

<b>Stanford Health Care Tri-Valley</b> Hospital Wide Policy	<b>Last Approval</b> <b>Date:</b> March 2025
<b>Name of Policy:</b> Financial Assistance Policy	<b>Policy Section and Number:</b> Finance 35
<b>Departments Affected:</b> All Departments	Page 1 of 20



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## I. **PURPOSE:**

The purpose of this Financial Assistance Policy (the “Policy”) is to define the eligibility criteria and application process for Financial Assistance (as defined in this Policy) for financially qualified Patients who receive health care services at Stanford Health Care Tri-Valley (“SHC-TV”) and (i) are uninsured; or (ii) are insured but have high medical costs. The Policy describes the types of Financial Assistance available and how SHC-TV seeks to ensure that Patients have access to information about Financial Assistance.

## II. **POLICY:**

- A. **Intent.** It is the policy of SHC-TV to provide a process for SHC-TV Patients to apply for and be awarded Financial Assistance. SHC-TV is committed to providing Financial Assistance in the form of charity care (also referred to in this Policy as “Financial Assistance”) to financially qualified Patients who are uninsured or are insured but have high medical costs, and who seek and obtain healthcare services from SHC-TV but are not able to meet their payment obligations to SHC-TV without financial assistance. SHC-TV desires to provide Financial Assistance in a manner that addresses Patients’ individual financial situations, satisfies the hospital’s teaching mission and the health care system’s not-for-profit mission, and meets its strategic, operational, and financial goals.
- B. **Emergency Physician Services.** In California, an emergency physician, as defined in Health and Safety Code section 127450, who provides emergency services in a hospital is required to provide discounts to uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level.
- C. **Patient Cooperation.** Financial Assistance is not to be considered a substitute for personal responsibility. Patients are expected to cooperate with SHC-TV’s application requirements, and to contribute to the cost of their care based on their individual ability to pay.
- D. **Scope.** This Policy:
  1. Includes eligibility criteria for Financial Assistance;
  2. Directs Patients to a list of providers who are covered by the Policy and those who are not;

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3. Describes the amount of Financial Assistance available to Patients eligible for Financial Assistance under this Policy;
4. Describes the method by which Patients may apply for Financial Assistance; and
5. Establishes a methodology for determining 'Amounts Generally Billed' as required under IRC 501(r).

### III. **DEFINITIONS:**

- A. **Charges:** The total charges at the organization's full established rates for the provision of Patient care services before deductions are applied.
- B. **Charity Care:** A 100% waiver of Patient financial obligation (i.e. free care) for Medically Necessary services provided by SHC-TV to financially qualified Patients. Uninsured Patients and Patients with High Medical Costs with annualized Family Incomes not in excess of 400% of the Federal Poverty Guidelines may be eligible for Charity Care.
- C. **Disabled:** An individual is considered disabled when they are unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve months.
- D. **Eligibility Qualification Period:** Patients determined to be eligible shall be granted Financial Assistance for a period of twelve (12) months. Financial Assistance will also be applied to eligible accounts incurred for services received prior to the Financial Assistance application date.
- E. **Emergency Medical Conditions:** Emergency Medical Condition has the meaning as defined in section 1867 of the Social Security Act (42 U.S.C. 1395dd).
- F. **Family:** For Patients 18 years or older (except for a dependent child 18 to 20 years of age), family includes the Patient's spouse, registered domestic partner, and dependent children under 21, or a dependent child of any age if disabled, whether living at home or not. For Patients under 18 years of age, or for a dependent child 18 to 20 years of age, family includes Patient's parent, caretaker relatives, and other dependent children under 21 years of age, or any age if disabled, of the parent or caretaker. If a Patient claims a dependent on their income tax return according to the Internal Revenue Service rules, that individual may be considered a dependent for the purposes of determining Financial Assistance eligibility.

