



Financial Assistance Policy for Patients

San Mateo Medical Center (SMMC) is required by law to provide discounts and waivers to financially qualified patients. Financial assistance screening is offered to all uninsured patients and to those with an account balance due, including deductibles, co-payments and co-insurance amounts.

The financial assistance policy applies to all services billed by SMMC. Patients will receive separate billing for services provided by contracted providers such as emergency room physicians and ambulance services. Those providers are also required by law to provide discounts and waivers to uninsured patients and to insured patients with high medical costs whose household income is at or below 400% of the Federal Poverty Level (FPL). The FPL is a measure of income used to determine eligibility for various assistance programs and benefits. If you need more information, please contact the Health Coverage Unit for help.

In addition to financial assistance programs, SMMC offers sliding fee discounts for income qualifying patients served through the Healthcare for the Homeless/Farmworker Health program. Information is available on our website at www.smchealth.org.

How to Apply

Patients can request assistance at any time. Our Health Coverage Unit (HCU) determines eligibility for financial assistance programs. Eligibility is determined based on information provided by the patient. Proof of income and identity are required for all programs. Additional documents will be required for certain programs.

Patients can apply:

- In person: at one of the HCU application sites
- By phone: 1-650-616-2002
- By email: info-hcu@smcgov.org
- By mail: Health Coverage Unit, 801 Gateway Boulevard, Suite 100, South San Francisco, CA 94080

Applications and application sites are available online at www.smchealth.org/smmc. Applications are also provided at registration and included with final billing statements.

Proof of Household Income

Proof of household income must be submitted within 45 days of the application date. This information will not be used for collection purposes. Proof includes:

- A recent employment paystub OR
- Government check stub or letter (unemployment or disability) OR
- Federal tax forms from last year (photocopies only – originals will not be returned).

Application Process

Patients should apply as soon as possible after getting care.

- HCU will help patients fill out the application.
- When the application and all required documents are received, the application will be reviewed for eligibility, including for SMMC financial assistance programs and County and State health coverage programs.
- HCU will submit an application to any program for which the patient qualifies and wishes to apply.
- If the application and required documents are not complete, HCU will send a letter listing what is missing.
- All required documents must be submitted within 45 days of the application date, or a denial letter will be sent.
- Within 45 days of receiving the completed application, patients will be told in writing if they qualify and for which program. The notice will include information about how to appeal a denial.
- If anything changes, patients can ask for their eligibility to be re-evaluated.
- If a patient provides fraudulent information on their application or verifications, they will be disqualified from financial assistance. Patients may then be billed retroactively for all services previously covered or discounted. Providing false information to get benefits is a reportable offense.

Available Financial Assistance Programs

SMMC offers discount and charity programs to help with charges from San Mateo Medical Center.

They are the Discounted Health Care (DHC), Charity Care and Financial Hardship Assistance programs. These are not insurance programs.

Discounted Health Care Program

The Discounted Health Care (DHC) program gives a 65% discount on balances due to patients who meet the criteria. DHC applies to services billed by SMMC's hospital, clinics, and pharmacies listed on the prescription card. Approved applicants will receive discounted health for a full calendar year before needing to reapply.

How to Qualify

The DHC program offers a discount to SMMC patients who:

1. Have a current household income at or below 400% of the Federal Poverty Level AND
2. Are uninsured or have insurance but qualify as having high medical costs.*

** High medical costs are defined as annual out-of-pocket expenses for medical care that are more than 10% of the patient's current family income OR income in the prior 12 months (whichever is lower).*

In addition to providing proof of income and identity, insured patients wishing to qualify for DHC because of high medical costs must also submit proof of those out-of-pocket expenses.

Charity Care Program

Charity care is free care for patients who cannot pay their balance due to SMMC. It includes services received at the hospital, clinics and/or emergency department. It does not include prescription or emergency providers. If approved for Charity Care, the patient's balance will be waived. Patients must requalify for Charity Care for future visits.

How to Qualify

Patients are eligible for the Charity Care Program if their current household income is not more than 138% of the Federal Poverty Level.

Financial Hardship Assistance Program

Financial Hardship Assistance (FHA) is for patients who have a financial hardship and cannot pay for the services received at the hospital or clinics. If approved, patients get a discount of 100% and will not be responsible for the balance due.

Financial hardship includes (but is not limited to):

- Death of family member (living in household or claimed on taxes) - within last 6 months
- Loss of job or reduction of income
- Illnesses or accidents
- Loss of Housing - foreclosure, eviction, natural disaster, etc.
- Financial Liability - bankruptcy, lien, lawsuits, etc.

How to Qualify

To qualify for the FHA Program, patients:

- Must have a financial hardship
- Cannot pay their balance due at SMMC

In addition to providing proof of income and identity, patients applying for FHA must also submit proof of household assets and financial hardship.

How to Appeal

Patients can dispute eligibility decisions at any time. Patients can get help with any issues related to their ability to pay for medical services.

Submit appeals to the Health Coverage Unit (HCU) by mail, phone or email.

- Mail: Health Coverage Unit Appeals Coordinator, 801 Gateway Blvd., Ste. 100, South San Francisco, CA 94080
- Phone: 1-650-616-2002
- E-Mail: info-hcu@smcgov.org.

Appeals must include:

- Identifying information (name and date of birth, or medical record number)
- A statement about what is being appealed. Include supporting documentation.

HCU will reply in writing with the appeal decision within 30 days from the date the complete appeal request was received.

If the patient does not agree with the appeal decision, they can submit a second appeal. The second appeal will be reviewed by the SMMC Eligibility and Financial Review Committee.

