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Owner Jen Charlo: PFS
Director
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Financial Assistance, 8530-401-A

POLICY:

Samaritan Healthcare is committed to the provision of Health Care Services to all persons in need of medical attention regardless of ability to pay. This policy defines financial assistance and establishes policies and procedures to ensure consistent identification and timely recording of such. The medically indigent patient, those with no or inadequate means of paying for appropriate hospital and clinic-based medical services, will be granted financial assistance regardless of race, color, age, sexual orientation, national origin, sex, disability, religion or gender identity. Accordingly, all persons with the ability to pay for services shall be expected to do so, unless qualified for Financial Assistance. To maintain compliance with WAC 256-453-020, financial assistance must be the resource of last resort. It is Samaritan Healthcare's responsibility, through coordination and collaboration with the applicant, to make every reasonable effort to determine the existence or nonexistence of third-party sponsorship that may have a legal responsibility to pay for the costs of medical services.

DEFINITIONS

Appropriate Hospital/Clinic-Based Medical Services: Hospital/Clinic services which are reasonable calculated to diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap or cause physical deformity or malfunction and there is no other equally effective more conservative or substantially less costly course of treatment available or suitable for the person requesting the service. For purpose of this section, "course of treatment" may include mere observation or, where appropriate, no treatment at all. Commonly referred to as "appropriate medical services".

Financial Assistance: Defined as appropriate hospital/clinic-based medical services for which Samaritan Healthcare does not expect to be reimbursed due to the patient's inability to pay.

Family: A group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as member of one family. An unmarried person living alone will be

considered a family for purposes of this policy.

Income: Total cash receipts before taxes derived from wages and salaries, welfare payments, Social Security payments, strike benefits, unemployment or disability benefits, child support, alimony, and net earnings from business and investment activities paid to the individual and/or family members.

Indigent Persons: Patients who qualify for Financial Assistance pursuant this policy whose income is equal to or below four hundred percent (400%) of the federal poverty level, adjusted for family size, and who have exhausted any third-party resources, including Medicare and Medicaid.

Amount Generally Billed (AGB): The amounts generally billed for emergency and other medically necessary care to patients who have health insurance is referred to in this policy as AGB. Samaritan Healthcare determines the applicable AGB percentage by multiplying the hospital's gross charges for any emergency or medically necessary care by a fixed percentage which is based on claims allowed under Medicare and private insurers. Information sheets detailing the AGB percentages (and how they are calculated using the lookback method) can be obtained upon request by contacting Patient Financial Services. No patient who qualifies for any of the categories of financial assistance will be personally responsible for more than the AGB percentage of gross charges defined above.

Bad Debt: Uncollectable amounts, excluding contractual adjustments, arising from failure to pay by patients.

Third-Party Coverage: An obligation on the part of an insurance company, health care services contractor, health maintenance organization, group health plan, government program (Medicare, Medicaid or medical assistance programs, workers compensation, veteran benefits), tribal health benefits, or health care sharing ministry as defined in 26 U.S.C. Sec. 5000A to pay for the care of covered patients and services, and may include settlements, judgments, or awards actually received related to the negligent acts of others (e.g. auto accidents or personal injuries) which have resulted in the medical condition for which the patient has received appropriate hospital or clinic-based medical services.

COMPLIANCE-KEY ELEMENTS

Communications to the Public: Information about Samaritan Healthcare's Financial Assistance policy shall be made publicly available as follows:

- A. Appropriate signage, including Plain Language Financial Assistance Policy, will be visible in the facility, specifically in key public areas including all patient intake areas and in the financial services office creating awareness of the Financial Assistance program and the assistance available.
- B. Written notice about the availability of financial assistance shall be distributed and/or made available to any person who requests information, either by mail, by telephone, or in person.
- C. Written and verbal explanation shall be available in any language spoken by more than ten percent of the population in the Samaritan Healthcare service area, interpreted for other non-English speaking or limited-English speaking patients, and for others who cannot understand the written/verbal explanation. Samaritan Healthcare finds that non-English translation(s) of the notice shall be made available in: Spanish.

- D. Samaritan Healthcare shall provide in-person assistance (Navigators and Certified Application Counselors) to apply for available coverage, including retro-active healthcare coverage.
- E. Samaritan Healthcare shall make available on its website, current versions of this policy, a plain language summary of this policy, and Samaritan Healthcare's Financial Assistance application form.
- F. Samaritan Healthcare shall train front line staff to answer financial assistance questions effectively and/or direct such inquiries to the appropriate department in a timely manner.

