

Pioneers Memorial Healthcare District

Title: Hospital Full Charity Care, Discounted Charity Care, High Medical Cost Charity Care, and Prompt Pay Discount For Non-Charity Care Policy		Policy No. ADM-00312
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Current Author: Joanne Zeason		Effective: 11/94
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Collaborating Departments: Patient Accounting		Keywords: Charity		
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Note: If any of the sections of your final layout are not needed do not delete them, write "not applicable".

1.0 Purpose:

- 1.1 Pioneers Memorial Healthcare District (PMHD) is committed to providing financial assistance to persons who have health care needs and are uninsured, under-insured, and ineligible for a government program and otherwise unable to pay for medically necessary care based on their individual financial situations. Consistent with its mission to deliver quality healthcare in a safe, respectful, and efficient manner, PMHD strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

2.0 Scope: Hospital Wide

3.0 Policy:

- 3.1 Financial assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with PMHD's procedures for obtaining financial assistance and to contribute to the cost of their care based on individual ability to pay. Individuals with financial capacity to purchase health insurance are encouraged to do so as a means of assuring access to health care services.
- 3.2 This policy confirms PMHD'S commitment to provide financial assistance to patients who cannot pay for part or all of the care they may receive as well as comply in all respects with California AB774 (An act to add Article 3 [commencing with Section 127400] to Chapter 2 of Part 2 of Division 107 of the Health and Safety Code, relating to hospitals), and revised with SB 1276 effective January 1, 2015.
- 3.3 Effective January 1, 2011, AB1503 amended AB774 which requires emergency room physicians that provide emergency medical services in a general acute care hospital, to develop charity care and discounted payment policies to limit expected payment from eligible patients that are uninsured or have high medical costs who are at or below 350% of the federal poverty level.

4.0 Definitions: Not Applicable

5.0 Procedure:

- 5.1 Each patient must be treated fairly, with dignity, compassion, respect, and without discrimination.

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- 5.2 All staff who is responsible to register patients will inform patients who do not have insurance coverage of the various Districts' Charity Care and Discount Payment policy.
- 5.3 It is the policy of Pioneers Memorial Healthcare District to offer private pay patients the Hospital's Charity Full Care, Discounted Charity Care, High Medical Cost Charity Care or Prompt Pay Discount for Non-Charity Care plans. Patients may qualify for one of the plans at any given time.
- 5.4 This policy will be in effect for patients discharged 1/1/07 and forward.
- 5.5 Eligibility for financial assistance will be considered for those individuals who are uninsured, ineligible for any government health care benefit program, and unable to pay for their care, based upon a determination of financial need in accordance with the policy.
- 5.6 PMHD may exclude patients who would be eligible to apply but who do not apply or to the hospital's reasonable process for qualifying for Full Charity Care, Discounted Charity Care, or High Medical Cost Charity Care.
- 5.7 Patients without a payment source may be classified as Charity if it is determined that they do not have a job, mailing address, residence, or insurance.
- 5.8 Consideration will be given to classifying emergency room patients who do not provide adequate information as to their financial status. In many instances, these patients are homeless and have few resources to cover the cost of their care. The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, socio-economic or immigrant status, sexual orientation or religious affiliation. Financial need will be determined through an individual assessment of financial need, including an application process in which the patient or the patient's guarantor is required to cooperate and supply all documentation necessary to make the determination of financial need. A reasonable effort will be made by PMHD staff to explore facts and assist patients in applying for appropriate alternative sources of payment such as coverage from public and private payment programs and will take into account the patient's monetary assets and other financial resources as defined by the Hospital Full Charity Care, Discounted Charity Care, High Medical Cost Charity Care and Prompt Pay Discount for Non-Charity Care Policy. A patient requesting Charity Care, Discounted Care or other financial assistance must make every reasonable effort to provide hospital with documentation of income and health benefits coverage. The failure to provide such information may jeopardize the patient's application and result in denial of charity.

