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Owner: Bernadette Lodge-Lemon: Dir

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Applicability: UCLA Health

Ambulatory Care - UCLA

Resnick Neuropsychiatric
Hospital

Ronald Reagan UCLA Medical
Center

Santa Monica UCLA Medical &
Orthopaedic



Financial Assistance Policy, HS 5310

PURPOSE

The UCLA Health System strives to provide quality patient care and high standards for the communities we serve. This policy demonstrates UCLA Health's commitment to our mission and vision by helping to meet the needs of the low income, uninsured patients and the under-insured patients in our community. This policy is not intended to waive or alter any contractual provisions or rates negotiated by and between UCLA Health and a third party payer, nor is the policy intended to provide discounts to a non-contracted third party payer or other entities that are legally responsible to make payment on behalf of a beneficiary, covered person or insured.

This Financial Assistance Policy is intended to comply with Section 501(r) of the Internal Revenue Code (IRC) as enacted by the Affordable Care Act, and the implementing regulations, effective for tax years beginning after December 29, 2015 as well California Health & Safety Code section 127400 *et seq.* (AB 774), Hospital Fair Pricing Policies, effective January 1, 2007, and Emergency Physician Fair Pricing Policies, effective January 1, 2011, and Office of Inspector General, Department of Health and Human Services (OIG) guidance regarding financial assistance to uninsured and under-insured patients. This policy establishes the financial eligibility criteria to determine which patients qualify for Financial Assistance, including full Charity Care and partial Charity Care. The financial eligibility criteria provided for in this policy are based primarily on the Federal Poverty Level guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services. Uninsured patients who do not meet the criteria for Financial Assistance under this policy may be referred to the UCLA Health Cash Discount Policy. Information regarding cash pricing can be found on the UCLA Health website at <https://www.uclahealth.org/cash-pricing>. Additionally, this Financial Assistance Policy provides the procedures for identifying and handling patients who may qualify for Financial Assistance, the method by which patients may apply for Financial Assistance, the procedures by which the Hospitals' may use other information provided by a third party to presumptively determine eligibility for Financial Assistance, the basis for determining amounts to be charged to patients who are eligible for Financial Assistance under the policy, and the actions that may be taken by the Hospitals in the event of any non-payment.

SCOPE

This Financial Assistance Policy applies to the Ronald Reagan UCLA Medical Center, Santa Monica UCLA Medical Center and Orthopaedic Hospital and Resnick Neuropsychiatric Hospital at UCLA (each, a "Hospital," and collectively, the "Hospitals"), and the licensed hospital-based outpatient clinics of each Hospital. The policy does not apply to the Departments, faculty and other clinicians within the UCLA Faculty Practice Group. The UCLA Faculty Practice Group Financial Assistance Policy is available at <http://fpg.uclahealth.org/pnp-G105>.

SETTING

- I. This Financial Assistance Policy applies to services furnished in Hospital inpatient and outpatient departments and billed by the Hospitals. It does not apply to the professional services furnished by physicians in the Hospital inpatient, outpatient, and emergency departments. A complete list of the UCLA Faculty Practice Group Departments and other physician groups that provide emergency care and other medically necessary professional services at the Hospitals and whether or not those Departments or groups are covered by this Policy, as may be updated at least quarterly by UCLA Health's Revenue Cycle Department and the UCLA Faculty Practice Group is set forth in **Attachment A**. Financial assistance or discounts for professional services provided by physicians in the Emergency Department at Santa Monica UCLA Medical Center and Orthopaedic Hospital can be requested directly from the emergency physicians' group at the contact information set forth in **Attachment A**.

