



Charity Care Policy



IT IS THE POLICY of Group Health Cooperative (“Group Health”) to provide Charity Care to eligible low-income recipients of certain emergent and medically necessary care provided at Central Hospital within Group Health’s Capitol Hill Campus in Seattle and related follow-up medical services provided at any Group Health Medical Center. Charity Care shall be administered in compliance with the State of Washington Department of Health (DOH) regulations (including those governing the type of services that can be provided as Charity Care and eligibility requirements for patients). In addition, Group Health’s Charity Care program shall be administered consistent with the requirements under IRC Section 501(r) and its regulations. Charity Care patients need not have medical coverage through Group Health.

Not all of the Capitol Hill Campus is part of Central Hospital. If a patient is having problems paying his or her bills, but does not qualify for Charity Care, he or she may qualify for a payment plan or other health care assistance. Patients may contact Group Health Customer Service at 1-888-901-4636 to determine if they qualify.

To Qualify

Qualifying hospital-based care is available at no charge to patients who:

- Received care at Group Health Central Hospital or who was treated at a state-licensed hospital by a Group Health provider. Group Health Charity Care is applied to any professional fees of a Group Health provider for eligible patients who received care at a state-licensed hospital other than Group Health Central Hospital. Any corresponding facility fees are either the responsibility of the patient or may be covered by a financial assistance program of the state-licensed hospital.
- Have gross personal or family household income that meets Charity Care guidelines for the household size (see chart below) or who qualified for financial assistance at a state-licensed hospital where the patient was treated by a Group Health provider.
- Agree to allow Group Health to bill any other insurance or third party payer who may be responsible for all or part of the individual’s Group Health expenses.
- Agree to apply for any state programs the patient may be eligible for which may provide ongoing assistance with health care costs.

Services and Payments Not Eligible for Charity Care Assistance

Charity Care will not be applied to any of the following:

- Premiums and dues
- Services which are not emergent or medically necessary as determined by a Group Health physician. Some examples of services that are not covered are cosmetic surgery, bariatric surgery, DNA testing, travel injections or any services not provided by Group Health. Refer to the appendix for a list of covered services.

2016 Charity Care Income Guidelines

If a patient's household/family size is:	The gross monthly income* for the patient's household must be less than, or equal to:
1	\$2,970
2	\$4,005
3	\$5,040
4	\$6,075
5	\$7,110
6	\$8,145
7	\$9,183
8	\$10,223

* For each additional family member, add \$1,040. These figures are 300% of the Federal Poverty Level as of January 2016. If the patient is self-employed, his or her income should be reported after business expenses. The self-employment worksheet included in the application must be completed and submitted with the required documentation specified in the application.

Application Process

The full Charity Care application must be completed and signed by the patient, and if applicable, spouse and any dependents 18 or older. A patient may obtain a Charity Care application, the Group Health Financial Assistance Policy and a plain language summary of the policy free-of-charge in the following ways:

1. A paper copy is available at the Urgent Care registration desk or at any Group Health Central Hospital check-in station. The plain language summary is displayed at these locations.
2. A viewable, printable electronic copy is available on our website at www.ghc.org.
3. A printed copy is available by mail. Contact the **Group Health Resource Line** at **1-800-992-2279**, or send an email request to resource.l@ghc.org and a copy will be mailed free-of-charge.

The Financial Assistance Policy and plain language summary is available on our public website and is provided to local public agencies and community organizations that address the health needs of the community's low-income populations.

Income verification for the patient's entire household, including dependents, for the 3 months/90 days before the patient sent in the application must be provided where possible. Any one of the following documents shall be considered sufficient evidence upon which to base the final determination of charity care sponsorship status: a "W-2" withholding statement; pay stubs; an income tax return from the most recently filed calendar year; forms approving or denying eligibility for DSHS Medicaid and/or state-funded medical assistance; forms approving or denying unemployment compensation; or written statements from employers or welfare agencies. If the patient is unable to provide any of the documentation described above, we shall rely upon a written and signed statement that the patient is indigent. Special documents. If the patient's household includes dependent adults, foster children or adopted children, guardianship papers

or a recent income tax return that lists them as dependents must be provided where possible. If the patient wants another person to speak for them on medical or financial matters, a Power of Attorney (POA) or similar document should be included.

If applicable, written proof of financial assistance the patient received for facility charges billed by a state-licensed hospital where a Group Health provider provided care to the patient. The Charity Care application and income verification may be mailed to the following address:

Group Health Patient Financial Services
Sponsored Care
PO Box 34584
Seattle, WA 98124

Questions regarding Charity Care can be directed to Customer Service at 1-888-901-4636 (toll-free within Washington State). The Charity Care application may not be sent via email, but may be submitted via fax to (206) 877-0640 or delivered to the Central Campus Business Office located at 201 16th Avenue East, Seattle, WA. The business office is in the South Building, Wing A1, Room CSB137

Review Process

The review process of a completed Charity Care application may take up to 20 business days.

If an application is incomplete, or income verification documents or special documents are not provided, Patient Financial Services will contact the patient in writing to request additional information. .

Patients who present at Group Health Cooperative's hospital-licensed emergency/urgent care facilities and indicate inability to pay may sign a Charity Care application form to apply for assistance. If the reported household income and assets are within the poverty level guidelines stated on the application, but the request for income documentation imposes a substantial burden on the responsible party, the absence of documentation will not result in a denial of assistance.

After reviewing a completed Charity Care application, Group Health will provide an applicant with a written decision. If the application is approved, the letter will contain a full description of the assistance, including the date(s) approved. If the application is denied, an explanation will be provided. Group Health has the right to, and may, revoke, rescind or amend Charity Care assistance at Group Health's discretion in the case of fraud, misrepresentation, theft, if other health care coverage information or payment sources are identified after the patient receives a Charity Care award, or upon other changes in a patient's eligibility for Charity Care.

Additional Information

Charity Care assistance is temporary. Patients are encouraged to make every effort to obtain further assistance with the cost of their medical care. If a patient has an ongoing need for financial assistance and is eligible, he or she can apply for medical assistance through the Department of Social and Health Services (DSHS), or contact the Washington Information Network at 2-1-1 to find resources such as community health clinics, medical services and other health care services.

Patients who require assistance with completing the application should call Group Health Patient Financial Services at (206) 901-6089, or 1-800-442-4014, choose option #4, then option 7 (toll-free within Washington State).

The amounts charged for emergency or other medically necessary care provided to individuals eligible for Charity Care under this policy will not be more than the amounts generally billed ("AGB") to individuals who have insurance covering such care. Group Health calculates AGB based on the look-back method.

Information Regarding Billing and Collections Practices

Group Health has developed billing and collection policies and procedures that incorporate sound debt collection practices while appreciating the needs of patients served by Group Health's Central Hospital. These policies and procedures take into account the extent to which a patient qualifies for Charity Care and a patient's good faith efforts to apply for Charity Care assistance. Group Health will pursue payment for all debts owed for services provided to patients who do not qualify for full financial assistance under the Charity Care program and/or who have not made a good faith effort to apply for Charity Care.

When reasonable collection efforts have occurred, Group Health has not received a Charity Care application, and the patient debt is deemed uncollectable within a minimum of 120 days after the initial billing statement, receivables may be placed with a collection agency. Placement prior to 120 days is permitted in the following situations:

- Patient has other unresolved balances for services that are not eligible for Charity Care.
- Patient is deceased
- Patient has failed to comply with a previously arranged payment arrangement
- Patient has returned mail
- Patient has filed for bankruptcy

Group Health and/or its outside collection agencies will cancel and return, on a retrospective basis, any accounts that qualify for Charity Care according to the eligibility criteria outlined in this Charity Care policy.

Before engaging in any collections actions or reporting to a credit/collection agency, patients served by Group Health's Central Hospital are informed of the Charity Care program. Group Health will forego taking extraordinary collection actions against individuals before reasonable efforts have been made to determine if the patient is eligible for Charity Care. Reasonable efforts include notification about the Charity Care policy before a patient leaves the hospital, additional written notification of the Charity Care policy in billing statements to the patient, and notification in other written and oral communications with the patient regarding the bill, before engaging in any collection actions or reporting to a credit/collection agency.

The following are extraordinary collection actions that Group Health may take after reasonable efforts have been made to determine if the patient is eligible for Charity Care: reporting a patient to a credit reporting agency, placing a lien on a patient's property, attaching or seizing a patient's bank account or any other personal property, commencing a civil action against a patient, and garnishing a patient's wages.

Appendix: List of Hospital Services Covered by Charity Care

Laboratory

Mammography

Extended Observation

Surgery

Urgent Care

Magnetic Resonance Imaging (MRI)

Radiology

In-patient Pharmacy