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FINANCIAL ASSISTANCE – CHARITY CARE

Subject: Swedish Financial Assistance (Charity Care) Policy	**Policy Number**: PSJH RCM 002 - SHS	
Department: Revenue Cycle Management	☐ New ☒ Reviewed ☐ Revised	**Date**: 12/1/2025
Executive Sponsor: SVP Chief Revenue Cycle Officer	**Policy Owner:** AVP Financial Counseling	
Approved by: SVP Chief Revenue Cycle Officer	**Implementation Date**: 1/27/2025	

Swedish Health Services and Swedish Edmonds ("SHS" or "Swedish") is a not-for-profit healthcare organization that is dedicated to its Mission of serving everyone, especially those who are poor and vulnerable. SHS believes that getting medical care is a right every person should have. SHS makes sure that emergent and medically necessary healthcare services are available to anyone in the community, even if they can't afford to pay.

SCOPE:

This policy applies to all SHS hospitals in the state of Washington. It covers all emergency, urgent and other medically necessary services (with the exception of experimental, investigative, aesthetic, or cosmetic care, or care for patient or physician convenience) (as defined in the definition of "Eligible Services"). A list of SHS hospitals covered by this policy can be found in Exhibit A. When we use the word "hospital" or "facility" in this policy, it is referring to the scope of facilities described in Exhibit A.

This policy shall be interpreted in a manner consistent with Section 501(r) of the Internal Revenue Code of 1986, as amended, and with the requirements of the Washington Charity Care Act and its implementing regulations, found at RWC 70.170 and WAC Chapter 246.453, as amended from time to time. In the event this policy and the law ever conflict, the law will be followed.

PURPOSE:

The purpose of this policy is to ensure there is a consistent, fair, and non-discriminatory method for providing financial assistance (also referred to as "charity care") to eligible individuals who cannot afford to pay, in full or part, for the Eligible Services provided by SHS hospitals.

This policy is intended to comply with all applicable laws. This is the official Financial Assistance (Charity Care) Policy (FAP) and Emergency Medical Care Policy for each SHS hospital in Washington.

RESPONSIBLE PERSONS:

Revenue Cycle Departments. In addition, all appropriate staff who perform functions relating to registration admissions, financial counseling, and customer support will receive regular training on this policy.

POLICY:

SHS will provide Eligible Services at no cost, or at a lower cost, to qualifying patients who either submit an application or are deemed to be eligible for charity care, consistent with the criteria set out in this policy. Patients must meet the eligibility requirements described in this policy to qualify. For purposes of this policy, the term

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"patient" will be used to refer to the patient as well as any person who is a guarantor or responsible party (i.e., an individual who is responsible for the payment of any facility charges on behalf of the patient which are not paid by a third party).

SHS hospital emergency departments will provide care for emergency medical conditions (within the meaning of the Emergency Medical Treatment and Labor Act and Chapter 246-453-010 of the Washington Administrative Code) consistent with the emergency department's available capabilities, regardless of whether an individual is eligible for financial assistance. SHS will not discriminate based on age, race, color, creed, ethnicity, religion, national origin, marital status, sex, disability, veteran or military status, or any combination thereof, or any other basis prohibited by federal, state, or local law when making financial assistance determinations. Discrimination on the basis of sex includes, but is not limited to: sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes.

SHS hospital emergency departments will provide emergency medical screening examinations and stabilizing treatment or, where appropriate, will refer and transfer an individual to another hospital. SHS does not allow any actions, admission practices, or policies that would discourage individuals from seeking emergency medical care, such as permitting debt collection activities that interfere with the provision of emergency medical care.

List of Professionals Subject to SHS FAP:

Each SHS hospital has a list of those physicians, medical groups, or other healthcare providers who are and who are not covered by this policy. Each SHS hospital will provide this list to any patient who requests a copy. The provider list can also be found online at the SHS website: www.swedish.org/patients-and-visitors/billing-and-financial-assistance/financial-assistance

Financial Assistance Eligibility Requirements:

Financial assistance is available to both uninsured and insured patients if they meet the requirements of this policy. Charity care granted consistent with this policy is intended to also comply with other laws regarding permissible benefits to patients. SHS will make an effort to see if there is any other insurance that could cover the costs of the Eligible Services, prior to billing the patient. Patients will not be required to apply for third-party medical assistance programs before being screened for financial assistance.