DEFINITIONS

- I. **"Bad Debt"** – A bad debt results from services rendered to a patient who is determined by the Hospital, following a reasonable collection effort, to be able but unwilling to pay all or part of the bill.
- II. **"Charity Care"** means a full or partial waiver of a patient's financial obligation for emergency and other medically necessary care furnished and billed by the Hospitals.
- III. **"Charity Care Patient"**- A Charity Care Patient is a Financially Qualified Self-Pay Patient or a High Medical Cost Patient.
- IV. **"Emergency Medical Condition"** is defined as a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:
 - A. Placing the patient's health in serious jeopardy;
 - B. Serious impairment to bodily functions; and
 - C. Serious dysfunctions of any bodily organ or part.
With respect to a pregnant woman who is having contractions, emergency medication condition means that there is inadequate time to effect a safe transfer to another hospital for delivery or that transfer may pose a threat to the health or safety of the woman or unborn child.
- V. **Extraordinary Collection Action (ECA)** – A list of collection activities, as defined by the IRS and Treasury, that Hospitals may only take against an individual (or other person responsible for payment for the patient's care), to obtain payment for care after reasonable efforts have been made to determine whether the individual is eligible for financial assistance. Per IRC 1.501(r)-6 and Treasury Regulation 1.501(r)-6(b)(1), certain sales of the patient's debt to another party are considered an ECA. The following actions taken by a Hospital are also considered ECAs:

- A. Placing a lien on an individual's primary residence;
 - B. Foreclosing on real property;
 - C. Attaching or seizing an individual's bank account or other personal property;
 - D. Commencing a civil action against an individual or writ of body attachment;
 - E. Causing an individual's arrest;
 - F. Garnishing wages;
 - G. Reporting adverse information to a credit agency;
 - H. Deferring or denying medically necessary care because of non-payment of a bill for previously provided care covered under UCLA's Financial Assistance Policy; and
Requiring a payment before providing medically necessary care because of outstanding bills for previously provided care
- VI. **"Federal Poverty Level" (FPL)** -- Poverty guidelines based on income and family size as updated periodically in the Federal Register by the U.S. Department of Health and Human Services, published at <http://aspe.hhs.gov/poverty>.
- VII. **"Financial Assistance"** includes both full Charity Care (100% discount) and partial Charity Care discounts.
- VIII. **"Financially Qualified"** – A Financially Qualified patient is defined as any patient with Patient's Family income at or below 350% of the Federal Poverty Level, including but not limited to:
- A. A Self-Pay Patient
 - B. A High Medical Costs Patient; or
 - C. An insured patient with non-covered charges.
- IX. **"High Medical Cost Patient"** A patient who:
- A. Is not a Self-Pay Patient; and
 - B. Has out-of-pocket medical expenses in the prior twelve (12) months (whether incurred in or out of any Hospital) that exceed 10% of the Patient's Family income.
- X. **"Medically Necessary Care"**- A service or treatment is one that is necessary to treat or diagnose a patient and the omission of which could adversely affect the patient's condition, illness or injury, and is not considered a cosmetic surgery or treatment.
- XI. **"Patient's Family" or "Family"** - For persons 18 years of age and older, a Patient's Family means a spouse, domestic partner and dependent children under 21 years of age, whether living at home or not. For persons under 18 years of age, a Patient's Family means a parent, caretaker relatives and other children under 21 years of age of the parent or caretaker relative.
- XII. **"Reasonable Payment Plan"** – Monthly payments that are not more than 10 percent of a Patient's Family income for a month, excluding deductions for essential living expenses. "Essential living expenses" for purposes of this Policy are expenses for any of the following:
- A. Rent or house payment and maintenance;
 - B. Food and household supplies;
 - C. Utilities and telephone;
 - D. Clothing;

- E. Medical and dental payments;
- F. Insurance;
- G. School or child care;
- H. Child or spousal support;
 - I. Transportation and auto expenses, including insurance, gas, and repairs;
- J. Installment payments;
- K. Laundry and cleaning; and
- L. Other extraordinary expenses

XIII. **"Self-Pay Patient"** - A patient who does not have:

- A. Third party coverage from a health insurer, health care service plan, or Medicare;
- B. Medi-Cal coverage for the emergency or other medically necessary care provided, which may include patients who are eligible for Medi-Cal but Medi-Cal does not cover all services provided or the entire hospital stay;¹
- C. A compensable injury for purposes of government programs, workers' compensation, automobile insurance, other insurance, or third party liability as determined and documented by the Hospital.
- D. Self-Pay Patients may include Charity Care Patients.

XIV. **"Significant LEP Population"** – The lesser of 1,000 people or 5 percent of the community served by the Hospitals or the population likely to be affected or encountered by the Hospitals and which have limited English proficiency, as determined by the Hospitals using any reasonable method.

