

SECTION I: CHARITY CARE POLICY

CATALINA ISLAND MEDICAL CENTER

P.O. Box 1563
Avalon, California 90704

Policy: CHARITY CARE POLICIES AND PROCEDURES	Policy ID:SS 118	Date: : February, 2001 Revised: : Annually. Most recent: April, 2009
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DEPARTMENT: SOCIAL SERVICES

POLICY:

In compliance with AB 774, CIMC will work towards reducing and/or removing the barriers (including financial barriers) patients face when attempting to access quality health care on Catalina Island. These charity care and discount policies and procedures cover emergency room, acute care, primary care services, and related ancillary services, mental health services, and some transportation services associated with medical specialty appointments, and limited medications. These updated policies apply to patient accounts incurred on or after January 1, 2007. Optional procedures and supplies, skilled nursing services, and durable medical equipment are not covered by these policies. Patients may not be eligible for charity care coverage for recurring emergency services involving drug and/or alcohol intoxication, at the discretion of CIMC administration. The Social Services Director is responsible for developing and updating charity care and discount policy guidelines for Catalina Island Medical Center with oversight by the Hospital Administrator.

Limited funding is currently available to reimburse CIMC for care provided to indigent patients through the L.A. County Emergency Medical Services Fund.

1. Charity Care Program:

Patients who meet the established financial income and resource guidelines, who cannot afford to pay full charges for the services rendered, and for whom payment for such services has not been made and will not be made through a third-party payor, will be eligible for charity care services under one or more of the programs in which CIMC participates upon submission of a completed application and required income documentation. Eligibility for 100% discount is based on a family income of 133% of the federal poverty guidelines or less; and eligibility for a 30% discount is based on income of 134% - 250% of the federal poverty guidelines (see guidelines in "Eligibility" section). Patients who qualify for Charity Care will pay a nominal fee of \$10 at the time of service for each outpatient clinic visit, and \$40 for each ER visit.

2.. Extended Payment Plans:

Patients who qualify for a 30% discount under the Charity Care Policy will be offered an interest-free extended payment plan. Patients with account balances of \$1,000 or less will be offered a 12-month payment plan; patients with account balances of over \$1,000 will be offered an 18-month payment plan.

3. Debt Collection Limitations:

CIMC will not refer a patient account to collections while the patient is attempting to qualify for eligibility under the Charity Care Plan, or is in the process of negotiating a payment plan or making partial reasonable payments under the plan. Neither CIMC nor any collection agency nor assignee will use wage garnishments or liens of primary residences to collect on a delinquent account of a patient who qualifies under one of the plan. Neither CIMC nor any collection agency nor assignee will declare an extended discounted payment plan inoperative until a patient has failed to make all consecutive payments due during a 90-day period. Prior to declaring an extended payment plan inoperative, the hospital, collection agency or assignee must 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. CIMC, its collection agency or assignee will attempt to renegotiate the terms of the defaulted extended payment plan, if requested by the patient. Adverse information will not be reported to a consumer credit reporting agency, nor will CIMC or its agents commence a lawsuit against a patient for nonpayment prior to the time an extended payment plan is declared inoperative.

4. Notice and Application Procedure:

A. Notice of availability of Charity Care and Discount programs, in English and Spanish, are posted in the clinic and hospital lobbies, at the emergency room and at the patient billing office (see Attachment “A”).

B. When scheduling a clinic appointment, patients will be asked how they plan to pay for the visit. Patients who do not have a source of payment will be informed that “CIMC has policies available for self-pay patients who qualify that may result in a reduction in the patient’s charges,” and if the patient wants to apply for this program, the patient will be encouraged to bring a copy of all family wage-earners’ most recent check stubs, a copy of last year’s tax forms, and a copy of the family’s most recent bank statements for the application.

C. Patients who inquire about the Charity Care or Discount Program at the clinic or hospital reception areas, or in the emergency room, will be provided information by the receptionist on duty, or by the social worker if she is available. All patients requesting information on the Charity Care and Discount Programs will be provided with a program application (see “Eligibility” section”) and with the phone number for the social services office.

D. Patients who request an appointment before a Charity Care application has been processed will be transferred to the back office Medical Assistant or Medical Group Manager, who will consult with the physician on duty, to triage the patient to determine if he/she is able to wait the one-week for processing of the Charity Care application before being seen. If determined to be medically safe to wait, the patient will be encouraged to bring in all required documentation for the Charity Care program to start the application process as soon as possible. The patient will be notified of a decision within one week. Patients who are determined to be not medically stable to wait for one-week for a Charity Care application to be processed will be offered an Emergency Charity Care office visit if needed while he/she awaits a decision on the application.

