

California Uninsured and Under Insured Discount Policy

I. SCOPE:

This policy applies to Century City Doctors Hospital.

II. PURPOSE:

To provide uninsured and underinsured patients with income level's above 350% of FPL with discounted rates. Under insured is deemed as patients with high out of pocket medical costs exceeding 10% of the family's annual household income. The program (as described below in the *Policy* section) is not applicable to pre-scheduled elective non-emergent, surgical, cosmetic surgical, and international surgical patients.

*Patients with income level's **below 350% FPL** or with high out of pocket medical costs exceeding 10% of the family's annual household income will be assessed under the CCDH Charity Care policy.*

III. POLICY:

All uninsured patient accounts will be screened for the Discount program. If the screening does not identify another source of payment, an estimated invoice will be provided to the patient, based on the Discount rates, and payment terms will be arranged, if necessary. Documentation will be entered on each patient account, noting amounts, as well as all collection attempts. Estimated invoices or other relevant documents will be scanned. Accounts will be reduced to the Discount rate at the time of billing.

IV. PROCEDURE:

A. Emergency Department Patients

The Post-Medical Screening Exam and Necessary Stabilization – Interview the patient to obtain the following regarding financial status:

1. The Registration associate identifies that the patient is uninsured or under-insured.
2. The Registration associate obtains level of care/services information from the ED Clinical staff.
3. The Registration associate accesses the Discount Rate Matrix with appropriate level of care information, which indicates the discount rate for the level of care.
4. The Registration associate completes the registration by updating the insurance company code to 0102 Self Payment Package (Discount Rate).
5. The Registration associate collects the discount rate or a deposit towards the rate.
6. If the patient is unable to pay, the patient will be presented with a financial information on the Charity Care policy, Services and contact information for the Business Office, who will assist the patient in qualifying for Government programs or for Charity qualification information..

B. ER Admits

1. The Financial Counselor interviews the patient and identifies if assistance is needed from Business office, or identifies if the patient qualifies for the Discount Rate.
2. The Business Office reviews patient information and determines if other program coverage is available. If not, the Financial Counselor will access the Discount Rate

Matrix to determine discount rate.

3. The Financial Counselor collects the Discount rate and completes the registration.

C. Direct Admits

1. The Registration associate is notified of the direct admit and obtains demographic information from the physician's office.
2. The Registration associate identifies that the patient is uninsured and forwards the patient information to the Financial Counselor.
3. The Financial Counselor interviews the patient and identifies if the patient qualifies for the Discount Program or Charity Care.
4. If not, the Financial Counselor will access the Discount Rate Matrix with appropriate information and provides patient with the discount rate information.
5. The Financial Counselor collects the discount rate and completes the registration.

D. International Non-Scheduled Patients

Note: If the patient is scheduled for surgery following an ER visit, the discount rate will apply to the surgery.

1. The Financial Counselor interviews the patient identifies if the patient qualifies for the discount rate.
2. If not, the Financial Counselor will access the Discount Rate Matrix with appropriate information and provides patient with discount rate.
3. The Financial Counselor collects the Discount rate and completes the registration.

E. Non-Scheduled Surgical Patients and All (Scheduled/Non-Scheduled) Diagnostic Patients

Examples: Lab, radiology, surgery, special procedures.

1. The Registration associate identifies that the patient is uninsured.
2. The Registration associate reviews the examples listed above for services provided.
3. The Registration associate accesses the Discount Rate Matrix and provides patient with discount rate..
4. The Registration associate collects the discount rate and completes the registration.
5. If the patient cannot pay, services will not be performed. Refer to the hospital-specific *Policy & Procedure* for further guidance.

F. Services Excluded from the Discount Program (Non-Emergent Scheduled Uninsured/Non-Covered Patients)

Examples: Surgical (if not covered by the Uninsured Contract) or cosmetic surgery

1. The Registration associate activates the pre-registered account.
2. The Registration associate collects the agreed-upon flat rate amount prior to the services being rendered.
3. If the patient does not pay, the procedure will be rescheduled to a later date.

G. Services Excluded from the Discount with Uninsured Program (Non-Emergent Scheduled Uninsured International Patients)

1. The Registration associate activates the pre-registered account.
2. The Registration associate collects the agreed-upon flat rate amount prior to the services being rendered. The flat rate shall not be less than the Discount with Uninsured rate.
3. If the patient does not pay, the procedure will be rescheduled to a later date.

