  
Ron Yeh MD  
Vaew Wongsurawat MD

## Approval:



Barb Wiesenbach RN, Clinic  
Operations Manager,  
Capitol Hill Procedure Center

9/28/15

Date



Ron Yeh, MD, Chief,  
Capitol Hill Procedure Center

9/24/15

Date



Marilyn Moorhouse, RN, Clinic  
Operations Manager,  
Bellevue Procedure Center

9/28/15

Date



Vaew Wongsurawat, MD, Chief,  
Bellevue Procedure Center

9/24/15

Date

## Addendum A

### **Procedures performed in the Procedure Center**

- Colonoscopy
- EGD for biopsies, dilation, esophageal stents, food impaction, etc.
- Flexible sigmoidoscopy
- Bronchoscopy
- TEE
- PillCam
- Fecal transplant
- EBUS (CH only)
- ERCP (CH only)
- pH and Manometry (CH only)



**Exhibit 8B.**

**[Example] Admission and Discharge Policy**

Department & Location	Policy	Section/Number
Procedure Center	Admission and Discharge Process	Admission, Discharge, Transfer Page 1 of 3

ADOPTED: 4/97

REVISION/REVIEW DATE:	DESCRIPTION OF SUBSTANTIVE REVISION:
3/03, 11/08, 11/10, 2/14, 10/17	For prior revision descriptions, contact Procedure Center admin specialist
7/15	Policy changed from ASC policy to Procedure Center policy

### **PURPOSE:**

To detail the process for admitting and discharging patients.

### **NOTES:**

Patients will arrive 30 minutes to 1 hour prior to scheduled procedure time unless they are advised otherwise. Patients receiving IV medication will arrive 1 ½ hour early.

### **Patient Care Representative (PCR):**

1. Greet patient.
2. Check patient in EPIC system and send labels to printer.
3. Direct patient to be seated in waiting area.

### **RN/LPN:**

1. Receive labels in admitting area.
2. Escort patient to the Admitting Room or procedure room where being admitted, after verifying with the daily schedule.
3. Instruct patient and escort verbally as to the anticipated length of stay, and how escort can check in regarding the status of patient. Obtain telephone number of escort and document.
4. Receive approval from patient on the escort receiving discharge instructions and document in the discharge page of the flow sheet.
5. Verify patient with two (2) identifiers. Place ID band on patient's wrist.
6. Instruct patient to change into gown with the privacy curtains drawn.
7. Store patient's personal belongings in patient care belonging bags. Coats may be hung on coat hooks in Observation Room with patient labels.
8. Initiate the Nursing flow sheet from the visit encounter.
9. Complete the pre-procedure check list.
10. Initiate IV therapy and document in IV section.
11. Administer any pre-procedure medication and document. Use Syringe pump for antibiotics.
12. Order and pick up antibiotics from inpatient pharmacy.
13. Verify INR and PT for patients on warfarin and Blood sugar for diabetic patients.
  14. Notify cardiology RNs and/or Reps for pacer and Implanted defibrillator
  15. Complete the Pre-Procedure section of the flow sheet.
  16. Follow conscious sedation guidelines for monitoring and documentation during procedure.

Paper copies of this document may not be current and should not be relied on for official purposes.

The current version is located on Connection: [http://incontext-dev.ghc.org/procedure\\_center/Policies\\_Procedures.html](http://incontext-dev.ghc.org/procedure_center/Policies_Procedures.html)

17. "Time Out" before procedure starts.
18. Follow nursing flow sheet for complete documentation.
19. Specimen information verified by Recovery and Procedure RN and placed for lab pick up.

**Observation Care:**

1. Patient brought to Recovery room from Procedure room by RN per stretcher
2. Patients will be observed for a minimum of ½ hour beyond the last dose of sedation.
3. VS will be taken upon arrival and q 15 minutes until stable and ready for discharge. VS will include BP, HR, RR, and Oxygen Saturation on all patients receiving sedation.
4. Aldrette scoring system will be used to assess the patient discharge. Baseline aldrette score obtained in procedure room. A score of 10 or a return to the baseline score is required before discharge. Patients who do not reach the baseline score must be discharged by physician order.
5. Patient will have cardiac monitoring in Observation if deemed prudent by MD or Observation Room staff.
6. IV Access will be maintained until discharge criteria are met.
7. A swallow reflex should be checked with a sip of water for patients after upper endoscopy. Patients who have had no local anesthesia may have water/juice as soon as they are awake.

**Discharge Care:**

1. Complete all required documentation
2. Discontinue IV, inspecting site for abnormality and catheter for intactness and document.
3. Provide AVS to patient and escort if permission given for escort to receive the information
4. Hand off patient to escort
5. GI patient follow-up plan includes:
  - a. CB: sent to GI PCR for scheduling.
  - b. TCB: sent to GI PCR for scheduling
  - c. Surveillance- entered in EPIC by discharging RN. If patient had biopsy, the clinic staff will enter surveillance after MD review of path results
  - d. If patients require external referral, ensure MD completion of referral request. Give the request to clinic staff to place the request
  - e. If patient requires repeat procedure or procedure under anesthesia, follow the requirements
6. Bronchoscopy and TEE patients will be discharged from the Observation Room unless specifically instructed otherwise.
7. Chest X-Rays ordered post-bronchoscopy will be done on the third floor satellite after patient is fully recovered. Patient will return to the Pulmonologist's office will be discharged from the office.
8. Complete all charting and exit the chart. MD to close the chart encounter in EPIC

**Observation Room Maintenance:**

1. Wipe down stretcher, pillow and BP cuff between each patient use with theracide wipes.
2. Check linen par stock, and order linen PRN.
3. Shut down hemodynamic monitors and EPIC monitors at the end of the day.
4. Turn on all monitors in the morning
5. Stock bedside supplies

**Department & Location****Policy****Section/Number**

Admission and Discharge Process

Admission, Discharge, Transfer

Procedure Center

Page 3 of 3

6. Procedure follow up call in the morning to all who had procedures the day before and document in EPIC

Reviewed by: Procedure Center Staff, Marilyn Moorhouse COM, Barb Wiesenbach, COM

**Approval:**

Barb Wiesenbach RN, Clinic  
Operations Manager,  
Capitol Hill Procedure Center

9/28/15

Date



Ron Yeh, MD, Chief,  
Capitol Hill Procedure Center

9/25/15

Date



Marilyn Moorhouse, RN, Clinic  
Operations Manager,  
Bellevue Procedure Center

9/28/15

Date



Vaew Wongsurawat, MD, Chief,  
Bellevue Procedure Center

9/25/15

Date

**Exhibit 9A.**

**[Washington] Non-discrimination Policy**

# Washington Regional Policy Implementation

Non-Discrimination: Patients, Members, and Visitors	Implementation Provisions for:	F-04-020
	Adopted:	08/13/1980
	Last Revised:	12/14/2018
	Last Reviewed:	

## IMPLEMENTATION

**Note :** The following provisions support [Policy F-04-020](#), but are administered by the authorized Vice President for that policy.

The authorized Vice President retains discretion in implementing these provisions and can change them at any time, with or without notice.

### EXPLANATION:

This policy supports NATL.HPHO.007 Nondiscrimination in the Provision of Healthcare. Kaiser Foundation Health Plan of Washington (KPWA) operates in a manner that does not unlawfully discriminate against patients, members, or visitors. KPWA does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

KPWA strives to make its services and facilities accessible to all patients, members, and visitors and complies with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the Patient Protection and Affordable Care Act, and other laws and regulations. To these ends, KPWA:

- Provides auxiliary aids and services as necessary to ensure effective communication with patients, members, and visitors who have speech, hearing or sight impairments;
- Permits persons with disabilities who use service animals to be accompanied by their service animals on KPWA premises to the maximum extent reasonably possible;
- Addresses accessibility for those with mobility impairments; and
- Provides free language assistance services to individuals with limited English proficiency.

### APPLICABILITY:

This policy applies to all persons who use or who seek to use KPWA's services, programs, or activities, or visit its facilities.

### SCOPE:

This policy applies to all services, programs, activities or facilities operated, offered or maintained by KPWA, except those related to recruitment or employment of staff members, which are covered by other policies.

### RESPONSIBILITIES:

The Quality Department is responsible for this policy.

### DEFINITIONS:

**Auxiliary aids and services** includes qualified sign language interpreters, written information in other formats (large print, audio, and accessible electronic formats), and assistive devices (magnifiers, Pocket Talkers, and other aids).

**Disability** means a physical or mental impairment which substantially limits one or more major life activities including, without limitation, functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, learning and working.

**Limited English Proficient (LEP) Individuals** can be those who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English.