E. Providers who see patients who are in the process of applying for Charity Care, or who have been approved for Charity Care, will use the Charity Care formulary in prescribing medications whenever appropriate. The provider will write on prescription to Leo’s pharmacy for a 2-month supply of the medication to be paid by CIMC, and a second prescription for a 3-month supply of the desired medication(s) for the patient to bring to Cristina. Providers will refer any patient who has applied for,

or been approved for the Charity Care program, and who needs chronic medications, to Cristina Grain to apply for a pharmacy assistance program. The date of this referral will be written on the patient Problem List in the medical record. The cost of medications will be covered for only the 1st patient visit after these policies go into effect.

F. All CIMC bills to patients who have not provided proof of third-party coverage by the time of discharge will include the attached “Statement to Non-Insured Patients” (see Attachment “B”) and information on applying for MediCal and Healthy Families.

Notification of Charity Care and Discount Program Availability:

CIMC has Charity Care policies and Discount Policies in place for self-pay and other financially qualified patients that may result in a reduction in the patient's financial liability for non-elective services. If you would like to apply for CIMC's Charity Care or Discount Program, applications are available from the receptionist, the social services department, and in the patient billing office. For more information you may call the CIMC social services department at 310-510-0096.

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Notificacion de Disponibilidad de Charity Care

El Centro Medico de la Isla Catalina (CIMC) esta orgulloso de su mision, para proveer cuidado de calidad a quien lo necesite, sin tener en cuenta su abilidad de pago. CIMC tiene normas para Charity Care y para Descuento, estas normas estan para asistir a pacientes de bajos ingresos que califiquen con gastos medicos en el Centro Medico de la Isla Catalina, solo para servicios medicos necesarios. Si usted quiere aplicar para Descuento o Charity Care en el Centro Medico de la Isla Catalina, las aplicaciones estan disponibles en la Recepcion, el departamento de Servicio Sociales y en Cobranzas. Para mas informacion usted puede llamar al Departamento de Servicio Social al 310-510-0520.

Attachment "B"

STATEMENT TO NON-INSURED PATIENTS

You have received medical care services from CIMC and have not provided proof of third-party coverage. If you have health coverage or other coverage, please provide copies of your insurance cards to the CIMC billing office as soon as possible.

Patients may be eligible for Medicare, Medi-Cal, Healthy Families, California Children's Services, or the CIMC Charity Care or Discount Policy program. For applications, or if you have questions about these programs or about the application process, please contact Cristina Grain in the CIMC Social Services office at (310) 510-0096, X36.

If a patient lacks insurance or is underinsured, and meets certain low and moderate income requirement, the patient may qualify for discounted payment or charity care from CIMC. Charity Care policies and Discount Policies are in place to assist income-qualified patients with CIMC medical expenses for non-elective services. If you would like to apply for CIMC's Charity Care or Discount Program, applications are available from the receptionist, the social services department, and in the patient billing office. For more information you may call the CIMC social services department directly at (310) 510-0520.

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DECLARACION PARA PACIENTE NO ASEGURADOS

Si usted ha recibido cuidados medicos del Centro Medico de la Isla Catalina (CIMC) y no ha dado prueba de aseguranza, si usted tiene cobertura medica u otro tipo de cobertura, porfavor proporcione copias de su aseguranza a la oficina de Cobranzas lo mas pronto posible.

Pacientes pueden ser elegibles para Medicare, Medi-Cal, Healthy Families, California Children's Services, o para Charity Care o programa de Descuento del Centro Medico de la Isla Catalina. Para una aplicacion para esas programas, o si tiene preguntas acerca de estos programas o el proceso para aplicar, porfavor contacte con Cristina Grain en el Centro Medico de la Isla Catalina oficina de Servicio Social al 3105100096 ext 36.

Si el paciente carece de aseguranza o esta asegurado con una cobertura no suficiente y reúne los requisitos de bajo o ingreso moderado, el paciente puede calificar para obtener descuento en sus cuentas o aplicar para el programa de Charity Care del CIMC. Las normas de Charity Care y de Descuento estan puestos para asistir a pacientes con ingresos que califiquen para cubrir sus gastos medicos en CIMC, para Servicios Medicos Necesarios. Si usted quiere aplicar para el programa de Descuento o Charity Care del CIMC, las aplicaciones estan disponibles en la recepcion, Departamento de Servicio Social y el el Departamento de Cobranzas. Para mas informacion puede llamar al Departamento de Servicio Social del CIMC al (310) 510 0520.

