

SURPRISE VALLEY HEALTH CARE DISTRICT
CHARITY/DISCOUNT POLICY

POLICY STATEMENT

Surprise Valley Community Hospital strives to provide quality services in a caring environment and to make a positive, measurable difference in the health of individuals we serve. Helping to meet the needs of the low-income uninsured and underinsured is an important element of our commitment to the community. The hospital's financial assistance policy provides the means for Surprise Valley Community Hospital to demonstrate its commitment to achieving its mission and values.

The criteria that Surprise Valley Community Hospital will follow qualifying patients for programs for financial assistance purposes are provided in this policy. The financial assistance policy has been developed in written form to effectively communicate how our commitment will be applied consistently to all patients.

Patients who receive medically necessary care at Surprise Valley Community Hospital and who do not have third party insurance coverage for the hospital bill, and who have difficulty paying their hospital bills because of financial hardship, may be covered under the terms of the financial assistance policy.

The differentiation between charity service and bad debts is clearly defined for the Hospital. Bad debts and those accounts which become uncollectible because the patient refused to pay although they have resources and income sufficient to make payments even if the payments extend over a long period of time. Charity care are those accounts in which there is a demonstrated inability of the patient to pay. Should the patient's financial position change after discharge or during the payment process, the consideration of charity may be needed by patients qualifying under the charity care policy.

SURPRISE VALLEY HEALTH CARE DISTRICT

CHARITY/DISCOUNT PROCEDURE

GENERAL PROCESS AND RESPONSIBILITY

All patients unable to provide insurance coverage by third party insurers for hospital services provided by Surprise Valley Community Hospital will be advised that coverage may be available under low-income Government Programs such as Medi-Cal and the Healthy Families programs. All uninsured patients will be provided a written notice stating that information and applications for the California Medi-Cal Program, Healthy Families program and Hospital Charity care are available in the Hospital Business Department. (See sample notice).

In addition to the above notification, when the first billing is sent to a patient who has not provided proof of third-party coverage, the billing will include the following; charges, statement that patient must inform the hospital if the patient has health coverage or other coverage, statement that if the patient lacks insurance or is underinsured and meets certain low and moderate income requirements that they may be eligible for Medicare, Medi-Cal, Healthy Families, California Children's Services or charity care, the notice will also include the name and telephone number of the hospital office from which the patient may obtain information about the Surprise Valley Community Hospital charity/discount care policies, and how to apply for assistance. (See sample notification.)

By completing the financial evaluation form, uninsured patients who do not have the financial means to pay, uninsured patients with partial financial means to pay and insured patients that are unable to pay patient liabilities may have all or part of their hospital bills covered by the hospital's financial assistance policy. The financial evaluation form is used to help determine the extent of the patient's financial means. Hospital staff will provide the patient/family with the form and guidance in filling out the forms. However it is the patient's responsibility to cooperate with the information gathering process in order to complete the form. Failure by the patient to complete the form or give information for completion may result in the inability of the hospital to provide financial assistance.

FINANCIAL EVALUATION FORM (See sample form)

Each patient who completes the financial evaluation form enables Surprise Valley Community Hospital to accomplish certain essential steps in the financial assistance process.

1. Allows the hospital to determine if the patient has declared income and/or assets giving them the ability to pay for the health care services.
2. Provides a document to support a financial status determination.
3. Provides an audit trail in documenting the hospital's commitment to providing financial assistance.

Information used by the financial assistance policy will be based upon a signed declaration of the patient or patient's family, verification through credit checks, and/or other documentation provided by the patient or the patient's family. Additional information may be required for special circumstances or as determined by hospital management. It is understood that in some cases information will not be obtainable and Surprise Valley Community Hospital staff will indicate such when necessary on the financial evaluation form.

FINANCIAL ASSISTANCE CRITERIA

The financial assistance policy is based upon the most currently available federal poverty guidelines which are incorporated herein by reference. The federal poverty guidelines are published annually and this policy will be updated by incorporating each subsequent edition of the guidelines as an attachment of the financial assistance policy.

Given the Surprise Valley Community Hospital service area demographics and the organization's mission to meet the health care needs of its community, the primary qualifying levels are based upon 300% of the federal poverty level guidelines. In subsequent years, this percentage may be evaluated and modified as necessary. (See Federal Poverty Guidelines)

To qualify for financial assistance coverage for either the entire hospital bill or a portion of the hospital bill, the following criteria must be met:

Patient will be required to apply for Medi-Cal, Victim Witness, Healthy Families, California Children Services or any other State, Federal or private insurance which would cover all or any portion of the charges.

The services being provided are not covered / reimbursed by Medi-Cal or any other third party sources.

The services are not elective.

Financial assistance will be granted on an “all, partial, or nothing” basis as follows;

If the patient’s income is 200% or less of the FPL, the entire hospital bill will be forgiven.

If the patient’s income is between 201% and 250% of the FPL, 75% of the hospital bill will be forgiven.

If the patient’s income is between 251% and 300% of the FPL, 25% of the hospital bill will be forgiven.

Patients who are homeless will be granted 100% financial assistance.

If a patient’s income is more than 300% of the FPL, the patient will not automatically qualify for any write-off of the hospital bill based upon their income level. However, financial assistance may be considered when the specific circumstance of care was created by a catastrophic medical condition or other special situation.

The presence of an applicable recent bankruptcy of a patient will result in a consideration of eligibility for financial assistance.

The nature and terms of the patient’s/ responsible party’s other financial obligations in relation to income will be evaluated as a criterion to determine charity/discount care. Obligations will be reviewed to determine whether a particular debt might be restructured or repaid over an extended period of time. This might provide the patient/responsible party the ability to pay or make payments to the Hospital. The debt of the medical facility should not be subordinated to all other debts, but should be on an equal footing. In evaluating a request for charity/discount care, consideration will be given to whether requests for charity or adjustment have been made of other creditors.

FINANCIAL ASSISTANCE DETERMINATION PROCESS

Every reasonable effort will be made to make an individual patient’s financial assistance determination as soon as possible. If it is determined that the patient does not have the ability to pay during the billing and collection process, financial assistance will be considered according to the criteria in this policy. Application of the financial assistance policy, even during the billing and collection, will avoid subjecting patients to unnecessary collection activity. Surprise Valley Community Hospital will work to assist any patient unable to pay and who cooperatively provides information regarding their ability to pay.

NOTICE OF FINANCIAL ASSISTANCE

Surprise Valley Community Hospital is proud of its mission to provide quality care to all who need it, regardless of ability to pay.

If you do not have health insurance and worry that you may not be able to pay in full for your care, we may be able to help. Surprise Valley Community Hospital provides financial assistance to patients based on their income, assets and needs. Through our financial counseling services we may be able to help you get financial coverage or low-cost health insurance or work with you to arrange a manageable payment plan.

It is important that you let us know if you will have trouble paying your bill; federal and state laws require all hospitals make reasonable efforts to collect payment for services from patients. The hospital may turn unpaid bills over to a collections agency, which could affect your credit status. We would like to work with you to avoid this situation.

For more information, please contact our business department at 530 279 6111. We will treat your questions with confidentiality and courtesy.

DEBT COLLECTION NOTICE

Nonprofit credit counseling is available:

Personal Credit Consulting
Redding, CA 96099
530 222 9500

Freedom Debt Relief
2672 Bechelli Lane
Redding, CA 96002
530 222 9500

State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 AM or after 9:00 PM. In general a debt collector may not give information about your debt to another person, to confirm your location or to enforce judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1 877 382 4357 or online at “www.ftc.gov.”