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G. **Family Income:** To determine Family Income, SHC-TV will include the income of all members of the Patient's Family as defined in this Policy. In all cases, SHC-TV will calculate income based on the Family Income in U.S. Dollars. The types of income that are included are as follows:

1. Earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, disability payments, pension or retirement income, interest, dividends, rents, royalties, income from estates and trusts, educational assistance, alimony, child support, financial assistance from outside the household, and other miscellaneous sources;

2. Capital gains or losses determined on a before-tax basis.

Non-cash benefits (i.e., Medicare, Medicaid, and Golden State Advantage card EBT benefits, heat assistance, school lunches, housing assistance, need-based assistance from non-profit organizations, foster care payments, or disaster relief assistance) are not counted as income for making an eligibility determination for Financial Assistance.

H. **Federal Poverty Guidelines:** Federal Poverty Guidelines are updated annually in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current guidelines can be referenced at <http://aspe.hhs.gov/POVERTY/>

I. **Financial Assistance:** Financial Assistance means assistance provided to financially qualified (i) Uninsured Patients; and (ii) Patients with High Medical Costs.

J. **Guarantor:** A person who has legal financial responsibility for a Patient's health care services.

K. **Healthcare Services:** Medically Necessary hospital and professional services that a hospital is licensed to provide, including emergency and other Medically Necessary care.

L. **Insured Patient:** A Patient who has coverage from a commercial third-party insurer or health care service plan, an ERISA plan, a Federal Health Care Program (including without limitation Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), TriCare/ChampVA, Worker's Compensation, or other third-party coverage.

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- M. **Medically Necessary:** Healthcare services, including emergency care, are Medically Necessary when, in the opinion of an SHC-TV treating physician, the service, item, procedure or level of care is:
1. Necessary for the proper treatment or management of the Patient's illness, injury or disability; or
  2. Reasonably expected to prevent the onset of an illness, condition, injury or disability, or is routine, generally accepted preventive care; or
  3. Reasonably expected to reduce or ameliorate the physical, mental or developmental effects of the Patient's illness, condition, injury or disability; or
  4. Will assist the Patient to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Patient and those functional capacities that are appropriate for the Patient's age.
- N. **Patient:** A Patient is an individual who received Healthcare Services from SHC-TV. All references to a Patient in this Policy shall be deemed to include the Guarantor.
- O. **Patient with High Medical Costs:** A Patient with High Medical Costs is an Insured Patient with (i) a Family Income that is at or below 400% of the most recent Federal Poverty Guidelines; and (ii) high medical costs. For these purposes, "high medical costs" means either of the following:
1. Annual out-of-pocket costs incurred by the individual at SHC-TV that exceed the lesser of 10 percent of the patient's current Family Income or Family income in the prior 12 months; or
  2. Annual out-of-pocket expenses that exceed 10 percent of the patient's Family Income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's Family in the prior 12 month.
- P. **Payment Plan:** An extended interest-free payment plan that is negotiated between SHC-TV and the Patient for any Patient out-of-pocket fees. The Payment Plan shall take into account the Patient's income, essential living expenses, assets, the amount owed, and any prior payments.

**Presumptive Charity:** Determination of eligibility for Financial Assistance based upon socio-economic information specific to the Patient that is gathered from market sources or based on a prior eligibility determination, if a Patient does not submit an application or documentation of income.

- Q. **Proof of Income:** For purposes of determining Financial Assistance eligibility, SHC-TV will review a Patient's annual Family Income as shown by recent pay



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stubs or recent income tax returns. Proof of earnings may be determined by annualizing the year-to-date Family Income, taking into consideration the current earnings rate. "Recent income tax returns" are tax returns that document a Patient's income for the year in which the Patient was first billed or 12 months prior to when the Patient was first billed. "Recent paystubs" are paystubs within a 6-month period before or after the Patient is first billed by the hospital, or in the case of preservice, when the application is submitted. SHC-TV may accept other forms of documentation of income but shall not require those other forms. If a Patient does not submit an application or documentation of income, a hospital may presumptively determine that a Patient is eligible for charity care or discounted payment based on information other than that provided by the Patient or based on a prior eligibility determination.

