

<b>This policy applies to:</b> <input checked="" type="checkbox"/> <i>Stanford Healthcare</i>	<b>Last Approval Date:</b>
<b>Name of Policy:</b> FINANCIAL ASSISTANCE / CHARITY CARE POLICY	<p style="text-align: center;"><b>Page 1 of 12</b></p>
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## I. PURPOSE

The purpose of this Policy is to define the eligibility criteria and application process for financial assistance for patients who receive healthcare services at Stanford Healthcare (SHC) and who are uninsured or underinsured. SHC also seeks to describe the types of financial assistance available and ensure patients have access to information about these programs.

## II. POLICY

SHC is committed to providing financial assistance in the form of a Financial Hardship Discount or Charity Care (together referred to in this Policy as Financial Assistance) to uninsured and underinsured individuals who seek and obtain healthcare services from SHC but are not able to meet their payment obligations to SHC without assistance. SHC desires to provide this assistance in a manner that addresses the patients' individual financial situations, satisfies the hospital's not-for-profit and teaching missions, and meets its strategic, operational, and financial goals.

Financial Assistance is not to be considered a substitute for personal responsibility. Patients are expected to cooperate with SHC's Financial Assistance requirements, and to contribute to the cost of their care based on their individual ability to pay.

This written Policy:

- Includes eligibility criteria for Financial Assistance – fully or partially discounted care.
- Describes the basis for calculating amounts charged to patients eligible for financial assistance under this Policy.
- Describes the method by which patients may apply for financial assistance.
- Limits the amounts that SHC will charge for emergency or other medically-necessary care provided to individuals eligible for Financial Assistance. The limit will be based upon the discounted rate comparable to SHC's government payors.
- Describes the methods used to widely publicize the Policy within the communities served by SHC.

## III. DEFINITIONS

For the purpose of this Policy, terms are defined as follows:

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**Charity Care:** A 100% waiver of patient financial obligation for medically necessary services provided by SHC and included in priority listing (See Section IV.D. below). (Uninsured and underinsured patients with annualized family incomes not in excess of 400% of the Federal Poverty Guidelines may be eligible for fully discounted care.)

**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.

**Emergency medical conditions:** As defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd), SHC treats persons from outside of an SHC service area if there is an emergent, urgent, or life-threatening condition.

**Family:** As defined by the U.S. Census Bureau, a group of two or more people who reside together and who are related by birth, marriage, adoption, or domestic partnership. 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. Any and all resources of the household are considered together to determine eligibility under this Policy.

**Family Income:** Family Income is determined using the U.S. Census Bureau definition when determining eligibility based on the Federal Poverty Guidelines.

- Includes 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;
- 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;
- Capital gains or losses Determined on a before-tax basis; and
- A person's family income includes the income of all adult family members. For patients under 18 years of age, family income includes that

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of the parents and/or step-parents, unmarried or domestic partners, or caretaker relatives.

**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/>

**Financial Assistance:** Assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for medically-necessary services provided by SHC and who meet the eligibility criteria for such assistance. Under this Policy, Financial Assistance is either Charity Care or Financial Hardship Discount.

**Financial Hardship Discount:** A partial waiver of patient financial obligation resulting from medically necessary services provided by SHC. Uninsured and underinsured patients with annualized family incomes not in excess of 400% of the Federal Poverty Guidelines may be eligible for partially discounted care.

**Guarantor:** An individual other than the patient who is responsible for payment of the patient's bill.

**Gross Charges:** The total charges at the organization's full established rates for the provision of patient care services before deductions from revenue are applied.

**Healthcare Services:** Medically necessary hospital and physician services.

**Special Circumstances Financial Assistance** Financial assistance that provides a discount to eligible patients with annualized family income in excess of 400% of the Federal Poverty Guidelines and financial obligations resulting from medical services provided by any SHC entity or provider that exceed 10% of annualized family income.

**Medically Necessary:** As defined by Medicare as services or items reasonable and necessary for the diagnosis or treatment of illness or injury.

**Presumptive Charity:** Determination of eligibility for Financial Assistance based upon socio-economic information specific to the patient that is gathered from market sources.

**Proof of Income:** For purposes of determining Financial Assistance eligibility, SHC will review annual family income from the prior two (2) pay periods and/or the prior tax year as shown by recent pay stubs or income tax returns and other

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information. Proof of earnings may be determined by annualizing the year-to-date family income, taking into consideration the current earnings rate.

**Reasonable Payment Plan:** An extended interest free payment plan that is negotiated between SHC 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. Payment plans will be for a term of no less than 12 monthly payments.

**Uninsured Patient:** An individual having no third-party coverage by a commercial third-party insurer, an ERISA plan, a Federal Health Care Program (including without limitation Medicare, Medicaid, SCHIP and CHAMPUS), Worker's Compensation, or other third party assistance to assist with meeting his/her payment obligations. It also includes patients that have third party coverage, but have either exceeded their benefit cap, been denied coverage or does not provide coverage for the particular Medically Necessary healthcare services for which the patient is seeking treatment from SHC.

