



Applies to: Patients

Administrative Operations

Sound Surgeons Surgery Center

**POLICY STATEMENT**

It is the desire of Sound Surgeons Surgery Center (SSSC) to provide financial assistance or charity care to those patients in need of such assistance residing in Snohomish County, Washington. SSSC considers each patient’s ability to pay for his or her medical care, and is committed to treating patients who have financial needs with the same dignity and consideration that is extended to all of its patients. SSSC intends, with this policy, to establish financial assistance procedures that are compliant with applicable federal, state and local laws.

**Purpose of the Policy**

This policy shall cover health care services provided by SSSC and does not include physician, anesthesia services and other services provided by outside vendors. SSSC has established procedures to aid and assist those patients who have demonstrated financial hardship and cannot meet the costs of the healthcare services they receive at SSSC. SSSC may assist patients in receiving available resources for payment of their services. When such resources are not available, patients will be evaluated for voluntary Charity Care.

**Definitions**

Term	Definition
Charity Care	The ability to receive free care. It refers to the inability of a patient to pay for medical care. In comparison, bad debt is an unwillingness of a patient to pay for medical care. Charity Care is designed to assist those patients who are unable to pay for all, or part, of their health care expenses. Charity Care is not designed to assist those who are able, yet unwilling, to pay. The patient’s willingness to discuss his/her account and disclose pertinent financial information is often relied upon to make the distinction between inability and unwillingness to pay.
Financial Assistance	The ability to receive care at a discounted rate.
Uninsured Patient	An individual who does not have any third-party health care coverage by (a) a third party insurer, (b) an ERISA plan, (c) a Federal Health Care Program (including, without limitation, Medicare, Medicaid, SCHIP and Tricare), (d) Worker’s Compensation, Medical Savings Accounts or other coverage for all or any part of the bill, including claims against third parties covered by insurance to which SSSC is subrogated, but only if payment is actually made by such insurance company.
Federal Health Care Program	Any health care program operated or financed at least in part by the federal, state or local government.

**PROCEDURE**

I. Eligibility

- A. The Charity Care Policy was established to provide financial relief to those who are unable to meet their financial obligation to Sound Surgeons Surgery Center. It applies to any person with the inability to pay all or part of their financial responsibility to Sound Surgeons Surgery Center for SSSC provided services. Patients who are receiving elective cosmetic or plastic surgery are not eligible.

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- B. Charity Care applies to charges for traditional, non-elective healthcare services to patients meeting the financial criteria set by the Surgery Center using the Federal Poverty Income Guidelines found at <https://aspe.hhs.gov/poverty-guidelines>
- C. Patients who are uninsured for the relevant service and who are ineligible for governmental or other insurance coverage, and who have family incomes in excess of 200%, but not exceeding 500%, of the Federal Poverty Level, will be eligible to receive Financial Assistance in the form of a partial discount of charge related to procedure and professional fees.

### II. Eligibility Determination

- A. The determination of Charity Care eligibility and approval of Charity Care is completed prior to rendering services.
- B. Once a patient is identified as uninsured, SSSC personnel shall give the patient the SSSC Charity Care and Financial Assistance Application. The Uninsured Patient must complete the Application for Financial Assistance. Some or all of the following documentation will be required at the time of application:
  - 1. Medical Assistance eligibility /denial notice if applicable.
  - 2. Income Tax returns for the most recently filed year.
  - 3. Proof of income and Adjusted Gross Income such as:
    - a. Pay stubs from the past six (6) pay periods.
    - b. W-2 withholding statement.
    - c. Social Security checks, receipts or deposits.
    - d. Bank statements – checking and savings.
    - e. Any other documentation that may secure as proof of Charity Care or Financial Assistance eligibility.
- C. The financial resources of a parent or guardian may be considered in determining the eligibility of a patient who is dependent on their parents or guardian for financial support.

