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#### Section I: Purpose

This Patient Financial Assistance Policy defines the eligibility criteria and process for Children's Hospital & Research Center Oakland, d/b/a UCSF Benioff Children's Hospital Oakland (BCHO or the Hospital), to assist qualified patients and their families with the cost of emergency and other medically necessary care. This policy establishes the guidelines, policies and procedures for use by BCHO personnel in determining patient qualifications for financial assistance. Accordingly, the purpose of this policy is to describe:

- The eligibility criteria and application process to obtain financial assistance for BCHO services;
- The basis for calculating amounts charged to BCHO patients eligible for financial assistance;
- The method by which BCHO patients and their families may apply for financial assistance;

- How BCHO will publicize the policy within the community served; and
- The limits to the amounts that BCHO will charge for emergency or other medically necessary care provided to individuals eligible under this policy.

The policy is intended to comply with Internal Revenue Code Section 501(r) as enacted by the Affordable Care Act, California Health & Safety Code Section 127400 *et seq.* (AB 774), BCHO Fair Pricing Policies, and Office of Inspector General, Department of Health and Human Services (OIG) guidance regarding financial assistance to uninsured and underinsured patients.

## Section II: Definitions

1. **Charity Care:** Charity Care is the program for patients whose household income is less than or equal to three hundred percent (300%) of the current Federal Poverty Level (FPL) Guidelines. Qualifying patients who also meet all other Community Care Program qualification requirements may be entitled to a discount of one hundred percent (100%) of the patient liability portion of the bill for services.
2. **Community Care Program:** Community Care Program is the name of the program for Financial Assistance administered by BCHO.
3. **Federal Poverty Level:** Federal Poverty Level (FPL) means a measure of income level issued annually 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. Federal poverty levels are used to determine eligibility for certain programs and benefits.
4. **Financial Assistance:** Financial Assistance includes both full Charity Care (100% discount) and Low Income Financial Assistance (Partial Discount), and is defined as any necessary emergency and other medically necessary inpatient or outpatient hospital service provided to a patient who is unable to pay for care. Patients unable to pay for their emergency and other medically necessary care may apply to BCHO for Financial Assistance. Eligibility for patient Financial Assistance will be evaluated in accordance with the requirements contained in this Patient Financial Assistance Policy.
5. **High Medical Cost Patient:** High Medical Cost Patient means a patient with third-party insurance or other coverage and whose family income does not exceed 350% of the FPL, and patient/guarantor has out-of-pocket healthcare costs that exceed ten percent (10%) of the family income in the prior twelve (12) months (whether incurred as an inpatient or outpatient of any hospital) and the patient/guarantor does not otherwise receive a discount as a result of third party coverage for the services to be billed.
6. **Income:** Income includes wages, salaries, tips, business or self-employment income, rental income, interest received or accrued, lottery and gambling income, capital gains, pensions, Social Security retirement benefits, foreign-earned income, alimony income and bartering income (i.e., exchange of goods or services without exchanging money).
7. **Partial Discount:** Partial Discount is BCHO's program for patients whose household income is between 301% and 400% of the current FPL Guidelines, and excluded from Charity Care due to monetary assets. Qualifying patients who also meet all other Financial Assistance program qualification requirements may be entitled to a discount of the patient liability portion of the bill for services. These discounts are not applicable for our Federal Qualified Health Center Clinics (FQHC).
8. **Prompt Pay Discount:** Prompt Pay Discount is available to patients who do not have third-party insurance or other coverage and whose family income exceeds 400% of the Federal Poverty Level.

Eligible private self-pay patients shall be provided a prompt pay discount. Patients/responsible party must make payment in full within thirty (30) days of the date of service.

9. Significant LEP Population: Significant LEP Population means the lesser of 1,000 people or 5% of the community served by the Hospital or the population likely to be affected or encountered by the Hospital and which have limited English proficiency, as determined by the Hospital using any reasonable method.

### **Section III: Financial Assistance Policy**

BCHO is committed to providing Financial Assistance to patients who need emergency care or have medically necessary healthcare needs, and are low-income, uninsured, underinsured, and ineligible for a government program and are otherwise unable to pay for care based on their individual family financial situations. Consistent with our mission, BCHO strives to ensure that the financial capacity of families whose children need healthcare services does not prevent them from seeking or receiving care. In the case of emergencies, there will be no delay in providing required screening or stabilization services in order to inquire about an individual's payment method or insurance.

All patients, regardless of their ability to pay, will be treated fairly and with respect before, during and after the delivery of healthcare. All patients and guarantors shall be treated with dignity and patient information shall be maintained as confidential in accordance with BCHO policies, State and Federal laws. The granting of Financial Assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, ethnicity, socio-economic status, sexual orientation or religious affiliation.

The BCHO Community Care Program is available to provide discounted or free care to eligible patients for emergency services and medically necessary inpatient, emergency or outpatient services based upon the patient's household income as defined by the FPL Guidelines. Federal Qualified Health Center Clinics (FQHC) have separate sliding fee scale discounts and procedures.

BCHO Patient Financial Services personnel will work with patients/guarantors to determine eligibility for governmental program assistance, including Covered California, the State's health insurance exchange program. State or County eligibility workers knowledgeable in Medi-Cal, or California Children's Services (CCS) programs will also be made available to assist in determining eligibility and in completing the application process.