When a patient may be eligible for coverage through medical assistance programs under chapter 74.09 RCW or the Washington health benefit exchange, or is determined to be qualified for retroactive, health care coverage through the medical assistance programs under chapter 74.09 RCW, SHS will assist the patient with applying for such coverage. Financial assistance may be denied if the patient fails to make reasonable efforts to cooperate with and assist SHS in applying for such coverage. SHS will not place unreasonable burdens on the patient during the application process for financial assistance and retroactive coverage, taking into account any physical, mental, intellectual, or sensory deficiencies, or language barriers which may hinder the patient's capability of complying with application procedures. Patients who are obviously or categorically ineligible or have been deemed ineligible in the prior 12 months for a state or federal program will not be required to apply for such programs in order to receive financial assistance.

Patients without insurance will receive a discount. The types of bills that might be eligible for financial assistance adjustments include, but are not limited to: self-pay, charges for patients with out-of-network coverage, and coinsurance, deductible, and co-payment amounts related to insured patients.

Patients seeking financial assistance may complete the standard SHS Financial Assistance Application and eligibility will be based upon financial need as of the date of service or as of the date of application, whichever indicates the lower amount of income and greatest financial need. Patients may re-apply for assistance if their financial circumstances change, even if a previous application was denied or approved in part. Efforts will be

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made to inform patients of the availability of financial assistance by providing information during admission and discharge, on the patient's billing statement, in patient accessible billing areas (like registration counters), on SHS's website, by oral notification during payment discussions, as well as on signage in inpatient and outpatient areas, including areas where patients are admitted or registered and in the emergency department. Translations will be made available in any language spoken by more than five percent of the population in the hospital's service area. SHS will keep records of the information used to determine financial assistance eligibility. SHS will provide a paper copy of this policy to a patient upon request.

SHS will also approve certain patients for a presumptive adjustment to their account balance by means other than a full Financial Assistance Application if the patients meet the requirements detailed later in this policy (please see "Financial Assistance Without a Financial Assistance Application").

Initial Screening: SHS will offer an initial screening to each patient that it directly encounters (i.e., in person, over the phone, or digitally). The initial screening will be based on patients' representations about their household size and income.

- If a patient appears likely to qualify for financial assistance based on the initial screening, SHS will inform the patient of their likely eligibility and will provide them with directions on how to apply for financial assistance by submitting a Financial Assistance Application. SHS will also inform the patient that the completed Financial Assistance Application must be provided to SHS within fourteen (14) days to prevent collection efforts. If the completed Financial Assistance Application is not provided within that time frame, SHS may commence collection efforts, unless the patient asks for more time (please see "Applying for Financial Assistance").
- If a patient does not appear likely to qualify for financial assistance, SHS will inform the patient of this through a written notice of that determination. SHS will also inform the patient that they may still submit a completed Financial Assistance Application for a more thorough review of their financial circumstances.

SHS will perform an initial screening even if it also uses an industry-recognized financial assessment tool that evaluates ability to pay based on publicly available financial or other records and that tool indicates the patient may not be eligible for financial assistance.

If SHS does not have a direct patient encounter, the patient is medically unable to participate in the initial screening, or an initial screening is not practical under the circumstances, SHS will provide a written explanation to the patient of the availability of financial assistance with instructions on how to apply. The explanation will also include contact information for an individual at SHS who can help the patient in completing the Financial Assistance Application, along with a copy of the Financial Assistance Application.

If a patient declines or fails to cooperate in the initial screening but indicates an interest in applying for financial assistance or indicates that they may experience difficulty in paying, SHS will give the patient a written explanation of the availability of financial assistance, along with instructions for how to apply.

Depending on the circumstances and/or patient preferences, Providence may communicate with patients through various means, including but not limited to digital interfaces.

Applying for Financial Assistance: Patients may request and submit a Financial Assistance Application, which is free of charge and available at the SHS facility, or by the following means: advising patient financial services staff at or prior to the time of discharge that assistance is requested; by mail, or by visiting www.swedish.org/patients-and-visitors/billing-and-financial-assistance/financial-assistance A person's application for financial assistance will be processed to determine if they may meet the criteria for financial assistance as set forth in this policy.

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SHS facilities have designated staff ready to help patients complete the Financial Assistance Application and see if the patient qualifies for financial assistance from SHS itself or from government-funded insurance programs. Help with language translation is also available to address any questions and to assist in the completion of the Financial Assistance Application.

