

 NORTHBAY™ HEALTHCARE		Page No. 1 of 4	Number: 1003
ADMINISTRATIVE MANUAL		Effective Date:	May 1999
System	[x]	Required Review:	Every 3 years
Hospitals	[]	Reviewed:	5/02, 10/11, 8/14
Medical Practices	[]	Revised:	1/05*, 4/07, 9/11
Policy	[x]	Procedure	[]
		Responsible Position:	Director, Patient Business Services
Title: Financial Assistance Program		Approval Requirements:	VP, Chief Financial Officer Board of Directors

- I. POLICY STATEMENT:** NorthBay Healthcare System 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’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 an ongoing access to community health care services.
- 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 charity care policy.
- III. ELIGIBLE SERVICES:**
- A.** Financial assistance will be concentrated in areas of highest patient financial liability. The financial assistance described in this policy will be extended to eligible patients receiving the following NorthBay Healthcare System services:
1. Inpatient Acute Care
 2. Observation Care
 3. Emergency Services
 4. Ambulatory Surgery (if deemed medical necessary)
 5. Medical and Radiation Oncology
 6. Wound Care
- 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 patient’s legal spouse, b) the patient’s registered domestic partner, c) each parent having legal custody of the patient, d) the patient’s legal guardians, and e) persons claimed as dependents on the above person’s Federal Tax Return. All patients requesting financial assistance will be required to:

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1. inform the hospital of any health coverage or other coverage
 2. complete an application for State and/or Federal assistance, if requested; failure to compile 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; 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
 5. pay a co-payment if applicable
- B.** Deceased patients with no estate may be granted financial assistance without meeting the above requirements, as well as patients on State or Federal assistance who receive services that are not covered by their assistance program (i.e. Restricted Medi-Cal or State CMSP)
- C.** Patients who have health insurance coverage for services provided will not be eligible for financial assistance. Examples of health insurance coverage include:
1. HMO, PPO and Commercial health insurance
 2. employment or COBRA policies
 3. government, state, or county insurance (i.e. Medicare, Medi-Cal, or County Medical Services Program)
 4. spousal insurance coverage
 5. third party liability insurance
- D.** Financial assistance under the NorthBay Healthcare Charity Care policy is not intended as a substitute for and shall not be applied to offset share of cost, co-payment obligations, deductibles or coinsurance under any other private or government healthcare insurance program.

V. FINANCIAL ASSISTANCE GUIDELINES:

- A.** All patients applying for financial assistance must make a \$50 co-payment for each separate outpatient visit and \$100 co-payment for each separate inpatient visit. The co-payment will be offset against any additional financial obligation for services rendered incident to the visit that is subsequently determined under this policy. The co-payment will be requested at time of registration.
- B.** 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 less than 100% FPL: Charity Care with no cost to patient

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2. If family income is 101% to 200% FPL: Discount Plan with co-payment only
 3. If family income is 201% to 350% FPL: Discount Plan at 100% of the Medicare Fee Schedule with co-payment
 4. If family income is 351% FPL to 500%: Refer to Discount Policy
- C.** Monetary assets, excluding retirement or deferred compensation plans and include only 50% of monetary assets over \$10,000, may be used to assist in to determine patient’s financial eligibility.
- D.** Extended payment terms shall be offered of NorthBay Healthcare System. Extended payment terms are available only for obligations above and beyond the co-payment. In these cases, interest-free terms may be granted up to twelve months.
- E.** Healthcare services should not represent a catastrophic burden to patients and families. NorthBay Healthcare will limit annual family obligations determined using the above financial assistance guidelines to not greater than 30% of eligible annual family income for the calendar year in which services were provided.
- F.** Financial assistance will be considered up to twelve (12) months from the date of service. The only exception would be patients denied for Disability Medi-Cal.
- G.** On rare occasions, there may be circumstances where patients who would not otherwise qualify for financial assistance may be unable to pay for care provided. In these special situations, financial assistance may be granted up to designated approval levels:
1. Up to \$75,000 – Director of Patient Access & Communication or Director of Patient Financial Services
 2. Above \$75,000 – Chief Financial Officer or Senior Director of Revenue Cycle Management

VI. PATIENT NOTIFICATION AND APPEAL RIGHTS:

- A.** Patients will be provided with information regarding the Charity Care and Discount Policy at the point of access. 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. 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. Documentation of financial assistance determinations will be kept on file in the Patient Financial Services Department. Patient statements will reflect the financial assistance determination as “Compassionate Care Discount.”
- B.** Incomplete applications will be held for 150 days from filing or first billing, whichever comes first, before the account is referred for collection.

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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 System. A review committee consisting of Finance staff, non-Financial staff and NorthBay 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/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 might. 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 registration 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’s financial assistance program may call 707-646-5637.

APPROVED BY: _____
 Art DeNio
 Vice President, Chief Financial Officer