ELIGIBILITY CRITERIA

- A. Financial Assistance is secondary to all other third-party coverage and financial resources available to the patient, including group or individual medical insurance, workers compensation, Medicare, Medicaid, other medical assistance programs, other state, federal, or military programs, third party liability coverage (e.g. auto accidents or personal injuries), health savings account (HSA), health care sharing ministry, or any other person or entity that may have a legal responsibility to pay for the costs of medical services.
- B. Patients will be granted financial assistance regardless of race, creed, color, national origin, sex, sexual orientation, or the presence of any sensory, mental or physical disability or the use of a trained service animal by a disabled person.
- C. Financial Assistance shall be limited to "appropriate medical services" as defined in WAC 246-453-010(7).
- D. Financial Assistance eligibility determination will be based on the Federal Income Poverty Guidelines as published annually by the Department of Health and Human Services in the Federal Register as well as Samaritan Healthcare's pledge with Washington State Hospital Association (WSHA).

Patients shall be considered for financial assistance under this policy based on the following criteria, **effective July 1, 2022:**

- A. All responsible parties with family income equal to or below two hundred percent (200%) of the federal income poverty guideline, adjusted by family size, shall be determined to be indigent persons qualifying for financial assistance for the full amount of hospital and/or clinic charges related to "appropriate medical services" provided.
- B. All responsible parties with family income between two hundred one percent (201%) and two hundred fifty percent (250%) of the federal income poverty guideline, shall be determined to be indigent persons qualifying for a seventy five percent (75%) discount of hospital and/or clinic charges related to "appropriate medical services" provided.
- C. All responsible parties with family income between two hundred fifty one percent (251%) and three hundred percent (300%) of the federal income poverty guideline, shall be determined to be indigent persons qualifying for a fifty percent (50%) discount of hospital and/or clinic charges related to "appropriate medical services" provided.
- D. All responsible parties with family income between three hundred one percent (301%) and four hundred percent (400%) of the federal income poverty guideline, shall be determined to be indigent persons qualifying for a twenty five percent (25%) discount of hospital and/or clinic charges related to "appropriate medical services" provided.

- E. Applicants with income above four hundred one percent (401%) of the Federal Poverty level will be responsible for the billed amount.

Sliding Scale: Tier 2 Hospital

FPL	Discount	Cost Share
< 200%	100%	0%
201%-250%	75%	25%
251%-300%	50%	50%
301%-400%	25%	75%
> 401%	0%	100%

Special Consideration/Financial Hardship: Samaritan, at its’ discretion, may grant financial assistance in the event of a catastrophic medical expense, severe financial hardship, or personal loss. Special Consideration may be provided when a patient/guarantor demonstrates financial hardship considering factors such as: income, cost of living, assets, expenses, family size, and the scope and extent of necessary medical bills. All Special Consideration/Financial Hardship considerations will be reviewed by Leadership on a case by case basis. To initiate Special Consideration/Financial Hardship review, a completed application for Financial Assistance along with a Special Consideration Application Form, accompanied by supporting documentation, is required.

ELIGIBILITY DETERMINATION

1. Samaritan Healthcare will use an application process for determining eligibility for Financial Assistance. Requests to provide Financial Assistance will be accepted from sources such as physician, community or religious groups, social services, financial services personnel, or the patient, provided that any further disclosure of the information contained in the request shall be subject to the Health Insurance Portability and Accountability Act (HIPAA) regulations and Samaritan Healthcare privacy policies.
2. Reasonable efforts will be made to secure a signed application, but this may not be possible in all cases. Samaritan Healthcare may choose to grant Financial Assistance solely based on an initial determination of a patient’s status as an indigent person. In such cases, a full application, verification of income, and documentation may not be required. This would include, but is not limited to, patients who qualify for Medicaid with charges for days or services not covered (nor eligible for retroactive coverage), patients that are homeless, and deceased patients without an estate. In these cases, at it’s sole discretion, Financial Assistance deemed "No Other Recourse" may be granted.
3. Samaritan Healthcare will make every reasonable effort to reach initial and final determinations of Financial Assistance designation in a timely manner; however, shall make those designations at any time upon learning of facts or receiving necessary supporting documentation, as described in WAC 246-453-030.
4. Pending final approval, Samaritan Healthcare will not initiate collection efforts, provided the responsible party is cooperative with efforts to reach a determination of sponsorship status,

including timely return of application and necessary supporting income documentation. Extraordinary Collection Activities (ECA) may only be initiated one hundred twenty (120) days after the date of first billing statement. However, an account will be considered for Financial Assistance up until a judgment has been reached by a debt collection agency. Accounts that have reached judgment or have had garnishment assignment will not be considered eligible for financial assistance.