POLICY

- I. The Hospitals shall provide Financial Assistance to any Financially Qualified patient who resides in UCLA Health's primary service area and meets the other eligibility criteria set forth in this Financial Assistance Policy. The Hospitals will help patients in seeking assistance from any other available programs including the Federal and State-funded California Children's Health Insurance Program (CHIP), county programs, or grant programs, depending upon their specific circumstances. Patients who are not eligible for assistance from another program may be eligible for Financial Assistance from the Hospitals. Consistent with the Hospitals' mission, the Hospitals strive to make emergency and medically necessary care available to all patients regardless of their financial circumstances. All patients, regardless of their ability to pay, will be treated fairly and with respect before, during, and after the delivery of healthcare.
- II. The Hospitals shall provide emergency services to all individuals based solely on the individual's medical need in accordance with the federal Emergency Medical Treatment and Active Labor Act (EMTALA) and California law. There shall be no delay in providing a medical screening and stabilization services in order to inquire about an individual's insurance status or payment method.
- III. Patients or other individuals responsible for payment on patients' behalf with demonstrated financial need may be eligible for Financial Assistance if they complete an application and meet the eligibility requirements for a full (100%) or partial Charity Care discount as defined in the Eligibility Procedures below. Patients who do not complete an application may be presumptively determined to be eligible for Financial Assistance using information provided by sources other than the patient or other individual seeking financial assistance in certain circumstances, as set forth in the Presumptive Eligibility procedures below. A patient who is presumptively determined to be eligible for Financial Assistance shall

be eligible for the most generous available discount, a full Charity Care discount (100%). Financial Assistance may be denied when the patient or other responsible party does not meet the requirements of this Financial Assistance Policy.

- IV. Information about the Financial Assistance Policy shall be widely publicized, including on each Hospital's website. Displays notifying patients or other individuals responsible for payment for medical care that the Hospitals offer Financial Assistance shall be conspicuously posted in the Emergency Department, registration areas, and outpatient departments and licensed clinics of the Hospitals. A plain language summary of the Financial Assistance Policy shall be offered to potential eligible patients or other individuals responsible for payment during the registration or discharge process and during the billing and collections process. This information shall be provided in English and Spanish and any other language spoken by a Significant LEP Population and shall be translated for patients or other individuals who speak other languages.
- V. The Hospitals shall not routinely waive coinsurance, copayment or deductible amounts. In exceptional circumstances, on a case-by-case basis after a good faith determination of financial need using the screening criteria and application set forth in this Financial Assistance Policy, or as may otherwise be permitted by law, a Hospital may waive a patient's coinsurance, copayment or deductible amounts. This policy and the financial screening criteria shall be consistently applied to all cases at the Hospitals.
- VI. This policy does not apply to services which are not Medically Necessary Care, or separately-billed physician and non-physician practitioner professional services.
- VII. This Financial Assistance Policy relies upon the cooperation of individual applicants' accurate and timely submission of the financial screening information set forth in the procedures below. Falsification of information about financial eligibility may result in the denial of an application for Financial Assistance. The Hospitals may require a patient or other responsible party to make reasonable efforts to apply for and receive government-sponsored assistance for which they may be eligible as a condition for receipt of Financial Assistance under this policy.

COMMUNICATION OF CHARITY CARE AND DISCOUNT POLICIES

Responsibility: Admitting, Emergency Department, Hospital-Based Outpatient Settings, Patient Financial Services, Patient Business Services

- I. This Financial Assistance Policy, application, and plain language summary shall be widely publicized and may be obtained, upon request and without charge, from the main admission desk at each Hospital, from the admission desk at the Emergency Department at each Hospital, on the Hospitals' website <https://www.uclahealth.org/billing>, by mailing a request to the Patient Business Services Department at 10920 Wilshire Blvd., Suite 1600, Los Angeles, CA 90024, and by calling the Patient Business Services Department at (310) 825-8021. The Financial Assistance Policy, application, and plain language summary shall be available in English, Spanish and any other language spoken by a Significant LEP Population.
- II. The plain language summary of the Financial Assistance Policy shall be offered to patients as part of the intake process, at the time of service, or during the discharge process. The plain language summary of the Hospitals' Financial Assistance Policy shall be offered to patients that do not appear to have third party coverage, in the Admitting Department, Emergency Department and other outpatient hospital settings.
- III. Patients will be provided a conspicuous written notice with their bill that contains information regarding the

Hospital's Financial Assistance Policy, including information about eligibility, as well as the telephone number of a hospital employee or office from which the patient may obtain further information about this Policy and the direct Web site address (or URL) where copies of the Financial Assistance Policy, application form, and plain language summary may be obtained.

