

**AGENDA  
COMPLIANCE AND AUDIT COMMITTEE MEETING  
OF THE EL CAMINO HOSPITAL BOARD**

**Thursday, January 27, 2022 – 5:00 pm**  
El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040

PURSUANT TO GOVERNMENT CODE SECTION 54953(e)(1), EI CAMINO HEALTH **WILL NOT BE PROVIDING A PHYSICAL LOCATION TO THE PUBLIC FOR THIS MEETING**. INSTEAD, THE PUBLIC IS INVITED TO JOIN THE OPEN SESSION MEETING VIA TELECONFERENCE AT:

**Dial-In: 1-669-900-9128, MEETING CODE: 935 1573 0966#. No participant code. Just press #.**

**PURPOSE:** To advise and assist the El Camino Hospital (ECH) Hospital Board of Directors (“Board”) in its exercise of oversight of Corporate Compliance, Privacy, Internal and External Audit, Enterprise Risk Management, and Information Technology (IT) Security. The Committee will accomplish this by monitoring the compliance policies, controls, and processes of the organization and the engagement, independence, and performance of the internal auditor and external auditor. The Committee assists the Board in oversight of any regulatory audit and in assuring the organizational integrity of ECH in a manner consistent with its mission and purpose.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
<b>1. CALL TO ORDER/ROLL CALL</b>	Jack Po MD, Chair		<b>5:00 – 5:01pm</b>
<b>2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Jack Po MD, Chair		<b>5:01 – 5:02</b>
<b>3. PUBLIC COMMUNICATION</b> a. Oral Comments <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not covered by the agenda.</i> b. Written Correspondence	Jack Po MD, Chair		<b>information 5:02 – 5:05</b>
<b>4. CONSENT CALENDAR</b> <i>Any Committee Member or member of the public may remove an item for discussion before a motion is made.</i> <b>Approval</b> a. <a href="#">Minutes of the Open Session of the CAC Meeting (11/18/2021)</a> <b>Information</b> b. <a href="#">Status of FY22 Committee Goals</a> c. <a href="#">No Surprises Act Information</a>	Jack Po MD, Chair	<i>public comment</i>	<b>motion required 5:05 – 5:10</b>
<b>5. <a href="#">APPOINTMENT OF AD HOC COMMITTEE FOR RECRUITMENT OF NEW MEMBER</a></b>	Jack Po MD, Chair Shiraz Ali, Director office of CEO	<i>public comment</i>	<b>possible motion 5:10 – 5:15</b>
<b>6. ADJOURN TO CLOSED SESSION</b>	Jack Po MD, Chair		<b>motion required 5:15– 5:16</b>
<b>7. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Jack Po MD, Chair		<b>5:16 – 5:17</b>
<b>8. CONSENT CALENDAR</b> <i>Any Committee Member or member of the public may remove an item for discussion before a motion is made.</i> <b>Approval</b> <i>Gov’t Code Section 54957.2:</i> a. Minutes of the Closed Session of the CAC Meeting (11/18/2021)	Jack Po MD, Chair		<b>motion required 5:17 – 5:40</b>