SECTION II: DISCOUNT PAYMENT POLICY

CATALINA ISLAND MEDICAL CENTER

P.O. Box 1563
Avalon, California 90704

Policy: DISCOUNT PROGRAM POLICIES AND PROCEDURES	Policy ID:SS 119	Date: : February, 2001 Revised: Annually Most recent December, 2007
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DEPARTMENT: SOCIAL SERVICES

POLICY:

In compliance with AB 774, CIMC will work towards reducing and/or removing the barriers (including financial barriers) patients face when attempting to access quality health care on Catalina Island. These discount policies and procedures cover emergency room, acute care, primary care services, and related ancillary services, mental health services, and some transportation services associated with medical specialty appointments. These updated policies apply to patient accounts incurred on or after January 1, 2007. Optional procedures and supplies, skilled nursing services, and durable medical equipment are not covered by these policies. Patients may not be eligible for charity care coverage for recurring emergency services involving drug and/or alcohol intoxication, at the discretion of CIMC administration. The Social Services Director is responsible for developing and updating charity care and discount policy guidelines for Catalina Island Medical Center with oversight by the Hospital Administrator.

Limited funding is currently available to reimburse CIMC for care provided to indigent patients through the, L.A. County Emergency Medical Services Fund.

1. Discount Payment Program:

A. Patients who meet financial income guidelines based on 350% of poverty (see guidelines in "Eligibility" section), who cannot afford to pay for the services rendered, and for whom payment for such services has not been made and will not be made through a third-party payor, may qualify for the CIMC discount program upon submission of a completed application and required income documentation. Patients who qualify for the Discount Program will pay the greater of the amount Medicare would pay CIMC for the same services, or a 20% discount off regular charges. Assets are not considered for discount program eligibility. If the patient fails to provide information necessary for the hospital to make a determination, the patient will not qualify for the Discount Policy program.

B. High Medical Cost Patients- Patients who have insurance, who have family income at or below 350% of the Federal Poverty Level, who have out-of-pocket medical expenses in the prior 12 months equaling 10% or more of the family's annual income, and who do not receive a discount as a result of third-party coverage, will also qualify for the CIMC Discount Program.

2. Extended Payment Plans:

Patients who qualify for a 20% discount or Medicare rate under the Discount Policy will be offered an interest-free extended payment plan. Patients with account balances of \$1,000 or less will be offered a 12-month payment plan; patients with account balances of over \$1,000 will be offered an 18-month payment plan.

3. Debt Collection Limitations:

CIMC will not refer a patient account to collections while the patient is attempting to qualify for eligibility under the Discount Policy, or is in the process of negotiating a payment plan or making partial reasonable payments under the plan. Neither CIMC nor any collection agency nor assignee will use wage garnishments or liens of primary residences to collect on a delinquent account of a patient who qualifies under one of the plan. Neither CIMC nor any collection agency nor assignee will declare an extended discounted payment plan inoperative until a patient has failed to make all consecutive payments due during a 90-day period. Prior to declaring an extended payment plan inoperative, the hospital, collection agency or assignee must 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. CIMC, its collection agency or assignee will attempt to renegotiate the terms of the defaulted extended payment plan, if requested by the patient. Adverse information will not be reported to a consumer credit reporting agency, nor will CIMC or its agents commence a lawsuit against a patient for nonpayment prior to the time an extended payment plan is declared inoperative.

4. Notice and Application Procedure:

A. Notice of availability of Charity Care and Discount programs, in English and Spanish, will be posted in the clinic and hospital lobbies, at the emergency room and at the patient billing office (see Attachment "A"). The notice will be given to all patients who present for services in the CIMC in-patient and out-patient settings on or after January 1, 2007.

B. When scheduling a clinic appointment, patients will be asked how they plan to pay for the visit. Patients who do not have a source of payment will be informed that "CIMC has policies available for self-pay patients who qualify that may result in a reduction in the patient's charges," and if the patient wants to apply for this program, the patient will be encouraged to bring a copy of all family wage-earners' most recent check stubs, a copy of last year's tax forms, and a copy of the family's most recent bank statements for the application.