- IV. UCLA Health's Patient Business Services and Patient Access Services departments shall publish policies and train staff regarding the availability of procedures related to patient Financial Assistance.
- V. Notice of the Hospitals' Financial Assistance Policy will be posted in conspicuous places throughout each Hospital, including the Emergency Department, Admissions Offices, Outpatient settings and the Patient Business Services Department and in licensed clinics of the Hospitals, in English, Spanish, and any other language spoken by a Significant LEP Population.
- VI. See Section XII(A), Patient Billing and Collection Practices.

ELIGIBILITY PROCEDURES

Responsibility: Admitting/Registration, Emergency Department, Hospital-Based Outpatient Settings, Ancillary Registration Areas, Clinics, Patient Business Services

- I. Every effort will be made to screen all patients identified as uninsured or in need of Financial Assistance for admissions, emergency and outpatient visits to determine eligibility for Financial Assistance from the Hospital or other available assistance programs. Screened patients' financial information will be monitored as appropriate. Screened patients will be provided assistance in assessing patient eligibility for Medi-Cal or any other third party coverage.
- II. Patients without third party coverage will be financially screened for eligibility for state and federal governmental programs as well as Charity Care funding at the time of service or as near to the time of service as possible. If the patient does not indicate coverage by a third-party payer, or requests a discounted price or Charity Care, the patient should be provided with information for the Medi-Cal program, California Children's Services CCS or state funded governmental program before the patient leaves the Hospital, emergency department or other outpatient setting.
- III. Patients with third party coverage with high medical costs will be screened by a Financial Counselor in the Admitting Department or Patient Financial Services to determine whether they qualify as a High Medical Cost Patient. Upon patient request for Financial Assistance, the patient 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 months. It is the patient's decision as to whether they believe that they may be eligible for Financial Assistance and wish to apply. However, the Hospital must ensure that all information pertaining to the Financial Assistance Policy was provided to the patient.
- IV. All potentially eligible patients must apply for any available assistance through State, County and other programs before receiving Financial Assistance from the Hospital. If applications for other assistance programs are denied, UCLA Health must receive a copy of the denial. Failure to comply with the application process or provide required documents may result in UCLA Health's inability to provide Financial Assistance.
- V. The Patient Financial Assistance application form (see **Attachment B**) is used to determine a patient's ability to pay for services at the Hospital and/or to determine a patient's possible eligibility for public assistance. The Patient Financial Assistance application specifies the additional documentation that must be provided along with the application.
- VI. All uninsured patients will be offered an opportunity to complete a Patient Financial Assistance

application. The form is available in English, Spanish and any other language spoken by a Significant LEP Population.

- VII. The Charity Care financial screening and means testing will be performed by Financial Counselors in the Admitting Department and Customer Service representatives in the Patient Business Services. It is the patient's responsibility to cooperate with the information gathering process.
- VIII. Patient-specific information will be provided to the County and State in accordance with County and State guidelines for eligibility determinations for County and State assistance programs.

ELIGIBILITY CRITERIA FOR 100% CHARITY CARE

- A. Self-Pay Patients with Patient's Family incomes at or below 200% of the FPL and who reside in the Hospital's primary service area as defined in **Appendix 1** may be eligible for a 100% Charity Care discount on services rendered and billed by the Hospital for emergency and Medically Necessary Care.
- B. High Medical Cost Patients with Patient's Family incomes at or below 200% of the FPL, who reside in the Hospital's primary service area as defined in **Appendix 1**, will be extended a 100% Charity Care discount on services rendered and billed by the Hospital for emergency and Medically Necessary Care.
- C. The Patient Financial Assistance application should be completed for all patients requesting Financial Assistance and the supporting documentation described in the application form should be gathered.
- D. Means testing consisting of a review of the patient's income and assets will be completed as set forth in the "Review Process" Section below.
- E. High Medical Cost Patients will be evaluated monthly for eligibility determination, and their status will be valid for the current month or most current service month retroactive to twelve months of service.
- F. The Revenue Cycle Director or Chief Financial Officer may – under unusual circumstances – extend a full Charity Care discount to individuals who would not otherwise qualify for Charity Care under this policy. When such an award is made, the unusual circumstances justifying the award of Charity Care will be documented in writing and maintained in a segregated file in Patient Business Services.