5. Patients shall pursue other sources of funding, including Medicaid, if appropriate. Samaritan Healthcare shall assist patients with applying for coverage, including retro-active healthcare coverage. Samaritan Healthcare is not obligated to provide Financial Assistance if the patient fails to make reasonable efforts to cooperate with efforts to assist them in applying for such coverage.
6. Samaritan Healthcare shall not impose application procedures for Financial Assistance or for assistance with retroactive coverage applications which place an unreasonable burden upon the patient, taking into account any physical, mental, intellectual, or sensory deficiencies, or language barriers which may hinder the responsible party's capability of complying with application procedures.

Income Verification: All applications, whether initiated by the patient or otherwise, must be accompanied by documentation to verify income amounts stated on the application form. Any one of the following documents shall be considered sufficient evidence upon which to determine Financial Assistance eligibility:

- a. A "W-2" withholding statement for current year
- b. Pay Stubs from all employment during the relevant time period (3 months)
- c. An income tax return from the most recent calendar year, including schedules if applicable
- d. Current bank statement reflecting deposit(s) for all other sources of income (3 consecutive months)
- e. PFMLA (Paid Family Medical Leave of Absence) deposit notification or payment statement
- f. Social Security benefit award letter, Veteran Benefit award letter, Workers Compensation (L&I) award letter
- g. Forms approving or denying eligibility for Medicaid and/or state-funded medical assistance
- h. Forms approving or denying unemployment compensation
- i. Written and signed statements from employers or DSHS Agency
- j. Retirement, Pension or Annuity Payment award letter
- k. Self-employment income tax forms, including schedules with Profit & Loss statement

Timing of Income Determination: The annual family income of the patient is classified as of the time the health care services were provided, or at the time of the application for Financial Assistance if the application is made within two years of the time of service, the patient has been making good faith efforts towards payment of health care services rendered, and the patient demonstrates eligibility for Financial Assistance. At the discretion of Samaritan Healthcare, applications for Financial Assistance may be considered at any time, including a change in the patients financial circumstances.

In cases where the patient is unable to provide supporting documentation for income verification, the following procedures should be followed:

- **Written and Signed Attestation:** A completed Financial Assistance application may be accompanied by a written and signed attestation explaining personal circumstances. Written statements must acknowledge that the information provided is true and correct to the best of the patients knowledge. If the patient discloses wages from an employer, a written and signed statement may be required from employer.
- **Expired Patients:** Although documentation of income is not required for expired patients, an estate verification process is completed to ensure that Financial Assistance is appropriate. When available, a copy of the death certificate shall be included with the application and documentation of the efforts made to verify estate information through a family member or with the county court house shall be made within the patients account.

Samaritan Healthcare will not take into consideration the existence, availability, and value of assets of the patient and/or guarantor to reduce sliding scale discounts. Asset information will be used solely for Medicare cost reporting purposes, as necessary.

FINAL DETERMINATION TIME FRAME AND APPEALS

Samaritan Healthcare will make a final eligibility determination and notify the patient within fourteen (14) days of receipt of a completed application. A completed application is defined as one that is finished in its entirety, signed, dated, and accompanied by all necessary supporting documentation that may be used to verify all household income.

Financial Assistance determinations will span a one hundred eighty (180) day period. Such determination does not preclude a reassessment of the patient's ability to pay upon presentation of additional documentation. If a patient has been found eligible for financial assistance and continues receiving services for an extended period of time, Samaritan Healthcare shall require an updated Financial Assistance application and supporting documentation to re-evaluate eligibility for Financial Assistance every six (6) months, or one hundred eighty (180) days, to confirm that the patient remains eligible.

