

<b>GOOD SAMARITAN HOSPITAL</b>	<i>Code No. BO-006</i> <i>Page 1 of 3</i>
<i>Policy [x_] Procedure [x]</i>	<i>Effective Date:01/01/07</i> <i>Revised: 01/01/2007</i>
<i>Department: Business Office / Admitting Department</i> <small>/99</small> <span style="float: right;"><i>Approved by the M.S. /99 and Board</i></span>	
<i>Subject: Charity Write-Off Policy</i>	

**POLICY :**

Patients/guarantors are screened for Medi-Cal if there is no other source of funding. If there is no Medi-Cal linkage and patients/guarantors are self pay, patients are screened for Charity and/or Discount Program.

Attempts are made to screen patients prior to their treatment. The financial representative does not have the authority to cancel treatment, but the financial representative will inform the patient when they are considered “self pay” and will attempt to interview the patient during their visit. However, if the patient is discharged prior to an interview, the patient will be contacted regarding Medi-Cal, Charity, and Discount Program eligibility.

**Procedure :**

1. GSH patients and guarantors will be notified of the GSH Financial Assistance program:
  - Signage posted at each patient access area
  - Patient friendly letters given to patient/guarantor at time of every registration
  - Message on each statement mailed to the patient/guarantor
  - Contact made by GSH representative via telephone/letter
2. Patients are referred to the financial counselors by way of central scheduling, physician referral or self referral when an outpatient service is requested.
3. Inpatient department patients are referred to the financial representatives for screening at the time of service.
4. The discharge list is reviewed daily to identify patients that may have been discharged prior to financial screening. If a self-pay patient was not financially screened during their visit, a letter is sent offering assistance with the following programs, Medi-Cal, Charity and Discount Program applications. (See letter)
- 5 A brief follow-up telephone screening is completed within 30 days after discharge to determine if the patient has any other funding available before the Discount Program and charity eligibility process begins.

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**Procedure Continued**

6. Patients who are eligible for Medi-Cal will be referred to the Department of Human Services for completion of a Medi-Cal application. Patients are eligible for Medi-Cal if they meet the following criteria:

- Under 21 years of age or over 65 years of age
- Pregnant
- Blind or Disabled
- Minor children in the home with deprivation of a parent

1. Patients who are not eligible for Medi-Cal are screened for the Charity and Discount Programs. An appointment is scheduled for a face-to-face interview, and the patient is requested to bring proof of Kern County residency and documents relating to income and asset verification for the past 30 days. Patients are interviewed as outlined on the screening flowchart. (See attached) A Financial application form is completed. Patients who do not bring the required documentation are rescheduled for their screening interview. Based on this review, payment may be requested at the time of service for non-emergency or elective services.

2. Once a patient is approved for Financial Assistance, it is expected that the patient will continue to meet his/her required financial commitments to GSH. Interest free payment schedule will ordinarily not exceed 6 months in duration. In extraordinary circumstances, a payment schedule may extend with the approval of the Business Office Manager or Department Supervisor.

3. In the event the payment plan is breached by a qualified patient, the full amount of the accrued but uncharged interest to date will be charged to the account.

4. Any collections from patients resulting in an overcharge under the AB774 are returned with interest. Interest is calculated at Kern County one year average of interest apportionment for refunds.

5. GSH will not report adverse information to a consumer credit reporting agency or take civil action against the patient for nonpayment at any time prior to 150 days after initial billing. GSH will not send unpaid bills to any collection agency or other assignee unless that entity has agreed to comply with AB774 requirements while a patient is attempting to qualify for eligibility or attempting in good faith to settle

an outstanding bill.

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**Procedure Continued**

6. GSH will require a signed agreement from any outside third party collection agency stating they will follow the Hospital's applicable policies and procedures regarding the collection of outstanding accounts of qualified patients under the discount programs as applicable under AB774.
7. GSH will allow any outside third party collection agency to file lawsuits, legal remedies wage garnishments after securing judgment against qualified patients so long as the provisions of AB774, including the noticed motion provisions are followed when and as required. Nothing in this policy is meant to address lawsuits or legal remedies against non qualified Hospital Patients.
8. GSH will allow any outside third party collection agency to file abstracts against any property owned once judgment is rendered against a qualified patient to the full extent authorized by Federal and State law, including AB774. Neither Hospital nor it's outside third party collection agency will ever request a sale of primary residence of a qualified patient pursuant to any filed abstract in accordance with the terms of AB774, however any abstract may be paid off from any equity the qualified patient has realized in the property upon a sale or refinancing of the property to the full extend allowed by AB774.