- R. **Uninsured Patient:** An individual having no coverage from a commercial third-party insurer or health care service plan, an ERISA plan, a Federal Health Care Program (including without limitation Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), TriCare/ChampVA, Worker's Compensation, or other third-party assistance to assist with meeting their payment obligations. Uninsured Patients also include (i) Patients that have third party coverage, but have either exceeded their benefit cap, or their third-party coverage does not provide coverage for the particular Medically Necessary Healthcare Services for which the Patient is seeking treatment from SHC-TV; and (ii) Patients that have third party coverage, but does not seek to have a claim for services submitted to their third party coverage, instead opting to pay out-of-pocket.

#### IV. **GENERAL GUIDELINES:**

##### A. **Summary of Availability of Financial Assistance and other discounts:**


Category of Financial Assistance	Criteria for Eligibility	Charity Care or Discount Amount
<b>Charity Care for Uninsured Patients</b>	1. Patient is an Uninsured Patient  2. Patient has Family Income not in excess of	100% waiver of Patient financial obligation (i.e. free care)



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	<p>400% of the most recent Federal Poverty Guidelines</p> <p>3. Patient completes Financial Assistance application or is granted Presumptive Charity</p>	
Charity Care for Patients with High Medical Costs	<p>1. Insured Patient with (i) a Family Income that is at or below 400% of the most recent Federal Poverty Guidelines; and (ii) high medical costs. For these purposes, "high medical costs" means either of the following:</p> <ul style="list-style-type: none"> <li>• Annual out-of-pocket costs incurred by the individual at SHC-TV that exceed the lesser of 10 percent of the patient's current Family Income or Family Income in the prior 12 months; or</li> <li>• Annual out-of-pocket expenses that exceed 10 percent of the patient's Family Income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's</li> </ul>	100% of waiver of Patient financial obligation (i.e. free care)

	<p>Family in the prior 12 months.</p>	
	<p>42 Patient completes Financial Assistance application or is granted presumptive eligibility</p>	
<p>Uninsured Patient Discount</p>	<p>1.Patient is an Uninsured Patient</p>	<p>50% discount off professional Charges</p> <p>60% discount off hospital Charges</p> <p>See SHC-TV Uninsured Patient Discount Policy for more details</p>

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**B. Services Eligible or Financial Assistance:**

1. Financial Assistance under this Policy shall apply to Medically Necessary Healthcare Services provided in SHC-TV's licensed hospital facilities and affiliated clinics, and to Medically Necessary professional/physician services, delivered by a Covered Provider. A list of Covered Providers can be found at the SHC-TV website under the webpage titled "Help Paying Your Bill" (see link for "SHC-TV Financial Assistance Program Policy and Participating Providers").

**C. Services NOT Eligible for Financial Assistance:**

1. Non-Medically Necessary Services. Services that are generally not considered to be Medically Necessary and are therefore not eligible for Financial Assistance include, but are not limited to:
  - a. Reproductive Endocrinology and Infertility services
  - b. Cosmetic or cosmetic plastic surgery services
  - c. Assistive hearing & listening devices
  - d. Vision correction services including LASEK, PRK, Conductive Keratoplasty, Intac's corneal ring segments, Custom contoured C-CAP, and Intraocular contact lens

In rare situations where a physician considers one of the above referenced services to be Medically Necessary, such services may be eligible for Financial Assistance upon review and approval by the Chief Nursing Officer of SHC-TV or his or her or designees.

2. Professional Services Provided by Non-Covered Provider. Professional/physician services delivered by a provider who is not a Covered Provider are not covered by this Policy. A list of community providers not covered by this Policy can be found at the SHC-TV website under the webpage titled "Help Paying Your Bill" (see link for "SHC-TV Financial Assistance Program Policy and Participating Providers").
3. Services Already Discounted. Services that are part of SHC-TV's special cash-pay or special discounted pricing programs are not eligible for Financial Assistance. Exceptions to this exclusion require individualized review and approval by Senior Leadership.