**Relay service** is a free service provided by the telephone industry that enables persons who have text telephones to carry on telephone conversations with persons who do not, through use of an intermediary person--the relay operator. The relay operator reads the TDD message to the person without the TDD and types that person's spoken message back to the TDD user. Relay services are available 7 days a week, 24 hours a day.

**Service animal:** A service animal is an animal trained to assist a person who has a disability. Service animals guide people with vision impairments, alert individuals with hearing impairments, pull wheelchairs, alert and protect people who are having a seizure, and perform other special tasks.

**Text telephone, TTY, TDD:** "Text telephone" is a generic term for devices (also referred to as TTYs (teletypewriters) or TDDs (telecommunications devices for deaf persons) that provide access to real-time telephone communications for persons with hearing or speech impairments. Text telephones provide some form of keyboard input and visual display output to callers and receiving parties connected over standard telephone lines and networks. A call from one text telephone can only be received by another (compatible) text telephone. The term "text telephone" or the acronym TTY, rather than TDD, is the preferred usage.

## OPERATIONAL REQUIREMENTS:

1. Health care is provided in a non-discriminatory manner.
2. All patients, members, and visitors are treated in a non-discriminatory manner.
3. For patients, members, or visitors with disabilities and/or limited English proficiency (LEP), the following accommodations are available to make services and facilities accessible and facilitate effective communication:

### a. Visually-impaired Persons

#### i. Physical Assistance

If visually impaired persons arrive unattended at a KPWA facility, staff should ask them whether they need assistance or directions to their destination.

**NOTE:** An individual's visual impairment may not be obvious. Seventy-five percent (75%) of visually impaired persons have some field of vision, and many function independently. Staff should be observant and alert for clues that an individual needs assistance in reading directional signs, etc.

#### ii. Auxiliary Aids and Services

##### I. Written Information

- A. Certain print materials are available to visually impaired persons on audio tape upon request.
- B. Health information is uploaded to the electronic medical record and the Kaiser Permanente member portal in a format that is compatible with text to speech devices.
- C. Patient requests for clinical documents containing patient-specific information related to the patient's care that are in a format that cannot be converted to text to speech are fulfilled by transcribing the patient-specific information into a templated form and saving it into a PDF that converts the information to a text to speech format. The resulting document is sent via secure e-mail to the patient within 2 business days of the patient request.
- D. Braille translations of certain print materials are provided upon request
- E. Consent forms are read aloud by staff and/or relayed through professional interpreters to patients as needed.

##### II. Prescription Bottle Labels

- A. Script Talk, which uses an RFID tag on prescription bottles that is read aloud by the patient's personal Script Talk device. This is available at several KPWA pharmacies and through Mail Order/Centralized Refill Pharmacy.
- B. Braille prescription labels are available through Mail Order/Centralized Refill Pharmacy orders.
- C. Large font prescription labels are available at all KPWA pharmacies.

##### III. Assistive Devices Program

Assistive Devices are available at every clinical facility at centrally located areas and Pharmacy. Patients and their companions are able to access items during their visit.

- A. Patients are asked upon appointing annually about sensory impairments that may limit their ability to communicate and are informed about the availability of assistive devices and how to access them.
- B. The Assistive Devices program will be reviewed annually at minimum, and will include evaluation of device offerings.

**b. Hearing- or Speech-impaired Persons**

**i. Interpreters**

KPWA provides free professional sign language interpreters, including but not limited to American Sign Language, Tactile, Close Visual, and Certified Deaf Interpreters for those with speech and hearing impairments. See regional policy [F-04-052, Interpretive Services](#).

**ii. Relay Service**

- I. Calls to and from TTY users are supported through [State Relay Services](#).
- II. Local managers of the facility (or designee) are responsible for ensuring that staff who interact with patients, members, and visitors are familiar with the use of the Relay Service.

**iii. Assistive Devices Program**

Assistive Devices are available at every clinical facility at centrally located areas and Pharmacy. Patients and their companions are able to access items during their visit.

- I. Patients are asked upon appointing annually about sensory impairments that may limit their ability to communicate and are informed about the availability of assistive devices and how to access them.
- II. The Assistive Devices program will be reviewed annually at minimum, and will include evaluation of device offerings.

**c. Persons Accompanied by Service Animals**

A service animal may accompany a person in the normal use of KPWA facilities except when the animal is out of control and the animal's owner does not take effective action to control it, the animal poses a direct threat to health and safety of others, or both.

**d. Persons with Mobility Impairments**

Actions to address accessibility for those with mobility impairments include:

- i. Removing architectural barriers from its facilities, where it is readily achievable to do so.
- ii. Ensuring that all newly constructed medical centers, hospitals and other facilities are accessible to persons with disabilities.
- iii. Providing accessible parking.

**e. Persons with Limited English Proficiency**

KPWA provides timely language assistance services free of charge to individuals with limited English proficiency through in-person, phone, or video interpretation services.

**4. Grievance Procedure**

If any patient, member or visitor feels that s/he has been discriminated against by KPWA, s/he may file a grievance in accordance with regional policy [F-04-064, Civil Rights Grievance](#). KPWA reviews and responds to all civil rights grievances.

KPWA prohibits retaliation against any patient, member, or visitor because he or she opposed or complained about discrimination in good faith, filed a grievance, or participated in a discrimination charge or other proceeding under federal, state, or local antidiscrimination law.

**Related Policies:**

- Operational Policy [F-04-064, Civil Rights Grievance](#)
- Operational Policy [D-07-020, Animals in Group Health Facilities](#)
- Operational Policy [F-04-027, Accessible Parking at GHC Facilities](#)
- Operational Policy [F-04-052, Interpretive Services](#)

**Applicable Laws and Regulations**

Washington Law Against Discrimination, [Ch. 49.60 RCW](#)

Washington State Human Rights Commission regulations, [Ch. 162-26 WAC](#)  
[Americans with Disabilities Act of 1990 \("ADA"\), 42 USC §§ 12101 et seq.](#)

Patient Protection and Affordable Care Act

[ADA Title III regulations, 28 CFR §§36.301 et seq.](#)

[Rehabilitation Act of 1973, §504, 29 USC §794](#)



**Related Policies, Documents and References:**

<a href="#">Animals in Group Health Facilities</a>	Referenced Documents
<a href="#">Ch. 49.60 RCW</a>	Referenced Documents
<a href="#">Ch. 162-26 WAC</a>	Referenced Documents
<a href="#">900-201, Nondiscrimination</a>	Referenced Documents
<a href="#">Washington State Relay Service</a>	Referenced Documents
<a href="#">Americans with Disabilities Act of 1990 ("ADA"), 42 USC ?? 12101 et seq.</a>	Referenced Documents
<a href="#">ADA Title III regulations, 28 CFR ??36.301 et seq.</a>	Referenced Documents
<a href="#">Rehabilitation Act of 1973, ?504, 29 USC ?794</a>	Referenced Documents
<a href="#">F-04-027, Accessible Parking at GHC Facilities</a>	Referenced Documents
<a href="#">F-04-052, Interpretive Services</a>	Referenced Documents
<a href="#">F-04-064,&amp;nbsp;Civil Rights&amp;nbsp;Grievance</a>	Referenced Documents

**Documents which refer to this document:**

<a href="#">MA Nondiscrimination</a>	Referenced Documents
--------------------------------------	----------------------

**Authorized Vice President:** Graves, Jennifer

**Designated Content Expert:** Obena, Barbara

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**Exhibit 9B.**

**[National] Non-discrimination Policy**

<b>Policy Title: Nondiscrimination in the Provision of Healthcare</b>	<b>Policy Number: NATL.HPHO.007</b>
<b>Owner Department: Health Plan and Hospital Operations</b>	<b>Effective Date: October 1, 2018</b>
<b>Custodian: Vice President, National Diversity and Inclusion Operations, Performance, and Compliance</b>	<b>Page: 1 of 9</b>

## 1.0 Policy Statement

Kaiser Permanente ("KP") is committed to providing access to its healthcare services, programs, and activities free from discrimination on the basis of disability, race, color, national origin, sex, or age, as well as any other basis protected by applicable federal, state, or local law.

## 2.0 Purpose

The purpose of this policy is to describe the requirements and applicable standards that facilitate equal access to KP services, programs, and activities for all individuals, in compliance with section 1557 of the Patient Protection and Affordable Care Act (42 U.S.C. 18116) ("Section 1557"), the Americans with Disabilities Act of 1990 ("ADA"), Section 504 of the Rehabilitation Act of 1973 ("Section 504"), and any other applicable federal, state, and local laws and regulations.