The BCHO Patient Financial Assistance Policy relies upon the cooperation of individual applicants' accurate and timely submission of financial screening information. To facilitate receipt of such information, BCHO will use a Community Care application to collect information from patients who:

- Are unable to demonstrate financial coverage by a third party insurer and request Financial Assistance;
- Insured patients who indicate that they are unable to pay patient liabilities; and
- Any other patient who requests Financial Assistance.

Information about BCHO's Community Care Program shall be widely publicized. Displays notifying patients/guarantors that BCHO offers Financial Assistance through its Community Care Program shall be conspicuously posted in the Emergency Department, registration areas, clinics, and other outpatient settings. In addition, plain language summaries shall be provided to potentially eligible patients/guarantors during either the registration or discharge process and during the billing process. This information shall be provided in English and Spanish and any other language spoken by a Significant

LEP Population, and will be translated for patients' families who speak other languages. The Community Care application should be offered as soon as there is an indication the patient/guarantor may be in need of Financial Assistance. Eligibility for Financial Assistance may be determined at any time BCHO has sufficient information to determine qualification.

**A complete Community Care application includes:**

- 1. Submission of all requested information necessary for BCHO to determine if the patient/responsible party has income and/or assets sufficient to pay for services;**
- 2. Authorization for BCHO to obtain a credit report for the patient or responsible party;**
- 3. Documentation useful in determining eligibility for Financial Assistance; and**
- 4. An audit trail documenting BCHO's commitment to providing Financial Assistance.**

Financial Assistance is not considered to be a substitute for personal responsibility, and patient families or representatives are expected to cooperate by providing complete and accurate information in order to determine eligibility for Financial Assistance.

Depending upon individual patient eligibility, Financial Assistance may be granted on a full or partial basis. Financial Assistance may be denied when the patient or other responsible party does not meet the requirements of the BCHO Financial Assistance Policy.

#### **Section IV: Financial Assistance Procedures**

1. Identification: The identification of patients eligible for Financial Assistance is achieved through determination of financial status of an individual patient/guarantor by the BCHO Financial Counseling, Patient Access or Patient Financial Services department. Such determination should be made at or before the time of admission to BCHO, or as soon as possible thereafter. In some cases, such as emergency admissions, it may not be possible to establish eligibility for Financial Assistance until after the patient is discharged. In these instances, or instances where events occur during or after a patient's stay which change the patient's/guarantor's financial status, the patient/guarantor eligibility for Financial Assistance shall in no way be affected by the timing of the determination that the patient/guarantor meets the eligibility criteria.
2. Government Assistance
  - a. In determining whether a patient/guarantor qualifies for Financial Assistance, governmental assistance programs should be considered. Many patients/guarantors may not be aware that they may be eligible for assistance such as Medi-Cal, California Children's Services, Victims of Crimes, or Covered California.
  - b. BCHO shall assist patients/guarantors in determining if they are eligible for any governmental or other assistance. Eligibility workers knowledgeable about, Medi-Cal, California Children's Services and Covered California may be available on-site to help the patient/guarantor with the application process.
  - c. Patients eligible for programs such as Medi-Cal or Covered California but whose eligibility status is not established for the period during which the medical services were rendered, may be granted Financial Assistance for those services. BCHO may make the granting of Financial Assistance contingent upon applying for governmental program assistance.

### 3. Third-Party Coverage

- a. BCHO shall make all reasonable efforts to obtain from the patient/guarantor information about whether private or public health insurance coverage may fully or partially cover the charges for care rendered by BCHO. Such coverage would include:
  - i. Employer sponsored healthcare insurance;
  - ii. Private health insurance;
  - iii. Medi-Cal, CCS or other state-funded benefit programs designed to provide health coverage;
  - iv. Medicare;
  - v. Covered California or other state health insurance marketplace program coverage; and
  - vi. Other coverage, including workers' compensation, automobile or other third party insurance coverage.
- b. If a patient/guarantor does not indicate coverage by a third-party payor, or request Financial Assistance that may include a discounted price or Charity Care, then BCHO shall provide an application for Covered California, Medi-Cal or other governmental programs to the patient/guarantor (to the extent available to BCHO). BCHO shall use best efforts to provide any application forms prior to discharge if the patient has been admitted or to patients receiving emergency or outpatient care.
- c. For prospective inquiries about the cost for receiving elective Hospital services, Financial Counseling personnel will work with the family to assess the patients' eligibility for Medi-Cal, Covered California and other healthcare coverage that the patient may be eligible to apply for and receive. The family and attending physician shall determine if the services can be delayed until identified coverage is effective, or if the services are urgently required to be performed.

### 4. Responsibility for Determining Eligibility

The responsibility for determining a patient/guarantor's eligibility for Financial Assistance shall be with the Patient Financial Services Division, with primary responsibility delegated to the Financial Counseling department. This will require that the patient/guarantor complete the Community Care application, along with the necessary copies of documentation, to determine the annual family income of the patient/guarantor.