C. Patients who inquire about the Charity Care or Discount Program at the clinic or hospital reception areas, or in the emergency room, will be provided information by the receptionist on duty, or by the social worker if she is available. All patients requesting information on the Charity Care and Discount Programs will be provided with a program application (see "Eligibility" section) and with the phone number for the social services office.

D. Patients who request an appointment before a Charity Care/ Discount Policy application has been processed will be transferred to the back office Medical Assistant or Medical Group Manager, who will consult with the physician on duty, to triage the patient to determine if he/she is able to wait the one-week for processing of the Charity Care/ Discount Policy application before being seen. If determined to be medically safe to wait, the patient will be encouraged to bring in all required documentation for the program to start the application process as soon as possible. The patient will be notified of a decision within one week. Patients who are determined to be not medically stable to wait for one-week for a Charity Care/ Discount Program application to be processed will be offered an

Emergency Charity Care office visit if needed while he/she awaits a decision on the application.

D. All CIMC bills to patients who have not provided proof of third-party coverage by the time of discharge will include the attached "Statement to Non-Insured Patients" (see Attachment "B") and information on MediCal and Healthy Families.

Notification of Charity Care and Discount Program Availability:

CIMC has Charity Care policies and Discount Policies in place for self-pay and other financially qualified patients that may result in a reduction in the patient's financial liability for non-elective services. If you would like to apply for CIMC's Charity Care or Discount Program, applications are available from the receptionist, the social services department, and in the patient billing office. For more information you may call the CIMC social services department at 310-510-0096.

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Notificacion de Disponibilidad de Charity Care y Programa de Descuento

El Centro Medico de la Isla Catalina (CIMC) esta orgulloso de su mision, para proveer cuidado de calidad a quien lo necesite, sin tener en cuenta su abilidad de pago. CIMC tiene normas para Charity Care y para Descuento, estas normas estan para asistir a pacientes de bajos ingresos que califiquen con gastos medicos en el Centro Medico de la Isla Catalina, solo para servicios medicos necesarios. Si usted quiere aplicar para Descuento o Charity Care en el Centro Medico de la Isla Catalina, las aplicaciones estan disponibles en la Recepcion, el departamento de Servicio Sociales y en Cobranzas. Para mas informacion usted puede llamar al Departamento de Servicio Social al 310-510-0520.

Attachment "B"

STATEMENT TO NON-INSURED PATIENTS

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Patients may be eligible for Medicare, Medi-Cal, Healthy Families, California Children's Services, or the CIMC Charity Care or Discount Policy program. Enclosed are applications for the Medi-Cal and Healthy Families programs. If you have questions about these programs or about the application process, please contact Cristina Grain in the CIMC Social Services office at (310) 510-0096, X36.

If a patient lacks insurance or is underinsured, and meets certain low and moderate income requirement, the patient may qualify for discounted payment or charity care from CIMC. Charity Care policies and Discount Policies are in place to assist income-qualified patients with CIMC medical expenses for non-elective services. If you would like to apply for CIMC's Charity Care or Discount Program, applications are available from the receptionist, the social services department, and in the patient billing office. For more information you may call the CIMC social services department directly at (310) 510-0520.

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DECLARACION PARA PACIENTE NO ASEGURADOS

Si usted ha recibido cuidados medicos del Centro Medico de la Isla Catalina (CIMC) y no ha dado prueba de aseguranza, si usted tiene cobertura medica u otro tipo de cobertura, porfavor proporcione copias de su aseguranza a la oficina de Cobranzas lo mas pronto posible.

Pacientes pueden ser elegibles para Medicare, Medi-Cal, Healthy Families, California Children's Services, o para Charity Care o programa de Descuento del Centro Medico de la Isla Catalina. Adjunto estan las aplicaciones para Medi-cal y Healthy families. Si tiene preguntas acerca de estos programas o el proceso para aplicar, porfavor contacte con Cristina Grain en el Centro Medico de la Isla Catalina oficina de Servicio Social al 3105100096 ext 36.

Si el paciente carece de aseguranza o esta asegurado con una cobertura no suficiente y reune los requisitos de bajo o ingreso moderado, el paciente puede calificar para obtener descuento en sus cuentas o aplicar para el programa de Charity Care del CIMC. Las normas de Charity Care y de Descuento estan puestos para asistir a pacientes con ingresos que califiquen para cubrir sus gastos medicos en CIMC, para Servicios Medicos Necesarios. Si usted quiere aplicar para el programa de Descuento o Charity Care del CIMC, las aplicaciones estan disponibles en la recepcion, Departamento de Servicio Social y el el Departamento de Cobranzas. Para mas informacion puede llamar al Departamento de Servicio Social del CIMC al (310) 510 0520.