### III. Participation

- A. A completed SSSC Charity Care and Financial Assistance Application will be forwarded to the Administrative Operations Manager and/or the Administrative Operations Supervisor. When the application for Charity Care is received, the staff will review and determine (through the use of the Charity Care and Financial Assistance Worksheet) if the application is complete and whether the documentation supports Charity Care or Financial Assistance eligibility.
- B. Charity Care patients will receive discounts to professional fees associated with procedures conducted in Sound Surgeons Surgery Center (except for personal charges incurred by the patient). The patient will not receive a bill for SSSC charges; however, the patient is responsible for and may receive a bill for other in-hospital services.
- C. Patients extended Financial Assistance in the form of a partial discount must sign a written agreement to pay the amount of the charges remaining after deducting the discount. The Financial Assistance partial discounts are set forth in Schedule A of the Federal Poverty Income Guidelines. The patient will receive a bill showing charges, the amount of the discount and the amount due. Physician/Professional, Anesthesia Services and other services provided by outside vendors are not covered by this policy and patients seeking discount for such services should be directed to call the physician or outside vendor directly.

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- D. Patients who do not provide the requested information necessary to completely and accurately assess their financial situation and/or who do not cooperate with efforts to secure governmental health care coverage will not be eligible for Charity Care or Financial Assistance. However, in normal circumstances, such cooperation should not be a precondition to the receipt of medically necessary treatment, especially in emergency care.
- E. Applications outside of these guidelines may be approved based upon extraordinary circumstances with the documented approval of the Executive Director.
- F. Collection of amounts due from patients receiving Financial Assistance shall be handled pursuant to the SSSC Policy on Collections.

#### IV. Calculation of Financial Liability

- A. SSSC personnel will evaluate the financial liability of an Uninsured/indigent Patient based on the Uninsured Patient's household income and family size. Personnel shall use the SSSC Charity Care and Financial Assistance Grid and /or Worksheet (Schedule A) when calculating the Uninsured Patient's financial liability.

#### V. Exceptions

- A. It is recognized that there is a small percentage of the uninsured patient population that has substantial assets and could easily afford to pay for health care services, but because of having tax-exempt income or otherwise, will not have income reflected on a tax return. This policy is not intended to apply to this portion of the uninsured population.

#### VI. Miscellaneous

- A. *Confidentiality:* Confidentiality of information and preservation of individual dignity will be maintained for all applying for Charity Care. No information obtained in the patient's Application for Charity Care may be released unless the patient gives express permission.
- B. *Physician Participation:* Physician participation in providing care to charity cases will be strongly encouraged. SSSC will encourage and support staff physicians to provide a certain level of Charity Care for patients that the physician sees at the hospital.
- C. *Additional Requestors:* Charity care requests may be submitted by persons other than the patient, such as the patient's family, physician, clergy, social worker or hospital personnel. The patient shall be informed of such a request.
- D. *Alternative Handling of Charges:* Upon denial of a patient's Charity Care application, the Surgery Center administration may consider other alternatives for patient's medical care. Such alternatives may include:
  - 1. A reduction in the fees charged
  - 2. Whole or partial write-off of the patient's account
  - 3. Reasonable payment terms for the patient
  - 4. Elimination of interest charged on periodic payment

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### Responsibilities

Position or Office	Responsibilities
Patient Care Coordinator	Furnishes SSSC Charity Care and Financial Assistance Application upon request
Administrative Operations Supervisor	Receives SSSC Charity Care and Financial Assistance Application from Patient Care Coordinator
Administrative Operations Manager	Assists in determination of charity care or financial assistance as needed
Executive Director	Approval outside of policy guidelines

### Resources

Federal Poverty Income Guidelines: <https://aspe.hhs.gov/poverty-guidelines>

### Contacts

Title	Department
Administrative Operations Supervisor	Administrative Operations
Administrative Operations Manager	Administrative Operations
Executive Director	Executive Administration

### Reference Documents

- 3.3.1a Sound Surgeons Surgery Center Charity Care and Financial Assistance Application
- 3.3.1b Charity Care and Financial Assistance Worksheet
- 3.3.1c Financial Assistance Patient Agreement

### History

Draft Issued: 06/07/2018  
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