### 5. Method by Which Patients May Apply for Financial Assistance

BCHO will request that each patient/guarantor applying for Financial Assistance complete a Community Care application, including a statement of financial condition. The Community Care application allows for the collection of needed information to determine eligibility for Financial Assistance. The Community Care application, plain language summary, and the Financial Assistance Policy shall be available in English and Spanish and any other language spoken by a Significant LEP Population, and may be obtained, upon request, from the main admission desk located at 747 52nd Street #252-Financial Counseling, Oakland, CA 94609, from the admissions desk located in the emergency room, on BCHO's website (<https://www.childrenshospitaloakland.org/>), by mailing a request to the Emeryville address noted below, and by calling the Financial Counseling office of the Patient Financial Services Division at (501) 428-3576. Financial Assistance may be granted at any

time eligibility is determined. The Financial Counseling office can assist with completing the Community Care application. Completed Community Care applications with the required supporting information can be dropped off in person at 747 52nd Street #252-Financial Counseling, Oakland, CA 94609 or mailed to 6425 Christie Avenue Suite 120, Emeryville, CA 94608.

a. Calculation of immediate family members – BCHO will request that patient/guarantor verify the number of people in the patient's household.

i. Adults – the total number of adults residing in the home.

ii. Minors – Persons under the age of 18.

In calculating the number of people in the patient's household, BCHO will include the patient and other dependents of the patient's parents or caregivers or calculate as other dependents of the patient's mother and other dependents of the patient's father; similarly for other dependents of step-parents residing in the home, and any other dependent family members residing in the home.

b. Calculation of income

i. Annual family income shall be calculated before taxes, less payments made for alimony and child support. For purposes of this determination, monetary assets shall not include retirement or deferred compensation plans, qualified or unqualified under the IRS code. Furthermore, the first ten thousand dollars (\$10,000) of a patient/guarantor's monetary assets shall not be counted in determining eligibility, nor shall fifty percent (50%) of patient's monetary assets over the first ten thousand dollars (\$10,000) be counted in determining eligibility.

ii. Proof of income may be documented by submitting current IRS 1040, 1040A, or 1040EZ or the two most recent pay stubs may be used to determine the year-to-date family income and annualized amounts, giving consideration for current earning rates.

c. Patient/Guarantor's responsibility

i. All BCHO patients/guarantors bear certain responsibilities including:

1. Providing accurate and complete information in a timely manner so that BCHO can process their request for Financial Assistance;
2. Responsiveness, demonstrated by providing timely follow-up for additional documents or information that BCHO requires for the Community Care application process;
3. Full disclosure of the required information; and
4. Satisfaction of any patient/guarantor payment obligation.

6. Income Verification

BCHO shall request that the patient/guarantor verify the Income reported and provide the documentation requested as set forth in the Community Care application.

a. Documentation Verifying Income – Income may be verified through any of the following means:

- i. Federal Tax returns (preferred verification method)
- ii. A minimum of 2 recent pay stubs/paycheck
- iii. IRS form W-2
- iv. Wage and Earnings Statement
- v. Social Security Income
- vi. Workers' or Unemployment compensation determination letters
- vii. Qualifications within the preceding six months for governmental assistance program (including food stamps, Medi-Cal and AFDC).

In the event that the patient/guarantor is unable provide recent pay stubs, BCHO shall, with the patient/guarantor's authorization, obtain telephone verification by patient/guarantor's employer of the patient/guarantor's income or accept other documentation of the patient/guarantor's income. For purposes of determining eligibility for Charity Care, documentation of assets may include information on all monetary assets, but shall not include statements on retirement or deferred compensation plans. BCHO may request a waiver or release from the patient/guarantor authorizing the organization to obtain account information from financial or commercial institutions, or other entities that hold or maintain the monetary assets, to verify their value.

- b. Homelessness, personal bankruptcies and other extenuating circumstances may affect a patient/guarantor's ability to pay all or part of the bill for healthcare services. BCHO Financial Counseling personnel will meet with the patient/guarantor to gather financial information and help complete the Community Care application to determine whether the patient/guarantor will be given special consideration. To help avoid going into bankruptcy, BCHO will work with the patient/guarantor on flexible payment plans.
- c. The requested documents to verify income should be made available to BCHO Financial Counseling within 2 weeks. If documentation is not received within 2 weeks, an additional 1 week grace period may be provided.
- d. Documentation unavailable – When a patient/guarantor is unable to provide the required documentation to verify income, BCHO will require that a satisfactory explanation of the reason the patient/guarantor is unable to provide the requested documentation be noted in the Financial Assistance worksheet. In cases where the patient/guarantor is unable to provide documentation verifying income, BCHO may at its sole discretion verify the patient/guarantor income in either one of the following ways:
  - i. By having the patient/guarantor sign the Community Care application attesting to the veracity of the income information provided and a written explanation as to why they are unable to obtain and/or provide documents; or
  - ii. Through the written attestation of BCHO personnel completing the Community Care application that the patient/guarantor verbally verified BCHO's calculation of income. Any such attested application should then be submitted to the Financial Counseling Management Coordinator and/or Director, Patient Financial Services for review and eligibility determination.

