



- Hospital-Wide Manual
 Department-Specific Manual

Policy # PF04001
Manual Administrative
Category 04-Contracts & Agreements

POLICY & PROCEDURE: CHARITY CARE –
UNINSURED/UNDERINSURED

POLICY SUMMARY:

It is the policy of Victor Valley Global Medical Center (VVGMC) to establish guidelines for uninsured and underinsured patients of VVGMC who are at or below 350% of the Federal Poverty Level (FPL) and meet the eligibility requirements described below in compliance with the requirements of Health and Safety Code section 127400 to 127446.

PURPOSE:

To provide assistance for those without health insurance and those with high medical cost for whom paying their hospital bill would pose undue financial hardship.

DEFINITIONS:

Patient Family –

Persons 18 years of age and older

- Spouse
- Domestic Partner
- Parent or caretaker

Persons under 18 years of age

- Dependent children under 21 years of age, whether living at home or not
- Relatives and other children under 21 years of age of the parent or caretaker

REQUIREMENTS:

None

AFFECTED DEPARTMENTS/SERVICES:

Patient Financial Services, Financial Counselors, Registration, **Administration**, Collection Agencies

POLICY:

- A.** Patients will be notified in writing of the Charity Care policy for the uninsured or underinsured at the time services are provided and prior to discharge.
1. The acknowledgement form will be signed by all patients or their representative and

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maintained in the patient financial file.

- a. Underinsured/Self Pay Patients – an underinsured/self -pay patient may qualify for a charity discount of the charges billed by the Hospital for services rendered to such patient if all of the following conditions are met:
 - i. The patient does not have third party coverage from a health insurer, health care service plan, union trust plan, Medicare or Medi-Cal as determined and documented by the Hospital.
 - ii. The patient's injury is not a compensable injury for purposes of workers' compensation, automobile insurance or other insurance as determined by the Hospital.
 - iii. The patient or guarantor has not refused insurance coverage available through an employer.
 - iv. The patient or guarantor has applied for any government programs available or has applied for insurance coverage available under the Affordable Care Act if qualified.
 - v. The patient's family income does not exceed 30% of the Federal Poverty Level.
 - vi. The patient has monetary assets of less than \$10,000.00
- b. Insured Patients with High Medical Costs – a patient who has medical insurance, third party coverage or whose injury is a compensable injury for purposes of workers' compensation, automobile insurance or other insurance as determined and documented by the Hospital does not qualify for a 100% charity care write-off, but may qualify for a partial write-off of the Hospital's undiscounted charges for services rendered to the patient if one of the following conditions are met:
 - i. The patient's balance after insurance is greater than 10% of the patient's family income.
 - ii. The patient's balance after insurance exceeds \$10,000.00

PROCEDURE

A. Charity Care for Uninsured/Underinsured:

1. Patients will be required to complete a hardship application and provide proof of income, which is limited to their last income tax return or recent pay stubs
 - a. Exceptions to completing the application will be those with out-of-state Medicaid, General Relief, those in bankruptcy or those who are homeless.

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- i. They will be automatically be eligible for charity based on this information.
 - ii. Also included will be those patients who are reviewed for Medi-Cal linkage but are unresponsive in completing the application process.
 - iii. Search America will also be utilized to identify patients who may qualify for charity care based on income, dependents and likelihood of ability to pay.
 - b. Accounts that are being prepared for assignment to bad debt will also be reviewed to see if they may qualify, prior to going to bad debt, based on the financial information given at the time of registration and the current cash collection effort and response as well as utilizing Search America review.
 - i. Based on review and evaluation, specific accounts may be given a charity discount versus sending to bad debt.
2. VVGMC will limit expected payment for services provided to eligible patients to the lesser of what it would receive from any of the government programs it is currently participating in (i.e., Medicare, Medi-Cal, Healthy Families or another government sponsored health program or established cash rates).
3. If the financial hardship applies to an uninsured patient who does not meet the requirements for Medi-Cal, the following shall apply:
 - a. All financially eligible patients who fall between 300% and 350% of FPL qualify for 120% of the selected rates.
 - i. These rates may be waived based on review of other financial circumstances by management.
 - b. All financially eligible patients who fall between 250% and 300% of the FPL qualify for 100% of the selected rates.
 - i. These rates may be waived based on review of other financial circumstances by management.
 - c. All financially eligible patients who fall between 100% and 250% of the FPL qualify for 100% of the selected rates.
4. All Charity Care grants will be made by the Hospital in writing, date-of-service specific and non-revocable, except for the intentional misinformation provided on the application.
5. All underinsured patients who accept the Charity Care grant must enter into a payment plan agreement, not to exceed six (6) to twelve (12) months based on the

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balance owed and make monthly payments as agreed.

- a. Individual exceptions based on circumstances can be made by management.
6. The essence of this policy shall be posted in all areas of the Hospital where patients are registered.
7. All Admitting staff, financial counselors and Patient Financial Services staff shall be in-services on this policy no less than once per year.
8. The first bill sent to every patient shall include the statement "We provide discounts to eligible patients."
 - a. If you cannot pay your bill, please contact our Patient Accounting Department at (866) 507-2195.
 - b. We will review your financial situation to determine if you are eligible for financial assistance."

APPLICABLE STANDARDS OR REGULATORY REQUIREMENTS: None
REFERENCES: None
AUTHOR: Director of Patient Financial Services
EFFECTIVE DATE: 1/07
REVIEW DATE: 1/07, 5/09, 8/12, 6/12, 9/13, 1/14 - Every three years
REVISION: 5/09, 6/12, 12/14
APPROVED:
ATTACHMENTS: None

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