

TITLE: Eligibility Determination for Discount or Charity Care	
DEPARTMENT: Collections	PAGE 1 OF 1

SCOPE: All Departments

POLICY: Patients will submit an application and the required documentation to the Financial Counselor to be considered for discounts or Charity Care.

PROCEDURE:

To become eligible, patients must be at or below 250% of the current Poverty Guidelines and comply with requests for documentation.

Required Documentation:

- Completed FINANCIAL STATEMENT for family
- 3 months pay stubs from current employer
- Most recent Income Tax return
- Unemployment Income
- Any other Income (CD's, Market Funds, Stocks, etc.)
- State Disability Income
- Social Security Income (SSI) Disability (SSD)
- Child Support
- General Assistance
- Bank Statements (2 months)
- Letter of Support (From the person who is helping out in any way)
- Golden State Advantage Care (Food Stamp Card)

The Financial Counselor shall review collected information to establish eligibility. Based on information received, the Patient may be encouraged or assisted in filing for Medi-Cal, Healthy Families or other programs as indicated. When the income meets the criteria of the sliding scale which is 250% of the current posted Federal Poverty Guidelines, eligibility status shall be determined. Monetary assets shall be considered, however the first \$10,000 and 50% of the amount over the first \$10,000 will not be used to determine eligibility. Also various retirement or deferred-compensation plans will not be considered when determining eligibility.

Written notification will be given to each patient upon determination. If the patient fails to pay or set up an acceptable payment arrangement, the account may be sent to collection in not less than 150 days of the initial billing. Collection agencies shall adhere to AB 774, or not be used by the District.

Attached: Sliding Scale / Charity Criteria
See forms for sample of patient correspondence.

APPROVAL	DATE	APPROVAL	DATE
Department/Division Manager	5/13	Interdisciplinary Team	N/A
Unit Medical Director (if applicable)	N/A	Governing Board	6/06/13
Medical Staff Committee (if applicable)	N/A	Administration	5/28/13
Reviewed By:		Reviewed By:	
Reviewed By:		Reviewed By:	

KERN VALLEY HEALTHCARE DISTRICT

SLIDING FEE SCALE
HOSPITAL AND CLINIC
DISCOUNTS

THE DISCOUNTS SHOWN BELOW MAY NOT BE COMBINED WITH ANY OTHER CASH OR POLICY DISCOUNT.

Family Members	A		25%		50%		75%		100%	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	E	
1	0	2,431	2,432	2,836	2,837	3,241	3,242	3,646	3,647	
2	0	3,277	3,278	3,823	3,824	4,369	4,370	4,915	4,916	
3	0	4,123	4,124	4,810	4,811	5,496	5,497	6,183	6,184	
4	0	4,969	4,970	5,797	5,798	6,624	6,625	7,452	7,453	
5	0	5,815	5,816	6,783	6,784	7,752	7,753	8,721	8,722	
6	0	6,660	6,661	7,770	7,771	8,880	8,881	9,990	9,991	
7	0	7,506	7,507	8,757	8,758	10,007	10,008	11,258	11,259	
8	0	8,352	8,353	9,744	9,745	11,135	11,136	12,527	12,528	
9	0	9,198	9,199	10,731	10,732	12,263	12,264	13,796	13,797	
10	0	10,044	10,045	11,718	11,719	13,391	13,392	15,065	15,066	

Hospital Charges:

(Including ER, IP, Phy, Lab, Radiology and/or ancillary services)

- A=** CHARITY CARE
Laboratory -\$10.00
Radiology - \$15.00
Ultra Sound - \$15.00
Cat Scan - 30.00
OP Services - \$25.00
Surgical Services - \$50.00
CRNA - Anesthesia - \$50.00
Surgical Physician- \$400.00
Emergency Services - \$50.00
Emergency Physician - \$50.00
Acute Care Services (Inpatient Services) - \$50.00 Each Day
Swing (Inpatient Services) - \$50.00 Each Day
- B=** 25% of total charges (\$50.00 minimum non Surgical \$500.00 minimum Surgical)
- C=** 50% of total charges (\$60.00 minimum non Surgical \$500.00 minimum Surgical)
- D=** 70% of total charges (\$70.00 minimum non Surgical \$500.00 minimum Surgical)
- E=** 100 % of total charges

RHC Discounts:

- | Discount Category | Patient Pays |
|--------------------------|--------------------------------------|
| A= | \$20.00 CHARITY CARE |
| B= | \$40.00 + 50% OF SUPPLIES |
| C= | \$50.00 + 50 % OF SUPPLIES |
| D= | \$60.00 + 50% OF SUPPLIES |
| E= | \$60.00 + 50% OF SUPPLIES (CASH PAY) |

**NOTE: SLIDING SCALE IS BASED ON JANUARY 24,2014 FEDERAL POVERTY GUIDELINES.
THIS SLIDING SCALE IS BASED ON 250% OF FEDERAL POVERTY GUIDELINES
THE ABOVE FIGURES ARE BASED ON MONTHLY GROSS INCOME.**

Effective: 3/1/14