ELIGIBILITY CRITERIA FOR PARTIAL CHARITY CARE DISCOUNT FOR PATIENTS WITH NO THIRD PARTY COVERAGE

- G. Self-Pay Patients with Patient's Family incomes between 201% and 350% of FPL and who reside in the Hospital's primary service area as defined in **Appendix 1** may be eligible for a partial Charity Care discount on services rendered and billed by the Hospital for emergency and Medically Necessary Care. High Medical Cost Patients also may be eligible for a partial Charity Care Discount as set forth in the section below.
- H. The Patient Financial Assistance application should be completed for all patients requesting Financial Assistance and the supporting documentation described in the application form should be gathered.
- I. Means testing consisting of a review of the patient's income and assets will be completed as set forth in the "Review Process" Section below.

ELIGIBILITY FOR PARTIAL CHARITY CARE DISCOUNT FOR HIGH MEDICAL COST PATIENTS WITH THIRD PARTY COVERAGE

- I. High Medical Cost Patients with Patient's Family incomes between 201% and 350% of FPL are eligible for a partial Charity Care discount for emergency and Medically Necessary Care if they reside in the Hospital's primary service area as defined in **Appendix 1**.
- II. Patient is required to provide proof of payment of medical costs. Proof of payment may be verified.
- III. The Patient Financial Assistance application should be completed for all patients requesting Financial Assistance and the supporting documentation described in the application form should be gathered.
- IV. Means testing consisting of a review of the patient's income and assets will be completed as set forth in the "Review Process" Section below.
- V. High Medical Cost Patients will be evaluated monthly to accurately account for medical cost for the last twelve (12) months.
- VI. If a non-contracted third-party payer (who has not otherwise negotiated a discount off of UCLA Health's standard rates) has paid an amount equal to or more than the amount Medicare would allow for the service, as determined by the Hospital and as described in the "Review Process" Section below, UCLA Health would treat the difference between the amount paid by the third-party payer and UCLA's standard charges for that service as a Charity Care discount, and write off that amount as Charity Care, if the patient is eligible for Charity Care under this Policy. If payment from the non-contracted third party payer is less than the Medicare amount allowed for the service, UCLA Health can collect from the patient the difference between the third-party payment and the Medicare allowed amount if the patient is not eligible for Charity Care under this Policy. If the patient is eligible for Charity Care under this Policy, UCLA Health will treat the difference between the third-party payment and the Medicare allowed amount as a Charity Care discount, and write off that amount as Charity Care.
- VII. This policy does not waive or alter any contractual provisions or rates negotiated by and between a Hospital and a third party payer, and will not provide discounts to a non-contracted third party payer or other entities that are legally responsible to make payment on behalf of a beneficiary, covered person or insured.
- VIII. Patients can be offered a Reasonable Payment Plan. The terms of the payment plan can be negotiated by the Hospital and the patient. Reasonable Payment Plans will be interest-free. Standard payment plan length will be twelve (12) months. Longer payment plans can be provided on an exception basis.
- IX. For patients with no third party coverage whose incomes are above 350% of FPL, please refer to the Cash Discount Policy. Information regarding cash pricing can be found on the UCLA Health website at <https://www.uclahealth.org/cash-pricing>.

PRESUMPTIVE ELIGIBILITY

UCLA Health understands that certain patients may be unable to complete a Financial Assistance application, comply with requests for documentation, or are otherwise non-responsive to the application process. As a result, there may be circumstances under which a patient's qualification for Financial Assistance may be established without completing the formal assistance application. Under these circumstances, UCLA Health may utilize other sources of information to make an individual assessment of financial need to determine

whether the individual is eligible for Financial Assistance. This information will enable UCLA Health to make an informed decision on the financial need of non-responsive patients utilizing the best estimates available in the absence of information provided directly by the patient. In particular, presumptive eligibility for Financial Assistance may be determined on the basis of individual life circumstances that may include:

- Homelessness or receipt of care from a homeless clinic;
- Participation in Women, Infants and Children (WIC) programs;
- Eligibility for food stamps;
- Eligibility for school lunch programs;
- Living in low-income or subsidized housing;
- Patient is deceased with no estate.