## 3.0 Scope/Coverage

**3.1** This policy applies to all employees and physicians who are employed by or partners of the following entities (collectively referred to as "Kaiser Permanente" or "KP"):

- 3.1.1** Kaiser Foundation Hospitals (KFH);
- 3.1.2** Kaiser Foundation Health Plan, Inc. (KFHP);
- 3.1.3** KFH/KFHP subsidiaries;
- 3.1.4** Permanente Medical Groups

**3.2** This policy does not apply to physicians employed by The Southeast Permanente Medical Group (TSPMG).

## 4.0 Definitions

See Glossary of Policy Terms in Appendix A.

## 5.0 Provisions

**5.1 Prohibition of Discrimination:** KP prohibits discrimination against all individuals, including patients, members or visitors based on race, color, national origin, sex, age, and disability, or any other basis protected by federal, state, or local law. KP does not exclude people or treat them differently because of their membership in any protected class.

**5.2 Civil Rights Coordinators:** KP designates Civil Rights Coordinators to facilitate its compliance with KP's policies and these laws. They are responsible for

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<b>Policy Title: Nondiscrimination in the Provision of Healthcare</b>	<b>Policy Number: NATL.HPHO.007</b>
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coordinating existing grievance procedures and engaging appropriate personnel, including but not limited to regional Member Service organizations, to ensure that all complaints of discrimination are received, investigated, and appropriately resolved in compliance with in the ADA, Section 504, Section 1557, and any other applicable federal and state laws. (Refer to Member Services for Coordinator contact information).

**5.3 Aids and Services:** KP provides free aids and services to people with disabilities to ensure effective communication, including, but not limited to: qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). KP also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. These aids and services are provided according to regional and local procedures.

**5.4 Notices and Postings:** KP posts Notices of Nondiscrimination and Language Assistance, including its grievance procedure in conspicuous locations in KP facilities, on its website, and in certain patient communications.

## **5.5 Grievances**

**5.5.1 Grievance Procedure:** KP follows a grievance procedure that provides for the prompt and equitable resolution of complaints alleging any action prohibited by this policy. Persons who believe that KP has discriminated against them in violation of this policy or failed to provide the services described in Section 5.3 of this policy can file a grievance by phone, by mail, or in person.

**5.5.2 Accessible Grievance Procedures:** KP makes appropriate arrangements to ensure that disabled and/or Limited English Proficient (LEP) individuals are provided accommodations and services, if needed, to participate in its grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats), and other languages.

**5.5.3 Complaints Directly to Federal Agency:** Individuals can also file a civil rights complaint directly with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## **6.0 References/Appendices**



<b>Policy Title: Nondiscrimination in the Provision of Healthcare</b>	<b>Policy Number: NATL.HPHO.007</b>
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- 6.1** Appendix A: Glossary of Policy Terms
- 6.2** Appendix B: State Addenda
- 6.3** Equal Access to Facilities and Services Policy Number NATL.HPHO.008

## 7.0 Approval

This policy was approved by the following representatives of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and the Permanente Medical Groups.

Gregory A. Adams, Executive Vice President and Group President

Signature:  Date: 

<b>Name</b>	<b>Title</b>	<b>Organization</b>	<b>Date of Approval</b>
Margaret Ferguson, MD	President and Executive Medical Director	Colorado Permanente Medical Group, P.C.	May 11, 2018
Geoffrey Sewell, MD	President and Executive Medical Director	Hawaii Permanente Medical Group, Inc.	March 8, 2018
Richard S. Issacs, MD, FACS	President and Chief Executive Officer	Mid-Atlantic States Medical Group, P.C.	May 9, 2018
Imelda Dacones, MD	Chief Officer and Executive Medical Director	Northwest Permanente, P.C.	March 13, 2018
Edward Ellison, MD	Executive Medical Director and Chairman of the Board	Southern California Permanente Medical Group	August 3, 2018
Barry Scurran, DPM	Chief Compliance, Ethics, and Integrity Officer	The Permanente Medical Group, Inc.	March 5, 2018

## Policy Revision History

<b>Original Approval</b>	<b>Revision Approvals</b>	<b>Update Approvals</b>
<b>Approval Date:</b>	<b>Approval Date(s):</b>	<b>Approval Date(s):</b>
<b>Effective Date:</b>	<b>Effective Date(s):</b>	<b>Effective Date(s):</b>
<b>Communication Date:</b>	<b>Communication Date(s):</b>	

<b>Policy Title: Nondiscrimination in the Provision of Healthcare</b>	<b>Policy Number: NATL.HPHO.007</b>
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## Appendix A

### Glossary of Policy Terms

1. **Disability:** A physical or mental impairment which substantially limits one or more major life activities, including, but not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and the operation of major bodily functions.
2. **KP Facilities:** All buildings or space owned or leased by Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals, and their subsidiaries (collectively KFHP/H or KP), such as hospitals, medical office buildings, administrative buildings, parking facilities, and/or labs.

<b>Policy Title: Nondiscrimination in the Provision of Healthcare</b>	<b>Policy Number: NATL.HPHO.007</b>
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## **Appendix B**

### **State-Specific Addenda**

These addenda contain state specific extensions to KP's Nondiscrimination in the Provision of Healthcare policy that apply individually within the states of California, Hawaii, Maryland, Colorado, Washington, and Oregon.

#### **California Addendum**

In California, as required by California's Unruh Act, KP prohibits discrimination against all individuals, including patients, members or visitors on the bases of the following protected categories:

- Sex;
- Race;
- Color;
- Religion,
- National origin;
- Ancestry;
- Citizenship;
- Immigration status;
- Primary language;
- Gender (including gender identity and gender expression);
- Sexual orientation;
- Marital status;
- Age;
- Genetic information;
- Medical condition; or
- Disability.

#### **Hawaii Addendum**

In Hawaii, as required by Hawaii Revised Statutes 489-1 *et seq.*, KP prohibits discrimination against all individuals, including patients, members or visitors on the basis of the following protected classes:

- Sex (including gender identity or expression);

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- Sexual orientation;
- Color;
- Religion;
- Ancestry; or
- Disability.

#### **Maryland Addendum**

In Maryland, as required by Md. Code Ann. § 20-304, KP prohibits discrimination against all individuals, including patients, members or visitors on the basis of the following protected classes:

- Race;
- Sex;
- Age;
- Color;
- Creed;
- National origin;
- Marital status;
- Sexual orientation;
- Gender identity; or
- Disability.

#### **Colorado Addendum**

In Colorado, as required by Colo. Rev. Stat. §24-34-601, KP prohibits discrimination against all individuals, including patients, members or visitors on the basis of the following protected categories:

- Disability;
- Race;
- Creed;
- Color;
- Sex;



<b>Policy Title: Nondiscrimination in the Provision of Healthcare</b>	<b>Policy Number: NATL.HPHO.007</b>
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- Sexual orientation;
- Gender identity;
- Marital status;
- National origin; or
- Ancestry.

#### **Washington Addendum**

In Washington, as required by Wash. Rev. Code §49.60.040, KP prohibits discrimination against all individuals, including patients, members or visitors on the basis of the following protected categories:

- Race;
- Creed;
- Color;
- National origin;
- Sexual orientation;
- Sex;
- Honorably discharged veteran or military status;
- Status as a mother breastfeeding her child;
- Gender identity; or
- Disability.

#### **Oregon Addendum**

In Oregon, as required by Or. Rev. Stat. §659A.403 & Or. Rev. Stat. §174.100, KP prohibits discrimination against all individuals, including patients, members or visitors on the basis of the following protected categories:

- Race,
- Color;
- Religion;
- Sex;
- Sexual orientation;
- Gender identity;

<b>Policy Title: Nondiscrimination in the Provision of Healthcare</b>	<b>Policy Number: NATL.HPHO.007</b>
<b>Owner Department: Health Plan and Hospital Operations</b>	<b>Effective Date: October 1, 2018</b>
<b>Custodian: Vice President, National Diversity and Inclusion Operations, Performance, and Compliance</b>	<b>Page: 8 of 9</b>

- National origin;
- Marital status; or
- Age (50 years or older).

#### **Virginia Addendum**

In Virginia, as required by Va. Code §2.2-3900, KP prohibits discrimination against all individuals, including patients, members or visitors on the basis of the following protected categories:

- Race;
- Color;
- Religion;
- National origin;
- Sex;
- Pregnancy;
- Childbirth;
- Age;
- Marital Status; or
- Disability.