- e. Eligibility cannot be determined – If and when BCHO Financial Counseling personnel cannot clearly determine eligibility, BCHO Financial Counseling personnel will use best judgment and submit a memorandum listing reasons for judgment along with any available documentation to the Financial Counseling Management Coordinator and/or Director, Patient Financial Services. The Financial Counseling Management Coordinator and/or the Director, Patient Financial Services will then review the memorandum and documentation, and make a determination.
  - i. If the Financial Counseling Management Coordinator or the Patient Financial Services Director agrees to approve eligibility, he or she will sign the Financial Assistance worksheet and continue with the normal approval process.
  - ii. If the Financial Counseling Management Coordinator or the Patient Financial Services Director recommends denying Financial Assistance based on the information provided and the difficulty in determining eligibility, he or she will notate the application with the decision and return all documentation to the Financial Counseling department for denial processing.
- f. Classification pending income verification – during the income verification process, while BCHO is collecting the information necessary to determine a family's income, the patient may be treated as a self-pay patient in accordance with BCHO policies.

#### 7. Information Falsification

Falsification of information may result in denial of the Community Care application. If, after a patient is granted Financial Assistance and BCHO finds material provisions of the Community Care application to be untrue, the Financial Assistance may be withdrawn.

#### 8. Request for Additional Information

If adequate documents are not provided, BCHO will contact the patient's family to request additional information/documentation. If the patient's family doesn't comply with the request within 2 weeks from the date of the request, an additional 1 week grace period will be provided. After such time, if BCHO doesn't receive information/documentation from the patient/guarantor, such non-compliance will be considered an automatic denial for Financial Assistance. A note will be input into the BCHO information system and any and all paperwork that was completed and compiled will be filed according to the date of the denial note. No further action will be taken by BCHO Financial Counseling personnel. If requested documentation is later obtained, all filed documentation will be reviewed and the patient/guarantor will be reconsidered for Financial Assistance.

#### 9. International Patients

The BCHO Patient Financial Assistance Policy does not apply to international patients. International patients seeking non-emergent care or elective services will continue to follow standard procedures for providing full payment up-front according to the BCHO Self-Pay policy. If international patients need Financial Assistance for such services, they may apply to BCHO for consideration.

#### 10. Determination of Financial Eligibility and Level of Financial Assistance

Criteria to receive Financial Assistance for emergency and medically necessary care is based on the income threshold criteria dictated by the FPL Guidelines set at the time the patient receives services.

- a. There are three categories of financial eligibility – Financially Qualified Self-Pay, High Medical Cost, or Private Self-Pay



- i. Financially Qualified Self-Pay: Defined as a patient/guarantor with no third-party or government insurance coverage and family income does not exceed 300% of FPL. The level of assistance, which could include free care or discounted payment, will depend on family income and size.
- ii. Patient with High Medical Costs: Patient/guarantor with third-party insurance or other coverage and whose family income does not exceed 300% of FPL. High medical costs means patient/guarantor has out-of-pocket medical expenses within the prior 12 months that exceed 10% of the family income (medical expenses include both incurred at BCHO and outside of BCHO). Eligible High Medical Cost Patient/guarantors may receive a discount to their bill. However, this policy does not waive or alter any contractual provisions or rates negotiated by and between BCHO and a third party payor.
- iii. Private Self-Pay: For self-pay patients not eligible for Financial Assistance, patients will be provided a discount of 50% of billed charges.

b. Eligibility for free care

Uninsured patients/guarantors whose household income, as determined in accordance with the Community Care application, is less than or equal to 300% of FPL guidelines, will receive care free of charge.

c. Eligibility for Partial Discounted Payment

- i. An uninsured patient/guarantor who does not qualify for free care under this policy because the patient/guarantor's household income exceeds 300% of FPL guidelines may be eligible to receive discounts in accordance with financial need as determined by the FPL as follows:
  1. For patient/guarantors with household income between 301% and 350% of the FPL, patients will be provided a discount of 75% of remaining billed charges, whereby the expected reimbursement would be equivalent to government subsidy allocations.
  2. For patient/guarantors with household income between 351% and 400% of the FPL, patients will be provided a discount of 50% of remaining billed charges.
- ii. Emergency physicians, as defined by California Health and Safety Code Section 127450, who provide emergency medical services in a hospital that provides emergency care, are required by law to provide discounts to uninsured patients or patients with high medical costs whose family income is at or below 300% of FPL. This statement is required to be included in the Hospital's policy but shall not be construed to impose any additional responsibilities upon the Hospital.

d. High Medical Cost Patients

For patients who are determined to be financially qualified self-pay or financially qualified with high medical cost, the amount generally billed for services rendered shall not exceed the amount BCHO receives from Medi-Cal and Medi-Cal Managed Care, including government subsidy allocations.

Extended payment plans

Patient/guarantors can be offered an extended payment plan. The terms of the payment plan can

be negotiated by BCHO and the patient/guarantor. Extended payments plans will be interest-free. Standard payment plan length will be twelve (12) months. Longer payment plans can be provided on an exception basis.

#### 11. High Medical Cost Expense Qualifications

BCHO will provide High Medical Cost eligible patients Financial Assistance when patient/guarantor liability exceeds a substantial portion of the patient/guarantor's income as defined in section 10.a.ii. of this policy. Upon patient/guarantor request for a discount, the patient/guarantor will be informed of the criteria to qualify as a High Medical Cost Patient and the need to provide receipts if claiming services rendered at other providers in the past twelve (12) months. It is the patient/guarantor's decision as to whether they believe that they may be eligible for a discount and wish to apply.

