

PATIENT FINANCIAL ASSISTANCE

I. REFERENCES:

1. California Bill AB 774
2. California Bill AB 350
3. California Bill SB 1276
4. Health and Safety Code section 127400 and 127410
5. 2013 HSS Federal Poverty Guidelines
6. Covered California Application: www.CoveredCA.com
7. Medi-cal Application Process: www.dhss.cal.gov/mcs/medi-calhome
8. Medicare Eligibility: www.medicare.gov

II. POLICY:

The policy applies to all patients provided care at Langley Porter Psychiatric Hospital and Clinics who are uninsured patients.

- The policy does not include routine waiver of deductibles, co-payments and/or co-insurance imposed by insurance companies or separately-billed physician services.
- The policy will not apply if the patient/responsible party provides false information about financial eligibility or if the patient/responsible party fails to make every reasonable effort to apply for and receive government-sponsored insurance benefits for which they may be eligible.
- Approved supporting documentation may include copies of pay stubs, benefit letters from Social Security or State Medi-cal, Covered California, past tax returns, and receipts or proof of payment for essential living expenses. Determinations of Financial Need Discounts are valid for the calendar year in which they were approved unless the individual becomes eligible for third party coverage of State or Federal Aid.
- Family determination is as follows:
 - Persons 18 years of age and older, spouse, domestic partner, as defined in Section 297 of Family Code, whether living at home or not.
 - Persons under 18 years, parent, caretaker relatives and other children under 21 years of age.
- "High Cost patient" will be defined as:
 - A patient who is not self-pay (has third party coverage)
 - Family income at or below 350% of the Federal Poverty Level
 - Out-of-pocket medical expenses in prior 12 months (whether incurred in or out of any hospital) exceeds 10% of family income

II. PROCEDURES

- Inpatient Services:** Individuals seeking services from our Inpatient Unit who are designated Self Pay will receive an automatic 30% discount of standard fees. Uninsured persons with income between 350% and 200% of the Federal Poverty Guidelines will be provided the Medicare prevailing rate for all facility-based and

professional services. Uninsured patients will be asked to complete a self-reporting Financial Need form, provide a copy of page 1 and 2 from the most current Federal Tax return and supporting documentation that the individual is not eligible for state or federal aid coverage or Covered CA benefits.

Applications received will be processed within 5 business days of receipt and may be retroactively applied to all outstanding balances not exceeding 151 days from date of service. In some instances patients may be required to meet with a financial counselor before final determination. Once approved, the financial need discount will apply to services received within the same calendar year.

- ❑ **Partial Hospitalization Program:** Individuals seeking services from our PHP program who are designated Self Pay will receive an automatic 30% discount of standard fees. Uninsured persons with income between 350% and 200% of the Federal Poverty Guidelines will be provided a discount up to the Medicare prevailing rate for PHP services. Uninsured patients will be asked to complete a self-reporting Financial Need form, provide a copy of page 1 and 2 from the most current Federal Tax return and supporting documentation that the individual is not eligible for state or federal aid coverage or Covered CA benefits. Applications received will be processed within 5 business days of receipt and may be retroactively applied to all outstanding balances. In some instances patients may be required to meet with a financial counselor before final determination. Once approved, the financial need discount will apply to services received within the same calendar year.
- ❑ **Outpatient Services:** Individuals seeking services from our Outpatient Clinics who are designated Self Pay will receive an automatic 40% discount of standard fees. Uninsured persons with income between 350% and 200% of the Federal Poverty Guidelines will be provided the Medicare prevailing rate for all facility-based and professional services. Uninsured patients will be asked to complete a self-reporting Financial Need form, provide a copy of page 1 and 2 from the most current Federal Tax return and supporting documentation that the individual is not eligible for state or federal aid coverage or benefits. Applications received will be processed within 5 business days of receipt and may be retroactively applied to all outstanding balances not exceeding 151 days from date of service within the current calendar period. In some instances patients may be required to meet with a financial counselor before final determination. Once approved, the financial need discount will apply to services received within the same calendar year.
- ❑ **Charity Care:** Some patients may qualify for additional discounts under our Charity Care policy. Charity Care may reduce Medicare prevailing rates by 50% to 100% based on Income. Qualification for Charity Care discounts will be evaluated based on the completion of the self-reporting income Financial Need form, with a copy of page 1 and 2 from the most current Federal Tax return and supporting documentation that the individual is not eligible for state or federal aid coverage or Covered CA benefits. Applications received will be processed within 5 business days of receipt and may be retroactively applied to all outstanding balances not exceeding 151 days from date of service within the current calendar period. In some instances patients may be required to meet with a financial counselor before final determination. Once approved, the charity discount will apply to services received within the same calendar year.

Federal Poverty Level	Discount % of Medicare Rate
300%	25%
250%	50%
200%	75%
199% or lower	Free

- ❑ **Collection practices and bad debt:** LPPH&C will undertake reasonable collection efforts to collect amounts due from patients. Patients will receive monthly billing statements

identifying amounts due. These efforts will include assistance with application for our discount program, as well as providing information about Credit Counseling organizations and offers of no-interest payment plans. Payment plans may be voided if terms are not met consecutively for 90 days, at which time LPPH&C will attempt to contact patient by phone and mail to renegotiate. In the event, an account does go to collections, no interest will be charged to the patient nor will any adverse reports be forwarded to consumer credit companies or civil action undertaken for non payments.

Based on the financial information provided by the patient, LPPH&C will see that a reasonable payment plan is created. This plan will collect no more than 10% of the patient's monthly income after excluding deductions for essential living expenses. Essential living expenses includes expenses for any 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

Eligibility Procedures:

If the patient does not indicate coverage by a third-party payer, or requests a discounted price or charity care, the patient will be provided with an application for the Medi-Cal program, Medicare program, Healthy Families Program, California Children's Services, coverage offered through the California Health Benefits Exchange, or other state or county funded health coverage. The patient also shall be provided with a referral to a local consumer assistance center housed at legal services offices:

<http://healthconsumer.org/indez.php?id=partners>

Telephone: 1-888-804-3536

If a patient applies or has an application pending for another health coverage program at the same time that they apply for charity or discounted care, then neither application shall preclude eligibility for another program.

- **Denial of Charity Care or Discount:** Patients who are denied charity care or discounts may appeal the decision to the Director of Patient Care Services by calling 415 476-7874. Determination of appeals must be made within 30 days of initial denial.