



Charity Care/Discount Policy

(Effective for Discharges/Services Rendered on or after 1/1/07)

POLICY: Aurora Behavioral Health Care is committed to providing high quality services to the patients we serve. We also are aware that some of our patients are under considerable financial constraints with no or limited third party insurance coverage. This policy addresses the programs available to these patients with demonstrated financial hardship.

PROCEDURE:

- I. Determination of Eligibility for Charity/Discount Program
 - a. Methods to Qualify
 - i. Self Pay Patients-Uninsured
 1. Family income is below 350% of the federal poverty level.
 2. Income is demonstrated by review of the last filed income tax return (other forms of income demonstration may be acceptable in lieu of tax returns—if they do not exist or they are unavailable), the patient must make every reasonable effort to provide the facility with documentation of income.
 - ii. Insured Patients
 1. Family income is below 350% of the federal poverty level (see above), and,
 2. Has high medical costs (annual out of pocket expenses that exceed 10% of the patient's family income—both at our facilities in the past or with other healthcare expenses), and,
 3. Patient amount due is based on full hospital charges (individual does not receive a discounted rate from the hospital as a result of his or her third-party coverage).
 - iii. Disputes Determination
 1. Patient may file a dispute with the facility Business Office Manager for any rejected application for Charity/Discount Program. The BOM is to review and discuss the result of the dispute review with the Chief Financial Officer prior to notifying the patient of the result of the review. This review should be completed within 30 days of the filing of the dispute.
 - II. Charity/Discount Amount



- a. The limit of expected payment for services rendered to eligible patients is the greater of the amount of payment the hospital would receive for providing services from Medicare, Medi-Cal, Health Families, or any other government-sponsored health program of health benefits in which the hospital participates.
 - b. Each CFO is responsible for informing the BOM of the latest rates for the Charity/Discount program.
- III. Approval Process
- a. Patient fills out Charity Application form and attaches required documentation. Forwards documents to either the facility BOM or the CBO BOM.
 - b. The patients documents are reviewed and approved by the following managers for approval:
 - i. Facility BOM
 - ii. Facility CFO
 - iii. CBO BOM
 - iv. CBO CFO
 - c. Notification-a notation will be made on the patient's account that the patient has been approved for the Charity/Discount Plan. Also, the discounted rate will be notated and the billing department will be alerted to adjust the balance of the account at time of billing.
- IV. Miscellaneous Provisions
- a. Written Notifications (available in other languages if the population deems it-5% test)
 - i. At time of admission, a notice will be given to all patients that states the basic provisions of this policy (That it exists, how one becomes eligible for the plan, and with whom they can get further information.
 - ii. At time of billing for patients that have not provided proof of coverage, the following statements are to be made:
 1. A request that the patient inform the facility if the patient has health insurance coverage, Medicare, Healthy Families, Medi-Cal, or other coverage;
 2. If the patient does not have health insurance coverage, the patient may be eligible for Medicare, Health Families, Medi-Cal, CC, or charity care;
 3. Information on how a patient may obtain an application for Medi-Cal and Healthy Families and that the hospital will provide these documents;
 4. Information about the "financially qualified patient and charity care application" including:
 - a. A statement that indicates that if a patient lacks, or has inadequate insurance, and meets certain low-



and moderate-income requirements, the patient may qualify for discounted payment or charity care.

- b. The name and telephone number of a hospital employee or office from whom or which the patient may obtain information about the hospital's discount payment and charity care policies, and how to apply for that assistance.

b. Posted Notices

i. Must include the following:

1. Explanation that the hospital has policies available for self-pay and other financially qualified patients that may result in a reduction in the patient's liability;
2. Contact information for patients who would like additional information

ii. Posting Requirements

1. The Billing Office
2. The Admissions Office
3. Outpatient Settings

c. Extended Payment Plans will be made available to approved Charity/Discount patients

d. Discounts do not apply to Medi-Cal share of cost patients

e. Facility is to provide applications for Medi-Cal, Healthy Families, "or other governmental programs" to the patient who does not indicate coverage by any third-party and that the patient may be eligible for said coverage.