#### 12. Review and Approval Procedures

BCHO Patient Financial Services personnel will review the patient/guarantor's Community Care application, along with the copies of required documentation, and then forward to their manager for review and approval.

- a. For patient/guarantor accounts meeting the Financial Assistance eligibility criteria, the Community Care application may be approved for emergency and medically necessary healthcare services.
- b. For uninsured patients seeking non-emergent medically necessary care, Financial Counselors and other personnel shall route these requests through the Chief Financial Officer and Chief of Pediatrics for review and approval.
- c. If the application is approved and the patient needs to return for care, the approval is extended for up to six (6) months for medically necessary healthcare services on balances that can be considered for Financial Assistance.
- d. In the event of a denial for Financial Assistance, a patient/guarantor has the right to appeal the decision. The appeal must be submitted in writing to the Director, Patient Financial Services within thirty (30) days of the denial and should include any additional supporting documentation to support the appeal.

#### 13. Approval Levels

Patient-specific Charity Care allowances shall be subject to the following approval levels:

- a. Manager, Patient Accounting – amounts less than \$20,000
- b. Director, Patient Financial Services – amounts less than \$50,000
- c. Chief Financial Officer – amounts greater than \$50,000

#### 14. Publication of Financial Assistance Policy, Community Care Application, and the Plain Language Summary

- a. BCHO shall make the Financial Assistance Policy, the Community Care application, and the plain language summaries of the Financial Assistance Policy widely available on a website.

- b. BCHO shall provide plain language summaries about the availability of Financial Assistance under the BCHO Community Care Program, which shall include information about eligibility, to uninsured, underinsured and self-pay patients. The plain language summaries shall be published in English and Spanish and any other language spoken by a Significant LEP Population. The plain language summaries shall include at a minimum, the following:
  - i. If a patient/guarantor meets certain income requirements, the patient/guarantor may be eligible for a government-sponsored program or the BCHO Community Care Program.
  - ii. A brief summary of how to apply for Financial Assistance under the Community Care Program.
  - iii. Instructions on how the patient/guarantor can obtain a free copy of the Financial Assistance Policy and the Community Care application by mail.
  - iv. Identification of a Hospital department phone number with hours of availability shall be delineated so that patients/guarantors may call to obtain further information about Financial Assistance.
  - v. BCHO website address and physical locations where the patient/guarantor can obtain copies of the Financial Assistance Policy and the Community Care application.
  - vi. A statement that the Financial Assistance Policy and Community Care application are available in English and Spanish and any other language spoken by a Significant LEP Population.
  - vii. A statement that patients/guarantors that are eligible for Financial Assistance for emergency and other medically necessary care under the Community Care Program shall not be charged more than amounts generally billed to patients who have insurance coverage for such care.
- c. A paper copy of the plain language summary shall be handed to potentially eligible patients/guarantors as part of either the intake or discharge process in the inpatient, outpatient and emergency department areas and shall be explained, so that the patient/guarantor is informed about the availability of government-sponsored programs and the BCHO Community Care Program.
- d. Posted displays notifying patients/guarantors that BCHO offers Financial Assistance through its Community Care Program shall be conspicuously and clearly posted in locations that are visible to the public, including, but not limited to:
  - i. Emergency Department;
  - ii. Billing Office;
  - iii. Registration, Patient Access; and
  - iv. Other outpatient settings.
- e. BCHO personnel who reasonably believe that a patient/guarantor does not have the ability to pay for emergency and medically necessary care shall inform such patient/guarantor that Financial

Assistance may be available under BCHO's Community Care Program and direct them to the publications described in this policy.

- f. BCHO shall work with affiliated organizations, physicians, community clinics and other healthcare providers to notify members of the community (especially those individuals who are most likely to require Financial Assistance) about the availability of Financial Assistance under BCHO's Community Care Program.

#### 15. Reservation of Rights

It is the policy of BCHO to reserve the right to approve, limit or deny Financial Assistance at the sole discretion of BCHO.

#### 16. Application of Policy

The BCHO Patient Financial Assistance Policy does not apply to those services not billed by BCHO. This policy does not create an obligation to pay for any charges or services not included in the BCHO bill at the time of service. This policy may not apply to professional services rendered by physicians or other medical providers at BCHO, included but not limited to, anesthesiologists, radiologists, surgeons and medical specialists. For further information, please see the provider list attached hereto as Exhibit A, which may be updated/amended by BCHO management from time to time as appropriate.

### Section V: Billing & Collection Procedures

#### 1. Billing Notices

- a. BCHO, when sending a bill to patient/guarantors potentially eligible for a governmental program or the BCHO Community Care Program, will include the following:
  - i. Statement of charges for Hospital services.
  - ii. Request for information regarding insurance coverage.
  - iii. Statement that indicates that the patient/guarantor lacks, or has inadequate insurance coverage, and meets certain income requirements, the patient/guarantor may be eligible for a governmental program (Medi-Cal, California Children's Services or Covered California) or for Financial Assistance from the BCHO Community Care Program.
  - iv. Statements shall indicate how to obtain additional information and applications for Medi-Cal, CCS, or Covered California and how to obtain applications from BCHO for the Community Care Program, and shall include the direct website address where copies of the Financial Assistance Policy, the Community Care application, and the plain language summary of the Financial Assistance Policy may be obtained.
  - v. Information regarding the BCHO's Community Care Program shall include:
    1. A statement that indicates that if the patient lacks, or has inadequate insurance, and meets certain low- and moderate income requirements, the patient may qualify for discounted payment or Charity Care.