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4. Other Exclusions. SHC-TV reserves the right to change the list of services deemed to be not eligible for Financial Assistance at its discretion, subject to applicable law

#### **D. Patient Eligibility for Financial Assistance – General Provisions:**

1. Eligibility for Financial Assistance. All Patients who receive Healthcare Services at SHC-TV may apply for Financial Assistance.
2. Procedures for Application. All individuals applying for Financial Assistance are required to follow the procedures in Section V below.
3. Non-Discrimination. SHC-TV shall determine eligibility for Financial Assistance based on an individual determination of financial need in accordance with this Policy, and shall not take into account an individual's age, gender, race, immigrant status, sexual orientation or religious affiliation.
4. Public Programs. Patients may be encouraged to apply to public programs for available coverage, but applying for such coverage is not a condition of being awarded Financial Assistance.
5. Emergency Medical Conditions. 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 care necessary to stabilize an Emergency Medical Condition.
6. Amounts Generally Billed. The Internal Revenue Service requires SHC-TV to establish a methodology by which Patients eligible for Financial Assistance will not be charged more than the Amounts Generally Billed (AGB) for Emergency and other Medically Necessary Services to individuals who have insurance covering such care. For purposes of this requirement, SHC-TV will use a prospective method based on Medicare rates. Per the terms of this Policy however, no Patients found eligible for Financial Assistance will be billed any charges for Healthcare Services that are covered under this Policy.
7. Federal Poverty Guidelines. The Federal Poverty Guidelines shall be used for determining a Patient's eligibility for Financial Assistance. Eligibility for Financial Assistance will be based on Family Income.
8. Collection Activities. SHC-TV may employ reasonable collection efforts to obtain payment from Patients. General collection activities may include issuing Patient statements, phone calls, and referral to a collection agency of

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statements that have been sent to the Patient or Guarantor. SHC-TV or collection agencies will not engage in any Extraordinary Collection Actions (as defined by the SHC-TV Debt Collection Policy). Copies of the SHC-TV Debt Collection Policy may be obtained free of charge on the Stanford Health Care billing website at <https://stanfordhealthcare.org/for-Patients-visitors/billing/financial-assistance.html>, by calling (800) 549-3720 or within the Hospital Patient Registration, Financial Counseling offices and the emergency department.

**E. Process for Accepting Patients for Scheduled Services who will Seek Charity Care**

1. Pre-Service Applications for Charity Care. Any Patient who has already received a service is eligible to apply for Financial Assistance, and be awarded Charity Care if they meet the criteria set forth in this Policy. When a Patient or their physician is seeking to schedule a Medically Necessary service and is requesting Charity Care for the service before the service has been performed, SHC-TV may use the following order of priority when determining whether to accept the Patient:
  - a. First Priority: Patients for whom SHC-TV is the closest hospital to the individual's home or place of work. (In general, if there is a county hospital in the county in which the Patient lives or works, and the county hospital can provide the non-emergency service that the Patient needs, the Patient will be directed to that county hospital.)
  - b. Second Priority: Patients for whom SHC-TV is not the closest hospital to the Patient's home or place of work, but for whom one or more of the following factors applies:
    - i. The Patient has a unique or unusual condition which requires treatment at SHC-TV as determined by the Chief Nursing Officer and any other designee of SHC-TV; or
    - ii. The Patient presents a teaching or research opportunity that will further SHC-TV's teaching missions, as determined by the Chief Nursing Officer and any other designee of SHC-TV.
  - c. Third Priority: Other considerations that are consistent with SHC-TV's role as a not-for-profit community provider.