UCLA Health may utilize a third-party to conduct an electronic review of patient information to assess financial need. Relief granted using this method will be identified as presumptive Financial Assistance.

This review utilizes a health care industry recognized predictive model that is based on public record databases. The model's rule based, electronic technology is calibrated to the historical approvals for financial assistance under the general application process and is designed to statistically match the Hospitals' policy.

The model considers multiple decision criteria designed to assess each patient to the same standards as defined in this policy. This ensures that UCLA Health grants assistance only to patients with characteristics similar to the patients who have qualified based on criteria defined in this policy. This predictive model calculates a socioeconomic and financial capacity score that includes estimates for income, assets and liquidity. The data returned from this electronic eligibility review will constitute adequate documentation of financial need under this policy.

The electronic technology will be deployed prior to bad debt assignment after all other eligibility and payment sources have been exhausted. When this electronic enrollment is used as the basis for presumptive eligibility, the most generous discount, a full Charity Care discount of 100%, will be granted for any emergency care or medically necessary care for retrospective dates of service. Any remaining balance due will be forgiven and any amounts previously paid by the patient will be refunded. This decision will not constitute a state of ongoing assistance such as is available through the traditional application process.

If a patient does not qualify for Financial Assistance under the presumptive eligibility procedures described above, the patient may still provide the required information and be considered under the Financial Assistance eligibility and application process set forth above.

REVIEW PROCESS

Responsibility: Admitting/Registration and Patient Business Services

- I. The Eligibility Criteria will be reviewed and consistently applied by the Hospitals in making a determination on each patient case.
- II. Information collected in the Patient Financial Assistance application may be verified by the Hospital. A waiver or release may be required authorizing the Hospital to obtain account information from a financial or commercial institution or other entity that holds or maintains the monetary assets to verify their value. The patient's signature on the Patient Financial Assistance application will certify that the information contained in the application is accurate and complete.
- III. Any patient, or patient's legal representative, who requests Financial Assistance under this policy shall make every reasonable effort to provide the Hospital with documentation of income and all health benefits

coverage. Failure to provide information may result in denial of Financial Assistance.

IV. Eligibility will be determined based on a Patient's Family income and monetary assets as outlined in California Health & Safety Code Section 127405.

- A. Patient's Family income is verified with the most recent filed Federal tax return or a minimum of two recent paycheck stubs.
- B. First \$10,000 of monetary assets (liquid assets) is excluded.
- C. 50% of all monetary assets (liquid assets) above \$10,000 are excluded.
- D. Retirement accounts and IRS-defined deferred-compensation plans (both qualified and non-qualified) are not considered monetary assets and are excluded from consideration.
- E. Assets above the statutorily excluded amounts will be considered exceeding allowable assets and may result in denial of Charity Care discounts;

I. The Patient Financial Assistance application will be required each time the patient is admitted and is valid for the current admission plus any other outstanding patient liability at the time of determination by the Hospital that the patient is eligible for Financial Assistance. The inpatient Financial Assistance application also can be used in the determination of Financial Assistance for outpatient services. The Financial Assistance application for outpatient services is valid for three calendar months starting with the month of eligibility determination, and any other outstanding patient financial liability at UCLA Health at the time of the determination.

II. Patients who are homeless or expire while admitted to the Hospitals and have no source of funding or responsible party or estate may be eligible for Charity Care even if a Financial Assistance application has not been completed. Such patients' eligibility will be presumptively determined as set forth in the "Presumptive Eligibility" Section above. All such cases must be approved by the Admitting Director, Revenue Cycle Director or their designee.

III. Patients will be notified in writing of approval or reason for denial of Financial Assistance. Such notification shall be provided in the patient's primary language, if the patient's primary language is English, Spanish or any other language spoken by a Significant LEP Population, and the patient shall be notified that interpreter services are available free of charge for any other language.

