

NEWPORT BAY HOSPITAL	MANUAL: Business Office Policy & Procedures	POLICY: Charity Care Policy
EFFECTIVE DATE: January 1, 2019	SUPERSEDES: January 1, 2017	SECTION: E-3-1-1
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PURPOSE

Newport Bay Hospital's commitment to our mission "To Provide a Center of Excellence" to all patients presenting for admission; including, but not limited to, uninsured and underinsured patients that are low and moderate income.

In compliance with California State law AB774 (Hospital Fair Pricing Policies), it is the policy of Newport Bay Hospital to provide Self Pay Discounts and Charity Care to qualified individuals based on financial need. The Financial Assistance Application will be utilized as the screening tool for determining financial assistance.

POLICY

Newport Bay Hospital provides financial assistance to patients who do not have insurance coverage. Newport Bay Hospital will give consideration to all patients, whether or not they have insurance and regardless of income level if there are exceptional circumstances.

The following financial classes of patients are eligible for or Charity assistance:

1. Self Pay:
A financially eligible Self-Pay patient is defined as follows:
 - a. Patient has no third-party insurance
 - b. Patient is not eligible for Medi-Cal Insurance
 - c. Patient has not been awarded a worker's compensation, auto insurance or any other type of compensable injury claim
 - d. Family income at or below 350% of the current Federal Poverty Level (FPL) as defined by the 2019 HHS Poverty Guidelines. (See table)

2. High Medical Cost Patient:
A financially eligible High Cost medical patient is defined as follows:
 - a. Has third party coverage (not self-pay).
 - b. Family income at or below 350% of the Federal Poverty Level (FPL)
 - c. Annual out of pocket medical expenses exceed 10% of the patient's family income.
 - d. Patient liability is based on full hospital charges, no other discount has been applied.

3. Charity Care:
Patients without third party coverage
 - a. A financial assistance application will be used in determining if a patient meets the requirements for charity care.

HS POVERTY GUIDELINES FOR 2019

The 2019 poverty guidelines are in effect as of January 11, 2019.

The [Federal Register notice for the 2019 Poverty Guidelines](#) was published February 1, 2019.

2019 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$4,420 for each additional person.	
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430