SECTION III: ELIGIBILITY PROCEDURES FOR CHARITY CARE AND DISCOUNT PAYMENT PROGRAMS

1. Charity Care Eligibility:

A. Patients who meet the established financial income and resource guidelines based on 250% of poverty (see guidelines, Attachment “A”), who cannot afford to pay for the services rendered, and for whom payment for such services has not been made and will not be made through a third-party payor, will be eligible for charity care services under one or more of the programs in which CIMC participates upon submission of a completed application and required income documentation. Patients who qualify for Charity Care will pay a nominal \$10 per CIMC clinic visit, and \$40 for an ER visit. To qualify for Charity Care a patient may have up to \$10,000 in resources (all funds including cash, checks, savings or checking accounts, Certificates of Deposit, stocks, bonds or any other assets that can be converted to cash). Fifty percent of all resources exceeding \$10,000 will be calculated as part of annual income in determining eligibility. Patients must provide most recent tax return, bank statement, and/or written income documentation (check stubs, unemployment letter, etc). If the patient fails to provide information necessary for the hospital to make a determination, the patient will not qualify for the Charity Care program. For patients who earn over the 250% poverty limits, but less than 350% of poverty, see “Discount Policy Guidelines”.

B. Pharmacy Coverage- All patients who are determined by the physician to require more than two-weeks worth of medication must be referred by the provider to Cristina Grain to assess for Assistance Program (PAP) or Pharmacy Discount Program (PDP) eligibility.

1. Generally, a Pharmacy Assistance Program provides free medications to qualifying patients directly from the manufacturer, and is available only to those patients who can provide a valid social security number. Only patients who have a prescription for the medications Synthroid or Proventil are exceptions to this requirement. It takes 6-7 weeks from the time an application is completed until the time an approved medication is received by the patient. Therefore, the patient should be provided with a 2-month prescription to be covered by Emergency Charity Care while awaiting a PAP medication. Providers should give the patient the 2-month Emergency Charity Care (ECC) prescription, and a 3-month prescription (Non-ECC) that will be sent to the Pharmacy Manufacturer with the PAP application.

2. The Pharmacy Discount Program consists of two companies that have formularies of medications available for patients at a significant discount. Cristina will provide the formularies to all providers. Patients do not need to have a social security number to qualify for these discounted medications. These programs take from 2-4 weeks to send approved medications to patients. Providers should therefore write two prescriptions for these patients: the initial prescription for a one-month supply under ECC, and a second prescription (Non-ECC) for a 3-month supply to be sent in with the patient’s PDP application.

3. Providers should look at the pink Charity Care sheet in the patient’s chart for information on the patient’s PAP and PDP application status. Patients will no longer have the option of receiving their medications free through the CIMC Charity Care program after their initial prescription, but will be required to comply with PAP requirement for free medications, or pay for their medications either through the PDP, or through another pharmacy.

4. Patients should be told by the provider that it is the patient’s responsibility to inform

Cristina when they have a one-month supply of medication remaining, so they can re-apply for a pharmacy program. Cristina also informs the patients of this at the time of the application. Patients who run out of medication because they did not do so will no longer be eligible for free medications through the Charity Care program.

C. Reapplications- If determined to be ineligible for charity care programs, a patient may reapply under the following conditions:

- 1). Changes occur in income or family size, or
- 2). Insurance company denies claim for services.

D. Patients referred to the social worker for potential Charity Care or Discount Program eligibility will be screened for Medi-Cal and Healthy Families eligibility. Those patients determined to be eligible for Medi-Cal or Healthy Families will be provided with an application and encouraged to apply for retroactive coverage. Patients determined to be eligible for any other charity care programs available will be provided with the specific program information.

E. Program eligibility is for the specific quarter of service only, and does not qualify the patient for charity care services after the end of the current calendar quarter. To maintain program eligibility, a new application and updated family financial data must be provided at least quarterly for clinic services, and an application may be requested every visit for which program benefits are requested for other services.