IV. A patient's financial responsibility for partial Charity Care discounts will require the episode of care or treatment plan to be determined and priced to determine the applicable limitation on charges for the patient's care. For High Medical Cost Patients, it may be necessary to wait until a payer has adjudicated the claims to determine patient financial liability.

V. In all cases, the amount charged to patients eligible for Financial Assistance shall be limited to the amounts generally billed to individuals who have insurance covering such care, as determined by the Hospitals by using the billing and coding process the Hospital would use if the eligible patient were a Medicare fee-for-service beneficiary and setting the limit to the total amount Medicare would allow for the care (including both the amount that would be reimbursed by Medicare and the amount that the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance or deductibles).

VI. See Section XIII for Appeals/Reporting Procedures.

PATIENT BILLING AND COLLECTION PRACTICES

Responsibility: Patient Business Services

- I. Patients who have not provided proof of coverage by a third party at or before care is provided will receive a statement of charges for services rendered at the Hospital. Included in that statement will be a request to provide the Hospital with health insurance or third party coverage information. An additional statement will be provided on the bill that informs the patient that if they do not have health insurance coverage, the patient may be eligible for Medi-Cal, California Children's Services or Financial Assistance. Statements shall include the telephone number of the contact person or office at the Hospital that can help answer questions regarding the Financial Assistance Policy and the direct website where copies of the Financial Assistance Policy, the application, and the plain language summary of the Financial Assistance Policy may be obtained.
- II. A patient's request for Financial Assistance can be communicated verbally or in writing and a Patient Financial Assistance application will be given/mailed to patient/guarantor address. Written correspondence to the patient shall be in the patient's primary language, if the patient's primary language is English, Spanish or another language spoken by a Significant LEP population, and the patient shall be notified that interpreter services are available free of charge in other languages.
- III. If a patient is attempting to qualify for Financial Assistance under the Hospital's Financial Assistance policy, or is attempting in good faith to settle the outstanding bill, the Hospital shall not send the unpaid bill to any collection agency or other assignee unless that entity has agreed to comply with this Financial Assistance policy.
- IV. Patients are required to report to UCLA Health any change in their financial information promptly.
- V. For Financially Qualified patients, prior to commencing any collection activities against a patient, the Hospital and its agents shall provide a notice containing a statement that non-profit credit counseling may be available, and containing a summary of the patient's rights.
- VI. In all cases, the amount charged to patients eligible for Financial Assistance shall be limited to the amounts generally billed to individuals who have insurance covering such care, as determined by the Hospitals by using the billing and coding process the Hospital would use if the eligible patient were a Medicare fee-for-service beneficiary and setting the limit to the total amount Medicare would allow for the care (including both the amount that would be reimbursed by Medicare and the amount that the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance or deductibles).
- VII. Bills that are not paid within 120 days after the first post-discharge billing statement may be placed with a collection agency, subject to limited exceptions. The patient or another individual responsible for payment may apply for assistance any time after the first post-discharge billing statement or any time during the collection process.
- VIII. It is the policy of UCLA Health to not engage in Extraordinary Collection Actions (ECA). If in the future UCLA Health were to change its policy, UCLA will comply with the guidelines under IRC Section 501(r) that the Hospital facility shall make reasonable efforts to determine whether an individual is eligible for Financial Assistance under this Policy, as defined in Department of Treasury regulations Section 1.501(r)-6(c), as may be amended, prior to initiating an ECA.
- IX. The Hospital or its contracted collection agencies will undertake reasonable collection efforts rather than

Extraordinary Collection Actions, to collect amounts due from patients. These efforts will include assistance with application for possible government program coverage, evaluation for Financial Assistance, offers of Reasonable Payment Plans, and offers of discounts for prompt payment. Neither the Hospital nor its contracted collection agencies will impose any Extraordinary Collection Actions. This requirement does not preclude UCLA Health from pursuing reimbursement from third party liability settlements or other legally responsible parties.

X. Agencies that assist the Hospital and may send a statement to the patient must sign a written agreement that it will adhere to the Hospital's policies, standards and scope of practices.

A. The agency must also agree to:

- i. Not report adverse information to a consumer credit reporting agency or commence civil action against the patient for nonpayment.
- ii. Not use wage garnishments.
- iii. Not place liens on primary residences
- iv. Adhere to all requirements as identified in AB774 (Health & Safety Code Section 127400 et seq).
- v. Comply with the definition and application of a Reasonable Payment Plan, as defined in section IV(J).

