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**Owner:** *Sasha Renning: TRAINING  
COORD-REVENUE CYCLE*  
**Policy Area:** *Patient Financial Services/  
Patient Access Services*  
**References:** *Charity Care, Patient Financial  
Svcs / Patient Access Svcs,  
SCOR, SCV, SGH, SMB, SMC,  
SMH, SMV, policy & procedure*  
**Applicability:** *SCOR SCV SGH SMB SMC  
SMH SMV*

## Financial Assistance for Uninsured or Low Income Patients, 15602.99

### I. PURPOSE:

The purpose of this policy ("Financial Assistance Policy") is to provide patients with information on the Financial Assistance (Charity Care) available at Sharp HealthCare hospital facilities and to outline the process for determining eligibility for Financial Assistance.

### II. POLICY:

It is the policy of Sharp HealthCare to provide patients with understandable written information regarding Financial Assistance and to provide income-based Financial Assistance (Charity Care) to qualified patients for emergent and medically necessary services.

### III. SCOPE:

This Financial Assistance Policy applies to Sharp HealthCare Hospitals. Unless otherwise specified, this Financial Assistance Policy does not apply to physicians or other medical providers, including emergency room physicians, anesthesiologists, radiologists, hospitalists, pathologists, etc., whose services are not included in a Hospital's bill. This Financial Assistance Policy does not create an obligation for the Hospital to pay for such physicians' or other medical providers' services. In California, an emergency physician who provides emergency services in a hospital is required to provide discounts to uninsured patients or patients with high medical costs who are at or below 350 percent of the federal poverty level (California Health and Safety Code section 127450). Attachment A is a list of providers, other than the Hospitals themselves, delivering emergency or other medically necessary care in the Hospitals.

### IV. DEFINITIONS:

- A. **Flat Rate/Package/Complex/Specialized/Elective Services:** "Complex/Specialized Services" are services that Sharp HealthCare determines are complex and specialized (e.g., transplants, experimental and investigational services) as well as certain services which are non-covered services under health plan

coverage agreements (e.g., elective procedures). These pricing packages are only offered to self-pay patients who are uninsured.

- B. **Federal Poverty Level (FPL):** The "Federal Poverty Level" or "FPL" is the measure of income level that is published annually by the United States Department of Health and Human Services (HHS) and is used by Hospitals for determining eligibility for Financial Assistance.
- C. **Financial Assistance:** "Financial Assistance" refers to Full and Partial Charity Care and High Medical Cost Charity Care (as outlined in section V.A.1 Eligibility).
- D. **Hospital or Sharp HealthCare Hospitals:** "Hospital" or "Sharp HealthCare Hospitals" means (a) all licensed hospital facilities operated by Sharp HealthCare and (b) all hospitals in which Sharp HealthCare and/or an Affiliated Entity has a direct or indirect voting control or equity interest of greater than fifty percent (50%) and all substantially-related entities (as such term is defined at 26 C.F.R. section 1.501(r)-1(b)(28)), to the extent such hospitals and substantially-related entities described in this clause (b) provide emergency services.
- E. **Hospital Services:** "Hospital Services" are all services that a Hospital is licensed to provide, including emergency and other medically necessary care.
- F. **Primary Language of Hospital's Service Area:** A "Primary Language of Hospital's Service Area" is a language used by the lesser of 1,000 people or 5% of the community served by the Hospital or the population likely to be affected or encountered by the Hospital based upon the most recent Community Health Needs Assessment performed by Hospital or any other reasonable method.
- G. **Uninsured Patient:** An "Uninsured Patient" is a patient who has no third-party source of payment for any portion of their medical expenses, including without limitation, commercial or other insurance, government sponsored healthcare benefit programs, or third party liability, and includes a patient whose benefits under all potential sources of payment have been exhausted prior to an admission.
- H. **Insured Patient:** An "Insured Patient" is a patient who has a third-party source of payment for all or a portion of their medical expenses.
- I. **Patient Responsibility:** "Patient Responsibility" is the amount that an Insured Patient is responsible to pay out-of-pocket after the patient's third-party coverage has determined the amount of the patient's benefits.
- J. **Presumptive Charity:** Sharp recognizes that a portion of the uninsured or underinsured patient population may not engage in the traditional financial assistance approval process. If the required information is not provided by the patient, Sharp utilizes an automated, predictive scoring tool to qualify a patient for Charity Care. The tool predicts the likelihood of a patient to qualify for Charity Care based on publicly available data sources. It provides estimates of the patient's likely socio-economic standing, as well as the patient's household income and size.

