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Owner Terese Davis:
Director, Patient Access

Area Admin Manual -
Business Operations

References Administrative
Manual

Financial Assistance Program

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 high medical costs or out-of-pocket expenses. 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 convenience. In the event that there is uncertainty as to whether a particular service is Medically Necessary, a determination shall be made by NorthBay's Senior Director of Revenue Cycle Management. Professional fees that are not billed by NorthBay Healthcare will not be covered under this Financial Assistance Policy. In accordance with Federal Emergency Medical Treatment and Labor Act (EMTALA) regulations, no patients shall be screened for financial assistance or payment information prior to the rendering of services in emergency situations.

IV. APPLYING FOR FINANCIAL ASSISTANCE:

NorthBay Healthcare's Financial Assistance Policy and Financial Assistance Application (English & Spanish) can be obtained as follow:

- A. NorthBay Healthcare's website at www.northbay.org/patients-visitors/billing.cfm
- B. NorthBay Medical Center (1200 B. Gale Wilson Blvd., Fairfield) or NorthBay VacaValley Hospital (1000 Nut Tree Rd., Vacaville)
- C. Financial Assistance Line at (707) 646-5637

V. ELIGIBILITY FOR FINANCIAL ASSISTANCE:

- A. Eligibility determinations shall 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.
- B. All patients requesting financial assistance will be required to:
 - 1. inform the hospital of any health coverage or other coverage
 - 2. complete an application for County, State and/or Federal health care programs, if requested; failure to comply could result in the financial assistance application being denied
 - 3. complete and sign the financial assistance application form
 - 4. provide timely 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
- C. Bankruptcy and deceased patients with no estate may be granted financial assistance without meeting the above requirements.
- D. Non-covered and denied services provided to patients eligible for Medicaid or other indigent care programs are a form of financial assistance. This includes, but is not limited to, services provided to Medicaid beneficiaries with restricted Medicaid benefits, Medicaid-pending accounts, charges related to days exceeding a length-of-stay limit, and out-of-state Medicaid with no payment. Charges related to these denials and/or non-covered amounts written off during the fiscal year are reported as uncompensated care.
- E. Information from the predictive model may be used to grant presumptive eligibility or to satisfy the documentation requirements for non-Medicare patients in cases where there is an absence of information provided by the patient and after efforts to confirm coverage availability. Patient accounts granted presumptive eligibility will be reclassified under financial assistance and adjusted accordingly, even if account is already classified as bad debt. The discount provided will not be included in bad debt expense.
- F. Financial assistance shall not be applied to offset Medi-Cal Share of Cost or Medicare deductibles or co-insurance.

- G. During an Access to Healthcare Crisis, NorthBay may flex its patient financial assistance policy to meet the needs of the community in crisis. Patient discounts related to an Access to Healthcare Crisis may be provided at the time of the crisis, regardless of the date of this policy, as hospital leadership may not be able to react quickly enough to update policy language to meet more pressing needs during that time.

VI. 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% of the FPL or less: Charity Care with no cost to patient.
 2. If family income is 139% to 400% of the FPL: Discount Plan at 100% of the Medicare Fee Schedule and reasonable payment terms.
 3. If family income is above 400% of the FPL: Refer to Discount Plan Guidelines for Self-Pay and Self-Pay After Insurance.
- B. Monetary assets shall not include retirement or deferred-compensation plans qualified under the Internal Revenue Code, or non-qualified deferred-compensation plans. Furthermore, the first ten thousand dollars (\$10,000) of a patient's monetary assets shall not be counted in determining eligibility, nor shall 50 percent of a patient's monetary assets over the first ten thousand dollars (\$10,000) be counted in determining eligibility.
- C. Healthcare services shall 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 FPL 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 400% of the FPL. Monthly payments will not exceed 10% of a patient's monthly family income, excluding deductions for essential living expenses as defined by NorthBay Healthcare.
- E. Patients determined to be eligible for financial assistance may not be charged more than the Amounts Generally Billed (AGB) for emergency or other medically necessary care. AGB is determined using a prospective payment method for outpatient clinics based on Medicare reimbursements and a retrospective payment method for the hospital based on Medicare and Commercial reimbursements.
- 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. Financial assistance will be applied to eligible accounts incurred for services received prior to the financial assistance application date.
- H. Physicians who provide emergency medical services in a hospital setting are also required to provide discounts to uninsured patients or patients with high medical costs who are at or below 350% of the FPL.

VII. 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 180 days from first billing statement before the account is referred for collections.
- 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 of Patient Access, NorthBay Healthcare, 4500 Business Center Drive, Fairfield, CA 94533. A review committee consisting of finance staff, non-finance staff and NorthBay Healthcare administrative representatives will review appeals monthly.

VIII. 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.

IX. 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 the Financial Assistance Line at (707) 646-5637.

X. APPROVAL REQUIREMENTS

- A. Policy Owner (Content Expert): Director, Patient Access
- B. Policy & Procedure Committee
- C. Senior Director, Revenue Cycle Management

- D. Vice President, Chief Financial Officer
- E. Board of Directors

Printed version is for reference only, refer to online policy in PolicyStat for accurate version.

Approval Signatures

Step Description	Approver	Date
President, NBHG	Konard Jones: President & C.E.O.	08/2022
Board of Directors	Melissa Ermitano: Executive Assistant Quality	08/2022
CFO	Michele Bouit: Vice President & CFO	07/2022
Policy & Procedure Committee	Emily Brown: Coordinator, Accreditation, Patient Safety	07/2022
Policy Owner	Terese Davis: Director, Patient Access	06/2022

