



Manual: Administrative

Section: Finance

Number: L3003

Policy **Procedure**

Title: Patient Financial Assistance and Discount Payment Program

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<u>Committee Approval(s)</u>	<u>Date(s)</u>								
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<p>Executive Management Team Member: Kerri Ruppert Schiller, EVP/CFO</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Reviewed (no changes)</p> <p>Track: <input type="checkbox"/>A <input checked="" type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D</p> <p>Replaces: 12/07, 12/10, 01/12, 09/12, 01/15, 01/17</p>									

I. PURPOSE:

- A.** Children’s Hospital of Orange County and CHOC Children’s at Mission Hospital (hereafter collectively referred to as CHOC Children’s or Hospitals) is committed to providing quality healthcare to all patients regardless of the patient’s financial status. Patients who meet the established Financial Assistance Program criteria may be eligible to receive Financial Assistance to cover all or portions of the patient’s healthcare costs. To apply for Financial Assistance please go to our website (www.CHOC.org/patients-family/pay-bill). CHOC Children’s also provides benefits for the broader community in terms of medical education and medical research.
- B.** Under this policy, Financial Assistance may be provided to patients who are uninsured or underinsured and cannot afford to pay for their own medical care or out of pocket expenses. Eligibility for the Financial Assistance Program shall not be based in any way on age, gender, sexual orientation, ethnicity, national origin, disability or religion.
- C.** In some cases, Financial Assistance may be extended to patients whose financial status makes it impractical or impossible to pay for necessary medical services. The evaluation of the necessity for medical treatment at CHOC Children’s will be based upon clinical judgment. The clinical judgment of the patient’s physician or the Emergency Department staff physician will be the sole determining criteria for patient’s receiving services at CHOC Children’s.
- D.** This policy is applicable to all CHOC Children’s Inpatients and Outpatients, including CHOC Children’s Medical Foundation. CHOC Children’s bases the eligibility for our Financial Assistance off of current

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Financial Applications. CHOC Children's does not look to outside sources for FAP eligibility or determination.

E.

II. DEFINITIONS:

A. Patient Data: Medical record number, patient name, birth date, insurance status, eligibility for other support.

B. Patient's family: For purposes of this policy is as follows:

1. For persons 18 years of age and older, spouse, domestic partner as defined in Section 297 of the California Family Code; and dependent children under 21 years of age, whether living at home or not;
2. For persons under 18 years of age, parent, caretaker relatives and other children under 21 years of age of the parent or caretaker relative.

III. POLICY:

A. It is the policy of CHOC Children's to determine eligibility for Financial Assistance at the time of registration, through a financial screening process for all patients not able to meet the deposit requirements of CHOC Children's.

B. This policy distinguishes a bad debt patient from an eligible Financial Assistance patient by the patient's or patient's family unwillingness to pay versus a demonstrated inability to pay. Failure of the patient and/or patient's family to comply with requests for information to substantiate an inability to pay may result in forfeiture of the right to be considered for the Financial Assistance Program.

C. It is the goal of CHOC Children's to identify an eligible Financial Assistance patient at the time of registration; however, if complete information regarding the patient's insurance or financial situation is unavailable due to emergency treatment, or if the patient's/guarantor's or patient family's financial condition changes, the designation as a Financial Assistance patient may be established after the rendering of services, and in some instances even after the production of a patient bill.

D. Should a staff physician or clinician wish to prospectively pursue Financial Assistance for a known patient, the protocol for requesting Financial Assistance can be found on PAWS located under the on-line form bank.

E. CHOC Children's will refer a patient or patient's family to alternative programs, (i.e., Medi-Cal, California Children's Services, the California Health Benefit Exchange or any other government sponsored health program for health benefits in which Hospital participates). Failure of the patient and/or patient's family to comply with the referral process may result in forfeiture of the right to be considered for the Financial Assistance

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Program for the visit or admission in question. Confidentiality of information and the dignity of the patient will be maintained for all that seek or are provided Financial Assistance services.

- F. Patients receiving services in the Hospital Emergency Room may also be eligible for Financial Assistance in paying for the Emergency Room physician fees.

Below is a list of providers, other than the hospital itself, that provide medically necessary care in the Hospital. For convenience they are listed by category of care. The list indicates whether the providers are covered by the Hospital's FAP.