Billing and Collection

SMMC's Patient Financial Services (PFS) department bills for services received at the hospital and clinics. SMMC may use contracted billing vendors who will follow this policy, as authorized by PFS. If SMMC refers outstanding balances to collections, we will not refer patient accounts to a consumer credit reporting agency or place liens on real property. All billing and collections activities are compliant with applicable laws.

Self-Pay Patients

A self-pay patient is an individual who pays for their medical services out-of-pocket, with or without health insurance.

Prior to determining whether a patient is self-pay, SMMC will confirm valid health coverage or insurance information.

Self-pay patients may be required to pay a deposit before receiving services. The deposit is \$150 for any outpatient services and \$550 for any inpatient stay or surgery. If the patient is eligible for a health coverage program or becomes active on an insurance plan, the patient's deposit will be refunded.

Insured patients or their guarantors may be responsible for a balance amount due after the insurance payment is received.

Group health plans and health insurance coverages are out-of-network for SMMC services.

Out-of-network plans usually do not cover the entire cost, leaving the patient with higher costs than if they had been seen by an in-network provider. Billing patients at this higher rate for out of network services is considered "balance billing". An unexpected balance bill is called a surprise bill and is prohibited by state law. SMMC does not balance bill patients and will waive these fees as applicable. Billing patients for deductible, co-payment and co-insurance amounts is not considered "balance billing" and is allowed.

SMMC follows all applicable laws which require patients with high-cost medical bills, including deductibles and co-insurance amounts, are given an opportunity to apply for financial assistance, discounts, and payment plans.

Patient Notices

Uninsured patients will receive various documents informing them about how to apply for financial assistance programs and charges for medical services. These include the Discharge Notice, Good Faith Estimate (GFE) and billing statements.

Discharge Notice

Patients will receive a Discharge Notice that will include information about the financial assistance programs, how to apply and payment options. The information will be provided at the time of service, during discharge, or within 72 hours after a hospital or clinic visit.

Good Faith Estimate

Uninsured patients will receive a Good Faith Estimate (GFE) prior to a scheduled non-emergency visit, during registration and upon request. The GFE is only an estimate and provides the expected cost for services. Your actual costs may be up to \$400 more.

Billing Statement

Patients will receive a billing statement within 10 business days of the date of service or after the insurance payment is received. When new coverage is identified, or a patient becomes eligible for a financial assistance program, the patient's amount due will be updated to reflect these changes. A new statement will be sent.

Prompt Pay Discount

SMMC gives patients a 50% discount to balances due when payment is received within 30 days of the first bill date. The patient is responsible for the full balance amount if paid after 30 days.

If an uninsured patient applies for coverage and is denied, their account will change from pending application status to self-pay status. After being changed to self-pay status, the Prompt Pay discount will apply if the patient pays 50% of the balance due within 30 days of the revised statement date.

Extended Payment Policy

SMMC provides an extended, reasonable payment plan to self-pay patients who do not choose the Prompt-Pay discount. The extended payment plan is used when the patient is unable to make a full payment within the normal billing cycle timeframe. The extended amount of time granted is based on the total amount to be repaid and the patient's current financial status.

The extended payment plan can be applied to all or a portion of charges billed to the patient. Extended payment plans are interest-free and will be available to all patients based on their ability to pay. SMMC and the patient will negotiate the terms of the payment plan. The plan will take into consideration the patient's family income and essential living expenses. If SMMC and the patient cannot agree on a payment plan, SMMC will use the following definitions to create a payment plan.

Reasonable payment plan means monthly payments that are not more than 10 percent of a patient's family income for one month, excluding deductions for essential living expenses.

Essential living expenses means expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or childcare, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

Overpayment Process

SMMC will reimburse patients any amount paid that is more than the amount due, including interest. Interest owed by the hospital to the patient will accrue at the rate set forth in Section 685.010 of the Code of Civil Procedure, beginning on the date payment by the patient is received by the hospital. However, SMMC is not required to reimburse the patient or pay interest if the amount due is less than five dollars (\$5.00). SMMC will refund the patient within 30 days once the overpayment has been identified.

Accessibility

If you need help in your language, please contact the Patient Experience Department.

- Phone: 1-650-573-3731
- E-mail: HS_SMMC_PatientExperience@smcgov.org
- Office: 37th Avenue, San Mateo, CA 94403
- Hours: Monday – Friday, 8:00 am – 3:00 pm

Support for people with disabilities such as documents in braille, large print, audio, and other accessible electronic formats are also available. These services are free.

More Help

For more information, contact the Health Coverage Unit at 650-616-2002, or go to www.smchealth.org.

Patients can read our list of shoppable services to help make decisions about their healthcare costs. It is posted on our website at www.smchealth.org/smmc.

If you have questions about your bill, call our Billing Department at 1-833-452-0765.

The Health Consumer Alliance offers free in-person and phone assistance at 1-888-804-3536 to help people who are struggling to get or maintain health coverage, resolve problems with their health plans and hospital bills, and provide information about Covered California and Medi-Cal presumptive eligibility. More information is available at <https://healthconsumer.org>.

Legal Aid Society of San Mateo County is the local Health Consumer Alliance partner. Call for assistance at (650) 558-0915 or visit <https://www.legalaidsmc.org>.

Hospital Bill Complaint Program

If you believe you were wrongly denied financial assistance, you may file a complaint with the State of California's Hospital Bill Complaint Program. Go to HospitalBillComplaintProgram.hcai.ca.gov for more information and to file a complaint.