## V. PrOCEDURES:

### A. Eligibility

1. **Eligibility Criteria:** During the application process set forth in sections B and C below, Sharp Hospitals shall apply the following eligibility criteria for Financial Assistance:

FINANCIAL ASSISTANCE CATEGORY NO APPLICATION REQUIRED	PATIENT ELIGIBILITY CATEGORY
<b>PRESUMPTIVE</b>	<p>Patients with special circumstances under which the patient may be deemed eligible for Charity Care without submission of a financial assistance application:</p> <ul style="list-style-type: none"> <li>▪ Patient is deceased and without third-party insurance coverage or identifiable estate and without a living spouse</li> <li>▪ Patient is homeless and is not currently enrolled in Medicare, Medi-Cal or any government sponsored program and is without third-party insurance</li> <li>▪ Seen in ER (unable to pay) patient is treated in the Emergency Department but the Hospital is unable to issue a billing statement</li> </ul>
<b>MEDI-CAL</b>	<p>Patients eligible for qualified programs such as Medi-Cal and other government sponsored low income assistance programs. Such patients are eligible for Charity Care when payment for services is not made by the programs. Specifically included as eligible are charges related to the following:</p> <ul style="list-style-type: none"> <li>▪ Denied inpatient stays</li> <li>▪ Denied inpatient days of care non-covered services</li> <li>▪ Treatment Authorization Request (Tar) denials</li> <li>▪ Denials due to restricted coverage</li> </ul>
FINANCIAL ASSISTANCE CATEGORY APPLICATION REQUIRED	PATIENT ELIGIBILITY CATEGORY
<b>FULL CHARITY CARE WITH APPLICATION PROCESS</b>	Patient is an Uninsured Patient with a Family Income (as defined below) at or below <b>200%</b> of the most recent FPL.
<b>PARTIAL CHARITY CARE WITH APPLICATION PROCESS</b>	Patient is an Uninsured Patient with a Family Income (as defined below) greater than <b>200%</b> but less than or equal to <b>400%</b> of the most recent FPL. Medicare methodology rates apply to determine Patient Responsibility.
<b>HIGH MEDICAL COST REDUCED CHARITY CARE (for Insured Patients) WITH APPLICATION PROCESS</b>	<ol style="list-style-type: none"> <li>1. Patient is Insured with a Family Income (as defined below) at or below <b>400%</b> of the most recent FPL:</li> </ol> <p style="text-align: center;"><b>And</b></p> <ol style="list-style-type: none"> <li>2. If medical expenses for themselves or their family (incurred at the Hospital or paid to other providers in the past 12 months) exceed 10% of the patient's Family Income, then Patient is eligible for a 50% discount is applied to remaining</li> </ol>

FINANCIAL ASSISTANCE CATEGORY APPLICATION REQUIRED	PATIENT ELIGIBILITY CATEGORY
	Patient Responsibility.

2. **Calculating Family Income:** To determine a patient's eligibility for Financial Assistance, the Hospital shall first calculate the patient's Family Income, as follows:
  - a. **Patient Family:** The Patient Family shall be determined as follows:
    - i. **Adult Patients:** For patients over 18 years of age, the Patient Family includes their spouse, domestic partner, and dependent children less than 21 years of age, whether living at home or not.
    - ii. **Minor Patients:** For patients under 18 years of age, the Patient Family includes their parents, caretaker relatives, and other children less than 21 years of age of the parent(s) or caretaker relatives.
  - b. **Proof of Family Income:** Patient shall only be required to provide recent pay stubs, bank statements or tax returns as proof of income. Family Income is annual earnings of all members of the Patient Family from the prior 3 months or prior tax year as shown by the recent pay stubs, bank statements or income tax returns, less payments made for alimony and child support. Income included in this calculation is every form of income, e.g., salaries and wages, retirement income, near cash government transfers like food stamps, and investment gains. Annual income may be determined by annualizing year-to-date Family Income. Sharp HealthCare may validate income by using external presumptive eligibility service providers, provided that such service determines eligibility using only information permitted by this Financial Assistance Policy.
  - c. **Calculating Family Income for Deceased Patients:** Deceased patients, with no surviving spouse may be deemed to have no income for purposes of calculation of Family Income. Documentation of income is not required for deceased patients. However, documentation of estate assets may be required from the surviving spouse.
3. **Calculating Family Income as a Percentage of FPL:** After determining Family Income, Hospital shall calculate the Family Income level in comparison to the FPL, expressed as a percentage of the FPL. For example, if the federal poverty level for a family of three is \$20,000, and a patient's Family Income is \$60,000, the Hospital shall calculate the patient's Family Income to be 300% of the FPL. Hospitals shall use this calculation during the application process to determine whether a patient meets the income criteria for Financial Assistance.
4. **Financial Assistance Exclusions/Disqualification:** The following are circumstances in which Financial Assistance is not available under this Financial Assistance Policy:
  - a. **Uninsured Patient seeks Flat Rate/Packages/Complex/Specialized/Elective Services:** Generally, Uninsured Patients who seek Flat Rate/Packages/Complex/Specialized or Elective services (e.g. transplants, experimental or investigational procedures) are not eligible for Financial Assistance. Elective services are excluded from coverage under health plan coverage agreements (e.g., cosmetic procedures) and are therefore not eligible for Financial Assistance. Surrogacy and International patients are excluded from Financial Assistance but may be considered on a case by case basis.
  - b. **Patient declines covered services:** An Insured Patient who elects to seek services that are

not covered under the patient's benefit agreement (such as an HMO patient who seeks out-of-network services from Sharp HealthCare, or a patient refuses to transfer from a Sharp HealthCare hospital to an in-network facility) is not eligible for Financial Assistance.

- c. **Payer pays patient directly:** If a patient receives payment for services directly from an indemnity, Medicare Supplement, or other payer, the patient is not eligible for Financial Assistance for the services.
- d. **Information falsification:** Hospitals may refuse to award Financial Assistance to patients who falsify information regarding Family Income, household size or other information in their eligibility application.
- e. **Third-Party Recoveries:** If the patient receives a financial settlement or judgment from a third-party payor that caused the patient's injury, the patient must use the settlement or judgment amount to satisfy any patient account balances to the extent required or permitted under applicable law. All third-party benefits/monies payable to the Hospital under applicable law must be paid prior to being considered for Financial Assistance.
- f. **Professional (physician) Services:** Services of physicians such as anesthesiologists, radiologists, hospitalists, pathologists, etc. are not covered under this Financial Assistance Policy. Many physicians have Charity Care policies that allow patients to apply for free or discounted care. Patients should obtain information about a physician's Charity Care policy directly from their physician.

## B. Application Process

1. Each Sharp HealthCare Hospital shall make all reasonable efforts to obtain from the patient or his or her representative information about whether private or public health insurance may fully or partially cover the charges for care rendered by the Hospital to a patient. A patient who indicates at any time the financial inability to pay a bill for Hospital Services shall be evaluated for Financial Assistance. In order to qualify as an Uninsured Patient, the patient or the patient's guarantor must verify that he or she is not aware of any right to insurance or government program benefits that would cover or discount the bill. All patients should be encouraged to investigate their potential eligibility for government program assistance if they have not already done so.
2. Patients who wish to apply for Financial Assistance shall use the Sharp HealthCare standardized application form, the "Application for Financial Assistance".
3. Patients may request assistance with completing the Application for Financial Assistance in person at the Sharp HealthCare Hospitals listed on Attachment G, over the phone at (858) 499-2400, through the mail, or via the Sharp HealthCare website ([www.Sharp.com/billing/financial-assistance.cfm](http://www.Sharp.com/billing/financial-assistance.cfm)).
4. Patients should mail Applications for Financial Assistance to Sharp HealthCare, 8695 Spectrum Center Blvd., San Diego, CA 92123, Attn: Charity Care Application.
5. Patients should complete the Application for Financial Assistance as soon as possible after receiving Hospital Services.


## C. Financial Assistance Determination

1. The Hospital will consider each Application for Financial Assistance and grant Financial Assistance when the patient meets the eligibility criteria set forth in Section A.
2. Patients also may apply for governmental program assistance, which may be prudent if the particular

patient requires ongoing services.

- a. The Hospital may assist patients in determining if they are eligible for any governmental or other assistance or if a patient is eligible to enroll with plans in the California Health Benefit Exchange (i.e., Covered California).
  - b. If a patient applies, or has a pending application for another health coverage program at the same time that he or she applies for Financial Assistance, the application for coverage under another health coverage program shall pend the patient's eligibility for Financial Assistance until a determination of other coverage is made.
3. Once a Full/Partial Charity Care determination has been made, a "Determination Letter" will be sent to each applicant advising them of the Hospital's decision (Attachment D).
  4. Patients are presumed to be eligible for Financial Assistance for a period of 90-days after the Hospital issues the Notification Form to the patient. After 90 days, patients must re-apply for Financial Assistance.
  5. If the Financial Assistance determination creates a credit balance in favor of a patient, the refund of the credit balance shall include interest on the amount of the overpayment from the Date of the patient's payment at the statutory rate (10% per annum) pursuant to California Health and Safety Code section 127440, provided that Hospitals are not required to refund a credit balance that is, together with interest, less than five dollars (\$5).

#### D. Disputes

A patient may appeal any decision by the Sharp HealthCare Hospital to deny Financial Assistance by notifying the individual responsible for finance at the Hospital, or his or her designee, of the basis of the dispute and the desired relief within thirty (30) days of the patient receiving notice of the circumstances giving rise to the dispute. Patients may submit the dispute orally or in writing. The individual responsible for finance at the Hospital, or designee, shall review the patient's dispute as soon as possible and inform the patient of any decision in writing. Disputes are also accepted via telephone at (858) 499-2400. 

#### E. AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION

##### 1. Languages:




This Policy shall be available in the Primary Language(s) of Hospital's Service Area. In addition, all notices/communications provided in this section shall be available in the Primary Language(s) of Hospital's Service Area during regular business hours (Mon – Fri, 8am to 5pm) and in a manner consistent with all applicable federal and state laws and regulations.

##### 2. Information Provided to Patients During the Provision of Hospital Services:

- a. **Preadmission or Registration:** During regular business hours (Mon-Fri, 8am to 5pm) at preadmission or registration (or as soon thereafter as practicable) Hospitals shall make available to patients a copy of a Plain Language Summary (Attachment E) of the Financial Assistance Policy that also contains information regarding their right to request an estimate of their financial responsibility for services.
- b. **Financial Assistance Counselors:** Patients who may be Uninsured Patients shall be assigned Financial Assistance Counselors who shall attempt to visit with the patients in person at the Hospital. Financial Assistance Counselors shall give such patients assistance with securing government funding. If the patient does not qualify for any government programs, a Financial

Assistance Counselor may assist with information regarding the Financial Assistance process and Hospital personnel who can provide additional information about this Financial Assistance Policy and assist with the application process.

**3. Information Provided to Patients at Other Times:**

- a. **Contact Information:** Patients may call (858) 499-2400,    or contact the Hospital department listed on Attachment G to obtain additional information about Financial Assistance and assistance with the application process.
- b. **Billing Statements:** Hospitals shall bill patients in accordance with the Sharp HealthCare Billing, Collections and Bad Debt Review Policy 15801.99. Billing statements to patients shall include a Patient Information Notice (Attachment F), a conspicuous written notice that notifies and informs recipients about the availability of Financial Assistance under the Hospital's Financial Assistance Policy that includes a telephone number of the Hospital office or department for patients to call with questions about the Financial Assistance Policy and Financial Assistance application process, and the website address where patients can obtain additional information about Financial Assistance, including copies of the Financial Assistance Policy, a Plain Language Summary of Financial Assistance Policy, and the Application for Financial Assistance (Attachment B).
- c. **Upon Request:** Hospitals shall provide patients with paper copies of the Financial Assistance Policy, the Application for Financial Assistance, and the Plain Language Summary of the Financial Assistance Policy upon request and without charge.

**4. Publicity of Financial Assistance Information:**

- a. **Public posting:** Hospitals shall post copies of the Financial Assistance Policy, the application for Financial Assistance, and the Plain Language Summary of the Financial Assistance Policy in a prominent location in the emergency room, admissions area, and any other location in the Hospital where there is a high volume of patient traffic, including, but not limited to, the waiting rooms, billing offices, and Hospital outpatient service settings. These public notices shall include information about the right to request an estimate of financial responsibility for Hospital Services.
- b. **Website:** The Financial Assistance Policy, Application for Financial Assistance and Plain Language Summary shall be available in a prominent place on the Sharp HealthCare website ([www.sharp.com/billing/financial-assistance.cfm](http://www.sharp.com/billing/financial-assistance.cfm)). Persons seeking information about Financial Assistance shall not be required to create an account or provide any personal information before receiving information about Financial Assistance.
- c. **Mail:** Patients may request that a copy of the Financial Assistance Policy, application for Financial Assistance and Plain Language Summary be sent by mail, at no cost to the Patient.
- d. **Advertisements/Press Releases:** As necessary, and at least on an annual basis, Sharp HealthCare will place an advertisement regarding the availability of Financial Assistance at Hospitals in the communities served by Sharp HealthCare. Sharp HealthCare will issue a Press Release containing this information, or use other means that Sharp HealthCare concludes will widely publicize the availability of this Financial Assistance Policy to affected patients in our communities.
- e. **Community Awareness:** Sharp HealthCare will work with affiliated organizations, physicians, community clinics and other health care providers to notify members of the community

(especially those who are most likely to require Financial Assistance) about the availability of Financial Assistance.

## F. Miscellaneous

### 1. **Recordkeeping:**

Records relating to Financial Assistance must be readily accessible. Each Hospital shall maintain information regarding the number of Uninsured Patients who have received services from the Hospital, the number of Financial Assistance applications completed, the number approved, the estimated dollar value of the benefits provided, the number of applications denied, and the reasons for denial. In addition, notes relating to a patient's approval or denial for Financial Assistance should be entered into the patient's account, as well as a copy of the Application for Financial Assistance and supporting documents scanned and filed according to the patient's visits related to the application.

### 2. **Payment Plans:**

Patients may be eligible for a payment plan. Payment plans shall be offered and negotiated per the Sharp HealthCare Hospital Billing, Collections and Bad Debt review Policy #15801 and/or Payment Arrangements – Establishing Budget Plans 15800.99.

### 3. **Billing and Collections:**

Hospitals may employ reasonable collection efforts to obtain payment from Patients. Information obtained during the application process for Financial Assistance may not be used in the collection process, either by Hospital or by any collection agency engaged by Hospital. The actions the Hospitals may take in the event of nonpayment are described in the Hospitals' separate Billing, Collections and Bad Debt Review Policy. General collection activities may include issuing patient statements, automated phone calls, and referrals of statements have been sent to the patient or guarantor. Copies of the Hospital Billing, Collections and Bad Debt Review Policy may be obtained without charge on the [www.Sharp.com/patient/billing/financial-assistance.cfm](http://www.Sharp.com/patient/billing/financial-assistance.cfm) website or by calling (858) 499-2400 or within the Hospital Patient Registration, Patient Financial Services offices and the Emergency Department (locations in Attachment G).

### 4. **Submission to OSHPD:**

Sharp HealthCare Hospitals will submit Financial Assistance policies to the Office of Statewide Planning and Healthcare Development (OSHPD). Policies can be located on the OSHPD website located here: <https://syfphr.oshpd.ca.gov/>

### 5. **Amounts Generally Billed:**

In accordance with Internal Revenue Code Section 1.501(r), Sharp HealthCare adopts Medicare methodology for amounts generally billed. Following a determination that a patient is eligible for Financial Assistance, the patient may not be charged more than this amount for emergency or medically necessary care after all reimbursements from third-party payers, if any, have been applied.

### 6. **Charges for non-covered services:**

Charges for non-covered services provided to patients eligible for Medi-Cal or other indigent care programs (including charges for days exceeding a length of stay limit) can be included, if the patient meets the hospital Charity Care criteria.

### 7. **Post Bad Debt Charity Determination:**

Until such time that Hospital has exhausted all means of collections, services may be reviewed and considered for charity.



**VI. REFERENCES:**

- A. Internal Revenue Code Section 501(r)
- B. 26 Code of Federal Regulations 1.501(r)-1.501(r)-7
- C. California Health and Safety Code sections 127400 – 127446

**VII. ORIGINATOR:**

Patient Financial Services

**VIII. LEGAL REFERENCES:**

- A. Emergency Medical Treatment and Active Labor Act (EMTALA), 64 Fed Reg 18434 (April 7, 2000), AB 774 (January 1, 2007) AB 774 (January 1, 2014), Health & Safety Code 127400(g-i), 127405, AB 1503(2010)& SB 1276 (January 1, 2015), 501 (r) 2016

**IX. ACCREDITATION:**

None

**X. CROSS REFERENCES:**

- A. Policy 35033 Transfer: Emergency Treatment and Transfer (COBRA-EMTALA)
- B. Policy 15603.99 Discounts
- C. Policy 15800.99 Payment Plans- Establishing Budget Plans
- D. Policy 15801 Billing, Collections and Bad Debt Review

**XI. APPROVALS:**

- A. PFS Policy and Procedure Committee - 12/94; 2/95; 5/98; 12/03; 03/04; 10/04; 11/05; 02/06; 03/06; 01/07; 07/07; 08/07; 04/08; 06/08; 02/11; 12/12; 03/13; 02/14; 04/14; 12/14; 03/15; 09/16; 01/17; 04/18
- B. System Policy & Procedure Steering Committee – 04/04/96
- C. Legal Affairs Department - 12/03; 03/04; 03/13; 08/16
- D. Sharp Finance Department – 06/16

**XII. REPLACES:**

PFS Dept. P&P originally dated 12/94

**XIII. HISTORY:**

System #15602.99; Originally Dated 3/96;  
Reviewed/Revised: 03/99; 06/01; 12/03-Revised & Removed CCD's; 03/04; 10/04-Updated Attachment; 11/05; 02/06; 01/07; 07/07; 08/07; 05/08; 06/08 - Updated Attachments; 02/11; 07/12-Updated Attachments; 03/13; 02/14 – Updated Attachments; 04/14; 12/14; 03/15; 03/16; 06/16; 09/16- 501 (R) Updates; 01/17 Financial Assistance Application Updated with New Federal Poverty Level; 4/18 Financial Assistance Calculator Updated with New Federal Poverty Level; 2/19 Financial Assistance Calculator & Financial Assistance

Application Updated with New Federal Poverty Levels; 7/19 Updated Provider/Physician Emergency Room Contact

## A. Attachments

### Attachments

- A: Provider/Physician Emergency Room Contacts
- B: Financial Assistance Application ENG
- C: Financial Assistance Calculations Worksheet
- D: Charity Letters – Denied, Full, Partial
- E: Important Billing Information for Patients Financial Assistance Plain Language Summary
- F: Patient Informational Notice
- G: Sharp HealthCare Hospitals Physical and Website Addresses and Community Assistance Locations
- H: Hospital Financial Assistance Notification

### Approval Signatures

Step Description	Approver	Date
Administrator	Karen Whitten: POLICY & PROCEDURE COORD	7/9/2019
	Sasha Renning: TRAINING COORD-REVENUE CYCLE	7/8/2019

### Applicability

Chula Vista, Coronado, Grossmont, Mary Birch, McDonald Center, Memorial, Mesa Vista, Sharp HealthCare