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|  Lucile Packard Children's Hospital Stanford | Valid Through: | September 2024 |
| | Last Revision Date: | September 2021 |
| Departments Affected: Fertility Clinic | Page 1 of 3 | |
| Personnel: All Staff | | |
| Name of Policy: Fertility – Uninsured Discount for Cancer Patient | | |

I. POLICY STATEMENT

The purpose of this policy is to define the eligibility criteria for discounts offered to Cancer Patients who are receiving services or have received services at the LPCH Fertility Clinic and are uninsured for fertility services.

Lucile Salter Packard Children’s Hospital (LPCH) is committed to consistently providing a fair discount to Cancer Patients who are uninsured and require medically necessary fertility services offered by LPCH. This policy is for fertility services only provided at LPCH Fertility Clinic and any services provided by LPCH fertility providers.

The policy establishes the guidelines for providing a discount to Uninsured Cancer Patients for medically necessary fertility services. A discount may be offered to a patient residing in the United States or internationally for fertility services provided by LPCH as long as the patient meets the guidelines set forth in this Policy.

II. DEFINITIONS

A. UNINSURED PATIENT

1. An individual who does not have any medical insurance coverage; or
2. An individual who has medical insurance coverage but no fertility benefits under this plan or has exhausted their fertility benefit.

B. CANCER PATIENT

1. An individual diagnosed with cancer undergoing chemotherapy treatment that may impact future fertility AND who has received or is receiving fertility services at LPCH Fertility Clinic; OR
2. An individual undergoing medically necessary treatment for a disease other than cancer that may impact future fertility, which shall be determined by the fertility physician providing care to the individual AND who has received or is receiving fertility services at LPCH Fertility Clinic.

C. UNINSURED CANCER PATIENT DISCOUNT ELIGIBILITY REQUIREMENTS

1. LPCH shall provide a discount as set forth below in section III.1.a to those individuals who meet the definition of Uninsured Cancer Patient as set forth above in section II. A and B and who attest to his/her eligibility.
2. LPCH providers will determine whether a patient is a Cancer Patient as defined in this Policy and apply the “Cancer Patient” designation to those patients. The Insurance Coordinator will determine whether the Cancer Patient is an Uninsured Patient and therefore eligible for the discount.

3. Any patient who receives services at the LPCH Fertility Clinic by LPCH providers may be screened to determine if qualification for the stated discount is met.
4. This discount may be offered to the parent or guardian of an Uninsured Cancer Patient under the age of 18 years.
5. This discount may be offered to the spouse or partner of the Cancer Patient provided the medical treatment for the Cancer Patient's spouse or partner is medically necessary for the infertility treatment the Cancer Patient is currently receiving.

III. PROCESS

A. UNINSURED CANCER PATIENT DISCOUNT – GUIDELINES

1. Applicable Discount and Exclusions

- a. Discount amount for patients eligible to receive the Uninsured Cancer Discount is 50% (fifty percent) of charges for medical services performed at LPCH Fertility Clinic. Note: This discount cannot be combined with any other discount.
- b. EXCLUSION: The discount shall NOT apply to any fertility service provided outside LPCH Fertility Clinic. Examples may include but are not limited to laboratory tests sent to outside lab or medication orders provided by an outside pharmacy.
- c. EXCLUSION: The discount shall NOT apply to any medical services provided to the Cancer Patient's spouse or partner covered under the Cancer Patient's spouse's or partner's health insurance or other medical benefit.

B. Eligibility Determination

1. Information to be provided by the Patient

- a. Patient's permission for LPCH to access relevant patient medical records.
- b. Patient will cooperate fully in the information gathering process under this policy and failure to do so may affect the hospital's ability to provide the Uninsured Cancer Discount.

2. LPCH shall determine eligibility for the Uninsured Cancer Discount in accordance with this policy and shall not take into account an individual's age, gender, race, immigrant status, sexual orientation, or religious affiliation.

C. Compliance

1. All workforce members including employees, contracted staff, students, volunteers, credentialed medical staff, and individuals representing or engaging in the practice at LPCH are responsible for ensuring that individuals comply with this policy.
2. Violations of this policy will be reported to the Department Manager and any other appropriate Department as determined by the Department Manager or in accordance with hospital policy. Violations will be investigated to determine the nature, extent, and potential risk to the hospital. Workforce members who violate

this policy will be subject to the appropriate disciplinary action up to and including termination.

IV. DOCUMENT INFORMATION

A. References

| Reference | Level of Evidence | Review Date |
|-----------------|-------------------|-------------|
| None specified. | | |

B. Author/Original Date

M. Madrigal, Manager of Financial Counseling, September 2018

C. Distribution and Training Requirements

This policy resides in the Administrative Manual of Lucile Packard Children’s Hospital Stanford.

D. Review and Renewal Requirements

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

E. Review and Revision History

M. Browne, Assoc. CMO for Accountable Care, M. Komrowski, Sunnyvale Site Director, M. Madrigal, Financial Counseling Manager, O. Lopez, Population Health Program Manager, November 2019

F. Approvals

Revenue Cycle, 11/19

Fertility Executive Leadership Committee, 11/19

Finance Committee, 11/19

Board of Directors, 9/21

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