Adequate Notice of Denial: When an application for Financial Assistance is denied, a written notice with be issued. Written notice shall include:

1. The reason(s) for denial
2. The date of decision
3. Instructions for appeal or reconsideration request

A patient may appeal the determination of eligibility for Financial Assistance within thirty (30) days of receipt of notification of denial. All appeals will be reviewed by Leadership. If this review affirms the previous denial determination, written notification will be issued to the patient and the Department of Health, in accordance with WAC 246-453-040. If Samaritan Healthcare has initiated collection activities and discovers an appeal has been filed, collection efforts shall cease until the appeal is finalized. A denial may be appealed a maximum of two (2) times before a patient must submit a new financial

assistance application.

If the patient or responsible party has paid some, or all, of the balance for medical services and is later found to have been eligible for Financial Assistance at the time services were provided, he/she shall be reimbursed for any amounts in excess of what is determined to be owed. The patient will be reimbursed within thirty (30) days the Financial Assistance determination.

Any patient communication that occurs after transfer to a bad debt agency should be referred to a Financial Counselor. All standard methods of qualification and validation will be used as outlined above. Collection agencies will be notified to suspend collection activity until a final determination has been made.

STAFF TRAINING

All relevant and appropriate staff shall participate in standardized training based on this Financial Assistance Policy and the use of interpreter services to assist persons with limited English proficiency and non-English-speaking persons in understanding information about the availability of Financial Assistance. The training shall help ensure staff can answer Financial Assistance questions effectively, obtain any necessary interpreter services, and direct inquiries to the appropriate department in a timely manner.

SERVICES EXCLUDED FROM FINANCIAL ASSISTANCE PROGRAM

Services not eligible for Financial Assistance include elective services; such as sterilization procedures, sports physicals, Department of Transportation (DOT) physicals, employer-required screenings, Durable Medical Equipment (DME), charges denied by insurance as experimental or investigational, vaccines for travel, elective circumcision, services in which a signed Notice of Non-Coverage - Patient Agreement of Financial Responsibility is obtained prior to non-emergent service(s) being rendered, and any other service(s) determined to be "not medically necessary" by a health insurance plan.

UNCOOPERATIVE AND NON-COMPLIANT PATIENTS

Uncooperative patients are defined as unwilling to disclose any financial information as requested for Financial Assistance determination. In these cases, applications will be denied.

Non-compliant patients are defined as those not providing required documentation for Medicaid, Medicare, or other assistance programs. In these cases, applications will be denied.

Samaritan Healthcare is not obligated to provide Financial Assistance to Uncooperative and Non-compliant patients that do not make reasonable efforts to comply with the process of applying for medical coverage under chapter 74.09 RCW.

INFORMATION FALSIFICATION

Deliberate falsification of information will result in denial of the Financial Assistance application. If, after a patient is granted financial assistance, the hospital finds material provision(s) of the Financial Assistance application to be untrue, Financial Assistance status may be revoked after Leadership review and the patient's account may be forwarded to a debt collection agency.

DOCUMENTATION AND RECORDS

All information relating to the application will be kept confidential. A complete copy of all documents, which support the application, will be kept with the application form for a minimum of seven (7) years. If the patient is a Medicare patient, and the Financial Assistance application has proven the patient indigent which qualifies for Medicare Bad Debt, a complete copy of the application and supporting documentation will be kept within Medicare files for a minimum of ten (10) years.

In accordance with RCW 70.170.060 and WAC 246-453-070, Financial Assistance ("charity care") policies, procedures and sliding fee schedules will be submitted to CharityCare@doh.wa.gov.

REFERENCES:

- WAC 246-453: [Washington State Legislature Title 246, Chapter 246-453](#)
- WSHA (2007) Voluntary Pledge for Hospitals on Billing the Uninsured: [2007 Voluntary Pledge](#)
- Federal Poverty Guidelines (FPL): <https://aspe.hhs.gov/poverty-guidelines>
- RCW 70.170: [Washington State Legislature Title 70, Chapter 70.170](#)

All Revision Dates

2/5/2023, 12/24/2022, 6/22/2022, 1/3/2022, 4/4/2019, 12/1/2018, 6/10/2018, 10/20/2015, 9/9/2015, 9/3/2015, 3/2/2012, 6/1/2009

Approval Signatures

Step Description	Approver	Date
Senior Leadership - CAO	Alexander Town: CFO	2/5/2023
PFS Director	Jen Charlo: PFS Director	1/9/2023