#### **Maryland Addendum**

In Maryland, as required by Md. Code, State Gov't §20-304, KP prohibits discrimination against all individuals, including patients, members or visitors on the basis of the following protected categories:

- Race;
- Sex;
- Age;
- Color;
- Creed;
- National origin;
- Marital status;
- Sexual orientation;

<b>Policy Title: Nondiscrimination in the Provision of Healthcare</b>	<b>Policy Number: NATL.HPHO.007</b>
<b>Owner Department: Health Plan and Hospital Operations</b>	<b>Effective Date: October 1, 2018</b>
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- Gender identity; or
- Disability.

### **District of Columbia (DC) Addendum**

In DC, as required by D.C. Code §2-1402.31, KP prohibits discrimination against all individuals, including patients, members or visitors on the basis of the following protected categories:

- Race;
- Color;
- Religion;
- National Origin;
- Sex;
- Age;
- Marital Status;
- Personal appearance;
- Sexual orientation;
- Gender identity or expression;
- Familial status;
- Family responsibilities;
- Genetic information;
- Disability;
- Matriculation;
- Political affiliation;
- Source of income; or
- Place of business or residence.

**Exhibit 10A.**

**Consumer Rights and Responsibilities Policy**



<b>Policy Title: Member and Patient Rights and Responsibilities</b>	<b>Policy Number: 900-205</b>
<b>Owner Department: Office of Board and Corporate Governance Services</b>	<b>Effective Date: 09/12/2017</b>
<b>Custodian: Director, Office of Board and Corporate Governance Services</b>	<b>Page: 1 of 2</b>

**SUBJECT: Member and Patient Rights and Responsibilities**

**POLICY:** Each member and patient of Kaiser Foundation Health Plan of Washington is entitled to an explanation of his/her rights and responsibilities as a consumer.

The Member and Patient Rights and Responsibilities Statement is distributed or made available to consumers in the following ways:

- In the materials sent upon enrollment;
- In notification provided annually to subscribers by mail or e-mail, according to their preferences;
- Available upon the request of any consumer; and
- On the Kaiser Foundation Health Plan of Washington Web site.

Members and patients who believe that any right has been violated or that any responsibility has been misinterpreted may avail themselves of the service recovery process including the right to an appeal, when applicable.

The Member and Patient Rights and Responsibilities Statement is available in the languages of the major population groups served by the Cooperative.

**EXPLANATION:**

Meeting or exceeding the expectations of consumers is a fundamental goal of Kaiser Foundation Health Plan of Washington. Describing the rights and responsibilities of consumers assists both parties in meeting that goal.

The Member and Patient Rights and Responsibilities Statement is in Appendix A900-205 and is incorporated herein by reference.

**RESPONSIBILITIES:**

**I. Board of Directors**

It is the responsibility of the Board of Directors to approve and to periodically review the Member and Patient Rights and Responsibilities Statement.

**II. Management, Washington Permanente Medical Group, or Consumer Advisory Group**

Management, Washington Permanente Medical Group, or any consumer advisory group may recommend changes or updates to the Member and Patient Rights and Responsibilities Statement. Management may convene a task force with representation from management, Washington Permanente Medical Group, and/or consumers, to make recommendations for changes or updates to the Board of Directors.

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**9/12/2017**



<b>Policy Title: Member and Patient Rights and Responsibilities</b>	<b>Policy Number: 900-205</b>
<b>Owner Department: Office of Board and Corporate Governance Services</b>	<b>Effective Date: 09/12/2017</b>
<b>Custodian: Director, Office of Board and Corporate Governance Services</b>	<b>Page: 2 of 2</b>

It is the responsibility of management and Washington Permanente Medical Group to orient their employees to the Member and Patient Rights and Responsibilities Statement. The statement will be available to all staff and affiliated practitioners on the internal website.

**APPROVAL:**

This policy was approved by the Board of Directors of Kaiser Foundation Health Plan of Washington on September 12, 2017.

Related Document:

Appendix A900-205, Member and Patient Rights and Responsibilities Statement

Previous Revisions 2/9/00, 6/9/03, 9/30/09, 6/26/14

**Exhibit 10B.**

**Consumer Rights and Responsibilities Statement**

## Member and patient rights and responsibilities

At Kaiser Permanente, we believe maintaining good health is a very important part of your well-being. Providing the quality health care necessary to maintain your good health requires a partnership between you and your health care professionals. You need information to make appropriate decisions about your care and lifestyle choices. Your health care professionals need your involvement to ensure you receive appropriate and effective health care. Mutual respect and cooperation are essential to this partnership.

It's important to know what you can expect and what we need from you when you receive care from us.

### **You have the right to:**

- Be notified of your rights and responsibilities as a patient and member and be able to suggest changes to them and/or related policies.
- Be treated fairly, with respect and dignity without regard to your race, color, national origin, age, disability, sex, sexual orientation, gender identity or financial status.
- Be supported in choosing and changing providers and seeking a second opinion within your plan.
- Expect your personal physician to provide, arrange, and/or coordinate your care.
- Be involved in your health care decisions including refusing or agreeing to care and treatment; be provided information about your care, including unanticipated outcomes; the benefits and risks of, and alternatives to recommended treatments or procedures regardless of cost or coverage; and realistic alternatives when hospital care is no longer appropriate.
- Participate in decisions to receive, or not receive, life-sustaining treatment including care at the end of life.
- Get information about our policies, services, facilities, and your benefits and care, in a way you can understand. Be provided an interpreter if you need one. Receive written information in an alternative format or language (in prevalent non-English languages as defined by the state).
- Confidentiality, privacy, security, complaint resolution, spiritual care, and communication. If communication restrictions are necessary for your care and safety, we will document and explain the restrictions to you and your family.
- Receive timely access to quality care and services in a safe setting.
- Be able to access information about Kaiser Permanente, our practitioners and providers, and how to use our services, including information about the qualifications of the professionals caring for you.
- Create and update your advance directives such as a living will or durable power of attorney for healthcare and have your wishes honored to the extent permitted by state and federal laws.
- Donate organs and other tissues according to state law.
- Have your family provide input to care decisions consistent with your advance directives or with court orders.
- Appeal a decision and receive a response within a reasonable amount of time.
- Be free from any form of restraint or seclusion unless



medically necessary for your well-being.

- Be protected from all forms of abuse, neglect, harassment, or discrimination and have access to protective services, if needed.
- Receive visitors (in a hospital setting) that you or your support person designates, including, but not limited to: a spouse, domestic partner, significant other, family member or friend. Visitors are restricted from most treatment and procedure areas and may be limited based on your medical condition. You have the right to withdraw or deny your consent at any time.
- Be free from discrimination, reprisal, or any other negative action when exercising your rights.
- Request and receive a copy of your medical records, and request amendment or correction to such documents, in accordance with applicable state and federal laws.
- Voice opinions, concerns, positive comments, complaints or grievances about your care, treatment or other services without fear of retribution or denial of care and receive timely resolution of your complaint, generally within seven business days.

Member Services can

provide you with information about complaint and appeal procedures and the resources to assist you. You can reach Member Services toll-free at 1-888-901-4636. For more information about member rights, visit [kp.org/wa](http://kp.org/wa).

You may also contact the following agencies:

**Washington State Department of Health  
Health Systems Quality Assurance  
Complaint Intake**

P.O. Box 47857  
Olympia, WA 98504-7857  
Phone: 360-236-4700  
1-800-633-6828  
(toll-free)

Fax: 360-236-2626

Email:

[HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov)

**Idaho Department of Health and Welfare**

405 W State St.  
Boise, ID 83702  
Phone: 208-334-5500

**Center for Medicare and Medicaid Services (CMS)**

Office of the Medicare Beneficiary Ombudsman Website:

<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

Phone: 1-800-MEDICARE (Medicare Help and Support)

**You have the responsibility to:**

- Participate in the development of your

treatment plan, follow it, and let your health care provider know if changes need to be made.

- Improve the quality and safety of your care by fully informing health professionals serving you about your medical history, medications, and any changes in your condition.
- Use practitioners and providers affiliated with your health plan for health care benefits and services, except where services are authorized or allowed by your health plan, or in the event of emergencies.
- Be active, informed, and involved in your care, and ask questions when you do not understand your care, what you are expected to do, or the payment for the care.
- Be considerate of other members, patients, and your health care team. This includes arriving on time for appointments, and notifying staff if you cannot make it on time or if you need to cancel.
- If you are having surgery, ensure a responsible adult is with you throughout the surgical procedure and for the first 24 hours after your surgical procedure.
- Be familiar with your health care benefits.
- Pay your bills on time and pay your office visit charges when you come in for care.