2. Discount Program Eligibility:

A. Patients who meet financial income guidelines based on 350% of poverty (see Attachment "A"), who cannot afford to pay for the services rendered, and for whom payment for such services has not been made and will not be made through a third-party payor, may qualify for the CIMC discount program upon submission of a completed application and required income documentation. Patients who qualify for the Discount Program will pay the greater of the amount Medicare would pay CIMC for the same services, or a 20% discount off regular charges. These patients are not eligible for medications through the CIMC Charity Care program, but may qualify for a Pharmacy assistance Program. Assets are not considered for the CIMC discount program eligibility. If the patient fails to provide information necessary for the hospital to make a determination, the patient will not qualify for the Discount Policy program.

B. High Medical Cost Patients- Patients who have insurance, who have family income at or below 350% of the Federal Poverty Level, who have out-of-pocket medical expenses in the prior 12 months over 10% of the family's annual income, and who do not receive a discount as a result of third-party coverage, will also qualify for the CIMC Discount Program.

C. Reapplications- If determined to be ineligible for the Discount Policy program, a patient may reapply under the following conditions:

- a). Changes occur in income or family size, or
- b). Insurance company denies claim for services.

D. Patients referred to the social worker for potential Charity Care or Discount Program eligibility will be screened for Medi-Cal and Healthy Families eligibility. Those patients determined to be eligible for Medi-Cal or Healthy Families will be provided with an application and encouraged to apply for retroactive coverage. Patients determined to be eligible for any other charity care programs available will be provided with the specific program information.

E. Program eligibility is for the specific quarter of service only, and does not qualify the patient for future charity or discount policy services following the current quarter. A new application and updated family financial data must be provided at least quarterly for clinic services, and may be requested every visit for which program benefits are requested for other services

3. Definition of Family for Determining Program Eligibility:

- Income must include all wage-earners in the family, except those under the age of 21.
- “Family” is defined to include children under 21 years of age, whether living at home or not, unless the child is no longer a dependent of the patient family (i.e. is married, emancipated, or otherwise living independently and is self-supporting).
- A Domestic Partner is considered a family member as defined in Section 297 of the California Family Code.
- If an adult patient age 21 or older lives with his or her parents rent-free, eligibility will be determined based on the patient’s income (not family income) plus an additional \$500 per month for the value of rent.
- If an older patient lives with adult children and/or grandchildren rent-free, “family” determination will be evaluated based on disability; If the patient is unable to work due to age and/or disability, and family members act as caretakers for the patient, the family income will be used to determine program eligibility; If the patient is employed, his/her own income will be used to determine program eligibility, with \$500 added to the patient’s monthly income for the value of rent.

4. Transportation to Referred Medical Specialists:

Patients who meet eligibility guidelines for the Charity Care program may qualify for a maximum of one round-trip boat ticket per month on the Catalina Express to attend a specialist appointment to which they have been referred by a CIMC provider. A maximum of 5 adult round-trips will be provided per month through the social services department (this does not include CIMC Skilled Nursing Patients requiring specialist care on the mainland). Boat tickets will be provided on a first-come, first-served basis for qualifying patients, with priority given to ER patients who require assistance at time of discharge, and to patients who can document an outpatient appointment at Harbor General Hospital. Payment for boat transportation for an aide to accompany an adult patient is no longer available through this program.

Attachment "A"

Poverty Level May, 2009
and CIMC Charity Care and Discount Guidelines

Charity Care Program					Discount Program
Family Size	Period	Federal Poverty Level	If income is below 133% of FPL, eligible for \$10 charge per visit in clinic; \$40 in ER.	If income is below 250% of FPL, eligible for (30%) Write Off	If income is below 350% of FPL, eligible for lower of, Discount Program (20%) Write Off or Medicare rate.
1	Annual	10,830.00	14,439.64	27,075.00	37,905.00
	Monthly	902.50	1,203.30	2,256.25	3,158.75
2	Annual	14,570.00	19,426.18	36,425.00	50,995.00
	Monthly	1,214.17	1,618.85	3,035.42	4,249.58
3	Annual	18,310.00	24,412.72	45,775.00	64,085.00
	Monthly	1,525.83	2,034.39	3,814.58	5,340.42
4	Annual	22,050.00	29,399.27	55,125.00	77,175.00
	Monthly	1,837.50	2,449.94	4,593.75	6,431.25
5	Annual	25,790.00	34,385.81	64,475.00	90,265.00
	Monthly	2,149.17	2,865.48	5,372.92	7,522.08
6	Annual	29,530.00	39,372.35	73,825.00	103,355.00
	Monthly	2,460.83	3,281.03	6,152.08	8,612.92
7	Annual	33,270.00	44,358.89	83,175.00	116,445.00
	Monthly	2,772.50	3,696.57	6,931.25	9,703.75
8	Annual	37,010.00	49,345.43	92,525.00	129,535.00
	Monthly	3,084.17	4,112.12	7,710.42	10,794.58
Each Addition Person	Annual	3,740.00	4,986.54	9,350.00	13,090.00
	Monthly	311.67	415.55	779.17	1,090.83