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## **V. PROCEDURE:**

### **A. Procedure for Applying for Financial Assistance:**

1. Evaluation for Financial Assistance. Any Patient who indicates an inability to pay an SHC-TV bill for Healthcare Services shall be evaluated for Financial Assistance, or other sources of funding, by SHC-TV Financial Counseling and Patient Financial Advocates.
2. Notification of Availability of Financial Assistance. Any SHC-TV employee who identifies a Patient whom the employee believes does not have the ability to pay for Healthcare Services shall inform the Patient that Financial Assistance may be available and applications are available on the SHC-TV website, and from Patient Financial Services, Financial Counseling, Patient Admitting Services, the Emergency Department, all clinics, Customer Service, Patient Advocacy, Patient Relations and Social Services, and that applications are available in the primary language of five percent (5%) or more of the primary community served by the hospital.
3. Screening for Government Program Eligibility. An Uninsured Patient may be screened initially by an SHC-TV Financial Counselor prior to receiving non-emergent services to determine whether or not the Patient or Family can be linked to any public or private payer source. If the Healthcare Service has not yet been provided and is not an emergency, the Financial Counselor will also help the Patient determine whether there is a county hospital in the county in which the Patient works or resides that can provide the services.
4. Submission of Information. Any Patient who applies for Financial Assistance must make every reasonable effort to provide SHC-TV Proof of Income (based on recent pay stubs or income tax returns) and health benefits coverage. If a Patient files an application and fails to provide information that is reasonable and necessary for SHC-TV to make a determination as to eligibility for Financial Assistance, SHC-TV may consider that failure in making its determination. The SHC-TV Customer Service Billing department will inform Patients of the consequences of failure to provide complete information.
5. No Consideration of Monetary Assets. SHC-TV shall not consider Patients' monetary assets when determining eligibility for Financial Assistance, provided that when waiving or reducing Medicare cost sharing amounts, SHC-TV may consider the Patient's monetary assets to the extent required for SHC-TV to be reimbursed under the Medicare program for Medicare bad debt without seeking

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to collect costs sharing amounts from the Patient as required by federal law, including without limitation Section 414.89 of Title 42 of the Code of Federal Regulations. Monetary assets include only assets that are convertible to cash and do not include retirement or deferred compensation plans qualified under the Internal Revenue Code, nonqualified deferred compensation plans, or assets below the maximum community spouse resource allowance under Section 1396r-5(d) of Title 42 of the United States Code.

6. No Time Limit on Financial Assistance Application. SHC-TV will not impose time limits for applying for Financial Assistance under this Policy, nor deny eligibility based on the timing of a Patient's application.
7. Notification of Eligibility and Disputes. SHC-TV will provide a written notice to the Patient indicating whether the Patient's application for Financial Assistance has been approved or denied. In the event SHC-TV denies a Patient's application for Financial Assistance, the Patient may seek review of that determination by contacting the Customer Service Billing department at (800) 549-3720 or other number indicated at Stanford Health Care Billing website (<https://stanfordhealthcare.org/for-Patients-visitors/financial-assistance.html>) and request review by the Manager of Self Pay Resolution.
8. Eligibility Qualification Period. Unless a Patient is informed otherwise, Financial Assistance provided under this Policy shall be valid for the Eligibility Qualification Period as defined above. However, SHC-TV reserves the right to reevaluate a Patient's eligibility for Financial Assistance during that one-year time period if there is any change in the Patient's financial status.
9. More Information. A Patient can obtain additional information about Financial Assistance or request assistance with the application process at 500 Pasteur Drive, Palo Alto, CA, on the Stanford website, by calling the Customer Service Billing department, or at any Stanford Health Care location.

#### **B. Presumptive Eligibility for Financial Assistance:**

1. Presumptive Eligibility. SHC-TV recognizes that not all Patients, or Patients' Guarantors, are able to complete the Financial Assistance application or provide requisite documentation for Patients, or Patients' Guarantors, who are unable to provide required documentation but meet certain financial need criteria, SHC-TV may nevertheless grant Financial Assistance. In particular,



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Presumptive Charity may be determined on the basis of individual life circumstances that may include:

- a. State-funded prescription programs
- b. Homeless or received care from a homeless clinic
- c. Participation in Women, Infants and Children programs (WIC)
- d. Supplemental Nutrition Assistance Program (SNAP) (e.g., food stamp eligibility)
- e. Subsidized school lunch program eligibility
- f. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down)
- g. Low income/subsidized housing is provided as a valid address; and/or
- h. Patient is deceased with no known estate.

For Patients, or their Guarantors, who are non-responsive to the SHC-TV application process, other sources of information, as described above, may be used to make an individual assessment of financial need. This information will enable SHC-TV to make an informed decision on the financial need of non-responsive Patients. In the event a Patient does not qualify for Presumptive Charity, the Patient may still provide requisite information and be considered under the traditional Financial Assistance application process set forth above in Section V.