**Exhibit 11.**

**KFHPWA 2018 Community Benefit Report**

# 2018 KAISER PERMANENTE COMMUNITY HEALTH SNAPSHOT



Kaiser Permanente Educational Theatre Program  
with Seattle Children's Theatre





## EXECUTIVE LETTER

Kaiser Permanente Medical Assistant  
Career Launch Scholarships with  
Seattle Central College

### Deepening our commitment to communities we serve and impacting individual lives

Over the last 2 years, Kaiser Permanente Washington has been engaging our community partners to understand what matters most and where we can have a lasting impact. We know it's not enough to simply invest dollars. It's equally important to draw on our scale and resources to be a convener, connector, researcher, service provider, and thought leader. This means deepening relationships and leveraging all our assets to ensure our communities are healthy, equitable places where everyone can thrive.

Last year, we began to sharpen our focus: charting a course to tackle tough issues in new ways, and giving more people access to the resources they need for health and well-being.

As awareness grew about our medical financial assistance program, the number of people we serve more than doubled. More than 11,000 individuals, who wouldn't have been able to afford it otherwise, received care from Kaiser Permanente Washington.

Our scholarship and apprenticeship programs opened pathways to jobs for Washington students. Our growing investments in the health of students and teachers were fundamental to building healthier communities. Addressing "upstream" conditions was at the heart of these investments. Improving social and economic factors in a community has the greatest benefit for health and equity – supporting living-wage jobs, educational attainment, and improved access to health care.

Because we know that better health for more people extends well beyond the care setting, we'll be bold in our approach to meeting community needs and advancing the future of community health in the years ahead.



**Susan Mullaney**  
President

Kaiser Foundation Health  
Plan of Washington



**Stephen Tarnoff, MD**  
President and Chief  
Medical Executive

Washington Permanente  
Medical Group

# IMPROVING COMMUNITY HEALTH

Our community health strategy recognizes that health requires more than health care. Better health outcomes begin where we live, learn, work, and play. To achieve our mission of improving the health of our patients, we collaborate with our communities and engage our entire organization, going well beyond our community benefit spending.



## ENSURE HEALTH ACCESS

### What we do

In 2018, we spent nearly **\$18 million** to provide health services to those most in need. We served the needs of these patients through:

- Medical financial assistance of more than \$15.9 million
- Safety net support grants and support of nearly \$2 million

We provided direct care and collaborated with community health providers through grants, training, and technical assistance. We also helped connect people to social services, healthy food, transportation, safe playgrounds, and supportive schools.

### Our impact

More than **11,000 people** were served through our medical financial assistance program.

Nearly **37,000 people** were served through Medicaid and school-based health centers.



## IMPROVE CONDITIONS FOR HEALTH AND EQUITY

### What we do

In 2018, we made direct investments – more than **\$4.25 million** in grants and investments – to create conditions for health and equity in communities that need it most. Our strategy addressed upstream factors of health through efforts that supported:

- Economic opportunity and workforce development
- Physical and mental health and wellness in schools and cities
- Environmental stewardship and healthy neighborhoods

### Our impact

More than **109 grants** were awarded to promote health and equity in our communities.

**70 percent** of our operations were powered by renewable electricity.



## ADVANCE THE FUTURE OF COMMUNITY HEALTH

### What we do

We worked in partnership with our communities, using our collective knowledge to identify and implement creative solutions to difficult community health problems. We are:

- Inspiring the health care workforce of the future
- Investing in research to reduce gun injuries and deaths
- Advancing innovation to achieve better and more equitable health outcomes

### Our impact

Nearly **400 journal articles** were published from the Kaiser Permanente Washington Health Research Institute.

# FINANCIALS

Medicaid & other government programs	\$33,690,206
Philanthropy	\$4,250,055
Charitable coverage & care	\$15,982,889
Research	\$12,113,662
Health professions education	\$8,992,069
Other	\$4,270,584
	<b>\$79,299,465</b>

# LEADERSHIP

## Kaiser Permanente Washington Community Health Governance Council

### **Susan Mullaney**

President  
Kaiser Foundation Health Plan of Washington

### **Stephen Tarnoff, MD**

President and Chief Medical Executive  
Washington Permanente Medical Group

### **Janet O'Hollaren**

Vice President and COO  
Care Delivery

### **David Grossman, MD**

Senior Associate Medical Director  
Market Strategy and Public Policy  
Washington Permanente Medical Group

### **Eric Larson, MD**

Vice President  
Research and Health Care Innovation

### **Karen Schartman**

Vice President and CFO  
Finance and Strategy

### **Joe Smith**

Vice President  
Marketing, Sales,  
and Business Development

### **Kim Sullivan**

Vice President  
Human Resources

### **Kris Greco-Thompson**

Vice President  
Public Relations, Communications,  
and Brand Management

### **Sally Yates**

Vice President  
Legal, Community Health,  
and Risk Management

**Exhibit 12.**  
**Charity Care Policy**

<b>Policy Title:</b> Medical Financial Assistance	<b>Policy Number:</b> NATL.CB.307
<b>Owner Department:</b> National Community Benefit	<b>Effective Date:</b> February 1, 2017
<b>Custodian:</b> Director, Medical Financial Assistance	<b>Page:</b> 1 of 16

## 1.0 Policy Statement

Kaiser Foundation Hospitals (KFH) and Kaiser Foundation Health Plans (KFHP) are committed to providing programs that facilitate access to care for vulnerable populations. This commitment includes providing financial assistance to qualified low income uninsured and underinsured patients when the ability to pay for services is a barrier to accessing emergency and medically necessary care.

## 2.0 Purpose

This policy describes the requirements for qualifying for and receiving financial assistance for emergency and medically necessary services through the Medical Financial Assistance (MFA) program. The requirements are compliant with Section 501(r) of the United States Internal Revenue Code and applicable state regulations addressing eligible services, how to obtain access, program eligibility criteria, the structure of MFA awards, the basis for calculating award amounts, and the allowable actions in the event of nonpayment of medical bills.

## 3.0 Scope

This policy applies to employees who are employed by the following entities and their subsidiaries (collectively referred to as "KFH/HP"):

- 3.1** Kaiser Foundation Hospitals,
- 3.2** Kaiser Foundation Health Plan, Inc., and
- 3.3** KFH/HP's subsidiaries.
- 3.4** This policy applies to the Kaiser Foundation Hospitals listed in the attached ADDENDUM, *Section I, Kaiser Foundation Hospitals*, and incorporated herein by reference.

## 4.0 Definitions

Refer to Appendix A – Glossary of Policy Terms.

## 5.0 Provisions

KFH/HP maintains a means-tested MFA program to mitigate financial barriers to receiving emergency and medically necessary care for eligible patients regardless of a patient's age, disability, gender, race, religious affiliation, social or immigrant status, sexual orientation, national origin, and whether or not the patient has health coverage.



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**5.1 Services that are Eligible and Not Eligible under the MFA Policy.** Unless otherwise noted in the attached ADDENDUM, *Section II, Additional Services Eligible and Not Eligible under the MFA Policy*.

**5.1.1 Eligible Services.** MFA may be applied to emergency and medically necessary health care services, pharmacy services and products, and medical supplies provided at KP facilities (e.g. hospitals, medical centers, and medical office buildings), at KFHP outpatient pharmacies, or by Kaiser Permanente (KP) providers. MFA may be applied to services and products as described below:

**5.1.1.1 Medically Necessary Services.** Care, treatment, or services ordered or provided by a KP provider that are needed for the prevention, evaluation, diagnosis or treatment of a medical condition and are not mainly for the convenience of the patient or medical care provider.

**5.1.1.2 Prescriptions and Pharmacy Supplies.** Prescriptions presented at a KFHP outpatient pharmacy and written by KP providers, non-KP Emergency Department providers, non-KP Urgent Care providers, and KP contracted providers.

**5.1.1.2.1 Generic Medications.** The preferred use of generic medications, whenever possible.

**5.1.1.2.2 Brand Medications.** Brand name medications when a KP provider prescribes the brand name medication and notes "Dispense as Written" (DAW), or there is no generic equivalent available.

**5.1.1.2.3 Medicare Beneficiaries.** Applied to Medicare beneficiaries for prescription drugs covered under Medicare Part D in the form of a pharmacy waiver.

**5.1.1.3 Additional Eligible Services Available.** Additional services that are eligible under the MFA policy are identified in the attached ADDENDUM, *Section II, Additional Services Eligible and Not Eligible under the MFA Policy*.

**5.1.2 Non-Eligible Services.** MFA may not be applied to:

**5.1.2.1 Services that are Not Considered Emergent or Medically Necessary as Determined by a KP Provider.** (1) Cosmetic surgery or services, (2) infertility treatments, (3) retail medical supplies, (4) surrogacy services, and (5) services related to third party liability, or workers' compensation cases.

