

TRINITY HOSPITAL

BUSINESS SERVICES

Title: Uncompensated and Discount Care, Business Services

Uncompensated and Discount Care, Business Services

Policy Statement

Mountain Communities Healthcare District (MCHD) is committed to providing uncompensated care and discount payment plans to persons who are unable to pay for medically necessary care. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are unable to pay, MCHD strives to ensure that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving medically necessary care.

It is expected that patients will cooperate with MCHD procedures for obtaining financial assistance and, if possible, contribute to the cost of their care.

Individuals eligible to apply through government-sponsored health programs or those with the financial capacity to purchase private health insurance shall be encouraged to do so. An application for Medi-Cal must be provided to all private pay hospital inpatients and outpatients prior to discharge.

In order to manage its resources responsibly, the Board of Directors of MCHD establishes the following standards for the provision of uncompensated care services and discount payments.

Policy Interpretation and Implementation

DEFINITIONS:

For the purpose of this policy, the terms below are defined as follows:

Full Charity Care: Free care, where the patient is not expected to pay anything for services rendered or a nominal amount.

Household Size: For most families, this means yourself plus the number of people that you claim as dependents on your income tax return. This may include children, parents, or other relatives who qualify as dependents on your tax return. Children of divorced parents are counted as the family of the parent who claims them as a dependent (even if the other parent has to pay for the child's health insurance). Do not include children who earn enough to support themselves, and so are no longer eligible as dependents, even if they still live at home.

Partial Charity Care: The hospital has determined that the patient does not qualify for free care but is eligible for a discount and is expected to only pay part of the bill.

Reasonable Payment Plan: A payment plan that must be offered to all patients meeting the eligibility requirements in situations where an agreement cannot be reached regarding a payment plan during the negotiation process between the hospital and patient. This payment plan will require that monthly payments do not exceed 10 percent of a patient's family income for a month, excluding deductions for essential living expenses.

For a listing of approved definitions for spouse, marriage, family or relative reference the District Wide Policy titled "Approved Definitions Based on the Critical Access Hospital Conditions of Participation".

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Uncompensated Care: Healthcare services that have or will be provided but are never expected to result in cash inflows. Uncompensated care results from a provider policy to provide healthcare services free or at a discounted rate to individuals who meet the established criteria.

Underinsured: The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

Uninsured: The patient has no level of insurance or third-party assistance to assist with meeting his/her payment obligations.

Standard

Services Eligible Under this Policy: For the purposes of the policy, “Uncompensated Care” refers to healthcare services provided without charge or at a discount to qualifying patients.

1. Medically necessary services will be evaluated on a case by case basis at MCHD’s discretion.
2. Preventive services.
3. MCHD contracts their emergency room physicians. A phone number of a contact person will be included in the patient notification of MCHD’s charity policy.

Eligibility for Uncompensated Care: Eligibility for Uncompensated Care will be considered for those individuals who are uninsured, underinsured, ineligible for any public assistance, who are at or below 200% of the current Federal Poverty Guidelines, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The financial assistance limitation of 200% was chosen based on Health Resources and Administration (HRSA) program limitations. The granting of Uncompensated care shall be based on an individualized determination of financial need and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

The granting of uncompensated care shall be the responsibility of the Financial Counselor. Appeals of denial shall be forwarded to the Manager of Business Services for final determination.

Determination of Financial Need:

Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may

1. Include an application process, in which the patient or the patient’s guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need. Documentation may include check stubs, submitted IRS tax forms and/or check stubs. Only monetary assets will be included in the calculation when determining eligibility.
2. Include reasonable efforts by Mountain Communities Healthcare District to help patients explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients in applying for such programs;
3. In the event that an agreement cannot be reached on a payment amount, a “Reasonable Payment Plan” will be entered into as defined above.

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It is preferred but not required that a request for uncompensated care/discount and a determination of financial need occur prior to rendering of services. The need for payment assistance shall be re-evaluated every twelve (12) months, or at any time additional information relevant to the eligibility of the patient becomes known.

Mountain Communities Healthcare District values of human dignity shall be reflected in the application process, financial need determination and granting of Uncompensated care or discounts.

Requests for Uncompensated care shall be processed promptly and Mountain Communities Healthcare District shall notify the patient or applicant in writing within thirty (30) days of receipt of a completed application.

Patient Uncompensated care Guidelines: Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Guidelines in effect at the time of the determination.

Communication of the Uncompensated care/Discount Programs and Uninsured Patient Notification: Notification about Mountain Communities Healthcare District's Uncompensated care/discount programs, which shall include a contact phone number, shall be posted in the hospital and clinic waiting rooms and shall be sent with statements to all patients who have not provided proof of third party coverage. The notification will be posted on MCHD's website.

The statement insert shall advise the patient that he or she may be eligible for coverage offered through 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 statement must also indicate how patients may obtain applications for coverage offered through the California Health Benefit Exchange and other state- or county-funded health coverage programs, and that the hospital will provide these applications.

MCHD contracts with emergency room physicians. A statement with the insert will include contact information for the physician group. An email will be sent notifying the physician group of Emergency Physician Fair Pricing Policies Law.

The statement insert will also provide a referral number to a local consumer assistance center housed at legal services offices. Such information shall be provided in the primary language spoken by the population serviced by Mountain Communities Healthcare District.

Program Application Availability: An application for the Medi-Cal program, the Healthy Families Program, or other state- or county-funded health coverage programs must be made available if the patient does not indicate coverage by a third-party payer or requests a discounted price or uncompensated care assistance. An application is required to be provided to the patients without third party insurance prior to discharge if the patient has been admitted, or to patients receiving emergency or outpatient care.

Collection Agency Agreement: If using an affiliate, subsidiary or external collection agency to collect debt, the hospital must have an agreement with that entity requiring them to comply with the hospital's definition and application of a reasonable payment plan. This agreement shall include an agreement that

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uninsured patients will not be reported to a consumer credit reporting agency within 150 days of the initial billing date.