

Current Status: <i>Active</i>	
	Origination: <i>05/1999</i>
	Last Approved: <i>01/2025</i>
	Next Review: <i>01/2028</i>
Financial Assistance Program	

I. POLICY STATEMENT:

NorthBay Health 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 not reimbursement by insurance or a health coverage program. NorthBay Health's mission to improve the well-being of our communities by providing conveniently accessible high-quality care 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 Health reserves the right to redirect the patient to the lowest cost service within our health system. This policy will be reviewed and/or revised biennially or as required by change of law or practice.

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

- A. NorthBay Health'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:
 - 1. For persons 18 years of age and older, spouse, registered domestic partner, and dependent children under 21 years of age, or any age if disabled.
 - 2. For persons under 18 years of age or for a dependent child 18 to 20 years of age, inclusive, parent, caretaker relatives, and parent's or caretaker relatives' other dependent children under 21 years of age, or any age if disabled.
- B. All patients requesting financial assistance will be required to:
 - 1. inform the hospital of any health coverage or other coverage
 - 2. while patients are not required to apply for County, State and/or Federal health care programs, they are required to participate in the eligibility screening process for these programs
 - 3. complete and sign the financial assistance application form
 - 4. provide timely written verification of identification, residency, income including recent paystubs or income tax returns; 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. High medical costs mean any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing. NorthBay Health may waive or reduce Medicaid and Medicare cost-sharing amounts as part of its charity care program or discount payment program.
- E. Non-covered and denied services provided to patients regardless of payer is 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, out-of-state Medicaid with no payment, and non-contracted or out-of-network plans. Charges related to these denials and/or non-covered amounts written off during the fiscal year are reported as uncompensated care.
- F. 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.
- G. During an Access to Healthcare Crisis, NorthBay Health 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 published Federal Poverty Levels (FPL) at the time of screening 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 free care to the patient.
 - 2. If family income is 139% to 400% of the FPL: Reduced Care to the patient 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 cannot be considered when determining a patient's eligibility.
- C. Healthcare services shall not represent a catastrophic burden to patients.
NorthBay Health will limit annual family obligations for patients whose family income does not exceed 400% of the FPL and is not greater than 10% of the patient's family income in the last year.
- D. Reasonable payment plan will be offered to patients whose family income is 139% to 400% of the FPL. Monthly payments will not be more than 10% of a patient's family income for a month, excluding deductions for essential living expenses. Essential living expenses include rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or childcare, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.
- E. A patient's or their family's Health Savings Account (HSA) may be considered when negotiating payment plans for discounted care but are prohibited from considering monetary assets when determining eligibility for charity care or discount payment policies.
- F. 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.
- G. Patients will be reimbursed for any overpayment, including interest, if they paid more than the amount due under the Hospital Fair Pricing Act, and will refund the overpayment within 30 days of the request. However, reimbursement is not required if it has been five years or more since the patient's last payment to hospital/collection agency or the patient's debt was sold before January 1, 2022, in accordance with the law at the time.
- H. When a third-party payer (like an insurance company) directly reimburses a patient for hospital services, the hospital can demand payment of the full amount from the patient or guarantor. If a patient receives a settlement, judgment, or award in a legal case that includes payment for healthcare services, the hospital can require reimbursement up to the amount reasonably awarded for those services.
- I. There are no time limits on applying for financial assistance and eligibility determination shall be done at any time. Financial assistance will be applied to

eligible accounts incurred for services received prior to the financial assistance application date.

- J. Emergency 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 400% 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 120 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 Health, 4500 Business Center Drive, Fairfield, CA 94533. A review committee consisting of finance staff, non-finance staff and NorthBay Health administrative representatives will review appeals monthly.

VIII. RELATIONSHIP TO COLLECTION PRACTICES:

- A. NorthBay Health may employ reasonable collection efforts to obtain payment from patients. General collection activities may include issuing patient statements, phone calls, and referral of statements that have been sent to the patient or guarantor. Bills that are not paid 120 days after the first billing date may be placed with a collection agency.
- B. NorthBay Health'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 any real property owned by the patient, wage garnishments, involuntary court hold orders or reporting adverse information about a patient's hospital debt to a consumer credit reporting agency.

IX. PUBLIC NOTICE OF FINANCIAL ASSISTANCE:

NorthBay Health will post notices regarding the availability of financial assistance in all patient registration areas, in patient handbooks and discharge instructions, at its billing office, and on its website. Notices shall be posted in English and Spanish. Patients with questions about NorthBay Health'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. Vice President, Revenue Cycle Management
- D. Executive Vice President, Chief Financial Officer
- E. Board of Directors