2. Third-Party Review. For the purpose of assisting a Patient who communicates a financial hardship but is unable to complete a Financial Assistance application, SHC-TV may utilize a third-party to review a Patient's, or the Patient's Guarantor's, information to assess financial need. This review utilizes a health care industry-recognized, predictive model that is based on public record databases. The model incorporates public record data to calculate a socio-economic and financial capacity score. The model's rule set is designed to assess each Patient to the same standards and is calibrated against historical Financial Assistance approvals for SHC-TV. The predictive model enables SHC-TV to assess whether a Patient is characteristic of other Patients who have historically qualified for Financial Assistance under the traditional

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application process. Information from the predictive model may be used by SHC-TV to grant presumptive eligibility to, or to satisfy the documentation requirements for Patients or their Guarantors. In cases where there is an absence of information provided directly by the Patient, and after efforts to confirm coverage availability, the predictive model provides a systematic method to grant Presumptive Charity to Patients in financial need.

3. Notification of Eligibility. Patient accounts granted Presumptive Charity status will be adjusted accordingly. These accounts will be reclassified under the Financial Assistance Policy. The discount provided will not be sent to collection and will not be included in SHC-TV bad debt expense.
4. Community Benefit. Presumptive Charity screening provides a community benefit by enabling SHC-TV to systematically identify Patients in financial need, reduce administrative burdens and provide financial assistance to Patients and the Guarantors, some of whom have not been responsive to the Financial Assistance application process.

## VI. **NOTIFICATION ABOUT FINANCIAL ASSISTANCE:**

- A. **Methods of Notification.** To make information readily available about its Financial Assistance Policy and program, SHC-TV will do the following:

1. Post this Policy, a plain language summary, and the SHC-TV Financial Assistance Application on the SHC-TV website.
2. Conspicuously post notices on the availability of Financial Assistance in emergency departments, urgent care centers, admitting and registration departments, Patient Financial Services, and at other locations that SHC-TV deems appropriate.
3. Make paper copies of the Policy, Policy application form and the plain language summary of the Policy available upon request and without charge both by mail and in public locations.
4. Notify Patients by offering a paper copy of the summary as part of intake or discharge process in accordance with Health and Safety Code section 127410.
5. Including conspicuous written notice on billing statements about the availability of Financial Assistance including the phone number of the hospital office that can provide information about the Policy and application process, and the website address where the Policy is posted.

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6. Provide notices and other information on Financial Assistance to all Patients in the primary language of the lesser of 1,000 Patients or 5 percent or more of the primary community served by the hospital.
7. Make available its Financial Assistance Policy or a program summary to appropriate community health and human services agencies and other organizations that assist people in financial need.
8. Include information on Financial Assistance, including a contact number, in Patient bills and through oral communication with Uninsured Patients and Patients who are potentially Patients with High Medical Costs.
9. Provide financial counseling to Patients about their SHC-TV bills and make the availability of such counseling known. (Note: it is the responsibility of the Patient or the Patient's Guarantor to schedule assistance with a financial counselor.)
10. Provide information and education on its Financial Assistance and collection policies and practices available to appropriate administrative and clinical staff.
11. Encourage referral of Patients for Financial Assistance by SHC-TV representative or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors.
12. Encourage and support requests for Financial Assistance by a Patient, a Patient's Guarantor, a family member, close friend or associate of the Patient, subject to applicable privacy laws.
13. Respond to any oral or written requests for more information on the Financial Assistance Policy made by a Patient or any interested party.

## **VII. Payment Plans**

- A. **Term of Payment Plans.** Patients shall have the opportunity to negotiate an interest-free Payment Plan that would allow the Patient to pay their balance over time. If SHC-TV and the Patient are not able to agree on the terms of a payment plan, the default Payment Plan shall be monthly payments that are not more than 10 percent (10%) of a Patient's Family Income for a month, excluding deductions for essential living expenses. "Essential living expenses" means, for purposes of this subdivision, expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal

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support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