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- 5.9 Income documentation for purposes of determining eligibility for discounted payment shall be limited to recent pay stubs or income tax returns. For purposes of determining eligibility for charity care, income documentation of assets may include information on all monetary assets, but shall not include statements on retirement or deferred compensation plans qualified under the Internal Revenue Code, or nonqualified deferred compensation plans.
- 5.10 PMHD, collection agency or assignee will not report adverse information to a consumer credit reporting agency or commencing a civil action against the patient or responsible party for nonpayment prior to the time the extended payment plan is declared inoperative.
- 5.11 PMHD will negotiate the terms of an extended payment plan with the patient in good faith which will include such factors as the size of the payment obligation, patient's resources and expenses. The extended payment plan will be declared inoperative after a patient fails to make all consecutive payments due during a 90 day period.
- 5.12 Prior to declaring an extended payment plan inoperative, PMHD, collection agency or assignee will make a reasonable attempt to notify the patient, by phone at the last known phone number and in writing at the last known address, that the extended payment plan may become inoperative and there might be an opportunity to renegotiate. PMHD, collection agency or assignee will attempt to renegotiate the terms of the defaulted extended payment plan, if requested by the patient.
- 5.13 If the patient fails to make all consecutive payments of an extended payment plan and fails to renegotiate a payment plan, then nothing alters the patient's obligation to make payments from the date due on the obligation owing to PMHD pursuant to any contract or applicable statute.
- 5.14 Patient amounts collected from qualified patients in excess of the amounts due under the Hospitals' Charity Care or Discounted Care policy will be refunded including interest. Interest will begin to accrue when a patient qualifies for the Hospital's Charity Care or Discounted Care Policies. Interest to accrue at the rate set forth in existing law (10 percent per annum). PMHD is not required to reimburse the patient or pay interest if the amount due is less than \$5.00. Instead PMHD is required to give the patient a credit for the amount due less than \$5.00 for at least 60 days from the date amount is due.
- 5.15 Medi-Cal patients are eligible for Charity Care write-offs related to denied stays, denied days of care, and non-covered services. These Treatment Authorization Request (TAR) denials and any lack of payment for non-covered services provided to Medi-Cal patients are to be classified as charity.
- 5.16 Persons eligible for programs such as Medi-Cal but whose eligibility status is not established for the period during which the medical services were rendered may be granted Charity Care for those services. PMHD may make the granting of Charity Care contingent upon applying for governmental program assistance. This may be prudent, especially if the patient requires ongoing services.

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- 5.17 It is preferred, but not required, that a request for financial assistance and a determination of financial need occur prior to rendering of services. The need for financial assistance shall be re-evaluated at each subsequent rendering of services, or if the last financial evaluation was completed more than sixty days prior, and at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.
- 5.18 Requests for financial assistance shall be processed promptly, and PMHD shall notify the patient or applicant in writing within 30 days or less of receipt of a completed application.
- 5.19 Specific dollar amounts for patient financial assistance will be included within each year's annual budget, and actual amounts provided will be reported in the monthly financial statements.
- 5.20 Patient financial assistance statistics disclosed in the financial statements shall not include amounts that are properly considered to be bad debt or contractual discounts.
- 5.21 This policy does not create an obligation to pay for any charges or services not included in the Hospital bill at the time of service.
- 5.22 This policy does not apply to services provided within the Hospital by physicians or other medical providers including Emergency Room physicians, Anesthesiologists, Radiologists, Hospitalist, Pathologist, etc.
- 5.22.1 **Hospital Full Charity Care, Discounted Charity Care and High Medical Charity Plans:**
- 5.22.1.1 **Full Charity Care**
- 5.22.1.1.1 Services eligible will be made available to the patient in accordance with financial need as determined by the Federal Poverty Levels (FPL) in effect at the time of the determination as follows:
- 5.22.1.2 Patients whose net income is at or below 200% of the FPL are eligible to receive free care.
- 5.22.1.2.1 **Discounted Charity Care**
- 5.22.1.2.2 Patients whose net income is above 200% but not more than 400 % of the FPL are eligible to receive services at a portion of the rates similar to what Medi-Cal or Medicare would pay for the same services.

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5.22.1.2.2.1 PMHD determines a private pay patient's eligibility for Hospital Full Charity Care or Discounted Charity Care based on the following criteria:

5.22.1.2.2.1.1 Patient is a private pay patient

5.22.1.2.2.1.2 Patient has no third-party insurance coverage

5.22.1.2.2.1.3 Patient has no contracted insurance

5.22.1.2.2.1.4 Patient has no MediCal

5.22.1.2.2.1.5 Patient has no Medicare

5.22.1.2.2.1.6 Patient has no compensable injury for purposes of workers compensation.

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- 5.22.1.2.2.1.7 Patient has no automobile insurance
- 5.22.1.2.2.1.8 Patient has no other insurance as determined and documented by the hospital
- 5.22.1.2.2.1.9 Patient's family income at or below 400 % of the federal poverty level (FPL)
- 5.22.1.2.2.1.10 Patient's income and monetary assets shall not include retirement, deferred-compensation plans, the first \$10,000.00 of a patient's monetary asset, nor 50% of a patient's monetary assets over the first \$10,000.00.
- 5.22.1.2.2.1.10.1 Absent any regulatory prohibition, PMHD will limit an expected Charity Care or discounted payment by an amount that it would expect, in good faith, to receive for providing services from Medicare, MediCal, Healthy Families or any other government-sponsored programs in which it participates, whichever is greater. If a service is provided for which there is no such rate, PMHD shall establish an appropriate discounted payment. To the extent a third party payer pays an amount equal to the maximum private pay liability there will be no further patient liability.

5.22.1.3 High Medical Cost Charity Care

5.22.1.3.1 PMHD determines a private pay patient's eligibility for High Medical Cost Charity Care based on the following criteria:

- 5.22.1.3.1.1 Patient is not private pay patient.
- 5.22.1.3.1.2 Patient's family income at or below 400 % of FPL.
- 5.22.1.3.1.3 Annual out of pocket costs incurred by the individual at the hospital that exceed 10% of the patient's family income in the prior 12 months.
- 5.22.1.3.1.4 Annual out of pocket expenses that exceed 10% of the patient's family income, if the patient provides documentation of the patient's medical expenses paid

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by the patient or patient's family in the prior 12 months.

5.22.1.3.1.5 Patient's income and monetary assets shall not include retirement, deferred-compensation plans, the first \$10,000.00 of a patient's monetary asset, nor 50% of a patient's monetary assets over the first \$10,000.00.

5.22.1.3.1.5.1 Absent any regulatory prohibition, PMHD will limit an expected Charity Care patient payment by an amount that it would expect, in good faith, to receive for providing services from Medicare, MediCal, Healthy Families or any other government-sponsored programs in which it participates, whichever is greater. If a service is provided for which there is no such rate, PMHD shall establish an appropriate discounted payment. To the extent a third party payer pays an amount equal to the maximum private pay liability there will be no further patient liability.

5.22.1.3.2 PMHD will assist the patient in determining if he/she is eligible for government-sponsored programs such as Medicare, Healthy Families, MediCal, California Health Benefit Exchange, California Children's Services and Charity Care.

5.22.1.3.3 Eligibility for Hospital's Full Charity Care, Discounted Charity and High Medical Cost Charity plans may be determined at any time the hospital is in receipt of the information needed to determine patient's eligibility.

5.23 Communication of Financial Assistance Plans:

5.23.1 PMHD will post notices regarding availability of Financial Assistance programs. These notices will be posted in visible locations throughout the hospital, such as Patient Registration, Billing Office, Emergency department, Outpatient admission settings, and Clinics. Notices will contain a statement that indicates if the patient lacks any health insurance or is underinsured, meets certain low and moderate income requirements, and meets all other qualifications as dictated by AB774, the patient may qualify for either Hospital Full Charity Care, Discounted Charity Care, High Medical Cost Charity Care or Prompt Pay Discount For Non-Charity Care along with the office and telephone number from who or which a patient may obtain information and how to apply for that assistance.

5.23.2 Information about patient financial assistance available from PMHD shall be disseminated by various means, including the publication of notices in patient

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bills and by posting notices in the Emergency and Admitting departments, and at other public places as the PMHD may elect. Such information shall be provided in English and Spanish.

5.23.3 PMHD will ensure that appropriate staff members are knowledgeable about the existence of the hospitals' financial assistance policies.

5.23.4 Any member of the PMHD staff or medical staff may make referral of patients for financial assistance. The patient or a family member, a close friend or associate of the patient may also make a request for financial assistance.

5.24 Billing and Collection Procedures for Charity Care Patients:

5.24.1 At time of billing, PMHD will provide all private pay patients the same information concerning services and charges provided to all other patients who receive care at the hospital.

5.24.2 When sending a bill to the patient, PMHD will include:

5.24.2.1 A notice regarding availability of Financial Assistance programs.

5.24.2.1.1 statement that indicates if the patient lacks any health insurance or is underinsured, meets certain low and moderate income requirements, and meets all other qualifications as dictated by AB774, the patient may qualify for either Hospital Full Charity Care, Discounted Charity Care, High Medical Cost Charity Care or Prompt Pay Discount For Non-Charity Care along with the office and telephone number from who or which a patient may obtain information and how to apply for that assistance.