For Charity Care Program- Resources: Family resources (all funds including cash, checks, savings or checking accounts, Certificates of Deposit, stocks, bonds or any other assets that can be converted to cash) allowed up to \$10,000. Fifty percent of all resources over \$10,000 will be calculated as part of annual income in determining eligibility using the table above. ***Asset limit does not apply to discount program.***

Note: For patients who work as waiters, waitresses, or bartenders, an additional 25% of the patient's restaurant

income will be added for tips.

STATEMENT OF FINANTIAL CONDITION (Attachment A)

PATIENT NAME _____ SPOUSE _____
ADDRESS _____ PHONE _____
ACCOUNT# _____ SSN# _____
(Patient) (Spouse)

FAMILY STATUS: List all dependents that you support

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT AND OCCUPATION

Employer: _____ Position: _____

Contact person & Telephone: _____

If Self-Employed, Name of Business: _____

Spouse Employer: _____ Position: _____

Contact Person & Telephone: _____

If Self-Employed, Name of Business: _____

CURRENT MONTHLY INCOME	Patient	Spouse
Gross Pay (before deductions)	_____	_____
<i>Add:</i> Income from Operating Business (if Self-Employed)	_____	_____
<i>Add:</i> Other Income:		
Interest and Dividends	_____	_____
From Real Estate or Personal Property	_____	_____
Social Security	_____	_____
Other (specify)	_____	_____
Alimony or Support Payments Received	_____	_____
<i>Subtract:</i> Alimony, Support Payments Paid	_____	_____
<i>Equals:</i> Current Monthly Income	_____	_____
Total Current Monthly Income (add Patient+Spouse Income from above)	_____	_____

FAMILY SIZE

Total Family Members _____
(add patient, spouse and dependents from above)

By signing this form, I agree to allow Catalina Island Medical Center (CIMC) to check employment and credit history for the purpose of determining my eligibility for a financial discount. I understand that I am required to submit proof of the information I am providing. I certify and declare under penalty of law that the information provided on this form is true

and complete. Requested documents: 1. Check Stubs 2. Bank Statement 3. Pg. #1 of tax returns 4. Copy of bill

(Signature of Patient or Guarantor)

(Date)

DECLARACION DE CONDICION FINANCIERA (ANEXO A)

Nombre del paciente _____ Esposo (a) _____
Fiador _____ Esposo (a) _____
Domicilio _____ Telefono # _____
Cuenta # _____ Seguro Social # _____

Estatus familiar: Lista todos tus dependientes economicos

Nombre	Edad	Parentesco
_____	_____	_____
_____	_____	_____
_____	_____	_____

Ocupacion o Empleo

Empleador: _____ Posicion: _____
Nombre del contacto y telefono: _____

Si es por cuenta propia, nombre del negocio: _____

Empleador del esposo(a): _____ Posicion: _____
Nombre del contacto y telefono: _____

Si es por cuenta propia, nombre del negocio: _____

Ingreso Mensual Actual

	Paciente	Esposo (a)
Pago bruto, antes de deducciones	_____	_____
Sumar Ingreso del negocio, si es por cuenta propia	_____	_____
Sumar Otros ingresos	_____	_____
Interes y dividendos	_____	_____
Del estado real o propiedades personales	_____	_____
Seguro Social	_____	_____
Otro (Especifique)	_____	_____
Pension alimenticia o pagos recibidos de ayuda	_____	_____
Restar Pension alimenticia, pagos pagados con ayuda	_____	_____
Igual Ingreso mensual corriente	_____	_____
Ingreso mensual total (Suma paciente mas esposo(a) Ingreso de arriba)	_____	_____

Tamano de la familia

Numero de miembros en la familia (Suma paciente, esposo(a), dependientes de arriba) _____

Firmando esta forma, estoy de acuerdo que CIMC cheque mi empleo y mi historia de credito, con el proposito de determinar mi elegibilidad, para descuento financiero. Entiendo que puedo ser requerido a comprobar la informacion dada.