- B. **Declaring Payment Plan no longer operative.** The extended Payment Plan may be declared no longer operative after the Patient's or Guarantor's failure to make all consecutive payments due during a 90-day period starting with the first day that the Patient misses a payment. Before declaring the hospital extended Payment Plan no longer operative, SHC-TV shall make a reasonable attempt to contact the Patient or Guarantor by telephone and to give notice in writing at least sixty (60) calendar days after the first missed payment that the extended Payment Plan may become inoperative, and of the opportunity to renegotiate the extended Payment Plan. Prior to the hospital extended Payment Plan being declared inoperative, SHC-TV shall attempt to renegotiate the terms of the defaulted extended Payment Plan, if requested by the Patient or Guarantor. The Patient shall be given at least thirty (30) calendar days, starting from the date the written notice of the missed payment was sent, to make a payment before the extended Payment Plan is declared inoperative. For purposes of this, the notice and telephone call to the Patient or Guarantor may be made to their last known telephone number and address. If a Payment Plan is declared inoperative, and the Patient has qualified for Financial Assistance, Hospital or third-party debt recovery services vendor shall limit the amount it seeks from the Patient to the amount the Patient was responsible to pay after any discounts.

#### **VIII. COMPLIANCE:**

- A. All workforce members including employees, contracted staff, students, volunteers, credentialed medical staff, and individuals representing or engaging in the practice at Stanford Medicine Health Care (SHC-TV) are responsible for ensuring that individuals comply with this Policy.
- B. Violations of this Policy will be reported to the Department Manager and any other appropriate Department as determined by the Department Manager or in accordance with SHC-TV policy. Violations will be reported to the Compliance Department by the Department Manager and investigated to determine the nature, extent, and potential risk to SHC-TV. Workforce members who violate this Policy will be subject to the appropriate disciplinary action up to and including termination.

#### **IX. RELATED DOCUMENTS / PROCEDURES:**

- A. Financial Assistance Application
- B. Federal Poverty Guidelines

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C. Uninsured Patient Discount Policy

D. Debt Collection Policy

E. EMTALA: Compliance with Emergency Medical Treatment and Active Labor Act

**X. DOCUMENT INFORMATION:**

**A. Legal References / Regulatory Requirements:**

1. California Health and Safety Code Sections 127400 to 127446, as amended.
2. California Code of Regulations, Title 22
3. Federal Patient Protection and Affordable Care Act, Section 501(r) of the Internal Revenue Code.
4. American Hospital Association's Patient Billing Guidelines
5. Consolidated Omnibus Reconciliation Act (COBRA), Section 9121 (EMTALA)
6. Department of Health Care Access and Information (HCAI), 22 CCR 96051.1.Document Accessibility.

- (a) Subdivision (a)(2) explains all hospital documents must use a sans serif font (such as Arial) in at least 12-point size, with section headings in a larger font size or bold/underlined font style to distinguish different sections of the document.

**B. Policy Owner:**

1. 8/2016 policy origination date, no author
2. 1/2020 Kristine Grajo, Director, Self-Pay Management Office

**C. Distribution and Training Requirements**

1. This policy resides in the Hospital Wide Policies of Stanford Health Care Tri-Valley.
2. New or revised documents will be distributed to all impacted employees and posted where accessible by all staff members.

**D. Review and Renewal Requirements:**

1. This policy will be reviewed and/or revised every three years or as required by change of law or practice.

**E. Review and Revision History:**

1. December 2017, Andrea Fish, Office of General Counsel, Kristine Grajo, Director, Self-Pay Management Office.
2. April 2020, Kristine Grajo, Director, Self-Pay Management Office.
3. December 2024, Kathy Zhang, Office of General Counsel, Kristine Grajo, Director Self Pay Management Office, Alicia Perrone, Senior Manager Self Pay Management Office

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**F. Approvals:**

1. January 2018, ValleyCare Charitable Foundation Board of Trustees
2. April 2020, Kristine Grajo, Director, Self-Pay Management Office.
3. July 2020, Policy Steering Committee
4. September 2020, ValleyCare Charitable Foundation
5. Kyle Wichelmann, CFO, 1/3/2025
6. Policy Steering Committee, 1/9/2025
7. Committee of the Chair of the Stanford Health Care Tri-Valley Board of Directors, 1/29/2025
8. Kyle Wichelmann, CFO, 3/5/2025
9. Policy Steering Committee, 3/6/2025
10. Committee of the Chair of the Stanford Health Care Tri-Valley Board of Directors, 3/6/2025

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