5.24.2.1.2 A statement that indicates that if the patient meets certain income requirements, the patient may be eligible for government-sponsored programs or for financial assistance from the hospital

5.24.2.1.3 a request that the patient inform the hospital if the patient has health insurance coverage, Medicare, Healthy Families, MediCal or other insurance.

5.24.2.1.4 a statement that provides the patient with the name and telephone number of a hospital employee or office from whom or which the patient may obtain further information necessary to apply for such assistance.

5.24.2.1.5 a statement of notice as follows: "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 8:00AM or after 9:00PM. In general, a debt collector may not give information about your debt to another

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person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. State and Federal law requires that you notify your creditor of your change of name, address or employment for any existing consumer credit. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-844-FTC-HELP (382-4357) or online at www.ftc.gov." Nonprofit credit counseling services may be available in your area. For additional information, please contact Financial Counseling Services at (760) 351-3322 or (760) 351-3323.

5.24.2.1.6 When PMHD bills patients who have not provided proof of third-party coverage by time of discharge, the bills must contain a statement of charges, request the patient inform hospital if he or she has health coverage or other coverage and a statement indicating that the patient may be eligible for Medicare, Healthy Families, MediCal, Children's Services as well as coverage offered through the California Health Benefit Exchange and other State or county funded health cover ages. In addition, the statement must contain information as to how the patient may obtain overages through these exchanges and that the hospital will provide assistance in completing the application for such cover ages.

5.24.2.1.7A statement will accompany all letters to patients indicating that the commencement of collection activities may occur.

5.24.3 PMHD will provide applications for the MediCal and Healthy Families programs. Applications will be provided prior to discharge (if patient has been admitted or to patients receiving emergency or outpatient care).

5.24.4 For patients who have a verified application pending for either government-sponsored coverage or for financial assistance program PMHD will not knowingly send a patient's bill to a collection agency prior to 150 days from time of initial billing.

5.25 Relationship to Collection Policies:

5.25.1 PMHD management shall develop written policies and procedures for internal and external collection practices. External agencies shall provide the hospital with a written agreement that it will comply with the hospital's standard collection policies and take into account the extent to which the patient qualifies for financial assistance, a patient's good faith effort to apply for a governmental program or for financial assistance from PMHD. Such policies also will require internal and external collection agencies to adhere to the definition of "reasonable payment plan" as defined in subdivision (i) of Section 127400.

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- 5.25.2 For patients who qualify for financial assistance and who are cooperating in good faith to resolve their hospital bills, PMHD may offer interest-free extended payment plans and/or “reasonable payment plan”. A “reasonable payment plan” 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 the patient. This payment plan will require that monthly payments do not exceed 10% of patient’s familial income for one month excluding deductions for “essential living expenses”. “Essential living expenses are defined as expenses for any of the following: rent or house payments (including maintenance expenses), food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or childcare, child and spousal support, transportation and automobile expenses (including insurance, fuel, and repairs), installment payments, laundry and cleaning expenses, and other extraordinary expenses . (Reference SB 1276).If a patient qualifies for assistance under the hospital’s various Charity Care plans and is cooperating with PMHD in an effort to settle an outstanding bill, PMHD will not send the unpaid bill to any outside collection agency or assignee unless the agency agrees to comply with AB774 and/or if they know that doing so may negatively impact a patient’s credit.
- 5.25.3 PMHD and outside collection agents operating on behalf of PMHD shall not use as a means of collecting unpaid hospital bills, discounted payments or charity care bills any of the following: Wage garnishments or liens on primary residences as a means of collecting unpaid hospital bills unless ordered by court or notice of conduct the sale of primary residence during the life of the patient, spouse, or in some instances a child of the patient that attains the age of majority. This doesn’t preclude pursuing reimbursement from third party liability settlements or tortfeasors or other legally responsible parties.
- 5.25.4 PMHD or outside collection agent will not report patients to consumer credit reporting agencies or commence lawsuits against patients who may have high medical costs prior to 150 days after initial billing. Or, 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 negotiation a reasonable payment plan or by making regular partial payments of a reasonable amount, the hospital shall not send the unpaid bill to any collection agency.
- 5.25.5 If a collection agency identifies a patient meeting the Hospital’s Charity Care eligibility criteria, the patient account may be re-considered as Charity Care, even if they originally classified as a bad debt. Collection agency patient accounts meeting Charity Care criteria should be returned to the Hospital billing office and reviewed for Charity Care eligibility.

