NORTHBAY™ **HEALTHCARE**	**Page No.** 1 of 4	**Number:** 1003

ADMINISTRATIVE MANUAL	**Effective Date:** May 1999
System [X] **Hospitals** [ ]	**Required Review:** Every 3 years
	Reviewed: 5/02, 10/11, 8/14
	Revised: 1/05, 4/07*, 9/11, 8/17
Policy [X] **Procedure** [ ]	**Responsible Position:** Director, Patient Access & Communications; Director, Patient Financial Services
Title: Financial Assistance Program	**Approval Requirements:** Senior Director, RCM VP, Chief Financial Officer Board of Directors

I. **POLICY STATEMENT:** NorthBay Healthcare is committed to providing financial assistance to patients who have no health insurance to pay for medically necessary care or have insurance with a high medical cost or out-of-pocket expense. NorthBay Healthcare's mission statement, "Compassionate Care, Advanced Medicine, Close to Home" will serve as the foundation for all financial assistance determinations pursuant to this policy. Financial assistance determinations will be made within the broader scope of assisting patients and their families to obtain adequate and affordable insurance that provides ongoing access to community health care services. NorthBay Healthcare reserves the right to redirect the patient to the lowest cost service within our healthcare system.

II. **PURPOSE:** The purpose of this policy is to define the eligibility criteria for financial assistance and provide administrative guidelines for the communication and implementation of this financial assistance policy.

III. **ELIGIBLE SERVICES:**

Medically necessary care is defined as any necessary inpatient, outpatient, or emergency medical care that if not treated promptly would result in an adverse change in health status and is not entirely elective for patient comfort and/or convenience. Professional fees that are not billed by NorthBay Healthcare will not be covered under this Financial Assistance Policy, except as may be provided for under other policies or contracts.

IV. **ELIGIBILITY FOR FINANCIAL ASSISTANCE:**

A. Eligibility determinations will be made based on family income, which shall be calculated based on the gross income of the patient and each member of the patient's family unit. For purposes of this policy, a patient's family unit shall include a) the legal spouse, b) the registered domestic partner, c) each parent having legal custody, d) the legal guardians, and e) persons claimed as dependents on Federal Tax Return.

B. All patients requesting financial assistance will be required to:

1. inform the hospital of any other health coverage

*4/07 Title change. Formerly known as Charity Care Policy {10/03/11}

2. complete an application for County, State and/or Federal health care program, if requested; failure to comply could result in Financial Assistance Application being denied, and

3. complete and sign the Financial Assistance Application Form

4. provide written verification of identification, residency, income, and assets, if applicable; self-declaration is acceptable either for those patients who do not have any written verification because they are homeless or because of their immigration status

C. Deceased patients with no estate may be granted financial assistance without meeting the above requirements, as well as patients on County, State and/or Federal assistance who receive services that are not covered by their assistance program (i.e. Restricted Medi-Cal/State CMSP)

D. Financial assistance shall not be applied to offset Medi-Cal Share of Cost or Medicare deductibles or co-insurance.

V. **FINANCIAL ASSISTANCE GUIDELINES:**

A. Financial assistance will be provided to patients on a sliding scale basis, using the current published Federal Poverty Levels (FPL) as guidelines. Financial assistance will be granted using the following criteria:

1. If family income is 138% FPL or less: Charity Care with no cost to patient

2. If family income is 139% to 350% FPL: Discount Plan at 100% of the Medicare Fee Schedule and reasonable payment terms.

3. If family income is 351% FPL or above: Refer to Discount Plan Guidelines

B. Monetary assets, excluding retirement or deferred compensation plans and including only 50% of monetary assets over $10,000, will be used to assist in determining the patient's financial eligibility for Charity Care. Only income will be considered when determining the patient's financial eligibility for Discount Plan.

C. Healthcare services should not represent a catastrophic burden to patients. NorthBay Healthcare will limit annual family obligations for patients who family income does not exceed 350% of the Federal Poverty Level and is not greater than 10% of the patient's family income in the last year.

D. Reasonable payment terms shall be offered by NorthBay Healthcare for patients who family income is 139% to 350% FPL. Monthly payments will not exceed

10% of a patient's family income for a month, excluding deductions for essential living expenses as defined by NorthBay Healthcare.

E. Financial assistance will be considered up to twelve (12) months from the date of service. The only exception would be patients who apply for Disability Medi-Cal and are later determined to not be disabled.

F. NorthBay Healthcare will reimburse patients any amounts paid in excess of this amount due under applicable Hospital Fair Pricing Policies law, plus interest.

G. An emergency physician who provides emergency medical services in a hospital that provides emergency care is also required by law to provide discounts.

VI. PATIENT NOTIFICATION AND APPEAL RIGHTS:

A. Patients will be provided with information regarding the Financial Assistance Policy at the point of access and first billing. If a patient feels that they may be eligible under the policy, then they shall be referred to financial counseling for further assistance. A final determination will be made within 30 days of an application being completed and all requested documentation being submitted by the Financial Counseling Unit. Once a decision is made for the approval or denial of financial assistance, a letter will be sent to the patient as notification of the decision made. Patient statements will reflect the financial assistance determination as "Compassionate Care Discount."

B. Incomplete applications will be held for 120 days from filing or first billing, whichever comes first, before the account is referred for collection.

C. Patients who disagree with the financial assistance determination have the right to appeal the decision. Appeals must be made in writing to the Director, Patient Financial Services, NorthBay Healthcare. A review committee consisting of Finance staff, non-Financial staff and NorthBay Healthcare Administrative representatives will review appeals monthly.

VII. RELATIONSHIP TO COLLECTION PRACTICES: NorthBay Healthcare's collection policies outline the types of collection efforts that contracted collection agencies may or may not take to collect on past-due accounts. It is recognized that as part of the financial assistance process, patients may from time to time break their promise to pay made on the financial assistance application. In these instances, patients with past-due financial assistance obligations may be referred to collection in the same manner as any other patient with an unpaid past-due account. However, in no instance will any patient receiving financial assistance under this policy be subject to abusive telephone collection practices, liens being placed on their primary residence, wage garnishments, or involuntary court hold orders.

VIII. PUBLIC NOTICE OF FINANCIAL ASSISTANCE: NorthBay Healthcare will post notices regarding the availability of financial assistance in all patient access areas, in patient handbooks, at its Patient Financial Services Department, and on its website. Notices shall be posted in English and Spanish. Patients with questions about NorthBay Healthcare's Financial Assistance Program may call 707-646-5637.

APPROVED BY: _____

Art DeNio
Vice President, Chief Financial Officer