Title	Financial Assistance
Policy #	
Manual	
Original Date	1/1/2007
Revision Date	12/17/14
Approval Date	
Scope:	
Reference	

POLICY

Vibra Hospitals shall provide financial assistance to patients who either do not have health insurance or are underinsured, and may not be able to pay in full for their care based on their income, assets, and needs. Uninsured or underinsured patients will be treated fairly and with respect during and after their treatment. Patients with high medical costs may also be eligible for a discounted rate if they meet the eligibility requirements. The Hospital will provide financial counseling to all patients requiring financial assistance. This will include help in understanding and applying for local, state, and federal healthcare programs such as Medicare, Medicaid, State sponsored Benefit Exchanges, or other state funded health coverage. All patients requiring financial assistance will be offered discounted pricing for the services provided at rates comparable to Medicare. All patients will be offered reasonable payment plans and, subject to their acceptance of the offer, will be billed at discounted rates. Whenever possible, this will occur before the services are provided or patients leave the Hospital, as part of the financial counseling process. The Hospital will not pursue legal action for non-payment of bills against any patient who is unemployed and without other significant income or assets.

PURPOSE

The purpose of this policy is to define the eligibility criteria for Charity Care services and to provide administrative and accounting guidelines for the identification, classification and reporting of patient accounts as Charity Care.

Definition of Self-Pay Patients: A self-pay patient means a patient who does not have third-party coverage from a health insurer, health care service plan, Medicare, Medicaid, or state sponsored Benefit Exhchange, and whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the Hospital. Self-pay patients may include Charity Care patients.

Definition of Charity Care for Self-Pay Patients: A self-pay patient is eligible for Charity Care (free care) or a discount payment plan based upon meeting the income eligibility criteria established by the Hospital. Financial eligibility criteria is derived from the most recently published US Department of Health and Human Services Annual Update of the HHS Poverty Guidelines, also referred to as the Federal Poverty Level (FPL).

Definition of Discount Payment Plan for Patients with High Medical Costs: An insured patient is eligible for a discount plan based on meeting the income eligibility criteria and has high medical costs. The income eligibility criterion is defined as the patient's family income that is at or below 350% of the FPL. High medical costs are defined as whose family income does not exceed 350 percent of the Federal Poverty Level.

Definition of Patient's Family: (1) For persons 18 years of age or older, spouse, domestic partner, and dependent children under 21 year of age, whether living at home or not. (2) For persons under 18 years of age, parent, caretaker relatives, and other children under 21 years of age of the parent or caretaker relative.

Eligibility Criteria:

A. Charity Care and Discount Payment Plans Application (See Attachment A)

1. A low income self-pay patient or a low income insured patient who indicates the financial inability to pay a bill for a medically necessary service shall be evaluated for financial assistance.

2. The Financial Assistance Application (Attachment A) will be used to document each patient's overall financial situation.

    a. Last three (3) months of pay stubs are required for the purposes of documenting income and the tax return from the previous year.

    b. Copy of Medicaid determination letter.

    d. Income and monetary assets are taken into consideration however, monetary assets shall not include retirement or deferred compensation plans qualified under the Internal Revenue Code, or non-qualified deferred-compensation plans. Additionally, the first $10,000 of a patient's monetary assets shall not be counted in determining financial eligibility, nor shall 50% of patient's monetary assets over the first $10,000 be counted in determining eligibility.

    e. At the Hospital's discretion, an outside vendor may be used to assist the patient in obtaining third-party coverage from Medicare, Medicaid, and or state sponsored benefit exchanges.

3. Once a determination has been made a notification form will be sent to each applicant advising them of the Facility's decision and the reason for the denial if denied.

4. A patient may request an appeal of a denial of eligibility. These requests are directed to the Senior Vice President (SVP) of Financial Services at the Vibra Healthcare Business Office. The SVP will review the information submitted and/or request additional allowable documents to be submitted by the patient. A written decision regarding the appeal is provided by the SVP to the patient within 72 hours of the receipt of the request.

5. A patient's employment status may be taken into consideration when evaluating Charity Care status as well as potential payments from pending litigation, and third party liens related to the incident of care.

6. Interest free extended payment plans are also offered by the Hospital to assist patients with payment and are subject to negotiation with the patient. For California patients, the payment plan will not exceed 10% of the patients familial income for one month excluding deductions for "essential living expenses".