**Underinsured Patient:** An individual, with private or public insurance coverage, for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for medical services provided by SHC.

#### IV. GENERAL GUIDELINES

##### A. **Eligible Services:**

- Financial Assistance under this Policy shall apply to *Medically Necessary* hospital and physician services.
- In the event that there is uncertainty as to whether a particular service is Medically Necessary, a determination shall be made by the Chief Medical Officer of SHC.

##### B. **Services NOT Eligible:**

Services that are generally not considered to be Medically Necessary and are therefore not eligible for Financial Assistance include:

- Reproductive Endocrinology and Infertility services
- Cosmetic or plastic surgery services
- Assistive hearing & listening devices

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- 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.

SHC reserves the right to change the list of services deemed to be not eligible at its discretion.

**C. Patient Eligibility for Financial Assistance – General Provisions:**

- All patients who receive Healthcare Services at SHC may apply for Financial Assistance.
- All individuals applying for Financial Assistance are required to follow the procedures in Section V below.
- SHC shall determine eligibility for Charity Care or a Financial Hardship Discount 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.
- Applicants for Financial Assistance are responsible for applying to public programs for available coverage. They are also expected to pursue public or private health insurance payment options for Healthcare Services provided by SHC. The patient's, or a patient's guarantor's, cooperation in applying for applicable programs and identifiable funding sources, including COBRA coverage (a federal law allowing for a time-limited extension of health care benefits), is required.
- Patients, or patients' guarantors, who do not cooperate in applying for programs that may pay for their Healthcare Services, will be denied Financial Assistance. SHC shall make affirmative efforts to help a patient or patient's guarantor, apply for public and private programs.
- 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.

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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.

**D. Charity Care (See Definition Above)**

SHC shall grant *Charity Care* to those patients who apply for Financial Assistance and whom SHC determines as eligible. SHC shall make that determination subject to the following priorities:

- *First Priority:* Patients who receive emergency services are SHC's first priority for Charity Care. (Consistent with EMTALA, SHC's determination of eligibility for Financial Assistance cannot be made until the patient has received legally required screening and any necessary stabilizing treatment.)
- *Second Priority:* Patients who have had or will have Medically Necessary services and for whom SHC 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.)
- *Third Priority:* Patients who have had or will have Medically Necessary services and for whom SHC 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 are SHC's third priority for Charity Care:
  - the patient has a unique or unusual condition which requires treatment at SHC as determined by the Chief Nursing Officer; or
  - the patient presents a teaching or research opportunity that will further SHC's teaching missions, as determined by the Chief Nursing Officer.

SHC may grant Charity Care for specialized high cost services subject to the review and approval of the Chief Nursing Officer.

SHC shall determine a patient's eligibility for Charity Care in accordance with the procedures set forth in Section V below

**E. Financial Hardship Discount (See Definition Above)**

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Under the *Financial Hardship Discount*, SHC shall limit the expected payment for Healthcare Services not otherwise prioritized in this Policy (see list in Section IV.D. above) by a patient who qualifies for Financial Assistance, as defined above, to a discounted rate comparable to SHC's government payers.

- SHC will extend to the qualified patient a Reasonable Payment Plan
- SHC shall determine a patient's income and eligibility for a Financial Hardship Discount according to the procedures in Section V below.
- The amounts SHC will charge Uninsured Patients eligible for a Financial Hardship Discount shall not exceed the average Medicare rate. No patients found eligible for Financial Assistance will be billed Gross Charges for eligible services while covered under this Policy.

- Amounts charged to Uninsured Patients are subject to the principles and procedures of the SHC Uninsured Patient Discount Policy and shall not exceed 50% of listed charges. Additional information regarding the Uninsured Patient Discount Policy can be obtained by contacting SHC Patient Financial Services.

## V. PROCEDURE

### A. Procedure for Applying for Financial Assistance

1. Any patient who indicates an inability to pay an SHC bill for Healthcare Services shall be evaluated for Charity Care, other sources of funding, or a Financial Hardship Discount by SHC Financial Counseling and Patient Financial Advocates.
2. Any SHC 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 in Patient Financial Services, Patient Admitting Services, the Emergency Department, all clinics, Customer Service, Patient Advocacy, Patient Relations and Social Services in the primary language of 5 percent or more of the hospital's patients, and the language or languages spoken by a substantial number of persons served by the hospital and/or for any populations with limited proficiency in English that constitute more than 10 percent of the residents of the community served by SHC.