2. The statements shall also include the telephone number of a Hospital employee or the department to contact to obtain further information on Financial Assistance and how to apply for such assistance.
2. Patients/guarantors that receive assistance under BCHO's Financial Assistance Policy for emergency and other medically necessary care shall not be charged more than the amounts generally billed to patients who have insurance covering such care. BCHO uses the prospective Medi-Cal rates and Medi-Cal Managed Care rates to determine the amounts generally billed to patients/guarantors who are eligible for Financial Assistance under this policy.
3. In the event that the patient/guarantor pays for services and the Hospital is subsequently reimbursed for the services by another party, BCHO shall abide by the reimbursement terms set forth in Section 127440 of the California Health and Safety Code. The Hospital shall utilize reasonable efforts in processing and repaying the patient/guarantor as soon as possible.

#### 4. Interest- free, Extended Payment Plans

If eligible, patient/guarantors shall be offered interest-free extended payment plans by BCHO to assist the guarantor in settling past due outstanding hospital bills. The Hospital extended payment plan may be declared no longer operative after the patient/guarantor's failure to make all consecutive payments due during a 90-day period. Before declaring the Hospital extended payment plan no longer operative, the Hospital or collection agency shall make a reasonable attempt to contact the patient by phone and, to give notice in writing, that the extended payment plan may become inoperative, and of the opportunity to renegotiate the extended payment plan.

#### 5. Collection Activities at BCHO

- a. In determining the debt that BCHO seeks to recover, BCHO will consider only the income and certain monetary assets of the patient/guarantor eligible for the BCHO Community Care Program. In making this determination, BCHO will not consider retirement or deferred compensation plans (either qualified or non-qualified under the IRS revenue code), the first \$10,000 or the remaining fifty percent (50%) of the patient/guarantor's monetary assets. Our Federal Qualified Health Center (FQHC) is excluded from collection assignments.
- b. BCHO shall not use wage garnishments, body attachments or liens on primary residences of patient/guarantors as a means of collecting unpaid patient bills.
- c. Information obtained pursuant to the patient/guarantor's application for Financial Assistance shall not be used for collection activities. This paragraph does not prohibit the use of information obtained by the Hospital or collection agency independently of the eligibility process for Charity Care or discounted payment.

#### 6. Collection Activities by Outside Agencies

- a. BCHO shall not send patient/guarantor account(s) to an outside collection agency for the purposes of commencing a civil action for non-payment, take any action that would result in an adverse consumer credit report, or take other extraordinary collection actions until BCHO has made Reasonable Efforts (as defined below) to determine whether a patient is eligible for Financial Assistance for the relevant emergency or medical healthcare services provided by BCHO. "Reasonable Efforts" means that BCHO either: (i) notified the patient/guarantor about the availability of Financial Assistance under the Financial Assistance Policy in one or more post-discharge communications as well as through other means, provided at least 150 days from the

first post-discharge billing for the patient/guarantor to apply for Financial Assistance, and timely processed any application received from the patient/guarantor during that period; or (ii) determined whether the patient/guarantor is eligible for Financial Assistance under the Financial Assistance Policy based on a completed application. That 150-day period may be extended if the patient/guarantor is appealing a coverage decision and guarantor makes a reasonable effort to communicate with BCHO Patient Financial Services staff regarding the progress of the appeal.

- b. The Patient Financial Services Director shall have the final responsibility for determining that BCHO has made Reasonable Efforts to decide whether a patient/guarantor is eligible under this policy before approving any accounts to collection and shall establish procedures to refer accounts to outside collection agencies.
  - c. BCHO shall not send an account to a collection agency if the patient/guarantor has a pending application for the BCHO Community Care Program or government program or is attempting in good faith to settle an outstanding bill by negotiating a reasonable payment plan or by making regular partial payments of a reasonable amount. A "pending application" is defined as an application that has been fully completed and includes copies of the required documentation by the patient/guarantor, submitted to the relevant agency in the case of government programs and to BCHO Patient Financial Services department in the case of the BCHO Community Care Program.
7. Outside Collection Agencies Follow BCHO Collection Policies
- a. BCHO shall utilize those outside collection agencies that have agree in writing to comply with those collection standards and practices outlined in this policy. In addition BCHO may further define the standards and scope of practice to be used by such collection agencies, and shall obtain written agreements from such agencies that they will adhere to such standards and scope of practice.
  - b. BCHO shall utilize only those outside collection agencies that also have agreed as follows:
    - i. To comply with applicable state and federal debt collection practices law, including but not limited to hospital collection practices set forth in California Health and Safety Code Section 127425. Such compliance shall include providing a plain language summary of the patient's rights prior to commencing collection activities against a patient/guarantor;
    - ii. To advise patient/guarantors that nonprofit credit counseling services may be available in the area;
    - iii. To not use a wage garnishment, except by court order, following the procedure set out under state law, including California Health and Safety Code Section 127425(f)(2)(A);
    - iv. To not establish a lien on the patient's primary residence except as permitted under state law, including California Health and Safety Code Section 127425(f)(2)(B); and
    - v. To make reasonable efforts to determine the Financial Assistance eligibility of a patient/guarantor under BCHO's Community Care Program prior to engaging in extraordinary collection actions, which shall include at a minimum (1) suspension of extraordinary collection actions if the patient/guarantor submits a Community Care application within 240 days from the first post discharge billing, (2) ensuring that patients/guarantors who are eligible for Financial Assistance do not pay more than they owe under BCHO's Community Care Program, and, (3) if applicable, taking necessary step to reverse extraordinary collection actions if a patient/guarantor is found eligible for Financial Assistance.