A copy of the agenda for the Regular Committee Meeting will be posted and distributed at least seventy-two (72) hours prior to the meeting. In observance of the Americans with Disabilities Act, please notify us at (650) 988-7361 prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
<p><b>Information</b>  <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation:                      b. KPI Scorecard and Trends                      c. Activity Log November 2021                      d. Activity Log December 2021                      e. Internal Audit Work Plan                      f. Internal Audit Follow Up Table                      g. Committee Pacing Plan</p>			
<p>9. <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation:                      - Report Internal Audit Activity</p>	Julia Russell, Protiviti Alex Robison, Protiviti Mary Rotunno, General Counsel		<p><b>information</b>                      5:40 – 5:45</p>
<p>10. <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation:                      - Evaluation of Compliance Program Education</p>	Laura Keidan Martin, Partner, Katten LLP Mary Rotunno, General Counsel		<p><b>discussion</b>                      5:45 – 6:15</p>
<p>11. <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation:                      - IT Security Discussion</p>	Joe Voje, CISO Mary Rotunno, General Counsel		<p><b>discussion</b>                      6:15 – 6:35</p>
<p>12. <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation:                      - Enterprise Risk Management</p>	Omar Chughtai, VP of Operations; Diane Wigglesworth, Sr. Director Corporate Compliance; Mary Rotunno, General Counsel		<p><b>discussion</b>                      6:35 – 6:45</p>
<p>13. <i>Gov't Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation:                      - Summary Physician Financial Arrangements</p>	Mark Adams, MD and CMO Diane Wigglesworth, Sr. Director Corporate Compliance; Mary Rotunno, General Counsel		<p><b>motion required</b>                      6:45 – 6:55</p>
<p>14. <i>Gov't Code Sections 54957</i> for report and discussion on personnel matters – Senior Management:                      - Executive Session</p>	Jack Po MD, Chair		<p><b>discussion</b>                      6:55 – 6:59</p>
<p>15. <b>ADJOURN TO OPEN SESSION</b></p>	Jack Po MD, Chair		<p><b>motion required</b>                      6:59 – 6:59</p>
<p>16. <b>RECONVENE OPEN SESSION/ REPORT OUT</b></p> <p>To report any required disclosures regarding permissible actions taken during Closed Session.</p>	Jack Po MD, Chair		<p><b>information</b>                      6:59 – 7:00</p>
<p>17. <b>ADJOURNMENT</b></p>	Jack Po MD, Chair		<p><b>motion required</b>                      7:00pm</p>

**Upcoming Meetings:** March 24, 2022, April 27, 2022 (Joint Board and Committee Education), May 19, 2022



**Minutes of the Open Session of the  
Compliance and Audit Committee  
of the El Camino Hospital Board of Directors  
Thursday, November 18, 2021**

Pursuant to Government Code Section 54953(e)(1), El Camino Health did not provide a physical location for this meeting. Instead, the public was invited to join the open session meeting via teleconference.

**Members Present\*\***

- Jack Po, MD, Chair\*\*
- Lica Hartman, Vice-Chair
- Lanhee Chen\*\*
- Julia Miller\*\*
- Sharon Anolik Shakked\*\*
- Christine Sublett\*\*

**Members Absent**

**\*\*All via teleconference**

Agenda Item	Comments/Discussion	Approvals/ Action
<b>1. CALL TO ORDER/ ROLL CALL</b>	Chair Po called to order the open session meeting of the Compliance and Audit Committee of El Camino Hospital ("the Committee") at 5:03 pm. All Committee members participated via teleconference, and a quorum was present pursuant to Government Code Section 54953(e)(1).	<b><i>Called to order at 5:03 pm</i></b>
<b>2. POTENTIAL CONFLICT OF INTEREST</b>	Chair Po asked if any Committee members had a conflict of interest with any of the items on the agenda. None were reported.	
<b>3. PUBLIC COMMUNICATION</b>	None.	
<b>4. CONSENT CALENDAR</b>	<p>Chair Po asked if any member of the Committee would like to pull items from the open item consent calendar for discussion. No items were removed.</p> <p><b>Motion:</b> To approve the Minutes of the Open Session of the Compliance and Audit Committee Meeting (9/30/21)</p> <p><b>Movant:</b> Miller  <b>Second:</b> Anolik Shakked  <b>Ayes:</b> Hartman, Miller, Po, Anolik Shakked, and Sublett  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> Chen  <b>Recused:</b> None</p>	<b><i>Consent Calendar approved</i></b>
<b>5. APPOINTMENT OF AD HOC COMMITTEE FOR RECRUITMENT OF NEW MEMBER</b>	<p>Chair Po briefly reviewed the Ad Hoc Committee process and asked Mr. Shiraz Ali to clarify the selection process used by the Finance Committee. A brief discussion ensued.</p> <p><b>Motion:</b> To approve the formation of a Compliance and Audit Ad hoc Committee with up to 3 members.</p> <p><b>Movant:</b> Miller  <b>Second:</b> Anolik Shakked  <b>Ayes:</b> Chen, Hartman, Miller, Po, Anolik Shakked, and Sublett  <b>Noes:</b> None  <b>Abstentions:</b> None</p>	<b><i>Ad Hoc Committee for Recruitment of New Member approved</i></b>

	<p><b>Absent:</b> None <b>Recused:</b> None</p> <p>Chair Po deferred the selection of Ad Hoc Committee members until the next meeting.</p> <p>Director Chen joined the meeting at 5:10 pm.</p>	
<p><b>6. ADJOURN TO CLOSED SESSION</b></p>	<p><b>Motion:</b> To adjourn to closed session at 5:16 pm.</p> <p><b>Movant:</b> Miller <b>Second:</b> Hartman <b>Ayes:</b> Chen, Hartman, Miller, Po, Anolik Shakked, and Sublett <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> None <b>Recused:</b> None</p>	<p><b><i>Adjourned to closed session at 5:16 pm</i></b></p>
<p><b>7. AGENDA ITEM 15: RECONVENE OPEN SESSION/ REPORT OUT</b></p>	<p>The open session was reconvened at 6:54 pm. Agenda items 7-14 were discussed in the closed session. During the closed session, the Committee approved the Minutes of the Closed Session of the Compliance and Audit Committee Meeting (09/30/21).</p>	<p><b><i>Open session reconvened at 6:54 pm</i></b></p>
<p><b>8. AGENDA ITEM 16: ADJOURNMENT</b></p>	<p><b>Motion:</b> To adjourn at 6:55 pm.</p> <p><b>Movant:</b> Miller <b>Second:</b> Po <b>Ayes:</b> Chen, Hartman, Miller, Po, Anolik Shakked, and Sublett <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> None <b>Recused:</b> None</p>	<p><b><i>Meeting adjourned at 6:55 pm</i></b></p>

**Attest as to the approval of the foregoing minutes by the Compliance and Audit Committee of El Camino Hospital:**

\_\_\_\_\_  
Jack Po, MD  
Chair, Compliance and Audit Committee

Prepared by: Jennifer Bettendorf, Executive Assistant II

## FY22 COMMITTEE GOALS

### Compliance and Audit Committee

#### PURPOSE

The purpose of the Compliance and Audit Committee (the "Committee") is to advise and assist the El Camino Hospital (ECH) Hospital Board of Directors ("Board") in its exercise of oversight of Corporate Compliance, Privacy, Internal and External Audit, Enterprise Risk Management, and Information Technology (IT) Security. The Committee will accomplish this by monitoring the compliance policies, controls, and processes of the organization and the engagement, independence, and performance of the internal auditor and external auditor. The Committee assists the Board in oversight of any regulatory audit and in assuring the organizational integrity of ECH in a manner consistent with its mission and purpose.

**STAFF:** **Diane Wigglesworth**, Sr. Director, Corporate Compliance (Executive Sponsor)

The Sr. Director, Corporate Compliance shall serve as the primary staff to support the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chair's consideration. Additional members of the Executive Team or outside consultants may participate in the meetings upon the recommendation of the Executive Sponsor and at the discretion of the Committee Chair.

GOALS	TIMELINE	METRICS
1. Provide guidance to the organization on risk tolerance related to Enterprise Risk Management.	Q1 FY22 ( <del>Presenting 9/30/21</del> ) Revised to present on 11/18/21	Committee reviews and provides recommendations to the Compliance Officer and recommends if any information should be presented to the Board. Reviewed on 11/18/21
2. Receive education on new OIG guidance regarding compliance programs and fraud alerts.	Q3 FY22 (Presenting 1/27/22)	Committee receives education and recommends information that should be presented to the Board. Education presented on 1/27/22
3. Review identified cyber risks for the organization in the context of critical business functions and how the cybersecurity plan and initiatives are protecting critical business activities within the IT strategic plan.	Q4 FY22 (Presenting 5/19/22)	Committee reviews and provides recommendations to the CIO and CISO.

#### SUBMITTED BY:

**Chair:** Jack Po, MD

**Executive Sponsor:** Diane Wigglesworth

**EL CAMINO HOSPITAL BOARD OF DIRECTORS  
COMMITTEE MEETING COVER MEMO**

**To:** Compliance and Audit Committee  
**From:** Diane Wigglesworth, Sr. Director Corporate Compliance  
**Date:** January 27, 2022  
**Subject:** El Camino Health's Compliance with No Surprises Act

**Purpose:**

To provide education and a brief summary of the No Surprises Act signed into law in December 2020 and the provisions effective January 1, 2022 along with steps taken by the enterprise to be compliant with the new regulations.

**Summary:**

1. **Situation:** The No Surprises Act protects patients from surprise medical bills from out of network providers, out of network facilities, or out of network air ambulance providers. The regulation applies to most emergency services, including care provided in hospital emergency rooms, freestanding emergency departments and urgent care centers licensed to provide emergency care. Air ambulance transportation will be affected but not ground ambulance. The act also applies to nonemergency services by out of network providers at in-network hospitals.
2. **Authority:** The Compliance and Audit Committee monitors billing policies and internal controls to validate compliance with billing regulations.
3. **Background:** California already has some balance billing protections in place under the Knox-Keene Act and AB 72. The No Surprises Act supplements protections not covered by existing laws. Providers cannot bill patients more than the in-network sharing amount (co-pay or co-insurance) for services covered. For each violation, there is a potential \$10,000 penalty. Providers and health plans are responsible for determining if a provider bill is protected under the act and the regulation includes an independent dispute resolution process. Public disclosure regarding the regulation are required to be posted in hospital and clinics, on websites, along with a required written discloser provided to patients. Additionally, hospital and providers are required to provide good faith estimates of charges to patients who uninsured, self-pay or do not want their insurance billed.
4. **Assessment:** El Camino has evaluated the new regulation and implemented the following:
  - Posted required signage in both hospitals and all SVMD clinics and to the websites.
  - Providing handouts that include the required disclosures to each patient at registration.
  - Providing good faith estimates of costs for any uninsured, self-pay or patients who do not want their insurance billed.
  - Educated all hospital-based physician groups of the regulation and the notices ECH is providing patients regarding the new billing protections for out of network provider billing.
  - Developed required consent forms
  - Implemented Epic workflow to monitor SVMD professional out of network balance billing.

El Camino Health's Compliance with No Surprises Act  
January 27, 2022

- Conducting random monitoring to assure compliance with distribution of required patient disclosures, consents, and Hospital or SVMD professional co-insurance billing compliance.

5. Other Reviews: N/A

6. Outcomes: N/A

**List of Attachments:**

CMS No Surprise Act Fact Sheet  
ECH Surprise Billing Rights Notification  
ECH Good Faith Estimate Disclosure  
ECH Surprise Billing Protection and Consent Form

**Suggested Committee Discussion Questions:** N/A

# No Surprises: Understand your rights against surprise medical bills

The No Surprises Act protects people covered under group and individual health plans from receiving surprise medical bills when they receive most emergency services, non-emergency services from out-of-network providers at in-network facilities, and services from out-of-network air ambulance service providers. It also establishes an independent dispute resolution process for payment disputes between plans and providers, and provides new dispute resolution opportunities for uninsured and self-pay individuals when they receive a medical bill that is substantially greater than the good faith estimate they get from the provider.

Starting in 2022, there are new protections that prevent surprise medical bills. If you have private health insurance, these new protections ban the most common types of surprise bills. If you're uninsured or you decide not to use your health insurance for a service, under these protections, you can often get a good faith estimate of the cost of your care up front, before your visit. If you disagree with your bill, you may be able to dispute the charges. Here's what you need to know about your new rights.

## What are surprise medical bills?

- Before the No Surprises Act, if you had health insurance and received care from an out-of-network provider or an out-of-network facility, even unknowingly, your health plan may not have covered the entire out-of-network cost. This could have left you with higher costs than if you got care from an in-network provider or facility. In addition to any out-of-network cost sharing you might have owed, the out-of-network provider or facility could bill you for the difference between the billed charge and the amount your health plan paid, unless banned by state law. This is called "balance billing." An unexpected balance bill from an out-of-network provider is also called a surprise medical bill. People with Medicare and Medicaid already enjoy these protections and are not at risk for surprise billing.

## What are the new protections if I have health insurance?

If you get health coverage through your employer, a Health Insurance Marketplace<sup>®</sup>,<sup>1</sup> or an individual health insurance plan you purchase directly from an insurance company, these new rules will:

- Ban surprise bills for most emergency services, even if you get them out-of-network and without approval beforehand (prior authorization).
- Ban out-of-network cost-sharing (like out-of-network coinsurance or copayments) for most emergency and some non-emergency services. You can't be charged more than in-network cost-sharing for these services.
- Ban out-of-network charges and balance bills for certain additional services (like anesthesiology or radiology) furnished by out-of-network providers as part of a patient's visit to an in-network facility.
- Require that health care providers and facilities give you an easy-to-understand notice explaining the applicable billing protections, who to contact if you have concerns that a provider or facility has violated the protections, and that patient consent is required to waive billing protections (i.e., you must receive notice of and consent to being balance billed by an out-of-network provider).

<sup>1</sup> Health Insurance Marketplace<sup>®</sup> is a registered service mark of the U.S. Department of Health & Human Services.



## **What if I don't have health insurance or choose to pay for care on my own without using my health insurance (also known as "self-paying")?**

If you don't have insurance or you self-pay for care, in most cases, these new rules make sure you can get a good faith estimate of how much your care will cost before you receive it.

## **What if I'm charged more than my good faith estimate?**

For services provided in 2022, you can dispute a medical bill if your final charges are at least \$400 higher than your good faith estimate and you file your dispute claim within 120 days of the date on your bill.

## **What if I do not have insurance from an employer, a Marketplace, or an individual plan? Do these new protections apply to me?**

Some health insurance coverage programs already have protections against surprise medical bills. If you have coverage through Medicare, Medicaid, or TRICARE, or receive care through the Indian Health Services or Veterans Health Administration, you don't need to worry because you're already protected against surprise medical bills from providers and facilities that participate in these programs.

## **What if my state has a surprise billing law?**

The No Surprises Act supplements state surprise billing laws; it does not supplant them. The No Surprises Act instead creates a "floor" for consumer protections against surprise bills from out-of-network providers and related higher cost-sharing responsibility for patients. So as a general matter, as long as a state's surprise billing law provides at least the same level of consumer protections against surprise bills and higher cost-sharing as does the No Surprises Act and its implementing regulations, the state law generally will apply. For example, if your state operates its own patient-provider dispute resolution process that determines appropriate payment rates for self-pay consumers and Health and Human Services (HHS) has determined that the state's process meets or exceeds the minimum requirements under the federal patient-provider dispute resolution process, then HHS will defer to the state process and would not accept such disputes into the Federal process.

As another example, if your state has an All-Payer Model Agreement or another state law that determines payment amounts to out-of-network providers and facilities for a service, the All-Payer Model Agreement or other state law will generally determine your cost-sharing amount and the out-of-network payment rate.

## **Where can I learn more?**

Still have questions? Visit [CMS.gov/nosurprises](https://www.cms.gov/nosurprises), or call the Help Desk at 1-800-985-3059 for more information. TTY users can call 1-800-985-3059.

# Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance, and/or deductible.

## What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other healthcare provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a healthcare facility that isn't in your health plan's network.

"Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called "**balance billing**." This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care — like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

## You're protected from balance billing for:

### Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

California law also prohibits balance billing for emergency services if you are a member of a health care service plan regulated under the Knox-Keene Act. In addition, California Assembly Bill 72 (AB 72) prohibits an out-of-network physician from billing you for non-emergency services you receive at an in-network hospital.

### Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

*Continued on next page.*



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If you get other types of services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

**You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.**

### **When balance billing isn't allowed, you also have these protections:**

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- Generally, your health plan must:
  - Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

**If you think you've been wrongly billed**, contact the California Department of Managed Care (DMHC) at [HealthHelp.ca.gov](https://www.healthhelp.ca.gov) or 888-466-2219, or the California Department of Insurance (CDI) at [insurance.ca.gov/01-consumers/101-help/index.cfm](https://www.insurance.ca.gov/01-consumers/101-help/index.cfm) or 800-927-4357.

Visit [cms.gov/nosurprises](https://www.cms.gov/nosurprises) for more information about your rights under federal law. The federal phone number for information and complaints is: 800-985-3059.

Visit the following websites for more information about your rights under California's AB 72:

DMHC: [dmhc.ca.gov/portals/0/healthcareincalifornia/factsheets/fsab72.pdf](https://www.dmhc.ca.gov/portals/0/healthcareincalifornia/factsheets/fsab72.pdf)

CDI: [insurance.ca.gov/01-consumers/110-health/60-resources/NoSupriseBills.cfm](https://www.insurance.ca.gov/01-consumers/110-health/60-resources/NoSupriseBills.cfm)

# You have the right to receive a "Good Faith Estimate" explaining how much your medical care will cost.

Under the law, health care providers need to give **patients who don't have insurance** or who are not using insurance an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least one business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call our El Camino Health financial counselors at 650-988-8275.



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# Surprise Billing Protection Form

**This document describes your protections against unexpected medical bills. It also asks if you'd like to give up those protections and pay more for out-of-network care.**

**IMPORTANT:** You aren't required to sign this form and shouldn't sign it if you didn't have a choice of health care provider before scheduling care. You can choose to get care from a provider or facility in your health plan's network, which may cost you less.

If you'd like assistance with this document, ask your provider or a patient advocate. Take a picture and/or keep a copy of this form for your records.

You're getting this notice because this provider or facility isn't in your health plan's network and is considered out-of-network. This means the provider or facility doesn't have an agreement with your plan to provide services. Getting care from this provider will likely cost you more.

## Getting care from this provider or facility could cost you more:

If your plan covers the item or service you're getting, federal law protects you from higher bills when:

- You're getting emergency care from an out-of-network provider or facility, or
- An out-of-network provider is treating you at an in-network hospital or ambulatory surgical center without getting your consent to receive a higher bill.

Ask your health care provider or patient advocate if you're not sure if these protections apply to you.

If you sign this form, be aware that you may pay more because:

- You're giving up your legal protections from higher bills.
- You may owe the full costs billed for the items and services you get.
- Your health plan might not count any of the amount you pay towards your deductible and out-of-pocket limit. Contact your health plan for more information.

Before deciding whether to sign this form, you can contact your health plan to find an in-network provider or facility. If there isn't one, you can also ask your health plan if they can work out an agreement with this provider or facility (or another one) to lower your costs.

See the next page for your cost estimate.

*Continued on next page.*



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## Estimate of what you could pay if you give up your protections

Patient name: \_\_\_\_\_

Out-of-network provider(s) or facility name: \_\_\_\_\_

\_\_\_\_\_

Total cost estimate of what you may be asked to pay:	
--	--

- ▶ Review your detailed estimate. See Page 4 for a cost estimate for each item or service you'll get.
- ▶ Call your health plan. Your plan may have better information about how much you'll be asked to pay. You also can ask about what's covered under your plan and your provider options.
- ▶ Questions about this notice and estimate? Contact our El Camino Health financial counselors at 650-988-8275.
- ▶ Questions about your rights? Contact the California Department of Managed Care (DMHC) at HealthHelp.ca.gov or 888-466-2219, or the California Department of Insurance (CDI) at insurance.ca.gov/01-consumers/101-help/index.cfm or 800-927-4357. The federal phone number for information and complaints is: 1-800-985-3059.

### Prior authorization or other care management limitations

Except in an emergency, your health plan may require prior authorization (or other limitations) for certain items and services. This means you may need your plan's approval that it will cover the items or services before you can get them. If your plan requires prior authorization, ask them what information they need for you to get coverage.

### Understanding your options

You can get the items or services described in this notice from the following providers who are in-network with your health plan (***This section is only applicable when this form is being used by a non-network physician providing non-emergency services when El Camino Health is in-network and who seeks to balance bill for those services***):

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More information about your rights and protections

Visit [cms.gov/nosurprises/consumers](https://www.cms.gov/nosurprises/consumers) for more information about your rights under federal law.

By signing, I understand that I'm giving up my federal consumer protections and may have to pay more for out-of-network care.

With my signature, I'm agreeing to get the items or services from (select all that apply):

\_\_\_\_\_

[doctor's or provider's name]

(only applicable when doctor/provider is out of network but El Camino Health is in network)

\_\_\_\_\_

(only applicable when doctor/provider is out of network but El Camino Health is in network)

\_\_\_\_\_

(only applicable when doctor/provider is out of network but El Camino Health is in network)

El Camino Health

With my signature, I acknowledge that I'm consenting of my own free will and I'm not being coerced or pressured. I also acknowledge that:

- I'm giving up some consumer billing protections under federal law.
- I may have to pay the full charges for these items and services, or have to pay additional out-of-network cost-sharing under my health plan.
- I was given a written notice on \_\_\_\_\_ [enter date of notice] that explained my provider or facility isn't in my health plan's network, described the estimated cost of each service, and disclosed what I may owe if I agree to be treated by this provider or facility.
- I got the notice either on paper or electronically, consistent with my choice.
- I fully and completely understand that some or all of the amounts I pay might not count toward my health plan's deductible or out-of-pocket limit.
- I can end this agreement by notifying the provider or facility in writing before getting services.

IMPORTANT: You don't have to sign this form. If you don't sign, this provider or facility might not treat you, but you can choose to get care from a provider or facility that's in your health plan's network.

\_\_\_\_\_  
Patient's signature

or \_\_\_\_\_  
Guardian/authorized representative's signature

\_\_\_\_\_  
Print name of patient representative

\_\_\_\_\_  
Print name of guardian/authorized

\_\_\_\_\_  
Date and time of signature

\_\_\_\_\_  
Date and time of signature

### More details about your total cost estimate

**Patient name:**

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**Out-of-network provider(s) or facility name:**

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The amount below is only an estimate; it isn't an offer or contract for services. This estimate shows the full estimated costs of the items or services listed. It doesn't include any information about what your health plan may cover. This means that the final cost of services may be different than this estimate.

Contact your health plan to find out if your plan will pay any portion of these costs, and how much you may have to pay out-of-pocket.

Enter the good faith estimated cost for the items and services that would be furnished by the listed provider or facility plus the cost of any items or services reasonably expected to be provided in conjunction with such items or services. Assume no coverage would be provided for any of the items and services.

For each provider or facility described in the notice, fill in the table below by completing each column for each item and service to be provided by the provider or facility. Add additional rows if necessary. If the notice is for more than one facility or provider, list items and services to be provided by the same facility or provider in adjacent rows, and provide a subtotal estimate for each facility and provider(s). If the notice is for one facility or one provider, the subtotal estimate may be omitted. The total amount on page 2 must be equal to the total of each of the cost estimates included in the table.

Date of service	Name of Provider or Facility	Service code	Description	Estimated amount to be billed
<b>Subtotal for [insert name of provider or facility]:</b>				
<b>Total estimate of what you may owe:</b>				



**EL CAMINO HOSPITAL BOARD OF DIRECTORS  
COMMITTEE MEETING COVER MEMO**

**To:** Compliance and Audit Committee  
**From:** Jack Po MD, Chair  
**Date:** January 27, 2022  
**Subject:** Appointment of Ad Hoc Search Committee to select new Community Member<sup>1</sup> for Compliance and Audit Committee

**Recommendation(s):** (Motion Required)

To approve the creation on an Ad Hoc Committee to facilitate the search for a new community member of the Compliance and Audit Committee.

**Summary:**

1. **Situation:** Due to the desire to expand the community advisors and skill set a committee position vacancy has been created. Per the Board's Charter, the Compliance and Audit Committee shall be comprised of two (2) or more Hospital Board members. The Committee may also include 2-4 community members with knowledge of Compliance and Audit committee practices, executive leadership and/or Compliance Management.
2. **Authority:** Per the charter, new community members shall be appointed by the Committee, subject to approval of the Board. All Committee appointments shall be for a term of one year expiring on June 30 renewable annually.
3. **Background:** The Ad-hoc committee has partnered with leadership to post the opening and search for qualified candidates. Per past practice, all qualified applicants will be interviewed by the Committee. After the Committee selects the new member, the Committee will recommend the candidate for Board approval.
4. **Assessment:** N/A
5. **Other Reviews:** N/A
6. **Outcomes:** Appoint Lica Hartman and Christine Sublett to the Ad Hoc Committee to facilitate the search for a new community member of the Compliance and Audit Committee.

**List of Attachments:**

N/A

**Suggested Committee Discussion Questions:**

- 1) What are the most important considerations in recruiting prospective candidates?
- 2) What are the Committee's expectations of the sub-committee?