7. A deposit may be required from Self Pay patients prior to determination that a patient qualifies for Charity Care or discounted payment. The Hospital will refund to the patient any amount collected from a financially qualified patient in excess of the amount due under the Hospital's Charity Care or discounted payment policy.

8. If the Hospital bills a patient who has not provided proof of third party coverage, the Hospital shall provide the patient with a notice of the following:

    1. A statement of charges
    2. A request to inform the Hospital of coverage
    3. Notice of eligibility requirements for Medicaid etc.
    4. Instructions on how to obtain applications for Medicaid, other governmental programs; and will be given copies of above mentioned applications
    5. A copy of the Patient Financial Assessment Application (Attachment A), the Sliding Scale Discount chart (Attachment B), and the Review Process and Eligibility notice.

B. Charity Care and discount benefits:

1. Self-pay Patients
   The basic standard for full Charity Care write-off will be 100% of the most recent Federal Poverty Guidelines. Partial discount eligibility is determined per the Sliding Scale Discount (see Attachment B) which is based on the most recent Federal Poverty Guidelines. However, the total payment to the Hospital is based on the lesser of either the Hospital's sliding scale discount or the amount the federal healthcare programs (Medicare/Medicaid) would pay for the services delivered by the Hospital. The Hospital is limited to collecting no more than the maximum allowable reimbursement from a federal plan for services received by a financially qualified patient. Current Poverty level guidelines are as follows:

ANNUAL GUIDELINES 2015									
FAMILY PERCENT OF POVERTY GUIDELINE									
SIZE	**25%**	**50%**	**75%**	**81%**	**100%**	**133%**	**175%**	**200%**	**250%**
1	$2,918	5,835	8,753	9,453	11,670	15,521	20,423	23,340	29,175
2	$3,933	7,865	11,798	12,741	15,730	20,921	27,528	31,460	39,325
3	$4,948	9,895	14,843	16,030	19,790	26,321	34,633	39,580	49,475
4	$5,963	11,925	17,888	19,319	23,850	31,721	41,738	47,700	59,625
5	$6,978	13,955	20,933	22,607	27,910	37,120	48,843	55,820	69,775
6	$7,993	15,985	23,978	25,896	31,970	42,520	55,948	63,940	79,925
7	$9,008	18,015	27,023	29,184	36,030	47,920	63,053	72,060	90,075
8	$10,023	20,045	30,068	32,473	40,090	53,320	70,158	80,180	100,225

2. Insured Patients with High Medical Costs
   Out-of-pocket payment to the Hospital is discounted to the difference between the amount of payment available from the third party payer and the maximum rate allowable by a federal healthcare plan.

3. Hospital shall reimburse for any amount actually paid in excess of the amount due, including interest based upon rates set in Section 685.010 of the Code of Civil Procedures. Hospital is not required to reimburse amounts less than $5.00. Hospital shall give a credit for the amount due for at least 60 days from the date the amount is due.

C. Notice Prior to Commencing Collection Activities:

Every initial statement of charges mailed to patients will include the following plain language summary of the patient's rights pursuant to AB 774, the Rosenthal Fair Debt Collection Practices Act, and the federal Fair Debt Collection Practices Act. *"State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 a.m. or after 9:00 p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 877-FTC-HELP.*

For patients who have not provided proof of third-part coverage the initial statement of charges will also include language informing the patient that they may be eligible for coverage from Medicare, Medicaid, State Benefit Exchanges or other state funded insurance offered in their specific state they live in. The patients will be referred back to the Admissions department of the hospital they were seen at for assistance with obtaining these applications.

D. Collection Agency:

1. The Hospital will have a written agreement in place for all outside agencies that requires the agency to abide by the Hospital's standards for collection activities as defined in this policy. Hospital shall obtain a written agreement from each collection agency that collects Hospital receivables that it will adhere to the Hospital's standards and scopes of practices.

2. If a patient is attempting to qualify for eligibility under the Hospital's Charity Care or discount payment policy and is attempting in good faith to settle an outstanding bill with the Hospital by negotiating a reasonable payment plan or by making regular partial payments of a reasonable amount, the Hospital shall not send the unpaid bill to the collection agency.

3. If the patient fails to make all consecutive payments due during a 60-day period, the Hospital's payment plan may be declared no longer operative. However all reasonable attempts must be made to contact the patient by phone and, to give notice in writing, that the extended payment plan may become inoperative, and of the opportunity to renegotiate the payment plan. Hospital or Collection Agency may not report adverse information to a consumer credit reporting agency or commence a civil action for non-payment prior to the time that the extended payment plan is declared to be no longer operative.