8. Retroactive Review

Accounts which have previously been identified as bad debt, and assigned to a collection agency, are subject to a retroactive review. When such accounts are proposed for deletion (i.e. removal from active status) a review shall be made to consider all subsequent facts and determine whether such accounts would meet charity guidelines. If so, the accounts will be returned to the division and the bad debt status will be reversed and the appropriate charity allowance recorded.

9. Reservation of Rights Against Third Parties

This requirement does not preclude the Hospital, collection agency or other assignee from pursuing reimbursement and any enforcement remedy or remedies from third-party liability settlements, tortfeasors, or other legally responsible parties.

10. Dispute Resolution Process

- a. Any dispute regarding eligibility, determination of Financial Assistance, or billing or collection should be directed to the Patient Financial Services Customer Service department.
- b. The Patient Financial Services Customer Service department shall obtain all information regarding the dispute and forward to the manager or management coordinator. If the manager determines that an application for Financial Assistance should be reviewed, he/she should forward the new information to the Director of Patient Access, or designee, for reprocessing.
- c. If the manager concurs with the initial determination, the dispute will be forwarded to the Patient Financial Services Director for review.
- d. The Patient Financial Services Director shall review and respond in writing to the patient/guarantor regarding the results of the review.
- e. Any appeal by the patient/guarantor of the Patient Financial Services Director's determination will be directed to the Chief Financial Officer, whose determination will be final.

**Approval Process:**

<b>DATE</b>	<b>COMMITTEE/LEGAL</b>
05/22/2018	Legal Counsel
05/24/2018	Vice President & Chief Financial Officer
05/24/2018	President
06/06/2018	Board of Directors

**Exhibit A**

**Provider List - FAP Participation**

**Exhibit A  
List of Providers  
(last updated September 7, 2018)**

Please contact the Patient Financial Services Division at 510-428-3576 for the most up-to-date information regarding UCSF Faculty Departments and other physician groups that provide care at Children's Hospital-Oakland. Unless otherwise specified, the Hospital's Patient Financial Assistance Policy does not apply to physicians or certain other health practitioners who care for you while you are in the hospital. This includes emergency room doctors, anesthesiologists, radiologists, and other providers. These doctors will bill you separately. The Hospital's Patient Financial Assistance Policy does not create an obligation for the Hospital to pay for the services provided to you by these physicians or other medical providers. You may contact the UCSF Department or physician group for information about any financial assistance that may be available for those services.

Name of Physician Group	Covered by Hospital Financial Assistance Policy?
UCSF Benioff Children's Hospital Physicians	No
BayChildren's Medical Group	No
Pediatric Multispecialty Medical Group	No
Children's Anesthesia Medical Group	No
Children's Neurosurgical Associates, Inc.	No
Pediatric Hematology/Oncology Medical Group	No
Pediatric Imaging Medical Associates	No
Children's Critical Care Medical Group	No
Pediatric Surgical Associates	No

		<b>Covered by Hospital</b>
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<b>Name of Non-Physician Health Practitioner</b>	<b>Specialty</b>	<b>Financial Assistance Policy?</b>
Ferguson, Jennifer C., FNP	Adolescent Medicine	Yes
Rishon, Anne D., NP	Adolescent Medicine	Yes
Brantley, Antrina D., NP	Anesthesiology	Yes
Bull, Shelley, NP	Anesthesiology	Yes
Hale, Lisa, NP	Anesthesiology	Yes
Herrera, Karla M. , NP	Anesthesiology	Yes
Juarez, Bianca, NP	Anesthesiology	Yes
Lu, Kun, PNP	Anesthesiology	Yes
Meyer, Gretchen L., NP	Anesthesiology	Yes
Rilveria, Norma T., PNP	Anesthesiology	Yes
Purdy, Cynthia N., PNP	Asthma Research Study Coordinator	Yes
Burton, Rhonda M., PNP	BCP Epilepsy Clinic	Yes
Shiota, Sherrie A., PA-C	Bone Marrow Transplant	Yes
Juarez, Lourdes, PNP	Cardiology	Yes
Keating, Megan M., PNP	Cardiology	No
Ramirez, Ashley J., NP	Cardiology	Yes
Turpin, Susan, PNP	Cardiology	Yes
Price, Paula, PA	Cardiothoracic Surgery	No
Merl, Kelsey J., NP	Child Protection	Yes
Whitley, Katherine E., NP-C	Child Psychiatry	Yes
Washington, Anjali H., PA	Dermatology	No
Markoff, Anita, PNP	Endocrinology	Yes
Pedersen, Andrea E., PNP, MS	Endocrinology	Yes
Russell, Meredith, NP	Endocrinology	No
Corbett, Erin R., PNP	Fetal Medicine Coordinator	Yes
Drevno, David J., NP	Gastroenterology	Yes
Esparza, Lynn A., PNP	Gastroenterology	Yes
Harvill, Zena A., PNP	Gastroenterology	Yes
Hilk, Susan S., PNP	Gastroenterology	Yes
James, Ellen A., PNP	Gastroenterology	Yes
Jozwiak, Erin M., NP	Gastroenterology	Yes