**5.1.2.2 Prescriptions and Pharmacy Supplies.** Prescriptions and supplies not considered emergent or medically necessary include, but are not limited to, (1) over-the-counter drugs or supplies and (2) specifically excluded drugs (e.g., fertility, cosmetic, sexual dysfunction).

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**5.1.2.3 Prescriptions for Medicare Part D Enrollees Eligible for or Enrolled in Low Income Subsidy (LIS) Program.** The remaining cost share for prescription drugs for Medicare Advantage Part D enrollees who are either eligible for or enrolled in the LIS program, in accordance with Centers for Medicare & Medicaid Services (CMS) guidelines.

**5.1.2.4 Services Provided Outside of KP Facilities.** The MFA policy applies only to services provided at KP facilities, by KP providers. Even upon referral from a KP provider, all other services are ineligible for MFA. Services provided at non-KP medical offices, urgent care facilities and emergency departments, as well as home health, hospice, recuperative care, and custodial care services, are excluded.

**5.1.2.5 Health Plan Premiums.** The MFA program does not help patients pay the expenses associated with health insurance premiums.

**5.1.2.6 Additional Non-Eligible Services.** Additional services that are not eligible under the MFA policy are identified in the attached ADDENDUM, *Section II, Additional Services Eligible and Not Eligible under the MFA Policy*.

**5.2 Providers.** MFA is applied only to eligible services delivered by medical care providers to whom the MFA policy applies, as noted in the attached ADDENDUM, *Section III, Providers Subject To and Not Subject to the MFA Policy*.

**5.3 Program Information Sources and How to Apply for MFA.** Additional information about the MFA program and how to apply is summarized in the attached ADDENDUM, *Section IV, Program Information and Applying for MFA*.

**5.3.1 Program Information.** Copies of the MFA policy, application forms, instructions, and plain language summaries (i.e., policy summaries or program brochures) are available to the general public, without charge, from KFH/HP's website, by email, in person, or by US postal mail.

**5.3.2 Applying for MFA.** A patient can apply for the MFA program, during or following the care received from KFH/HP, in several ways including in person, by telephone, or by paper application.

**5.3.2.1 Screening Patients for Public and Private Program Eligibility.** KFH/HP provides financial counseling to patients applying for the MFA program to identify potential public and private health coverage programs that may help with health care access needs. A patient who is presumed eligible for any public or private health coverage programs is required to apply for those programs.

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- 5.4 Information Needed to Apply for MFA.** Complete personal, financial, and other information is required to verify a patient's financial status to determine eligibility for the MFA program, as well as for public and private health coverage programs. MFA may be denied due to incomplete information. Information can be provided in writing, in person, or over the telephone.
- 5.4.1 Verifying Financial Status.** A patient's financial status is verified each time he or she applies for assistance. If a patient's financial status can be verified using external data sources, he or she may not be required to provide financial documentation.
- 5.4.2 Providing Financial and Other Information.** If a patient's financial status cannot be verified using external data sources or the patient applies by mail, he or she may submit the information described in the MFA program application to verify his or her financial status.
- 5.4.2.1 Complete Information.** MFA program eligibility is determined once all requested personal, financial, and other information is received.
- 5.4.2.2 Incomplete Information.** A patient is notified in person, by mail, or by telephone if required information received is incomplete. The patient may submit the missing information within 30 days from the date the notice was mailed, the in-person conversation took place, or the telephone conversation occurred.
- 5.4.2.3 Requested Information Not Available.** A patient who does not have the requested information described in the program application may contact KFH/HP to discuss other available evidence that may demonstrate eligibility.
- 5.4.2.4 No Financial Information Available.** A patient is required to provide basic financial information (e.g. income, if any, and source) and attest to its validity when (1) his or her financial status cannot be verified using external data sources, (2) requested financial information is not available and (3) no other evidence exists that may demonstrate eligibility. Basic financial information and attestation is required from the patient when he or she:
- 5.4.2.4.1** Is homeless, or
- 5.4.2.4.2** Has no income, does not receive a formal pay stub from his or her employer (excluding those who are self-employed), receives monetary gifts, or was not required to file a federal or state income tax return in the previous tax year, or

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**5.4.2.4.3** Has been affected by a well-known national or regional event that has been qualified as a disaster by the state or federal government, or by a personal event that caused loss of, or inability to inhabit, his or her residence leaving the individual without health care, insurance, or financial documentation.

**5.4.3 Prequalified Patients.** A patient is presumed to meet the program eligibility criteria and is not required to provide personal, financial and other information to verify financial status when he or she:

**5.4.3.1** Is enrolled in a Community MFA (CMFA) program to which patients have been referred and prequalified through (1) federal, state or local government, (2) a partnering community-based organization, or (3) at a KFHP/HP sponsored community health event, or

**5.4.3.2** Is enrolled in a KP Community Benefit program designed to support access to care for low-income patients and prequalified by designated KFHP/HP personnel, or

**5.4.3.3** Is enrolled in a credible means-tested health coverage program (e.g., Medicare Low Income Subsidy Program), or

**5.4.3.4** Was granted a prior MFA award within the last 30 days.

**5.4.4 Patient Cooperation.** A patient is required to make a reasonable effort to provide all requested information. If all requested information is not provided, the circumstances are considered and may be taken into account when determining eligibility.

**5.5 Presumptive Eligibility Determination.** A patient who has not applied may be identified as eligible for the MFA program if his or her financial status can be validated through the use of external data sources. If determined to be eligible, he or she may automatically be assigned an MFA award and sent a notification letter with an option to decline medical financial assistance. A patient may be identified without applying when he or she:

**5.5.1** Is uninsured and (1) has a scheduled appointment for eligible services at a KP facility, (2) has not indicated that he or she has health coverage, and (3) is presumed not eligible for Medicaid.

**5.5.2** Has received care at a KP facility and there are indications of financial hardship (e.g., past due or outstanding balances).

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**5.6 Program Eligibility Criteria.** As summarized in the attached ADDENDUM, *Section V, Eligibility Criteria*, a patient applying for MFA may qualify for financial assistance based on means-tested, or high medical expense criteria.

**5.6.1 Means-Testing Criteria.** A patient is evaluated to determine if he or she meets means-testing eligibility criteria.

**5.6.1.1 Eligibility Based on Income Level.** A patient of a household income less than or equal to KFHP's means testing criteria as a percentage of the Federal Poverty Guidelines (FPG) is eligible for financial assistance.

**5.6.1.2 Household Income.** Income requirements apply to the family members of the household. A family is a group of two or more persons related by birth, marriage, or adoption who live together. Family members can include spouses, qualified domestic partners, children, caretaker relatives, and the children of caretaker relatives that reside in the household.

**5.6.2 High Medical Expense Criteria.** A patient is evaluated to determine whether he or she meets high medical expense eligibility criteria.

**5.6.2.1 Eligibility Based on High Medical Expenses.** A patient of any household income level with incurred out-of-pocket medical and pharmacy expenses for eligible services over a 12 month period greater than or equal to KFHP's high medical expense criteria as a percentage of annual household income is eligible for financial assistance.

**5.6.2.1.1 KFHP Out-of-Pocket Expenses.** Medical and pharmacy expenses incurred at KP facilities include copayments, deposits, coinsurance, and deductibles related to eligible services.

**5.6.2.1.2 Non-KFHP Out-of-Pocket Expenses.** Medical, pharmacy, and dental expenses provided at non-KP facilities, related to eligible services, and incurred by the patient (excluding any discounts or write offs) are included. The patient is required to provide documentation of the medical expenses for the services received from non-KP facilities.

**5.6.2.1.3 Health Plan Premiums.** Out-of-pocket expenses do not include the cost associated with health insurance (i.e., premiums).

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## 5.7 Denials and Appeals

**5.7.1 Denials.** A patient who applies for the MFA program and does not meet the eligibility criteria is informed either in writing or verbally that his or her request for MFA is denied.

**5.7.2 How to Appeal an MFA Denial.** A patient who believes that his or her application or information was not properly considered may appeal the decision. Instructions for completing the appeal process are included in the MFA denial letter. Appeals are reviewed by the designated KFHP staff.

**5.8 Award Structure.** MFA awards commence from the date of approval, or the date services were provided or the date medications were dispensed. MFA awards are applied to past due or outstanding balances only.

**5.8.1 Basis of Award.** The expenses paid by an MFA award are determined based on whether or not the patient has health care coverage.

**5.8.1.1 MFA Eligible Patient without Health Care Coverage (Uninsured).** An eligible uninsured patient receives a 100% discount on all eligible services.