Declaro y certifico, bajo pena de perjurio que entiendo esta forma y que la informacion que di es verdadera, correcta y completa.

Firma del paciente o fiador

Firma del esposa (o)

Fecha

SECTION IV: REVIEW PROCESS

1. Program Determinations:

A. At the time of service the patient will be referred to the social services department for an initial eligibility determination for the clinic's Charity Care and Discount Program based on established financial guidelines. If a social services representative is not available for an appointment at the time of service, an appointment will be given for the patient to return with a completed application and the required documents. After initial review, the social services department representative will provide the application and supporting documents to the Social Services Director for review and approval. The application packet will then be forwarded to the business office manager, then to the CEO for final approval. The social services representative will notify the patient by telephone and in writing of the determination (see Attachment "A") within one-week of the date the completed application and supporting documentation is received.

B. All other (non-clinic) applications will be approved or denied by a social services representative within 72 hours after receipt of the application with supporting financial documentation, according to these established policies. The Social Services Director will then review the application, and forward the application to the CEO for final determination. The social services representative will notify the patient by telephone and in writing of the determination (see Attachment "A") within one-week of the date the completed application and supporting documentation is received.

2. Record Keeping and Billing:

A. A copy of every approved charity care and discount policy application must be made. The original is forwarded to the patient billing office, and the copy is maintained in the social services office. The patient billing office submits bills to AIA for emergency room and acute care services (provided no patient payment has been made after 3 months of patient billing). The patient billing office bills patients who qualify for monthly payment plans under the discount payment policy based on the established guidelines.

B. All patient financial records are strictly confidential, and are maintained in the social services office.

C. Patients whose applications for assistance are denied are treated as cash patients, and will be offered payment plan options upon request.

D. The patient billing office will maintain records of charity care and discount program services provided to patients in the CPSI system, from which reports can be printed upon request.

3. Appeal Process:

If a patient disputes a charity care eligibility determination he/she must submit a request for review in writing to the CIMC Billing Office Manager, Michele Jaeger. The request will be reviewed in

cooperation with the CIMC CFO, with final decision made by the CIMC CEO. A determination will be made and the patient will be informed of the decision within 3 business days. The determination of the CIMC CEO will be final.

Attachment "A"

**NOTIFICATION FORM
CATALINA ISLAND MEDICAL CENTER (CIMC)
ELIGIBILITY DETERMINATION FOR CHARITY CARE OR DISCOUNT PROGRAM**

CIMC has conducted an eligibility determination for charity care for:

_____ Patients Name _____ Account Number _____ Date(s) of Service

The request for charity care was made by the patient or on behalf of the patient on _____.
This determination was completed on: _____.

Based on the information supplied by the patient or on behalf of the patient, the following determination has been made:

_____ Your request for charity care has been approved for services rendered on _____.
After applying the charity care reduction, the amount owed is \$ _____.

_____ Your request for charity care is pending approval. However, the following information is Required before any adjustment can be applied to your account:

_____ Your request for charity care has been denied because:

REASON: _____

If you have any questions on this determination, please contact:

Social Services
CIMC
310/510-0520 or
310/510-0096 ext. 42

CATALINA ISLAND MEDICAL CENTER

Notificacion

Determinacion de Elegibilidad del Programa Charity Care

CIMC ha determinado la elegibilidad para Charity Care para:

Nombre del Paciente

Numero de Cuenta(s)

Fecha de Servicio(s)

La aplicacion para Charity Care ha sido por el paciente o por el representante del Paciente en la fecha:

Esta determinacion ha sido completada en: _____

Basada en la informacion suministrada por el paciente o por el representante del paciente, ha sido tomada la siguiente determinacion:

_____ Su aplicacion para Charity Care ha sido aprobada para los servicios ofrecidos en la fecha:
_____. Despues de aplicar la reduccion del Charity Care, La cantidad a pagar
es: _____

_____ Su aplicacion para Charity Care esta pendiente. Sin embargo se requiere la siguiente informacion antes de que cualquier ajuste sea aplicado a su cuenta.

_____ Su aplicacion por Charity Care ha sido negada por:

Razon: _____

Si tiene alguna pregunta en base a esta determinacion, porfavor contacte a:

Servicios Sociales
CIMC
(310) 510 0520
(310) 510 0096 ext. 42

%: _____
DESDE, HASTA: _____
PROBADO POR: _____
FECHA: _____