Medical Specialty/Department	Covered Under Hospital FAP	Not Covered Under Hospital FAP
Allergy and Immunology	X	
Anesthesiology		X
Cardiovascular Diseases	X	
Dental		X
Diagnostic Radiology	X	
Emergency Department		X
Gastroenterology	X	
General/Family Practice	X	
General Surgery		X
Internal Medicine	X	
Neurological Surgery		X
Neurology	X	
Obstetrics & Gynecology	X	
Occupational Medicine	X	
Oncology	X	
Ophthalmology	X	
Surgeons- All		X
Otolaryngology	X	
Pathology		X
Pediatrics	X	
Physical Medicine/Rehab	X	
Plastic Surgery	X	
Podiatry		X
Pulmonary Diseases	X	
Therapeutic Radiology	X	
Thoracic Surgery		X
Urology	X	
Other: Psychiatry	X	
Other: Clinical Genetics	X	
Other: Dermatology	X	
Other: Endocrinology	X	
Other: Hematology	X	
Other: Hospitalists	X	
Other: Infectious Disease	X	
Other: Intensivist Medicine	X	

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Other: Neonatology	X	
Other: Nephrology	X	
Other: Rheumatology	X	
Other: Sleep Medicine	X	

IV. PROCEDURE:

A. Eligibility

1. The identification of Financial Assistance is achieved through determination of the financial status of a patient or patient’s family. Such determination should be made at or before the time of registration, or as soon thereafter as is possible. In some cases, such as emergency admissions, it may not be possible to establish eligibility for the Financial Assistance Program until after the patient is discharged. In these instances, or instances where events occur during or after a patient’s stay which change the patient’s or patient family’s financial status, the patient’s eligibility for the Financial Assistance Program shall in no way be affected by the timing of the determination that the patient meets the eligibility criteria.
2. The responsibility for identifying a patient’s eligibility for the Financial Assistance Program at, or before, the time of the patient visit to CHOC Children’s shall be the responsibility of the department registering the patient. This will require the patient or patient’s family to complete a “Financial Disclosure” statement. This may also include copies of pertinent documentation (recent pay stubs, income tax returns or other documents to verify monetary assets) to determine the annual family income and personal assets of the patient or patient’s family. In those instances, described above, where eligibility cannot be established at the time of service, the Patient Financial Services Department (PFS) shall work with the patient or family to determine eligibility.
3. Patient or patient’s family having insurance may also be eligible for the Financial Assistance Program for that portion of the bill not covered by insurance. This may include deductibles, coinsurance, and non-covered services. The determination of a patient’s eligibility shall be subject to the same guidelines as an uninsured patient.
4. Calculating the amount of Financial Assistance. Calculating the amount of Financial Assistance.
 - a. CHOC Children’s will obtain information on the patient’s family income, including wages and salary, welfare payments, social security payments, strike benefits, unemployment benefits, child support, alimony, dividends

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and interest. The total family income will be compared with the table (see Schedule A) to determine a patient's eligibility for Financial Assistance under the Federal Poverty Guidelines. Any uninsured patients or patients with high medical costs whose annual household income is at or below 400% of the Poverty Guidelines shall be eligible to apply for Financial Assistance. Financial Assistance may be considered on a partial basis for patients with incomes more than 200% of Poverty Guidelines and less than 400%. Those families with an annual income of 200% or less of the Federal Poverty Guidelines would be eligible for a 100% Financial Assistance adjustment. Uninsured or underinsured patients whose household income, as determined in accordance with the Assistance Application, is less than or equal to 200% of the poverty guidelines, will receive care free of charge.

- b. CHOC Children's Community Clinic patients are eligible for Financial Assistance as outlined in this policy utilizing Schedule B to calculate the sliding scale per visit co-pay for patients falling below 200% of the Federal Poverty Guidelines.
 - c. Patients applying for Financial Assistance and who are receiving full or partial approval will have their approval for assistance forwarded to the Emergency Room physician billing company for consideration.
5. Discount Payment Policy
- a. For patients with household incomes between 201 percent and 300 percent of the Federal Poverty Level, the Hospital may provide a discounted Private Pay Fee Schedule, whereby the allowable medical expense would be equivalent to a 75% discount off billed charges. At this level, the reimbursement CHOC Children's would receive shall not exceed the payment that CHOC Children's would receive for the same service or set of services from the greater of Medicare or Medi-Cal.
 - b. For patients with household incomes between 301% and 400% of the Federal Poverty Level, CHOC Children's may provide a discounted Private Pay Fee Schedule, whereby the allowable medical expense would be equivalent to a 50% discount off billed charges. At this level, the reimbursement that CHOC Children's would receive shall not exceed the payment that CHOC Children's would receive for the same

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service or set of services from the greater of Medicare or Medi-Cal.

6. CHOC Children's Financial Assistance Program Eligibility Guidelines are based on the most recently published Federal Poverty Guidelines. Schedule A delineates the household income thresholds according to the Federal Poverty Guidelines, published April 1, 2019 and as amended from time to time.
7. Personal Assets
 - a. If a patient meets the "Household Income" in Schedule A and is found to be eligible for the Financial Assistance Program, a CHOC Children's representative will further review the patient's or patient family's Financial Disclosure Statement to determine if he/she has significant personal assets. It would not be consistent with the intent of this policy to grant Financial Assistance to patients with a significant portfolio of either liquid assets, or other assets against which the patient or patient's family could borrow the amount required to pay his/her indebtedness. For this reason, the CHOC Children's representative should consider and evaluate such assets as bank accounts, the patient's or patient's family entitlement to tax refunds, stocks, bonds and other investments.
 - b. This policy will not include in determining eligibility a patient or patient's family retirement or deferred compensation plans qualified under the Internal Revenue Code, or nonqualified deferred compensation plans. Furthermore, the first ten thousand dollars (\$10,000) of a patient's or patient's family monetary assets shall not be counted in determining eligibility nor shall 50% of a patient's monetary asset in excess of ten thousand dollars (\$10,000) be counted in determining eligibility.
 - c. Any patient or patient's family that qualifies and is approved under the Financial Assistance Program for a partial discount of charges will also be eligible to make monthly payments. CHOC Children's and the patient's family may negotiate the terms of the payment plan. If an agreement between the patient's family and CHOC cannot be reached, the patient's family will be required to complete a CHOC FAP extended payment plan form (Schedule C). Upon receipt of this completed form, CHOC will evaluate the total monthly income of the family minus family essential living expenses. A monthly payment plan will then be offered to the family at a rate not to exceed 10% of income minus

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essential living expenses. During the approved repayment period, CHOC Children’s will apply no interest to the discounted account balance.

- d. An extended discount payment plan could be declared inoperative after the patient or patient’s family fails to make consecutive payments due during a 90 day period. Prior to declaring an extended payment plan inoperative, CHOC Children’s, or its collection agency, or assignee must make a reasonable attempt to notify the patient or patient’s family by phone or at the last known phone number and in writing at the last known address, that the extended payment plan may become inoperative and there might be an opportunity to renegotiate if requested by the patient or patient’s family.

B. Exceptions:

1. It is understood that extenuating circumstances will arise that might require special consideration in approving Financial Assistance for patients who do not meet the established criteria. CHOC Children’s representatives should be aware of this when evaluating individual patient cases for the Financial Assistance Program. While it is not possible to provide a definitive or complete listing of all extenuating circumstances that may arise, some important factors to consider would include:
 - a. The amount owed by the patient or patient’s family in relation to his/her total income. If the total patient out of pocket expenses at CHOC Children’s exceed 10% of the patient’s or patient family’s annual income for the prior 12 months.
 - b. The medical status of the patient or of his/her family’s provider.
 - c. The patient’s or patient family’s willingness to work with CHOC Children’s in exhausting all other payment sources.
2. Any circumstances that are considered to fall into the “extenuating circumstances” category should be brought to the attention of the Director of Patient Financial Services. Cases falling into this category may require the approval of the Vice President of Revenue Cycle or Chief Financial Officer.
3. International Patients:
The Financial Assistance Program does not apply to international patients seeking non-emergent care. CHOC Children’s will follow routine operating procedures in providing care at our standard published prices. If any international patient is in need of financial assistance for elective or non-emergent care they may apply to CHOC Children’s for consideration.

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C. Financial Assistance Program Approval/Denial/Appeal Process

1. Any patient account recommended for partial or total Financial Assistance adjustment, after meeting the guidelines set forth in this policy require the following signature approval process to be followed:

a. **CHOC Children’s (Hospitals and Clinics)**

\$.01- \$5,000	Business Office Manager
\$5,001 - \$50,000	Director PFS
\$ 50,001. - \$100,000	VP of Revenue Cycle
\$100,001 – to all appeals	
Chief Financial Officer	

b. **CHOC Children’s Medical Foundation**

\$0 - \$500	Business Office Supervisor
\$501 - \$2,500	Business Office Manager
\$2,501 - \$10,000	Director Physician Business Services
> \$10,001	VP of Revenue Cycle

2. At the time a decision is made to approve or deny a patient account for the Financial Assistance Program, a letter will be sent to the patient as a notification of the decision made. If an application for the Financial Assistance Program is denied, a CHOC Children’s representative will contact the patient or patient’s family to make payment arrangements on the account.

3. Appeal Process:
If at any point in the Financial Assistance approval process the application is in dispute, the patient or patient’s family has the right to request reconsideration of the application at the next level of the approval process. The final determination for denial of Financial Assistance will reside solely with the Chief Financial Officer, and his/her determination will be considered final.

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4. Patient or patient family's appeal must be submitted in writing to the Director of PFS within thirty (30) days of notification of original denial.
5. Provision of the Financial Assistance Program does not eliminate the right to bill, either retrospectively or at the time of service, for all services, when fraudulent, inaccurate or incomplete information has been given in the application process. In addition, CHOC Children's reserves the right to seek all remedies, including but not limited to civil and criminal damages from those who have provided false, inaccurate or incomplete information in order to qualify for the Financial Assistance Program.

D. Financial Assistance Program: Notification to Patient or Patient's Family

1. CHOC Children's patient statements will provide notification in English and Spanish advising the patient of CHOC Children's Financial Assistance Program policy, and the contact information to obtain additional information about assistance. In addition, all patient statements will include information on how the patient's family can obtain information about the California Health Benefit Exchange, as well as county and state funded health plans. Hospital will have applications for state and county plans available for distribution.
2. A summary of the Financial Assistance Program along with contact information shall be posted in both English and Spanish in high traffic areas of CHOC Children's, such as Admitting, Emergency Room, Clinics, Outpatient Registration and Patient Accounting Offices.
3. CHOC Children's will provide to all self pay patients at point of service, notice of the Financial Assistance Program and contact information, as well as information about government sponsored programs and contact information about the California Health Benefits Exchange.

E. Collection Process:

1. If a patient qualifies for assistance under the Financial Assistance Program and is making every effort to settle an outstanding bill within a reasonable time period, CHOC Children's or its agent shall not send, nor intimate that it will send, the unpaid account to an outside agency if doing so may negatively impact a patient's credit. If CHOC Children's is forced to send the account to an outside collection agency, the amount referred to the agency shall reflect the reduced payment level for which the patient was eligible under

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the Financial Assistance Program. CHOC Children’s will not engage in any extraordinary collection efforts.

2. In the event the patient makes payments on their CHOC Children’s account in excess of total amount of patient responsibility, CHOC Children’s will refund any over payment to the patient with interest accrued at the rate set forth in existing law beginning on the date the Hospital receives patient payment and it is identified as a patient credit. CHOC Children’s, however, is not required to reimburse the patient or pay interest if the amount owing is under \$5.00. The Hospital will recognize the \$5.00 credit for a minimum of 60 days against any patient balance incurred during that period of time.
3. CHOC Children’s shall not, in dealing with identified uninsured patients at or below 400% of the Federal Poverty Level, use wage garnishments or liens on patient’s or patient family’s primary residence as a means of collecting unpaid CHOC Children’s bills. This requirement does not preclude CHOC Children’s from pursuing reimbursement from third party liability settlements.

F. Documentation for Financial Assistance Program Discounts

In cases where it has been determined that a patient qualifies for the Financial Assistance Program, it is important that the patient’s file be properly documented in order to facilitate easy identification of the patient, as well as to maintain a proper record of the facts that resulted in the determination of the eligibility for Financial Assistance. The minimum documentation that may be required for each Financial Assistance case may be limited to one of the following:

1. Copy of the patient’s or patient family’s completed Financial Disclosure Worksheet, including any supporting documentation to same (i.e., prior year tax returns (preferred documentation), W-2 Forms, or current pay stubs).
2. Copies of any additional documentation, notes, etc. that outline extenuating circumstances that were considered in the determination of eligibility for the Financial Assistance Program (if available or needed).
3. A copy of the “Approval for Financial Assistance” signed by the appropriate Hospital representative(s) (if available).
4. Bankruptcy within the last year (automatic qualification for the Financial Assistance Program).

G. Reports

Financial Assistance shall be logged with the following information:

1. Patient data consisting of Protected Health Information (PHI) will be maintained in a manner that protects the privacy and confidentiality

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of such information and will only be logged as necessary for implementation of the Financial Assistance Program.

- a. Inpatient or outpatient status
 - b. Total patient charges
 - c. Financial Assistance expenditures, approved and denied
 - d. Date of approval/rejection
 - e. Rationale for any rejection
2. All application files are confidential and will be maintained in a secure location for a minimum of three years after the date of the application and the completion of CHOC Children's fiscal year-end audit. All Financial Assistance Program logs will be maintained for a period of seven (7) years. At the end of the respective period, all information will be destroyed or maintained in a manner to protect the privacy and confidentiality of the patient.

V. EVIDENCE BASED REFERENCES/BIBLIOGRAPHY:

- A. Revenue Cycle Management, Zimmerman and Associates: December 2002.
- B. http://www.calhospital.org/sites/main/files/file-attachments/cha_guidebook_helping_individuals_obtain_aca_coverage_july_2013_0.pdf, July 2013
- C. American Hospital Association, Statement of Principles and Guidelines on Hospital Billing and Collection Practices, April 27, 2004
- D. Assembly Bill 774 Chan-Hospitals: fair pricing policies
- E. California Hospital Association, Charity Care Requirements Implementation AB 774 November 3, 2006
- F. Barclays California Code of Regulations, Title 22, Chapter 7, Section 75049
- G. Department of Health and Human Services, Federal Poverty Income Guidelines,. <https://aspe.hhs.gov/2019-poverty-guidelines>, February 6, 2019.
- H. Health Center Program Statute: Section 330 of the Public Health Services Act (42 U.S.C.254b)
- I. Program Regulations 42 code of Federal Regulations (CFR) Part 51c And 42 CFR Parts 56.201-56.604 for Community and Migrant Health Centers CDPH Issue AFL Related to California Hospital Fair Pricing Policies. November 5, 2014



Schedule A

Published Federal Poverty Guidelines – 04/01/19				
Number in Household	Up to 100%	Up to 200%	Up to 300%	Up to 400%
1	\$12,490	\$24,980	\$37,470	\$49,960
2	\$16,910	\$33,820	\$50,730	\$67,640
3	\$21,330	\$42,660	\$63,990	\$85,320
4	\$25,750	\$51,500	\$77,250	\$103,000
5	\$30,170	\$60,340	\$90,510	\$120,680
6	\$34,590	\$69,180	\$103,770	\$138,360
7	\$39,010	\$78,020	\$117,030	\$156,040
8	\$43,430	\$86,860	\$130,290	\$173,520
Discount	100% - except for copayments		75%	50%

Schedule B

Community Clinic Sliding Fee Schedule Gross Monthly Poverty Income Guidelines - 4/01/19			
Health Plan Code	Charity Care	Self-Pay Special Arrangements	Self-Pay
Poverty Level	Under 100%	Between 100 and 200%	Above 200%
# of Persons in Family	1	\$1,115	Above \$2,231
	2	\$1,509	Above \$3,020
	3	\$1,904	Above \$3,809
	4	\$2,299	Above \$4,599
	5	\$2,693	Above \$5,388
	6	\$3,088	Above \$6,177
	7	\$3,483	Above \$6,967
	8	\$3,877	Above \$7,756
Visit Copay	\$10	\$60 New \$40 Established	\$100 Well-Visit \$85 Non Well-Visit

Schedule C
CHOC/CCMH FAP Extended Payment Plan Form

Date:	DOS:
Patient Name:	ADJ Date:
FIN/Account #:	
Monthly Income:	\$
Subtract Essential Living Expenses:	
Rent/House Payment	\$
Maintenance	\$
Food	\$
Household Supplies	\$
Utilities	\$
Clothing	\$
Medical Payments	\$
Insurance	\$
School/Child Care	\$
Child/Spousal Support	\$
Transportation	\$
Auto Exp/Gas/Repairs/Ins	\$
Car Payment	\$
Laundry/Cleaning	\$
Total Expenses	\$

Total Income after living expenses \$

Extended Payment Plan, Monthly Payment \$