**5.8.1.2 MFA Eligible Patient with Health Care Coverage (Insured).** An eligible insured patient receives 100% discount on that portion of a bill for all eligible services (1) for which he or she is personally responsible and (2) which is not paid by his or her insurance carrier. The patient is required to provide documentation, such as an Explanation of Benefits (EOB), to determine the portion of the bill not covered by insurance.

**5.8.1.2.1 Payments Received from Insurance Carrier.** An eligible insured patient is required to sign over to KFHP any payments for services provided by KFHP which the patient receives from his or her insurance carrier.

**5.8.1.3 Reimbursements from Settlements.** KFHP pursues reimbursement from third party liability settlements, payers, or other legally responsible parties, as applicable.

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**5.8.2 Award Duration.** As summarized in the attached ADDENDUM, *Section VI, Award Duration*, the duration of an MFA award for an eligible patient is determined in various ways, including:

**5.8.2.1 Specific Period of Time.**

**5.8.2.2 Course of Treatment or Episode of Care.** For a particular course of treatment and/or episode of care as determined by a KP provider.

**5.8.2.3 Patients Who Are Potentially Eligible for Public and Private Health Coverage Programs.** An interim MFA award may be granted to assist a patient while he or she applies for public and private health coverage programs.

**5.8.2.4 One-Time Pharmacy Award.** Prior to applying to the MFA program, a patient is eligible for a one-time pharmacy award if he or she (1) does not have an MFA award, (2) fills a prescription written by a KP provider at a KFH/HP pharmacy, and (3) expresses an inability to pay for the prescription. The one-time award includes a reasonable supply of medication as determined medically appropriate by a KP provider.

**5.8.2.5 Request for Award Extension.** A patient may request extension of an MFA award as long as he or she continues to meet the MFA eligibility requirements. Extension requests are evaluated on a case-by-case basis.

**5.8.3 Award Revoked, Rescinded, or Amended.** KFH/HP may revoke, rescind, or amend an MFA award, in certain situations, at its discretion. Situations include:

**5.8.3.1 Fraud, Theft, or Financial Changes.** A case of fraud, misrepresentation, theft, changes in a patient's financial situation, or other circumstance which undermines the integrity of the MFA program.

**5.8.3.2 Eligible for Public and Private Health Coverage Programs.** A patient screened for public and private health coverage programs is presumed to be eligible but does not cooperate with the application process for those programs.

**5.8.3.3 Other Payment Sources Identified.** Health coverage or other payment sources identified after a patient receives an MFA award causes the charges for eligible services to be re-billed retroactively. If this occurs, the patient is not billed for that portion of a bill (1) for which he or she is personally responsible and (2) which is not paid by his or her health coverage or other payment source.



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**5.9 Limitation on Charges.** Charging MFA eligible patients the full dollar amounts (i.e., gross charges) for eligible hospital services rendered at a Kaiser Foundation Hospital is prohibited. A patient who has received eligible hospital services at a Kaiser Foundation Hospital and is qualified for the MFA program, but has not received an MFA award or has declined an MFA award, is not charged more than the amounts generally billed (AGB) for those services.

**5.9.1 Amounts Generally Billed.** The amounts generally billed (AGB) for emergency or other medically necessary care to individuals who have insurance covering such care are determined for KP facilities as described in the attached ADDENDUM, *Section VII, Basis for Calculating Amounts Generally Billed (AGB)*.

**5.10 Collection Actions.**

**5.10.1 Reasonable Notification Efforts.** KFH/HP or a collection agency acting on its behalf makes reasonable efforts to notify patients with past due or outstanding balances about the MFA program. Reasonable notification efforts include:

**5.10.1.1** Providing one written notice within 120 days of first post-discharge statement informing account holder that MFA is available for those who qualify.

**5.10.1.2** Providing written notice with the list of extraordinary collection actions (ECAs) that KFH/HP or a collection agency intends to initiate for payment of balance, and the deadline for such actions, which is no earlier than 30 days from written notice.

**5.10.1.3** Providing a plain language summary of the MFA policy with the first hospital patient statement.

**5.10.1.4** Attempting to notify the account holder verbally about the MFA policy and how to obtain assistance through the MFA application process.

**5.10.2 Extraordinary Collection Actions Suspended.** KFH/HP does not conduct or permit collection agencies to conduct on its behalf, extraordinary collection actions (ECAs) against a patient if he or she:

**5.10.2.1** Has an active MFA award, or

**5.10.2.2** Has initiated an MFA application after ECAs have begun. ECAs are suspended until a final eligibility determination is made.

**5.10.3 Allowable Extraordinary Collection Actions.**

**5.10.3.1 Final Determination of Reasonable Efforts.** Prior to initiating any ECAs, the regional Revenue Cycle Patient Financial Services Leader ensures the following:

**5.10.3.1.1** Completion of reasonable efforts to notify the patient of the MFA program, and



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**5.10.3.1.2** The patient has been provided at least 240 days from the first billing statement to apply for MFA.

**5.10.3.2 Reporting to Consumer Credit Agencies or Credit Bureaus.** KFH/HP or a collection agency acting on its behalf may report adverse information to consumer credit reporting agencies or credit bureaus.

**5.10.3.3 Judicial or Civil Actions.** Prior to pursuing any judicial or civil actions, KFH/HP validates the patient's financial status through the use of external data sources to determine if he or she is eligible for the MFA program.

**5.10.3.3.1 Eligible for MFA.** No additional actions are pursued against patients that are eligible for the MFA program. Accounts that qualify for MFA are cancelled and returned on a retrospective basis.

**5.10.3.3.2 Not Eligible for MFA.** In very limited cases, the following actions may be conducted with prior approval from the regional Chief Financial Officer or Controller:

**5.10.3.3.2.1** Garnishment of wages

**5.10.3.3.2.2** Lawsuits/civil actions. Legal action is not pursued against an individual who is unemployed and without other significant income.

**5.10.3.3.2.3** Liens on residences.

**5.10.4 Prohibited Extraordinary Collection Actions.** KFH/HP does not perform, allow, or allow collection agencies to perform, the following actions under any circumstance:

**5.10.4.1** Defer, deny, or require payment, due to an account holder's nonpayment of a previous balance, before providing emergency or medically necessary care.

**5.10.4.2** Sell an account holder's debt to a third party.

**5.10.4.3** Foreclosure on property or seizure of accounts.

**5.10.4.4** Request warrants for arrest.

**5.10.4.5** Request writs of body attachment.

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## 6.0 References / Appendices

### 6.1 Appendix A – Glossary of Policy Terms

### 6.2 Laws, Regulations, and Resources

- 6.2.1** Patient Protection and Affordable Care Act, Public Law 111-148 (124 Stat. 119 (2010))
- 6.2.2** Federal Register and the Annual Federal Poverty Guidelines
- 6.2.3** Internal Revenue Service Publication, 2014 Instructions for Schedule H (Form 990)
- 6.2.4** Internal Revenue Service Notice 2010-39
- 6.2.5** Internal Revenue Service Code, 26 CFR Parts 1, 53, and 602, RIN 1545-BK57; RIN 1545-BL30; RIN 1545-BL58 – Additional Requirements for Charitable Hospitals
- 6.2.6** California Hospital Association – Hospital Financial Assistance Policies & Community Benefit Laws, 2015 Edition
- 6.2.7** Catholic Health Association of the United States – A Guide for Planning & Reporting Community Benefit, 2012 Edition

### 6.3 Provider Lists

#### 6.3.1 Provider lists are available at the KFH/HP websites for:

- 6.3.1.1** Kaiser Permanente of Hawaii
- 6.3.1.2** Kaiser Permanente of Northwest
- 6.3.1.3** Kaiser Permanente of Northern California
- 6.3.1.4** Kaiser Permanente of Southern California

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## Appendix A

### Glossary of Policy Terms

**Charity Care** is medical or health services, products, or medication provided at reduced or no cost to patients who do not have the ability to pay and/or are not covered by health care insurance.

**Community MFA (CMFA)** refers to planned charity care programs that collaborate with community based and safety net organizations to provide charity care services to low income uninsured and underinsured patients at KP facilities.

**Durable Medical Equipment (DME)** includes, but is not limited to, standard canes, crutches, nebulizers, intended benefitted supplies, over the door traction units for use in the home, wheelchairs, walkers, hospital beds, and oxygen for use in the home as specified by DME criteria. DME does not include orthotics, prosthetics (e.g., dynamic splints/orthoses, and artificial larynx and supplies) and over-the-counter supplies and soft goods (e.g., urological supplies and wound supplies).

**Eligible Patient** is an individual who meets the eligibility criteria described in this policy, whether he or she is (1) uninsured; (2) receives coverage through a public program (e.g., Medicare, Medicaid, or subsidized health care coverage purchased through a health information exchange); (3) is insured by a health plan other than KFHP; or (4) is insured by KFHP.