4. If a collection agency identifies a patient meeting the Hospital's Charity Care eligibility criteria, their patient account may be considered Charity Care, even if it was originally classified as a bad debt. Collection agency patient accounts meeting Charity Care criteria will be returned to the Hospital billing office and reviewed for Charity Care eligibility. The collection agency will not, within 150 days of initial billing: report adverse information to a consumer credit reporting agency or commence a civil action against a patient who lacks coverage or provides information that he or she may be a patient with high medical costs. The collection agency will not use wage garnishments or liens on primary residences to collect an unpaid Hospital bill with respect to patients who are eligible under the Hospital's Charity Care or discount payment policies.

E. Time Requirements for Determination:

Eligibility is determined within one (1) week after all requested documentation is provided to the Business Office by the applicant.

F. Definition of Income:

Annual family earnings and cash benefits from all sources before taxes, less payments made for alimony and child support. Proof of earnings may be determined by annualizing year-to-date family income, giving consideration for current earning rates.

G. Application of Policy:

This policy does not create an obligation to pay for any charges or services not included in the bill at the time of service. This policy does not apply to services provided within the Hospital by physicians or other Medicaid providers.

H. Public Notice and Posting:

Public notice of the availability of assistance through this policy will be visible in locations where there is a high volume of inpatient or outpatient admitting/registration, such as admitting, registration, billing offices and outpatient service settings. Posted notices shall be in the primary language of the service area and in a manner consistent with all applicable federal and state laws and regulations. Posted notices shall contain a statement indicating that the Hospital has a financial assistance policy for low-income uninsured patients who may not be able to pay their bill and that this policy provides for full or partial Charity Care write-off. A contact phone number is included for the patient to call to obtain more information about the policy and how to apply for assistance in the posted notice.

I. Written Notice to Patients

Patients will be provided written information about the availability of the Hospital's discount payment and Charity Care policy, including information about eligibility and contact information to obtain further information regarding the policy. This notice will be included in the admission paperwork for both Hospital and outpatient admissions.

ATTACHMENT A

PATIENT FINANCIAL ASSESSMENT STATEMENT

RESPONSIBLE PARTY NAME: LAST	FIRST	MIDDLE
PATIENT NAME IF OTHER THAN RESPONSIBLE PARTY		HOSPITAL ACCOUNT # (S):
SPOUSE		NUMBER OF DEPENDENTS
STREET ADDRESS		HOME PHONE ( )
CITY, STATE & ZIP		WORK PHONE ( )
OCCUPATION	EMPLOYER (IF SELF EMPLOYED, DESCRIPTION)	
SOCIAL SECURITY #	ADDRESS	
YEARS AT EMPLOYER	SALARY _____ ☐ HOURLY ☐ BIWEEKLY ☐ MONTHLY OTHER INCOME:_____ SOURCE_____	

SPOUSE

OCCUPATION	EMPLOYER (IF SELF EMPLOYED, DESCRIPTION)	
SOCIAL SECURITY #	ADDRESS	
PHONE ( )	YEARS AT EMPLOYER	SALARY _____ ☐HOURLY ☐BIWEEKLY ☐MONTHLY
OTHER INCOME	SOURCE	

ASSETS		**LIABILITIES/** MONTHLY TOTALS	
CASH ON HAND	$_____	MORTGAGE/RENT PAYMENT	$_____
CHECKING ACCOUNT*	$_____	INSURANCE PREMIUMS:	
SAVINGS ACCOUNT*	$_____	☐AUTO, ☐MEDICAL, ☐HOME	$_____
CREDIT UNION ACCOUNT*	$_____	OTHER: _____	_____
REAL ESTATE EQUITY	$_____	UTILITIES: ☐ GAS, ☐ ELECT., ☐ WATER, ☐ PHONE	
MOTOR VEHICLES OWNED	$_____		$_____
MAKE/YEAR	VALUE_____	AUTO PAYMENTS	$_____
MAKE/YEAR	VALUE_____	FOOD	$_____
TRUST ACCOUNTS	$_____	OTHER LIABILITIES:	
OTHER SOURCES (STOCK, BONDS)	$_____	DESCRIPTION PAYMENT	BALANCE

*BANK BRANCH (S) & ACCOUNT NUMBERS:

I HEREBY DECLARE THE FOREGOING TO BE TRUE UNDER PENALTY OF PERJURY UNDER LAW.

Signature

Date

Charity Care and Discount Policy
For the Uninsured & Patients with High Medical Costs