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3. A patient may be screened initially by an SHC 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. SHC expects patients to cooperate fully in providing information necessary to apply for governmental programs such as Medicare or Medi-Cal, or through the California Health Benefit Exchange for which the patient may be eligible. In addition, the patient will be asked to fill out a Financial Assistance Application.
5. Any patient who applies for Charity Care must make every reasonable effort to provide SHC Proof of Income and health benefits coverage. If a patient files an application and fails to provide information that is reasonable and necessary for SHC to make a determination as to eligibility for Charity Care, SHC may consider that failure in making its determination. The SHC Patient Advocacy Unit will inform patients of the consequences of failure to provide complete information on a timely basis.
6. In the event SHC denies Charity Care or a Financial Hardship Discount to a patient who has fulfilled the application requirements set forth in this Policy, the patient may seek review of that determination by contacting the Patient Financial Services department.
7. 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 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.

**B. Presumptive Eligibility for Charity Care:**

SHC 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 may



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nevertheless grant Financial Assistance. In particular, presumptive eligibility may be determined on the basis of individual life circumstances that may include:

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

For patients, or their guarantors, who are non-responsive to the SHC application process, other sources of information, as described below, may be used to make an individual assessment of financial need. This information will enable SHC to make an informed decision on the financial need of non-responsive patients.

For the purpose of assisting a patient that communicates a financial hardship, SHC 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. The predictive model enables SHC to assess whether a patient is characteristic of other patients who have historically qualified for financial assistance under the traditional application process.

Information from the predictive model may be used by SHC to grant presumptive eligibility to, or to satisfy the documentation requirements for

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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 eligibility to patients in financial need.

In the event a patient does not qualify under the presumptive rule set, the patient may still provide requisite information and be considered under the traditional Financial Assistance application process set forth above in Section V.

Patient accounts granted presumptive eligibility 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 bad debt expense.

Presumptive screening provides a community benefit by enabling SHC to systematically identify patients in financial need, reduce administrative burdens and provide financial assistance to patients and the guarantors, some of whom not have been responsive to the financial assistance application process.

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

To make information readily available about its Financial Assistance Policy and program, SHC will do the following:

- Post this Policy, a summary, and the SHC Financial Assistance Application on the SHC website.
- 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 deems appropriate.
- Provide notices and other information on Financial Assistance in the primary language of 5 percent or more of the hospital's patients, and the language or languages spoken by a substantial number of persons served by the hospital and/or for any populations with limited proficiency in English that constitute more than 10 percent of the residents of the community served by SHC.
- 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.

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- Include information on Financial Assistance, including a contact number, in patient bills and through oral communication with uninsured and potentially underinsured patients.
- Provide financial counseling to patients about their SHC 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.)
- Provide information and education on its Financial Assistance and collection policies and practices available to appropriate administrative and clinical staff.
- Encourage referral of patients for Financial Assistance by SHC representative or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains and religious sponsors.
- 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.
- Respond to any oral or written requests for more information on the Financial Assistance Policy made by a patient or any interested party.

**VII. RELATED DOCUMENTS**

- A. SHC Financial Assistance Application
- B. SHC Federal Poverty Guidelines
- C. SHC Financial Assistance Approval Matrix
- D. SHC Reviewing Financial Assistance Applications - Advocacy Checklist
- E. SHC Uninsured Patient Discount Policy
- F. SHC Debt Collection Policy
- G. SHC EMTALA Policies

**VIII. DOCUMENT INFORMATION**

- A. Legal Authority/References
  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 and proposed regulations (as of the date of the approval of this Policy, those regulations are not yet final).

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- B. Author/Original Date  
October 2004, David Haray, Vice President, Patient Financial Services
- C. Gatekeeper of Original Document  
SHC Administrative Manual Coordinator and Editor
- D. Review and Renewal Requirements  
This Policy will be reviewed every three years and as required by change of law or practice. Any changes to the Policy must be approved by the same entities or persons who provided initial approval.
- E... Review and Revision History  
October 2004, Shoshana Williams, Director, Patient Financial Services  
October 2004, David Haray, Vice President, Patient Financial Services  
April 2005, David Haray, Vice President, Patient Financial Services  
January 2007, Office of General Counsel  
January 2007, T. Harrison, Director of Patient Representatives  
June, 2007, Sarah DiBoise, Chief Hospital Counsel, Gary May, VP Managed Care SUMC, David Haray, VP Patient Financial Services, SUMC  
January 2010, David Haray, Vice President, Patient Financial Services  
March 2011, Sarah DiBoise, Chief Hospital Counsel  
November 2014, Andrea Fish, Office of General Counsel, Terri Meier, Director Patient Financial Services, Michael Honeyman, Assistant Director Patient Financial Services
- F. Approvals  
September 2005, David Haray, VP Patient Financial Services  
January 2007, S. DiBoise, Chief Hospital Counsel  
February 2007, SHC Core Oversight Group  
August 2007, SHC Core Operations Group  
September 2007, Reviewed by SHC Board of Directors  
August 2010, SHC Operations Group  
May 2011, SHC Operations Group  
[Would recommend that for this particular revision, needs to be Board of Trustees]

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