**External Data Sources** are third-party vendors, credit reporting agencies, etc., that provide financial status information used by KP to validate or confirm a patient's financial status when assessing eligibility for the MFA program.

**Federal Poverty Guidelines (FPG)** establishes the levels of annual income for poverty as determined by the United States Department of Health and Human Services and are updated annually in the Federal Register.

**Financial Counseling** is the process used to assist patients to explore the various financing and health coverage options available to pay for services rendered in KP facilities. Patients who may seek financial counseling include, but are not limited to, self-pay, uninsured, underinsured, and those who have expressed an inability to pay the full patient liability.

**Homeless** describes the status of a person who resides in one of the places or is in a situation described below:

- In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street); or
- In an emergency shelter; or
- In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters.
- In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.

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- Is being evicted within a week from a private dwelling unit or is fleeing a domestic violence situation with no subsequent residence identified and the person lacks the resources and support networks needed to obtain housing.
- Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the financial resources and social support networks needed to obtain housing.

**KP** includes Kaiser Foundation Hospitals, Kaiser Foundation Health Plans, Permanente Medical Groups, and their respective subsidiaries, except Kaiser Permanente Insurance Company (KPIC).

**KP Facilities** include any physical premises, including the interior and exterior of a building, owned or leased by KP in the conduct of KP business functions, including patient care delivery (e.g., a building, or a KP floor, unit, or other interior or exterior area of a non-KP building).

**Means-Tested** is the method by which external data sources or information provided by the patient are used to determine eligibility for a public coverage program or MFA based on whether the individual's income is greater than a specified percentage of the Federal Poverty Guidelines.

**Medical Financial Assistance (MFA)** provides monetary awards to pay medical costs to eligible patients who are unable to pay for all or part of medically necessary services, and who have exhausted public and private payer sources. Individuals are required to meet program criteria for assistance to pay some or all of the cost of care.

**Medical Supplies** refer to non-reusable medical materials such as splints, slings, wound dressings, and bandages that are applied by a licensed health care provider while providing a medically necessary service, and excluding those materials purchased or obtained by a patient from another source.

**Pharmacy Waiver** provides financial assistance to low-income KP Senior Advantage Medicare Part D members who are unable to afford their cost share for outpatient prescription drugs covered under Medicare Part D.

**Safety Net** refers to a system of nonprofit organizations and/or government agencies that provide direct medical care services to the uninsured in a community setting such as a public hospital, community clinic, church, homeless shelter, mobile health unit, school, etc.

**Underinsured** is an individual who, despite having health care coverage, finds that the obligation to pay insurance premiums, copayments, coinsurance, and deductibles is such a significant financial burden that he or she delays or does not receive necessary health care services due to the out-of-pocket costs.

**Uninsured** is an individual who does not have health care insurance or federal- or state-sponsored financial assistance to help pay for the health care services.

**Vulnerable Populations** include demographic groups whose health and well-being are considered to be more at-risk than the general population due to socioeconomic status, illness, ethnicity, age, or other disabling factors.

**Writ(s) of Body Attachment** is a process initiated by a court directing the authorities to bring a person found to be in civil contempt before the court, similar to an arrest warrant.

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### **ADDENDUM: Kaiser Permanente Washington / Group Health**

**I. Kaiser Foundation Hospitals Facilities.** This policy applies to the following Kaiser Foundation Hospitals in the Washington Region:

Capitol Hill Medical Center

**II. Additional Services Eligible and Not Eligible Under the MFA Policy.**

**a. Additional Eligible Services**

- i. Hearing aids determined to be medically necessary and ordered by a KP provider and purchased through a KP Audiology/Hear Center
- ii. Optical supplies and hardware determined to be medically necessary and ordered by a KP provider and purchased through KP Eye Care

**b. Additional Non-Eligible Services**

- i. Fee-for-service podiatry
- ii. Emergency and non-emergency transportation
- iii. Non-medically necessary dermatology services and supplies

**III. Providers Subject To and Not Subject to the MFA Policy.** The list of providers in KFH facilities that are and are not subject to the MFA policy is available to the general public, without charge, on the KFH/HP MFA website at [www.kp.org/mfa/wa](http://www.kp.org/mfa/wa).

**IV. Program Information and Applying for MFA.** MFA program information, including copies of the MFA policy, application forms, instructions, and plain language summaries (i.e., program brochures), is available to the general public, without charge, in electronic format or hard copy. A patient can apply for the MFA program, during or following the care received from KFH/HP, in several ways including in person, by telephone, or by paper application. (Refer to Sections 5.3 and 5.4 above.)

- a. **Download Program Information from the KFH/HP Website.** Electronic copies of program information are available on the MFA website at [www.kp.org/mfa/wa](http://www.kp.org/mfa/wa).
- b. **Request Program Information Electronically.** Electronic copies of program information are available by email upon request.

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- c. **Obtain Program Information or Apply In Person.** Program information is available at the Admitting and Emergency Departments in the Kaiser Foundation Hospitals listed in Section I, *Kaiser Foundation Hospitals*. Staff are also available at the Business Office in each KP urgent care facility. Staff are available at the following facilities:

Capitol Hill Medical Center                      Olympia Medical Center  
Tacoma Medical Center                      Bellevue Medical Center  
Silverdale Medical Center

- d. **Request Program Information or Apply by Telephone.** Staff are available by telephone to provide information, determine MFA eligibility, and assist a patient to apply for MFA. Staff can be reached from Monday through Friday, 8:00 a.m. to 5:00 p.m. PST at:

Telephone Number(s): 206-901-6089, or  
1-800-442-4014, option 4, option 7, or  
TTY: 1-800-833-6388 or 711

- e. **Request Program Information or Apply by Mail.** A patient can request program information and apply for MFA by submitting a complete MFA program application by mail. Information requests and applications can be mailed to:

Patient Financial Services  
Attention: Medical Financial Assistance  
PO Box 34584  
Seattle, Washington 98124-1581

- f. **Personally Deliver Completed Application.** Completed applications can be delivered in person to any check-in desk or business office at any KP facility.

**V. Eligibility Criteria.** A patient's household income and medical expenses are considered when determining MFA eligibility. (Refer to Sections 5.6.1. and 5.6.2 above.)

- Means Testing Criteria: Up to 300% of the Federal Poverty Guidelines
- High Medical Expense Criteria: 10% or more of annual household income

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**VI. Award Duration.** MFA awards commence from the date of approval, or the date services were provided, or the date medications were dispensed. An MFA award is in effect for a limited period of time. (Refer to Sections 5.8.2 above.)

- a. Maximum duration based on specific time period:
  - i. Standard award for eligible services: Up to 180 days
  - ii. Presumptive eligibility award for uninsured patients: 30 days
- b. Maximum duration for course of treatment / episode of care: Up to 180 days
- c. Maximum duration for uninsured patients who are potentially eligible for public and private health coverage programs: Up to 30 days
- d. Maximum duration for one-time pharmacy award: Minimum amount of days required to fill the authorized medication

**VII. Basis for Calculating Amounts Generally Billed (AGB).** KFH/HP determines AGB for any emergency or other medically necessary care using the look back method by multiplying the gross charges for the care by the AGB rate. Information regarding the AGB rate and calculation is available on the KFH/HP MFA website at [www.kp.org/mfa/wa](http://www.kp.org/mfa/wa).

**Exhibit 13.**

**Letter of Financial Commitment**





Kaiser Foundation Health Plan of Washington  
601 Union St., Suite 3100, Seattle WA 98101

January 16, 2020

Nancy Tyson  
Executive Director  
Health Facilities and Certificate of Need  
Department of Health  
Certificate of Need Program  
111 Israel Road SE  
Tumwater, WA 98501

Re: Statement of Financial Commitment; Certificate of Need Application for  
Kaiser Permanente Everett Ambulatory Surgery Center

Dear Ms. Tyson:

I am Vice President and Chief Financial Officer for Kaiser Foundation Health Plan of Washington (KFHPWA).

KFHPWA has committed to fund from its retained earnings a minimum of \$56M to obtain Certificate of Need approval to develop and operate Kaiser Permanente Everett Ambulatory Surgery Center in Everett, WA.

The development of Kaiser Permanente Everett Ambulatory Surgery Center is an important component of KFHPWA's overall capital planning and service delivery changes and is well within KFHPWA's financial capabilities to complete.

Sincerely,

A handwritten signature in blue ink that reads "Karen L. Schartman".

Karen L. Schartman  
CFO and VP Strategy  
Kaiser Foundation Health Plan of Washington