A patient may provide a completed Financial Assistance Application, including all requested supporting documentation, at any time. SHS will suspend any collection activities pending an initial determination of eligibility for financial assistance, provided that the patient is cooperative with SHS's reasonable efforts to reach an initial determination. If a patient contacts SHS for additional time to complete their Financial Assistance Application, SHS will not start collection efforts for at least another fourteen (14) days from the date of the patient's request.

A determination of eligibility for financial assistance can be made according to the income qualifications as detailed on Exhibit B. If SHS approves a patient's Financial Assistance Application, it will treat Eligible Services the patient receives as eligible for financial assistance for at least nine (9) months, unless the patient notifies SHS that they no longer need and/or want financial assistance.

Individual Financial Situation: A patient's income, certain assets, and expenses will be used in assessing the patient's individual financial situation. Additionally, SHS will consider and collect information related to assets as required by the Centers for Medicare and Medicaid Services (CMS) for Medicare cost reporting, which applies to Medicare patients who do not also have Medicaid insurance. While SHS does collect asset information from such individuals, which may include bank statements, and other information that SHS's financial counselors believe is needed, not all such assets will figure into the final amount of the award. For instance, the calculation of the award will not consider: (A) the first $100,000 of a patient's monetary assets (including their family's assets, if applicable), and 50% of a patient's monetary assets over the first $100,000 (including their family's assets, if applicable); (B) any equity in a primary residence; (C) retirement or deferred compensation plans qualified under the Internal Revenue Code or nonqualified deferred compensation plans; (D) one motor vehicle and a second motor vehicle if it is necessary for employment or medical purposes; (E) any prepaid burial contract or burial plot; and (F) any life insurance policy with a face value of $10,000 or less. The value of any asset that has a penalty for early withdrawal shall be the value of the asset after the penalty has been paid. Information requests from SHS to the responsible party to verify assets will be limited to that which is reasonably necessary and readily available to determine the existence, availability, and value of a person's assets and will not be used to discourage application for free or discounted care. Duplicate forms of verification will not be requested. Only one current account statement will be required to verify monetary assets. If no documentation is available, SHS will rely on a written and signed statement from the patient. Any asset information obtained by the hospital in evaluating a patient for charity care will not be used for collection activities. Also, assets will not be considered for households under 300% of the federal poverty level, except for Medicare patients who do not also have Medicaid insurance, as required by CMS for Medicare cost reporting.

Income Qualifications:
The patient's income, based on FPL, may be used to determine eligibility for financial assistance. Please see Exhibit B for details.

Eligibility Determinations:
Patients will receive notification of FAP eligibility determination within 14 days of submission of the completed Financial Assistance Application and necessary documentation. The notification will specifically include an

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explanation of the basis for the determination. Once an application is received, collection efforts will be pended until a written determination of eligibility is sent to the patient. SHS will not make a determination of eligibility for assistance based upon information which the hospital reasonably believes is incorrect or unreliable.

Dispute Resolution:
Patients who have completed a Financial Assistance Application may appeal a determination of ineligibility for financial assistance by providing relevant additional documentation to SHS within 30 days of receipt of the notice of denial. The patient may need to provide relevant additional documentation in support of their appeal. SHS will suspend any collection activities pending review of the appeal. All appeals will be reviewed and if the review affirms the denial, written notification will be sent to the patient and State Department of Health, where required, and in accordance with the law. The final appeal process will conclude within 10 days of receipt of the denial by SHS. An appeal may be sent to Swedish Medical Center, c/o Providence Regional Business Office P.O. Box 31001-3422 Pasadena CA 91110-3422 United States of America.

Financial Assistance Without a Financial Assistance Application:
SHS may approve a patient for a presumptive adjustment to their account balance without a full Financial Assistance Application as outlined in the circumstances below:

Presumptive Determinations: Such determinations will be made on a presumptive basis using an industry-recognized financial assessment tool that evaluates ability to pay based on publicly available financial or other records, including but not limited to approximate household income and household size according to the eligibility criteria set forth in Exhibit B. For patients that are presumptively determined to be eligible for write offs based on this screening, eligible amounts will be written off as shown on Exhibit B. Patients who made payment prior to SHS determining the patient to be presumptively eligible for financial assistance may be required to submit a complete Financial Assistance Application in order to be evaluated for eligibility for refunds of amounts previously paid.

- Public Assistance Programs: Patients who are participating in state Medicaid programs are eligible for presumptive assistance. Patient account balances resulting from charges for Eligible Services that are non-reimbursable by Medicaid or other government-sponsored low-income assistance programs may be eligible for full presumptive write-off, including but not limited to non-reimbursable charges for Eligible Services related to the following:
    - Denied inpatient stays
    - Denied inpatient days of care
    - Non-covered services
    - Prior Authorization Request Denials
    - Denials due to restricted coverage

For patients who participate in state funded FPL-qualified public assistance programs (e.g., Basic Food Supplemental Nutrition Assistance Program and Food Assistance Program (SNAP); Temporary Assistance for Needy Families (TANF); Children's Health Insurance Program (CHIP); Women, Infants and Children Nutrition Program (WIC); free lunch or breakfast programs; and low-income home energy assistance programs), SHS may consider such participation as proof of FPL or annual family income in order to determine eligibility for presumptive assistance pursuant to Exhibit B.

Catastrophic Medical Expenses:
SHS will may grant financial assistance at its discretion to grant additional assistance based on the patient's circumstances or in the event of a qualifying catastrophic medical expense if a patient's annual family income and

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total medical expenses at SHS facilities in the prior 12 months meet the requirements specified in Exhibit B. A complete Financial Assistance Application is required to be evaluated for eligibility for Catastrophic Medical Expenses

Times of Emergency:
Financial assistance may be available in times of a national or state emergency, independent of assistance for catastrophic expenses. Eligibility criteria and discount amounts will be set at SHS's discretion at the time of such emergency. A complete Financial Assistance Application is required to be evaluated for eligibility for Financial Assistance during Times of Emergency.

Eligibility Requirements: SHS may deny a patient's Financial Assistance Application when the patient fails to meet the requirements outlined in this policy. SHS may, consistent with state law, impose eligibility requirements for financial assistance determinations without a Financial Assistance Application, including but not limited to requirements that patients respond to requests as necessary to facilitate applying for retroactive health care coverage through medical assistance programs under chapter 74.09 RCW. If a patient does not qualify for financial assistance based on information considered without a complete Financial Assistance Application, the patient may still provide the required information pursuant to the Financial Assistance Application and be considered under the financial assistance eligibility and application process set forth in this policy.

Limitation on Charges for all Patients Eligible for Financial Assistance:
No patient who qualifies for any of the above-noted categories of financial assistance will be charged more than the Amounts Generally Billed (AGB) percentage of gross charges for Eligible Services, as defined below.

Reasonable Payment Plan:
All patients can request a payment plan, regardless of financial assistance determination or application. The payment plan will include monthly payments (without interest or late fees) that are not more than 10% of a patient's or their family's monthly income, minus the patient's usual living costs as listed on the patient's Financial Assistance Application.

Billing and Collections:
If there are any amounts left to pay after application of eligible financial assistance, the amounts may be referred to collections, except that SHS will not refer amounts for Eligible Services provided to Medicaid patients to collections. Before referring an unpaid charge for collections to a collection agency, SHS will conduct a screening to determine if the patient qualifies for financial assistance as described in this policy. Collection efforts on unpaid balances will cease pending final determination of financial assistance eligibility. In the event an individual has not yet submitted a Financial Assistance Application, SHS will screen such individuals for eligibility for presumptive determinations in a timeframe consistent with applicable state law and SHS billing and collection practices. Financial assistance based on presumptive determinations will be provided as set forth in Exhibit B. If an individual would like an earlier determination of eligibility for financial assistance, they may submit a Financial Assistance Application at any time. SHS will not take, or allow collection agencies to take, any Extraordinary Collection Actions, as defined below. For information on SHS billing and collections practices for amounts owed by patients, please see SHS's Patient Bad Debt Assignments policy, which is available free of charge at each SHS hospital's registration desk, or at: www.swedish.org/patients-and-visitors/billing-and-financial-assistance

Patient Refunds: If a patient pays for Eligible Services and is later found eligible for financial assistance based on financial assistance application, any payments made for those Eligible Services during the FAP-Eligible Time Period which exceed the payment obligation will be refunded, in accordance with state and federal

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regulations. For clarity, Providence Swedish will not automatically refund amounts previously paid based on a presumptive eligibility determination.

Annual Review:
This policy will be reviewed annually by designated Revenue Cycle leadership.

Exceptions:

See Scope above.

Definitions

The following definitions and requirements apply to this policy:

1. Federal Poverty Level (FPL): FPL means the poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services.

2. Amounts 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. SHS determines the applicable AGB percentage for each SHS facility by multiplying the facility's gross charges for the Eligible Services by a fixed percentage that is based on claims allowed under Medicare or commercial payors. Information sheets detailing the AGB percentages used by each SHS facility, and how they are calculated, can be obtained by visiting the following website: www.swedish.org/patients-and-visitors/billing-and-financial-assistance/financial-assistance or by calling **1-866-747-2455** to request a copy.

3. Eligible Services: Eligible Services means the emergency or medically necessary services provided by a SHS facility that are eligible for financial assistance. Medically necessary services, for purposes of this policy, include services to prevent, diagnose, or treat an illness, injury, condition, or disease, or the symptoms of an illness, injury, condition, or disease, and that meet accepted standards of medicine. Services that are aesthetic, cosmetic, experimental, investigative, or part of a clinical research program, or services that are for patient or physician convenience, are not considered medically necessary services.

4. Extraordinary Collection Action (ECA): ECAs are defined as those actions that require a legal or judicial process, involve selling a debt to another party, or involve reporting adverse information to credit agencies or bureaus. The actions that require legal or judicial process for this purpose include a lien; foreclosure on real property; attachment or seizure of a bank account or other personal property; commencement of a civil action against an individual; actions that cause an individual's arrest; actions that cause an individual to be subject to body attachment; and wage garnishment.

5. FAP-Eligible Time Period: The FAP-Eligible Time Period for (i) hospital services is the 240-day period; and (ii) clinic services is the 90-day period, in each case that a patient has to submit a Financial Assistance Application to SHS. The timing begins on the date the first post-discharge billing statement is provided to the patient. A billing statement is considered "post-discharge" if it is provided to a patient after the patient received care, whether inpatient or outpatient, and the individual has left the facility. A separate FAP-Eligible Time Period starts with each episode of care, and the 240-day period for hospital services or 90-day period for clinic services, as applicable, will be measured from the first post-discharge bill for the most recent episode of care. That said, SHS has the discretion to accept and process Financial Assistance Applications from patients at any time.

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Regulatory Requirements

Internal Revenue Code Section 501(r); 26 C.F.R. 1.501(r)(1) – 1.501(r)(7)
Washington Administrative Code (WAC) Chapter 246-453
Revised Code of Washington (RCW) Chapter 70.170
Emergency Medical Treatment and Labor Act (EMTALA), 42 U.S.C. 1395dd
42 C.F.R. 482.55 and 413.89

References

American Hospital Associations Charity Guidelines
Providence Commitment to the Uninsured Guidelines
Provider Reimbursement Manual, Part I, Chapter 3, Section 312

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Exhibit A
Covered Facilities List

SHS Hospitals in Washington	
Swedish Medical Center First Hill/Ballard	Swedish Medical Center Cherry Hill
Swedish Issaquah	Swedish Edmonds
Swedish Redmond	Swedish Mill Creek

For clarity, this policy also applies to all covered facility inpatient and outpatient departments and clinics. In addition, this policy applies to the employees of covered facilities, as well as any not-for-profit or non-profit entity majority owned or controlled by Swedish and bearing the Swedish name and their respective employees.

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Exhibit B
Income Qualifications for SHS Hospitals

If...	Then ...
Annual family income, adjusted for family size, is at or below 300% of the current FPL guidelines,	The patient is determined to be financially indigent and qualifies for financial assistance 100% write-off on patient responsibility amounts for Eligible Services.
Annual family income, adjusted for family size, is between 301% and 400% of the current FPL guidelines,	The patient is eligible for a discount of 80% from original charges on patient responsibility amounts for Eligible Services, and in no event will be charged in excess of AGB.
Annual family income, adjusted for family size, is at or below 400% the FPL AND the patient has incurred total medical expenses at SHS hospitals in the prior 12 months in excess of 20% of their annual family income, adjusted for family size, for Eligible Services,	The patient is eligible for a one-time approval for Catastrophic Medical Expenses financial assistance 100% write-off on patient responsibility amounts for Eligible Services owed as of the date the Financial Assistance Application was submitted.
If a patient has not submitted a complete Financial Assistance Application as outlined in this policy but analysis by an industry-recognized financial assessment tool estimates an approximate household income, adjusted for family size, is at or below 300% of the current FPL guidelines,	The patient is presumptively eligible for financial assistance 100% write-off on patient responsibility amounts for Eligible Services.

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