

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: Charity Care Program*	
Scope: Hospital Wide	Manual: Fiscal Services
Source: Chief Financial Officer	Effective Date: 01/01/2007

PURPOSE:

To define the parameters of eligibility and the process of access to the charity care program mandated by California Health and Safety Code Section 127400-127446

POLICY:

Northern Inyo Healthcare District (NIHD) will provide healthcare access at no cost to individuals who are uninsured or under insured or to individuals with high medical costs. Federal Poverty Level Guidelines (FPL) for income will be the basis of eligibility for NIHD's Charity Care Program. The Notice of Available Charity/Discount Services included in this policy will be updated annually when FPL is released, using 350 percent of the government poverty income levels as the standard guideline for determination of poverty income. The following criteria will be followed for determination:

1. Eligibility criteria will be the applicant's and families, or entire household gross income, including alimony, child support-court ordered or not, and financial support of absent parent, plus household size.
2. Income to be considered will be the applicant's or family's gross income of the last 12 months preceding the application, or gross income of the last three months preceding the application multiplied by four.
3. Monetary assets will be considered in the determination of eligibility. For purposes of this determination, monetary assets shall not include retirement or deferred compensation plans qualified under the Internal Revenue Code, or nonqualified deferred compensation plans. Furthermore, the first ten thousand dollars (\$10,000) of a patient's monetary assets shall not be counted in determining eligibility, nor shall 50 percent of a patient's monetary assets over the first ten thousand dollars (\$10,000) be counted in determining eligibility.
4. Verification of the family's household income may consist of the following applicable documents determined to be sufficient based upon the applicant's current circumstances:
 - a. Paycheck stubs for current three months
 - b. Unemployment payment stubs
 - c. Disability payment stubs
 - d. Bank statements for current three months
 - e. Copy of current or previous year income tax return
 - f. Copy of current local social service assistance program (MediCal/CMSP) application determination
5. Should the applicant have no source of income, verification of support means, or family support may be requested.
6. All other resources of coverage will first be sought. This includes, but is not limited to, any available local social service assistance program such as Medi-Cal, CMSP (County Medicaid Service Program) and CCS (California Children's Services); Medicare; Insurance; employer provided or offered health plan; other available third party sources; and/or participating in the Affordable Care Act, making application for health plans.
 - a. Individuals without insurance will be assisted in following the Affordable Care Act, participating in "Open Enrollment" to access affordable health insurance with potential government subsidy if they have not yet completed this process.
 - b. Written denial is required for applicants not eligible for assistance through their local department of social services.

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- c. Should an applicant be eligible for MediCal or CMSP with a Share of Cost, the applicant may still be entitled to the Charity Care Program to assist with meeting Share of Cost responsibilities. Once their Share of Cost is satisfied, the applicant's MediCal or CMSP will be accepted as payment for covered services.
 - d. Failure to comply with timely application for local social service assistance programs, or failure to complete application for available local social service assistance programs may be a basis for denial of the NIHD Charity Care Program.
7. To sustain eligibility, NIHD Charity Care recipients will be required to submit a new Charity Care application every twelve months, including new application to available local social service assistance programs.
 8. If any information given proves to be untrue, NIHD may re-evaluate the application and take whatever action becomes appropriate.
 9. Effort to identify patient's qualification for NIHD Charity Care Program will be initiated as early as possible but will not be criteria of determination.
 10. Conditional qualification may be made in cases where eligibility for other available assistance programs such as MediCal or CMSP has not yet been determined.
 11. Individuals who do not respond to notices of Charity or Discount services, and who do not respond to billings and collection efforts and are subsequently assigned to an outside collection agency may not be considered for NIHD's Charity Care program.
 12. Patients who are denied Charity Care based upon their income may become subsequently approved should their income change following their original determination based on additional supplied information. Subsequent determinations will not result in a refund of prior payments.
 13. Effect of the determination of eligibility will not be open-ended, but may remain in effect to cover future scheduled services.
 14. Upon discharge of service, uninsured patients will be offered the local county application for medical assistance program(s) and an application for the Healthy Families Program.
 15. Included in the initial billing (patient statement) of the uninsured individuals, will be the NORTHERN INYO HEALTHCARE DISTRICT REQUEST FOR HEALTH COVERAGE INFORMATION / NORTHERN INYO HEALTHCARE DISTRICT NOTICE OF OTHER COVERAGE PROGRAMS / NORTHERN INYO HEALTHCARE DISTRICT NOTICE OF AVAILABLE CHARITY/DISCOUNT SERVICES (included in this policy).
 16. Notices of NIHD's Charity Care & Discount Payment Program will be posted in all patient care areas, waiting rooms and reception areas as well as the Credit (payment) and Billing Information Office. This will include the Rural Health Clinic and all Northern Inyo Associates Offices.
 17. Applications for the NIHD Charity Care Services will be available through Northern Inyo Healthcare District Administration, Social Services Department, and the Credit and Billing Information Office.
 - a. The application will include the patient's or applicant's complete name; address; telephone number; social security number; employer; family size; income as described above; service rendered/requested; date of service; applicant's signature; and space for eligibility determination.
 18. The Credit & Billing Information Staff will process complete applications within ten (10) business days.
 19. The applicant will be sent a final determination by the US mail.

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REQUEST FOR HEALTH COVERAGE INFORMATION

NOTICE OF OTHER COVERAGE PROGRAMS

NOTICE OF AVAILABLE CHARITY/DISCOUNT SERVICES

When you presented for your recent services, it appeared that you may not have health insurance or other coverage. If this is incorrect, please contact our Credit and Billing Information office at (760) 873-2190 at your earliest convenience to provide us with your coverage information.

If you do not have health insurance coverage, or other coverage, you may be eligible for Medicare, Healthy Families, MediCal, CMSP, or CCS.

You may contact our Credit and Billing Information office at (760) 873-2190 or your local Social Services office for an application for MediCal, CMSP, or the Healthy Families Program.

You may obtain information from the Social Security Office regarding Medicare benefits or your local county Health Department regarding CCS benefits.

It is the policy of the Northern Inyo County Local Healthcare District to provide a reasonable amount of care without, or below charge to people who are uninsured or under insured, or an individual with high medical costs. Individuals within the annual income requirements established below may be eligible to receive free medical care.

Size of Family Unit	Poverty Income Guidelines
1	\$ 44,660
2	\$ 60,340
3	\$ 76,020
4	\$ 91,700
5	\$ 107,380
6	\$123,060
7	\$138,740
8	\$154,420

For family units with more than eight members, add \$15,680 for each additional member.

If you believe you may be eligible, or if you would like more information or an application, contact the Credit and Billing Information Office, Monday – Friday 8:30a.m. - 4:30p.m. Telephone: (760) 873-2190.

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Approval	Date
Revenue Cycle Director	01/25/2017
Fiscal Services Management Team	01/25/2017
Board of Directors	2/15/2017
Last Board of Directors Review	

Revised: 02/2020

Reviewed: 01/2017

Supersedes: 12/2007