H. Business Office

For patients whose family income to the FPG ratio is greater than the designated threshold allowance (CCDH, state, or local-specific), the patient may be considered for a partial discount based on the sliding scale.

1. Uninsured income threshold 200% or below = 100% Charity Care write off
2. Uninsured Income Threshold of 201% - 250% = Discount Tier 1 (*discount similar to 125% of Medi-Cal fee schedule*)
3. Uninsured Income Threshold of 251% - 300% = Discount Tier 2 (*discount similar to 150% of Medi-Cal fee schedule*)
4. Uninsured Income Threshold of 301% - 350% = Discount Tier 3 (*discount similar to 175% of Medi-Cal fee schedule*)

Charity Care Policy =

I. SCOPE:

This policy applies to Century City Doctors Hospital.

II. PURPOSE:

To provide free or discounted healthcare to patients treated at Century City Doctors Hospital that have an inability to pay for their care.

III. POLICY:

The determination of Charity Care generally should be made at the time of admission, or shortly thereafter. However, events after discharge could change the ability of the patient to pay. Designation as Charity Care will only be considered after all payment sources have been exhausted.

The discount amount is based on household income compared to the Federal Poverty Limit (FPL) for the current year. Those with household income under 200% FPL will be eligible for free care for the date of service in which an application is completed. If the household income falls between 201% and 350% FPL, the patient is eligible for a Charity Care sliding scale discount.

Uninsured patients whose family income exceeds 350% of the FPL will receive the Compact discounted rate. Refer to the *Uninsured Discount Policy* for additional information. Note:
EMPLOYEES OF CCDH SHOULD NOT, AT ANY TIME, INDICATE OR SUGGEST
TO THE PATIENT THAT HE/SHE WILL BE RELIEVED OF THE DEBT BY WAY
OF A WRITE-OFF TO CHARITY CARE UNTIL THE DETERMINATION HAS
BEEN MADE.

IV. PROCEDURE:

A. Factors to be Considered

The factors to be considered in determining eligibility for Charity Care must include comparing the patient's gross income to the annually published Federal Poverty Guideline (FPG), or an equivalent thereof. This information may be obtained through verbal means from the patient/guarantor and documented by CCDH Patient Advocate, Financial Counselor, Business Office Coordinator, or other specifically designated CCDH employee.

Other factors may include, but are not limited to, the following:

- Validate means of support if unemployed and no earned or unearned income has been provided on the application
- Validate activity on current accounts reported on credit bureau to determine how payments are being made if household expenses exceed income reported on Confidential Financial Statement
- Validate liquid assets (stocks, bonds, certificate of deposits, money market account, checking and saving balances)
- The previous exhaustion of all other resources

A Confidential Financial Application completed by the patient may not be required for patients who are deemed to be already eligible for other federal, state, and county assistance programs. Such programs include, but are not limited to, Medicaid, County Assistance Programs, MIA, MSI, TANF, Food Stamps, and WIC.

1. **Family Members** – CCDH will require patients to provide the number of family members in their household.
 - a) Adults – To calculate the number of family members in an adult patient’s household, include the patient, the patient’s spouse and/or legal guardian, and all of their dependent children under 21 years of age, whether living at home or not.
 - b) Minors – To calculate the number of family members in a minor patient’s household, include the patient; the patient’s mother/father, legal guardian, and/or caretaker relative; and all of their other dependents under 21 years of age.
2. **Income Calculation** – CCDH requires patients to provide their household’s yearly gross income.
 - a) Adults – The term “yearly income” on the application means the sum of the total yearly gross income of the patient and the patient’s spouse.
 - b) Minors – If the patient is a minor, the term “yearly income” means the income from the patient; the patient’s mother/father, legal guardian, and/or caretaker relative; and all of their other dependents.
3. **Expired Patients** – Expired patients may be deemed to have no income for purposes of the calculation of income if there is no surviving spouse or no other guarantor appears on the patient’s account.
4. **International Patients** – International patients are considered on a case-by-case basis for ER treatment and/or ER admission only.
5. Catastrophic illness and documented hardship within the household may also be considered for Charity Care or discounted care.

B. Business Office

For patients whose family income to the FPG ratio is greater than the designated threshold allowance (CCDH, state, or local-specific), the patient may be considered for a partial discount based on the sliding scale.

1. Uninsured income threshold 200% or below = 100% Charity Care write off
2. Uninsured Income Threshold of 201% - 250% = Discount Tier 1 (*discount similar to 125% of Medi-Cal fee schedule*)
3. Uninsured Income Threshold of 251% - 300% = Discount Tier 2 (*discount similar to 150% of Medi-Cal fee schedule*)
4. Uninsured Income Threshold of 301% - 350% = Discount Tier 3 (*discount similar to 175% of Medi-Cal fee schedule*)

5. Uninsured Over 350% FPL – Refer to the *Uninsured Discount Policy*
6. The Financial Counselor and/or Business Office Coordinator will complete a Confidential Financial Application, indicating that there are no other payment sources and that the patient meets the income of the FPG guidelines to apply the appropriate tier of discount.
7. Business Office reviews the application for Charity Care for appropriateness and completeness. Initialing the application indicates it has been reviewed and meets the requirements for submission to the facility for Charity Care consideration and administrative adjustment.
8. If the Financial Counselor and/or Business Office representative has exhausted all efforts for those patients who meet government programs or Charity Care criteria, but is unable to complete the required applications and documentation (e.g., unable to contact the patient, unable to provide sufficient documentation, etc.), and the Business Office is unable to make a conclusive determination regarding eligibility, then the account will not be recommended for Charity Care allowance.
9. Those patients who do not meet the guidelines for Charity Care will have their accounts changed back to Self-Pay/Uninsured, and standard A/R follow-up will begin at the Cash Flat rate if applicable.

At all times, the Collection, Support, and Management staff of Business office are required to input complete documentation on the account of all actions taken and all information received from the patient. It is the responsibility of the Business Office Operations management to ensure adherence to this policy.

V. DOCUMENTATION:

A. Confidential Financial Application

In order to qualify for Charity Care, CCDH requires each patient or family to complete the Confidential Financial Application. This application allows the collection of information about income and the documentation of other requirements as defined below.

The Financial Assessment Coordinator will attempt to secure supporting documentation. Income and/or assets may be verified by attaching any one or more of the following:

1. IRS tax returns
2. Payroll stubs
3. Declarations
4. Verbal attestation
5. Other forms used to substantiate the need for Charity Care consideration
6. Credit bureau report (including the lack thereof)

In cases where the patient is unable to complete the written application, verbal

attestation is acceptable if it is not disallowed by state law/regulation.

B. Denied Charity Care Recommendations

In the event the CFO denies a patient's application for Charity Care, documentation is to be placed in the facility Collection system, noting the reason for the rejection of the recommendation. The CFO will also indicate on the Confidential Financial Application the reason for denial and the date of the denial. The packet and/or information is then forwarded to the Business Office.

The patient may appeal the Charity Care denial by submitting additional documentation to substantiate the application and qualification to:

Attention: Business Office Manager
CCDH
P. O. Box 310001-1055
Pasadena, CA 91110-1055

C. Custodian of Records

Business Office will serve as the custodian of records for all Charity Care documentation for all accounts identified.

D. Reservation of Rights

It is the policy of the hospital to reserve the right to limit or deny financial assistance at their sole discretion.

1. Non-Covered Services – It is the policy of the hospital to reserve the right to designate certain services that are not subject to the hospital's Charity Care policy.
2. No Effect on Hospital Policies – This policy shall not alter or modify other policies regarding efforts to obtain payments from third-party payers, patient transfers, emergency care, state-specific regulations, state-specific requirements for Statutory Charity Care classification, or programs for uncompensated care.

VI. DEFINITIONS:

Charity Care represents all healthcare services that are provided to patients who are financially unable to satisfy their debts, resulting from a determination of a patient's inability to pay, not their willingness to pay. Hospital charges for patient accounts identified as Charity Care at the time of admission or service are not recognized by the facility as net revenue or net receivables. If patient accounts are identified as Charity Care subsequent to the facility recognizing the charges as revenue, an adjustment is required to appropriately classify the revenue and any Bad Debt expense previously recorded.

Charity Care will be classified into three categories:

- Charity Care – Statutory
- Charity Care – Non-Statutory
- Charity Care – Medicaid Denied Stays/Care, Non-Covered Services

CCDH standard accounting procedures should be followed to classify the accounts appropriately.

A. Charity Care – Statutory

Statutory Charity Care will be defined by facility participation in various Federal, State, and/or County uncompensated care programs. Criteria for such Charity Care must comply with governmental guidelines and/or State or County regulations. Statutory Charity Care also includes any Charity Care obligations as defined in contractual agreements documenting the acquisition of the facility. Each patient who appears eligible for Statutory Charity Care determination and requests such determination must complete a Confidential Medical and Financial Assistance Application (hereafter referred to as the Confidential Financial Application—or, as application—as illustrated in *Exhibit B*). The patient/guarantor must complete all areas of the application and attest to the accuracy of the information by signing the application. The application will be processed in accordance with the Charity Care Program Policy and Procedures.

B. Charity Care – Non-Statutory

Non-Statutory Charity Care is defined as patient Charity Care meeting CCDH's Charity Care criteria; however, there may not be State or County programs in which the facility participates or where the facility does not have specific obligations to provide Charity Care. Business Office will determine eligibility for Non-Statutory Charity Care. The determination will be performed after the Confidential Financial Application is submitted for processing. An effort will be made to secure a signed application, but this may not be possible in all cases and will not prevent an account from being qualified as Charity Care.

C. Charity Care – Medicaid Denied Stays/Care, Non-Covered Services

Medicaid Charity Care will be defined as a category of patients who qualify for Medicaid, pursuant to governmental guidelines and/or State or County regulations, but where an outstanding patient balance exists, excluding waivers of deductibles and co-payments, unless otherwise documented and compliant with Compliance Policy guidelines. Medicaid Charity Care also includes any Charity Care obligations as defined in contractual agreements documenting the acquisition of the facility.

Each patient who appears to be eligible for Medicaid Charity Care determination will not be required to complete a Confidential Financial Application due to the fact that Medicaid eligibility, in itself, is deemed to meet the requirements of Charity and, therefore, meets criteria for Charity Care.

Under the CCDH's Medicaid Charity Care Policy definition, these patients are eligible for Charity Care write-offs. Charges not billable or "un-billable" to the patient may not be claimed as Charity Care where it is not allowed by State law/regulation. Billable charges related to denied days, denied days of care, non-covered services, and any denied treatment authorizations will be included as Medicaid Charity Care. In addition, Medicare patients who have Medicaid coverage for their co insurance deductibles for which Medicaid will not make any additional payment, and for which Medicare does not ultimately provide Bad Debt reimbursement, will also be included as Charity Care.

At no time shall a facility claim Charity Care attributed to Medicaid billable charges as either Statutory or Non-Statutory Charity.

VII. EXHIBIT A – FEDERAL POVERTY GUIDELINES:

A. attachment 1 Federal Poverty Guidelines

2007 FPG All States (Except Alaska and Hawaii) and DC.

Gross Yearly

Family Size	100%	150%	200%	250%	300%	400%
1	10,210.00	15,315.00	20,420.00	25,525.00	30,630.00	40,840.00
2	13,690.00	20,535.00	27,380.00	34,225.00	41,070.00	54,760.00
3	17,170.00	25,755.00	34,340.00	42,925.00	51,510.00	68,680.00
4	20,650.00	30,975.00	41,300.00	51,625.00	61,950.00	82,600.00
5	24,130.00	36,195.00	48,260.00	60,325.00	72,390.00	96,520.00
6	27,610.00	41,415.00	55,220.00	69,025.00	82,830.00	110,440.00
7	31,090.00	46,635.00	62,180.00	77,725.00	93,270.00	124,360.00
8	34,570.00	51,855.00	69,140.00	86,425.00	103,710.00	138,280.00

 For Family units of more than 8 members, add \$3480

Gross Monthly

Family Size	100%	150%	200%	250%	300%	400%
1	850.83	1,276.25	1,701.67	2,127.08	2,552.50	3,403.33
2	1,140.83	1,711.25	2,281.67	2,852.08	3,422.50	4,563.33
3	1,430.83	2,146.25	2,861.67	3,577.08	4,292.50	5,723.33
4	1,720.83	2,581.25	3,441.67	4,302.08	5,162.50	6,883.33
5	2,010.83	3,016.25	4,021.67	5,027.08	6,032.50	8,043.33
6	2,300.83	3,451.25	4,601.67	5,752.08	6,902.50	9,203.33
7	2,590.83	3,886.25	5,181.67	6,477.08	7,772.50	10,363.33
8	2,880.83	4,321.25	5,761.67	7,202.08	8,642.50	11,523.33

B. Attachment 2 – Confidential Financial Application

Confidential Medical and Financial Assistance Application

Facility:	Acct. #:	Patient Name:	SSN:	DOB:
Patient Address:				
Patient Home Phone:			Patient Work Phone:	

SECTION A

MEDICAL ASSISTANCE SCREENING – Please circle answer “Y” for yes or “N” for no.

- | | | | |
|---|-------|---|-------|
| 1. Is the patient under age 21 or over age 65? | Y / N | 5. Is the patient pregnant, or was the admission pregnancy-related? | Y / N |
| 2. Is the patient a single parent of a child under age 21? | Y / N | 6. Will the patient potentially be disabled for 12 months? | Y / N |
| 3. Is the patient a caretaker or guardian of a child under 21? | Y / N | 7. Is the patient a Victim of Crime? | Y / N |
| 4. Is the patient a married parent of a minor child? If yes, does the patient have a 30-day incapacitation? | Y / N | 8. Does the patient have a “COBRA” or insurance policy that the premium has lapsed? | Y / N |

SECTION B

FINANCIAL ASSISTANCE SCREENING

Total Number of Dependent Family Members in Household _____

(Include patient, patient’s spouse and/or legal guardian, and any children the patient has under the age of 18 living in the home. If the patient is a minor, include mother/father, Caretaker, and/or legal guardian, and all other children under the age of 18 living in the home.)

Estimated Gross Annual Household Income \$ _____ (see page 2)

Calculate Income to FPG Ratio: Gross Annual Income ÷ FPG Based on Family Size

_____ ÷ _____ = _____%

Type of Service (circle one) ER OP IP

Service Date _____ to _____

In order to determine qualifications for any discounts or assistance programs the following information is necessary.

RESPONSIBLE PARTY/GUARANTOR

Responsibility Party:		Relationship to patient:	
SSN:	DOB:		
Home Address:		Phone #:	
Work Address:		Phone #:	
Gross Income:	Check One: Hourly Daily Weekly Monthly Yearly		
	Hours Per Week:		
If income is \$0/unemployed, what is your means of support?	Check One: Living on Savings/Annuity Live with parent/family/friends Homeless Shelter		

SPOUSE

Responsibility Party:			
SSN:	DOB:		
Home Address:		Phone #:	
Work Address:		Phone #:	
Gross Income:	Check One: Hourly Daily Weekly Monthly Yearly		
	Hours Per Week:		

HOMELESS AFFIDAVIT

I, _____, hereby certify that I am homeless, have no permanent address, no job, savings, or assets, and no income other than potential donations from others.

Patient/Guarantor Initials _____

ATTESTATION OF TRUTH

I hereby acknowledge all of the information provided to be true. I understand that providing false information will result in the denial of this Application. Additionally, in accordance with state statute, providing false information to defraud a hospital for obtaining goods or services is a misdemeanor and, in accordance with statute, may be punishable by imprisonment and a fine. I also understand that a credit report may be obtained or other such measure may be taken to verify information provided herein. I fully understand that the Charity Care program is a "Payor of Last Resort" and hereby assign all benefits due from any liability action, personal injury claims, tort settlements, and any and all insurance benefits which may become payable or fitness or injury for which CCDH's or its subsidiaries provided care.

PATIENT/GUARANTOR SIGNATURE

DATE

OFFICE USE ONLY

Family Size: ER)	Account Number(s)	Balance	Patient Type (Inpatient, Outpatient,
Gross Annual Family Income:			
FPG based on Family Size:			
Current Hospital Charges:			
Income/FPG:			
Income X 2:			
Recommendation:			
Prepared by: _____	Date: _____	Unit: _____	
Approved or Denied by: _____	Date: _____	Title: _____	