Murphy, Erin M., FNP	Gastroenterology	Yes
Ratcliff, Rebecca C., PNP	Gastroenterology	Yes
Brown, Danielle, NP	Hematology/Oncology	Yes
Cherbini, Kathryn, NP	Hematology/Oncology	Yes
Haines, Drucilla A., PNP	Hematology/Oncology	Yes
Hoban, Lauren E., NP	Hematology/Oncology	Yes
Hoehner-Cooper, Christine, FNP	Hematology/Oncology	Yes
Mosher, Nicole, NP	Hematology/Oncology	Yes
Silliman, Harriott G., CPNP	Hematology/Oncology	Yes
Szuminski, Molly R., NP	Hematology/Oncology	Yes
Tringale, Erica L., NP	Hematology/Oncology	Yes
Wolf, Stacy, NP	Hematology/Oncology	Yes
Eng, Katherine, PNP	Infectious Disease	Yes
Glover, Stephanie, NP	Neonatology	Yes
Haeusslein, Laurel, NP	Neonatology	Yes
Josiah-Davis, Erna, NP	Neonatology	Yes
McMillan, Kelly R., NP	Neonatology	Yes
Proctor, Teresa P., NP	Neonatology	Yes
Valentine, Blanca, NP	Neonatology	Yes
Cheng, Bernice P., NP	Neurology	Yes
Kuch, Onica, NP	Neurology	No
DaCosta, Elizabeth M., PA-C	Neurosurgery	No
Ghoussaini, Kristen, PNP	Neurosurgery	Yes
Silvers, Rebecca L., NP	Neurosurgery	Yes
Wong, Patrick J., PA-C	Neurosurgery	No
Mazer, Elaine R., NP	Occupational Medicine/Employee Health	Yes
Nickell, Scott, FNP	Occupational Medicine/Employee Health	Yes
Carter, Lauren M., NP	Orthopedics	No
Chan, Carrie T., NP	Orthopedics	No
De Young, Allison, PA-C	Orthopedics	No

DeWitt, Jocelyn M., PA	Orthopedics	No
Fong, Jeremy D., PA	Orthopedics	No
Francis, Caitlin E., NP	Orthopedics	No
Hornung, Kimberly, PA	Orthopedics	No
Meckler, Sydney E., CPNP	Orthopedics	No
Parrott, Alexandra K., PA-C	Orthopedics	No
Roos, Lauren G., NP	Orthopedics	No
Wilson, Alix M., PA	Orthopedics	No
Audirac, Cosette, PA	Otolaryngology	No
McNeill, Christian, PA	Otolaryngology	No
Okimura, Brittany M., PA	Otolaryngology	No
Petersen, Suzanne, PA	Otolaryngology	No
Carmody, Erin G., PA	Pediatric Surgery	Yes
Denby, Candice A., PA	Pediatric Surgery	Yes
Johnson, Lora M	Pediatric Surgery	Yes
Kershaw, Alicen B., PNP	Pediatric Surgery	Yes
Kuchta, Krista R., NP	Pediatric Surgery	Yes
Liang, Anna Xiaotao	Pediatric Surgery	Yes
Mclroy, Mary E., PNP	Pediatric Surgery	Yes
Rosche, Nina, NP	Pediatric Surgery	Yes
Simmons, Hope, PNP	Pediatric Surgery	Yes
Valenti, Susanne T., PA	Pediatric Surgery	Yes
Wallace, Robert J., NP	Pediatric Surgery	Yes
Fick, Jennifer, NP	Plastic Surgery	No
Benson, Mindy, PNP	Primary Care	Yes
Nakaishi, Michelle, PNP	Psychiatry	Yes
Willis, Monifa C., NP	Psychiatry	Yes
Dawson, Diana L., PNP	Pulmonary Medicine	No
Webb, Karen, PNP	Pulmonary Medicine	Yes
Madden, Jacqueline, PNP, MS	Research	Yes
Flores, Betty M., PNP	Research Lab	Yes
Lavrisha, Lisa H., PNP	Research Lab	Yes
Hale, Kaitlin C., PNP	RETT	Yes
Nguyen, Andy A., NP	Rheumatology	Yes
Krupitsky, Carrie L., FNP	Tuberous Sclerosis Clinic	Yes
Arnhyrn, Anne M., PNP	Urology	No

Champeau, Angelique C., PNP	Urology	No
Huang, Lucille, NP	Urology	No