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5.25.6 Deceased patients without an estate or third party coverage will be eligible for Charity Care.

5.25.7 Patients who are in bankruptcy or recently completed bankruptcy may be eligible for Charity Care.

5.25.8 In rare occasions, a patient's individual circumstances may be such that while they do not meet the regular Charity Care criteria in this policy, they do not have the ability to pay their Hospital bill. In these situations, with the approval of the PMHD CFO and or Director of Patient Accounting, part or all of their cost of care may be written off as an Administrative Write off. There must be complete documentation of why the decision was made to do so and why the patient did not meet the regular criteria.

5.26 Prompt Pay Discount for Non-Charity Care

5.26.1 Patients whose net income exceeds 350 400 % of the FPL may be eligible to receive discounted rates as follows: Prompt Pay Discounts for Non-Charity Care – PMHD provides a discount from billed charges for those patients not meeting Charity or Discounted Charity Care criteria and who make timely payments in full in accordance with the currently established guidelines. These discounts are established similar to discounts provided to other patients who have third-party commercial insurance coverage. A separate policy is available for obstetrical services, PMHD medical staff, and PMHD employee discounts.

5.26.1.1 No financial application will be necessary to qualify for the Prompt Pay Discount for Non-Charity Care.

5.26.1.2 Cash Discount of forty (40) percent of billed charges shall be made available to all private pay patients who pay their bills in full at time of service or within thirty (30) days of initial billing.

5.26.1.3 Cash Discount of twenty-five (25) percent of billed charges shall be made available to all private pay patients who pay their bills in full at time of service or within sixty (60) days of initial billing.

5.26.1.4 Patients/Guarantors shall be informed that cash deposits are for Hospital charges only.

5.26.1.5 Patients will be billed usual and customary charges for all services rendered.

5.26.1.6 Should final billed charges be less than cash deposits previously rendered, patients will be entitled to a refund of the difference.

5.26.1.7 When patient payments are based on estimated billed charges prior to and/or at time of service, discounts will be honored, and any necessary adjustments will be made when accounts are final billed.

5.26.1.8 Proper notations shall be input into hospital's information system of all conversations and paperwork received.

5.26.1.9 Patients/Guarantors shall be informed that Physicians are not employees of the Hospital; therefore, separate bills for Physician

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services may follow. These might include bills from the Emergency Room Physicians, Radiologists, Pathologists, and/or Anesthesiologists.

5.26.1.10 Patients who wish to file a dispute about eligibility determinations may do so by contacting the Business Services Financial Coordinator (ext 3294) or the Director of Patient Accounting (ext 3341) for their review. Any questions or problems that arise in this process are to be referred to the appropriate supervisor for resolution

6.0 References:

- 6.1 OSHPD
- 6.2 California AB774 (An act to add Article 3 [commencing with Section 127400] to Chapter 2 of Part 2 of Division 107 of the Health and Safety Code, relating to hospitals).
- 6.3 AB1503
- 6.4 SB 1276 Health Care; fair billing policies.

7.0 Attachment List:

- 7.1 Attachment A - Agency Contract Amendment Sample
- 7.2 Attachment B - Charity Care and Discount Care Calculation Worksheet
- 7.3 Attachment C - Eligibility Determination for Charity Care Notification
- 7.4 Attachment D - Extended Payment Plan Calculation Worksheet
- 7.5 Attachment E - Patient Notice of Financial Assistance & Receipt of Notification
- 7.6 Attachment F - Billing Patient Notice of Financial Assistance
- 7.7 Attachment G- First Notice Uninsured
- 7.8 Attachment H - MC210 Cover Letter Application Memo
- 7.9 Attachment I - Second Notice Uninsured
- 7.10 Attachment J - Self Pay Final Notice
- 7.11 Attachment K - Third Notice Uninsured
- 7.12 Attachment L - Poverty Guidelines 2011 Rev 020311
- 7.13 Attachment M - Stmt of Fin Cond Application English
- 7.14 Attachment N - Stmt of Fin Cond Application Spanish

8.0 Summary of Revisions: