



Citrus Valley Health Partners Policy and Procedures

<input checked="" type="checkbox"/>	CVHP	<input checked="" type="checkbox"/>	CVH	<input checked="" type="checkbox"/>	Policy
<input checked="" type="checkbox"/>	CVMC-ICC	<input checked="" type="checkbox"/>	CVHH	<input checked="" type="checkbox"/>	Procedure
<input checked="" type="checkbox"/>	CVMC-QVC	<input checked="" type="checkbox"/>	FPH	<input checked="" type="checkbox"/>	Attachments

Title: Charity Care		Policy #: A009
Type: Corporate		
Effective: 4/24/02	Reviewed: 7/27/11	Revised: 5/25/05, 7/27/05, 9/24/08

Statement of Policy

Our mission is to help people keep well in body, mind and spirit by providing quality health care services in a compassionate environment. This charity policy is the means through which CVHP fulfills its mission as an integrated health care organization committed to maintaining and enhancing the health of all the people of the communities we serve. Those patients that currently do not pay for their medical bills because of an inability to pay are covered under this policy.

Declarations

Many Government programs (Medi-Cal, Healthy Families, and Medicare) and other third party coverage programs have been established to provide for or defray the healthcare costs for the individuals who also may be considered needy. In the case where arrangements for payment to the hospital require the hospital to accept the payment amount as payment in full, the balances of these accounts written off are attributable to contractual adjustments and will not be considered charity care. In cases where these programs require the patients to pay co-payments or deductibles and the patients do not have the ability to pay; these amounts will be considered charity care.

Charity determination will be granted on "all, partial, or nothing" basis. There is a category of patients who qualify for Medi-Cal, but do not receive payment for their entire stay. Under the charity policy definition, these patients are eligible for charity care write-offs. In addition, the hospital specifically includes as charity the charges related to denied stays, denied days of care, and non-covered services. These "TAR" denials and any lack of payment for non-covered services provided to Medi-Cal patients are to be classified as charity. These patients are receiving the services and they do not have the ability to pay for it. In addition, Medicare patients who have Medi-Cal coverage for their co-insurance/deductibles, for which Medi-Cal does not make payment and Medicare does not ultimately provide bad debt reimbursement will also be included as charity. These indigent patients are receiving a service for which a portion of the resulting bill is not being reimbursed.



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Procedure

General Process and Responsibilities

A. Patients unable to demonstrate financial coverage by third party insurers will be required to complete a financial screening form. Completion of this form:

- 1) Allows the hospital to determine if the patient has declared income and or assets giving them the ability to pay for his/her health care services.
- 2) Authorizes CVHP to obtain a credit report.
- 3) Provides a document to be reviewed by Patient Financial Services to determine the patient's financial liability, if any.

B. All patients not covered by third party insurance

- 1) Pay an advance payment based on estimated charges.
- 2) Insured patients who indicate that they are unable to pay patient liabilities must complete a financial screening form to qualify for any waiver of their co-pays.

C. Charity screening process:

- Obtain individual or family income.
- Obtain individual or family net worth including all assets, both liquid and non-liquid, less liabilities and claims against assets.
- Eligibility for Medi-Cal once some assets are depleted will also be considered.
- Current employment status: patient and/or guarantor.
- Unusual expenses or liabilities.
- Family size. This is used to determine the benchmark for 100% charity, if income is at or below 300% of the Federal Poverty Guidelines.

The attached forms are to be used in the financial screening process:

Form 2: Income Certification form

Form 1: Hospital Screening Assessment form (this form also gives permission to obtain credit information)



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Forms 1 and 2 will be available in the primary languages spoken in the hospital's community area, including English and Spanish.

To qualify for a charity care write-off for either the entire hospital bill, or a portion of the hospital bill, the following criteria must be met:

- Coverage-The services being provided are not covered/reimbursed by Medi-Cal or any other third party.
- Income Level—If the patient's income is at 300% or less of the Federal Poverty Guidelines, the entire hospital bill will be written-off, regardless of net worth or size of bill.
- Income Level---If the patient's income is between 300% and 350% of the Federal Poverty Guidelines, then a portion of the hospital bill is written-off based upon a sliding scale, regardless of net worth or size of bill, as follows:
 - 300% - 325% = 75% write-off
 - 326% - 350% = 50% write-off
- Size of Hospital Bill and Net Worth---If the hospital bill exceeds the patient's net worth then the following applies:
 - If the patient meets the net income levels between 300% and 325% of the Federal Poverty Guidelines, the amount of the hospital bill that exceeds the patient's net worth will be written-off
 - If the patient's income is over the 350% of the Federal Poverty Guidelines, then a portion of the bill that exceeds the patient's net worth may be either written-off if approved by the Corporate Director Business Services or his/her designee, or paid through the hospital's monthly payment plan.

Charity Determination Process

Admitting/Registration Department Role

The admitting department will:

- Financially screen 100% of all self-pay inpatients. If there is no income claimed by the patient and no third party insurance,



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Charity Policy Compared to Charity Determination Process

Key points to this policy include:

- The identification of potential charity patients as close to the time of admission as possible.
- The financial screening form will be used and a credit check performed for all self-pay patients, whenever possible.
- Income, along with net worth when appropriate, will routinely be verified for non-emergent self-pay patients and will be used in all circumstances to determine charity status.
- The actual charity care determinations will be made based upon the criteria expressed in this charity care policy.
- Charity determination will be granted on an “all, partial, or nothing” basis.

References


Not Applicable

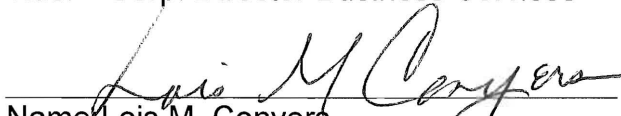


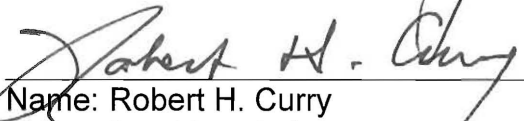
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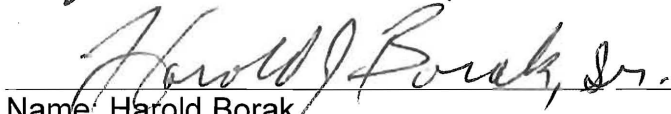
Policy#: A009

Signatures


Name: Issa Aqleh
Title: Corp. Director Business Services
Date: 08/02/11


Name: Lois M. Conyers
Title: Senior V.P. & CFO
Date: 7/27/11


Name: Robert H. Curry
Title: President & CEO
Date: 8/15/11


Name: Harold Borak
Title: Chair, Finance Committee
Date: 11-30-11


Name: Earl S. Washington
Title: Chair, Board of Directors
Date: 11-30-11



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Title: Collection of Self Pay Patient Accounts		Policy #: A010
Type: Corporate		
Effective: 5/12/99	Reviewed: 7/27/05	Revised: 9/24/08, 4/27/11

Statement of Policy

It shall be the policy of Citrus Valley Health Partners (CVHP) to provide our uninsured and underinsured patients the same allowances provided to its managed care contractors. That is, those patients shall have applied to their accounts appropriate allowances and per diem rates.

It shall be the policy of Citrus Valley Health Partners to follow up on and collect all self pay account balances, as well as, where third party benefits exist, all patient co-pays and deductibles, either at the time of service, or when they become due. This shall be accomplished in a fair, caring and compassionate manner.

Declarations

Not Applicable

Procedure

A. Procedure for the collection of self-pay accounts and patient co-pays and deductibles:

1. The CVHP patient accounting system is designed to assist the patient business services department, through a series of billing statements and collection notices in the collection of self pay balances as well as co-pays and deductibles from our patients, without regard of their primary source of payment, i.e. Medicare, managed care, commercial coverage, etc.
2. These notices are generated per pre-established parameters developed by department management to ensure that notices are generated in a timely manner to patients in accordance with the financial class assigned.
3. Balances remaining unpaid at the end of the statement cycle are subject to further collection notices by the contracted collection letter services.

B. The following adjustments shall be applied to self pay patient accounts prior to billing for both Inpatient and Outpatient :



Title: Collection of Self Pay Patient Accounts

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1. The prevailing managed care per diem rate* shall be applied for all inpatient stays. Any implants and or prosthetic devices and high cost drugs are excluded from the per diem rates and are payable at invoice plus a 5% processing fee.
 2. All non surgical outpatient services shall be reduced by sixty five percent (65%) of charges at the time of service.* This discount will be changed in future years to approximate the amount expected to be received from Managed Care plans.
 3. All outpatient surgical procedure shall be charged at benchmark managed care case rates*. Implants and/or prosthetic devices are excluded from the case rate and are payable at invoice plus a 5% processing fee
 4. All inpatient and outpatient deductibles and co-insurance amounts are due and payable in full and are not subject to a discount.
 5. For patients who are unable to meet their deductible and/or co-pay obligation, or the full amount of the bill if no third party coverage exists: CVHP shall offer the option of an installment contract for payment over an extended period.
 6. Patients who are unable to meet any or part of their financial obligation may apply for CVHP's Community Assistance Program (CAP). The balance shall then be adjusted in part or in full based on financial need.
- C. The following coverage options should always be explored in assessing patients' ability to pay:
1. Linkage to available state aid such as:
 - a. Medi-Cal
 - b. California Children Services
 - c. Healthy Families
 - d. Other
 2. Patients under age twenty one years, who are self pay, shall be referred to the onsite Medi-Cal eligibility worker or to either of our contracted vendors for completion of a Medi-Cal application and/or the on site GEM (Get Eligibility Moving) program.
 3. All obstetrical patients who are self pay and unable to meet their financial obligation shall be referred to the onsite Medi-Cal eligibility worker or to either of our contracted vendors for completion of a Medi-Cal application and/or the on site GEM (Get Eligibility Moving) program.



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D. Account Documentation


1. The business services staff is responsible for the thorough documentation of all transactions and follow up activity with all payers including the patient and/or his/her guarantor during the process of follow up and collection of every account. Full documentation must be present on all accounts prior to assignment to bad debt, i.e. external collection agency. This includes: research and documentation as it relates to wrong addresses/return mail, third party payers, patients, attorneys, all collection efforts and follow up attempts.


*The per diem rate, out patient services discount and out patient surgical procedure rate, are subject to change at the start of CVHP's Fiscal Year.

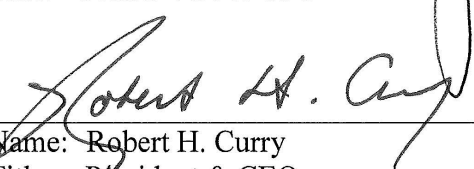
References

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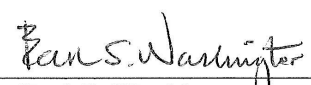
Signatures


 Name: Issa Aqleh
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 Name: Lois M. Conyers
 Title: Senior V.P. & CFO
 Date: 5/27/11


 Name: Robert H. Curry
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 Name: Harold Borak
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 Date: 5/19/11


 Name: Earl S. Washington
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