

Administrative Policy Manual District Operations

ISSUE DATE: 09/96

SUBJECT: CHARITY CARE, UNCOMPENSATED CARE, COMMUNITY SERVICE.

REVISION DATE: 8/97, 5/99, 8/04, 4/06, 2/07, 1/10, 10/10, 9/13, 6/14, 08/15

POLICY NUMBER: 8610-285

Administrative Policies & Procedures Committee Approval:

02/15

Finance and Operations Committee Approval

08/15

Board of Directors Approval:

08/15

A. PURPOSE:

1. The Hospital desires to have a clear, well-communicated and documented financial assistance policy consistent with its mission and values, and in compliance with government accounting standards, Federal and State regulations
2. California acute care Hospitals must comply with Health & Safety Code Section 127400 et. seq. hereinafter referred to as the California Fair Pricing Law, including requirements for written policies providing discounts and charity care to financially-qualified patients. This policy is intended to exceed the legal requirements detailed in the California Fair Pricing Law.

B. POLICY

1. As a benefit to the community, it is the policy of the Hospital to provide free, or partially free, health care services to community members who have demonstrated that they are either financially or medically indigent. The Hospital gives consideration to eligible patients residing within its community and to patients, whether or not they have insurance and regardless of income level, if there are exceptional circumstances.
2. Patients will be treated fairly and respectfully regardless of their ability to pay. The Hospital does not discriminate against any person on the grounds of race, creed, color, national origin, sexual; orientation or on the basis of disability or age.
3. Business Office staff will provide interested patients with financial counseling including assistance applying for local, state and federal health programs. Uninsured and underinsured patients will be informed of and assisted in applying for charity/discounted care.
4. Any patient, or legal representative of the patient, seeking financial assistance, shall provide information concerning health benefit coverage, financial status and other pertinent
 - a. documentation that is necessary to make a determination regarding the patient's status relative to the hospital's charity care policy, discounted payment policy, or eligibility for local, state or federal programs. All information provided by, or for, the patient will be confidential and the dignity of the patient will be maintained during this process.
5. The Hospital and/or outside agents working on behalf of the Hospital, shall not use wage
 - a. garnishments or a lien on the patient's primary residence, if the patient or the patient's legal representative, are communicating and cooperating with the Hospital and it has been determined that the patient is eligible for charity care or discounted care.
6. An emergency physician, as defined in Section 127450 of California Health & Safety code Chapter 2.5 of Division 107, who provides emergency medical services in a hospital that provides emergency care, is also required by law to provide discounts to uninsured patients or patients
7. With high medical costs who are at or below 350 percent of the federal poverty level. This statement shall not be construed to impose any additional responsibilities upon the hospital

C. DEFINITIONS AND ELIGIBILITY

1. Charity – Health services for which the Hospital policies determine the patient is unable to pay. Charity care results from the Hospital’s policy to provide health care services free of charge, or in circumstances where the patient has insurance, the self-pay balance free of charge to individuals who meet the hospital’s charity criteria. Charity care is measured on the basis of revenue forgone, at full established rates. Charity care does not include contractual write-offs
 - a. Catastrophic Charity Care - 100% write-off of the patient’s liability for a patient with High Medical Cost.
 - b. Full Charity Care – 100% write-off of the patient’s undiscounted responsibility.
 - c. Partial Charity Care – Partial write-off of the patient’s undiscounted responsibility.
 - d. Special Circumstance Charity Care – Patients who do not meet other charity criteria or who are unable to follow specified hospital procedures to receive a full or partial charity care write-off of charges.
 - e. The following is a non-exhaustive list of some situations that may qualify for special circumstance charity care:
 - i. Bankruptcy – patients who are in bankruptcy for self-pay balances
 - ii. Homeless patients – reasonable efforts have been made to locate and contact the patient and such efforts have been unsuccessful
 - iii. Deceased patients without an estate
 - iv. MediCal/Medicaid denials – patients who qualify for MediCal/Medicaid are also
 - a) presumed to qualify for full charity care. This includes patient’s whose
 - b) MediCal/Medicaid coverage is limited or restricted. This does not include Share of Cost (SOC) amounts. SOC amounts must be paid by the patient before the patient is eligible for MediCal/Medicaid.
2. Federal Poverty Level (FPL) – Poverty guidelines, updated periodically in the Federal Register by the United States Department of Health and Human Services under the authority of subsection (2) of Section 9902 of Title 42 of the United States Code
3. High Medical Cost – An insured patient with high medical costs (coinsurance, deductible, and/or
 - a. reached a lifetime limit, non-covered relating to services not medically necessary) High medical costs means:
 - b. Annual out-of-pocket costs incurred by the patient, at the Hospital, that exceed 10 percent of the patient’s family income in the prior 12 months
 - c. Annual out-of-pocket medical expenses by the patient that exceed 10 percent of the patient’s family income, if the patient provides documentation of the patient’s medical expenses paid by the patient or the patient’s family in the prior 12 months
4. Patient’s Family and Determination of Family Income – For persons 18 years of age and older: Spouse, domestic partner, and dependent children under 21 years of age, whether living at home or not. For persons under 18 years of age: parent, caretaker relatives and other children under 21 years of age of the parent or caretaker relative. Documentation of family income shall be limited to recent pay stubs and tax returns. The patient’s assets or the assets of the patient’s family may not be considered.
5. Reasonable payment formula - monthly payments that are not more than 10 percent of a patient’s family income for a month, excluding deductions for essential living expenses. “Essential living expenses” means expenses for all of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses including insurance, gas and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

D. PROCEDURES:

1. Any uninsured patient who indicates an inability to pay will be screened for charity care. Additionally, at the discretion of the Hospital, any insured patient who indicates an inability to pay their liability, after their insurance has paid, will be screened for charity care. Charity care will be granted based upon the following suggested income levels.

i.	<u>Income Level</u>	<u>Discount Amount</u>
ii.	Up to 350% of FPL	100% Discount
iii.	351% to 500% FPL	75% Discount
iv.	Over 500% of FPL, Discounts	Case by Case
v.	High Medical Cost	100% Discount
vi.	Special Circumstance Discounts	Case by Case

- b. All patients who are registering without insurance will be registered as a self-pay or
- c. MediCal/Medicaid-pending patient, and a MediCal/Medicaid application should be taken. Elective patients who have a large deductible and/or coinsurance obligation will meet with a financial counselor and complete the Confidential Patient Financial Statement (CPFS) (Attachment A). If the patient does not qualify for charity or MediCal/Medicaid, payment will be required in advance of the service. If a charity determination is made and partial payment is required, payment is due in advance of the service unless other arrangements are pre-arranged with the Hospital financial counselor. Charity determinations over \$25,000 require the approval of the Chief Financial Officer or his/her designee.
- d. All patients with a self -pay balance of \$25 or less and an age of greater than 120 days will be written off to charity.
2. Application- Except in those instances where the Hospital has determined that minimal application and documentation requirements apply, in order to qualify for charity care, a CPFS should be completed
 - a. Family Members – Patient will be required to provide the number of family members in their household (See 3.4)
 - b. Income Calculation – Patient will be required to provide their household’s yearly gross
 - 1) income. Adult patient’s yearly income on the CPFS means the sum of the total yearly gross income of the patient and the patient’s spouse or domestic partner. Minor patient’s yearly income on the CPFS means income from the patient, the patient’s mother and/or father and/or domestic partner and/or legal guardian.
 - c. Income verification – Patients will be required to verify the income set forth in the CPFS. Income documentation will include IRS Form W-2, wage and earnings statement, paycheck stub, tax returns, telephone verification by employer of the patient’s income, bank statements, or other appropriate indicators of income. Current participation in a Public Benefit Program including Supplemental Security Income (SSI), Social Security Disability, Unemployment Insurance Benefits, Medicaid, County Indigent, Food Stamps, WIC or other similar indigence related programs can be used to verify indigence.
 - d. Documentation Unavailable – Where the patient is unable to provide documentation verifying income, the following procedures shall be followed:
 - i. Expired patients: Expired patients may be deemed to have no income.
 - ii. Written Attestation: Patient can sign the CPFS attesting to the accuracy of the income information provided
 - iii. Verbal Attestation: The Hospital financial counselor may provide written attestation that the patient verbally verified the

income calculation. Some attempt should be made to document the patient's yearly income before taking a verbal attestation.

3. Patients unwilling to disclose any financial information as requested by the Hospital financial counselor. The patient will be advised that unless they comply and provide the information, no further consideration for charity care processing will be made and standard Accounts Receivable follow-up will ensue
4. Extended Payment Plans, without interest charges, will be made available and negotiated between the Hospital and the patient to allow the patient who is eligible for partial charity to pay over an extended period of time. If the Hospital and the patient cannot agree to a payment plan, the hospital will use the "reasonable payment plan" formula to determine the payment plan.
5. California Health Benefit Exchange – The Hospital will obtain information as to whether the patient may be eligible for the California Health Benefit Exchange. Information will be provided to a patient that has not shown proof of third party coverage, a statement that the patient may be eligible for coverage through the California Health Benefit Exchange or other State- or county-funded health coverage program.
6. If the patient applies, or has a pending application, for another health coverage program concurrent with an application for charity care or a discounted payment program, neither the charity care, discounted payment program, or health care coverage program applications preclude eligibility for the other program.
7. All internal and external collection activity will be based on the written procedures contained herein. The Hospital will maintain a written agreement from any external agency that collects debt that the external agency will adhere by the Hospital's standards and practices. Specifically, the external collection agency will comply with the definition and application of the Hospital's reasonable payment plan, defined herein.

E. NOTICE:

1. Timeframe - There is no rigid limit on the time when the charity determination will be made. In some cases, a patient eligible for charity care may not be identified prior to the initiation of external collection action. The Hospital's collection agencies shall be made aware of this procedure so that the agency knows to refer back to the Hospital patient accounts that may be eligible for charity care.
2. Once a full or partial charity determination has been made, a written notification will be sent to the applicant advising them of the Hospital's decision.

F. COMMUNICATION:

1. Information provided to patient – During registration, or as soon thereafter as practicable, the Hospital shall provide:
 - a. All uninsured patients with written information regarding the Hospital's charity care policies and the appropriate contact information for the patient to obtain further information about these policies. The Hospital will provide the patient with a referral to a local consumer assistance center.
 - b. At the request of the patient, the Charity application will be provided.
 - c. Patient statements to patients who have not provided proof of third-party coverage will include information about charity care, the California Health Benefit Exchange and other State- or county-funded health coverage, as well as Medicare, Medi-Cal, Healthy Families and California Children's Services. The patient statement will indicate how the patient may obtain applications for coverage through the California Health Benefit Exchange and other State- or county funded health coverage programs, and the Hospital will provide these applications. Further, this information will have standard language informing patients that they may request financial screening to determine eligibility for charity care. Finally, to the extent possible, these communications will be in the primary language of the patient

- d. The patient statement will include information on the availability of charity care and discounted payments from the emergency room physicians.. The statement will include contact information for the emergency room physician who treated the patient.
2. Postings and Other Notices – Information about charity care shall also be provided by posting notices in a visible manner in the admitting and registration locations.

G. **REFERENCE**

1. California Health and Safety Code, Section 127400, et. seq