XI. In the event that a patient is overcharged, the Hospital shall reimburse the patient the overcharged amount with 7% interest (Article XV, Section 1 of the California Constitution) calculated from the date the patient made the overpayment.

APPEALS/REPORTING PROCEDURES

Responsibility: Patient Business Services

- I. In the event of a dispute or denial relating to Financial Assistance, a patient may seek review from the Patient Business Services Sr. Customer Service Manager. The senior leadership of the Patient Business Services Department will review a second level appeal.
- II. This Financial Assistance policy and the Patient Financial Assistance application shall be provided to the California Office of Statewide Health Planning and Development (OSHPD) at least biennially on January 1, or with significant revision. If no significant revision has been made by UCLA Health since the policies and financial information form was previously provided, OSHPD will be notified that there has been no significant revision.

RESPONSIBILITY

Questions about the implementation of this policy should be directed to the Revenue Cycle Director at (310) 794-8401.

Questions about Financial Assistance eligibility should be directed to the Financial Counseling Director at (310) 267-4255, or the Patient Business Services Sr. Customer Service Manager at (310) 825-8566.

CAMPUS-SPECIFIC

HISTORY OF POLICY

Prepared: 10/03/07 by: B. Lodge-Lemon, Director Revenue Cycle

Reviewed 10/05/07 by: Paul Staton, CFO

Reviewed 04/27/10 by: Paul Staton, CFO

Reviewed 10/01/10 by: Paul Staton, CFO

REFERENCES

Debt Collection Policy

EMTALA Policy

Cash Discount Policy

University of California Accounting Manual (H-576-60)

Federal Regulations (42 C.F.R. Section 440.255)

CONTACT

Director, Revenue Cycle, UCLA Health Patient Business Services

REVISION HISTORY

Effective Date:	(Old Policy 03/18/2005 – 10/05/2007) Replaced by UCLA Policy 10/5/07
Review Date:	May 27, 2009, October 27, 2010, May 28, 2014, April 27, 2018
Revise Date:	May 28, 2009, November 30, 2010, May 30, 2014, May 4, 2018

APPROVAL

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1This includes charges for non-covered services, denied days or denied stays. Treatment Authorization Requests (TAR) denials and any lack of payment for non-covered services provided to Medi-Cal patients are

also included. In addition, Medicare patients who have Medi-Cal coverage of their co-insurance and/or deductibles, for which Medi-Cal does not make payment and Medicare does not ultimately provide bad debt reimbursement are also included.

Attachments:

Attachment A – [Physician List] <https://www.uclahealth.org/workfiles/patientbilling/ucla-health-fap-attachment-a-provider.pdf>

Attachment B – [Patient Financial Assistance Application] <https://www.uclahealth.org/patient-financial-assistance-program#application>

Appendix 1 -Primary Service Area. *Each UCLA medical center defines its primary service area, which may be specific or generic, ranging from a few ZIP Codes to "all ZIP Codes in the United States of America."*

- <https://www.uclahealth.org/workfiles/patientbilling/ucla-health-primary-service-area-zip-codes.pdf>

All revision dates: 6/5/2018, 5/4/2018, 5/30/2014, 11/30/2010, 5/28/2009

Attachments: No Attachments

Approval Signatures

Step Description	Approver	Date
Administration Approval	Laurie Casaus: Hs Assoc Clin Prof-Hcomp [MW]	6/5/2018
Administration Approval	Christopher Tarnay: Hs Assoc Clin Prof-Hcomp [MW]	6/5/2018
Administration Approval	Roger Lee: Hs Clin Prof-Hcomp [MW]	6/5/2018
Administration Approval	Johnese Spisso: Ceo Med Ctr [MW]	6/5/2018
Executive Medical Boards - MSEC, RNPB PSEC, SMEMB	M. Lynn Willis: Mgr	6/5/2018
Hospital System Policy Committee Chair	M. Lynn Willis: Mgr	6/5/2018
Hospital System Policy Committee	M. Lynn Willis: Mgr	6/5/2018
	Bernadette Lodge-Lemon: Dir	6/1/2018