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Origination Date	12/2002
Current Review Date(s)	11/2018
Current Revision Date(s)	02/2004, 08/2008, 10/2010 10/2014, 12/2015, 11/2018

MARIN GENERAL HOSPITAL
HOUSEWIDE ADMINISTRATIVE MANUAL
CHARITY CARE, FINANCIAL ASSISTANCE AND LOW INCOME UNINSURED POLICY

I. POLICY

It is the policy of Marin General Hospital to provide charity care (financial assistance) to the low-income uninsured or underinsured persons to whom we provide services in our community. This policy includes services which are furnished on an emergency basis. It is imperative that the notification of availability, determination, reporting, and tracking of charity care are in concert with our not-for-profit mission and our community obligation.

As required by law, Marin General Hospital must provide patients with information regarding charity care and other discounts during the patient intake process. There are five (5) regulatory components to this policy:

1. Partial and/or full charity care will be based on the individual's ability to pay as defined by Federal Poverty Income Guidelines and the hospital income criteria.
2. Payment liability from financially qualified persons shall be established to the highest of various government payment rates for comparable health services. This rate is established to be the in-effect Medicare rate.
3. Debt collection activities include providing such qualified persons with interest-free, extended payment plans for repaying the hospital for incurred services.
4. Provide OSHPD with notice of this policy.
5. Reimburse overcharges to persons that should not have been collected under the law, with interest.

Confidentiality of information and individual dignity will be maintained for all that seek charitable services. Personal health information will be maintained consistent with HIPAA and other medical confidentiality obligations.

Patients who do not qualify for charity care, but are uninsured, may qualify for the Uninsured Patient Discount set forth in the current hospital policy.

Authority for decision making with regard to this policy and the progression to formal debt collection is granted to the Director for Patient Financial Services and/or an individual with such authority at a higher level or rank in the hospital including the Executive Director for Revenue Cycle, Chief Financial Officer and other personnel granted this authority for coverage when the Director for Patient Financial Services is not available.

II. PURPOSE

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The purpose of this policy is to define the eligibility criteria for charity care services and to provide administrative and accounting guidelines to assist with the identification, classification, and reporting of patient accounts as charity care.

III. DEFINITIONS

"Patient's family":
1) For patients 18 years of age and older, the family includes the patient's spouse, registered domestic partner, and dependent children under 21 years of age whether living at home or not.
2) For patients under 18 years of age, the family includes the patient's parent, caretaker relatives, and other children (under 21 years of age) of the parent or caretaker relative.
[H&S §127400(h)]

"Federal Poverty Level" (FPL): the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services [H&S §127400(b)].

"Self-pay patient": A patient who does not have third-party coverage from a health insurer, health care service plan, Medicare, or Medicaid/Medi-Cal, and whose injury is not a compensable injury for Worker's Compensation, automobile insurance, or other insurance as determined and documented by hospital. Self-pay patients may include charity care patients. [H&S §127400(f)].

"Uninsured patient": this term is not defined in the law. The terms 'uninsured" and "self-pay" are synonymous for the individuals who meet the criteria for charity care.

"Discount payment" describes the situation where the hospital has determined that the patient does not qualify for free or almost free care, but is eligible for a discount and is expected to pay only a part of the bill.

"Patient with high medical cost" is a person whose family income does not exceed the FPL percent if that individual does not receive a discounted rate from the hospital as a result of his or her third party coverage. [H&S §127400(g)]

"High medical cost" means annual out-of-pocket costs incurred anywhere by the patient or the patient's family that exceed 10% of the family's income for the prior 12 month period net of any applied write-offs or discounts already applied.

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The words "persons" and "patients" are used interchangeably in this policy.

IV. REQUIREMENTS

1. DETERMINING ELIGIBILITY

A. Eligibility Qualifications

A low-income uninsured patient is eligible for Charity Care consideration based on meeting the family income eligibility criteria as established by Marin General Hospital's Federal Poverty Income Guideline. Full charity care (no payment) is for all patients at 400% or less of the FPL. Marin General Hospital has established the FPL limit at a rate higher than that required by law. This level is referred to as the criteria in this policy.

Insured patients with limited coverage or who have exhausted their benefit coverage may qualify for charity care or discount payment according to the criteria.

Insured patients with high medical costs may qualify for charity care or discount payment according to the criteria.

Insured patients with high deductible plans may qualify for charity care or discount payment according to the criteria.

B. Testing for Eligibility

The hospital shall test for the entire family income and not solely the patient's income.

The hospital shall include all sources of income including income from other sources such as cash payments to patient or patient's family.

C. Contracting with Other Organizations to Determine Eligibility

The hospital may enter into contracts/memorandums of understanding which accept the formal screening by other nonprofit organizations that serve populations in need of healthcare services but do not have the means to pay for services. These organizations shall not include organizations that have eligibility

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criteria that are more liberal than that which the hospital has in effect at the time services are rendered.

2. LIMITING EXPECTED REIMBURSEMENT

The maximum expected billing amount for patients who qualify for charity care or discount payment who do not have insurance coverage shall be the full in effect allowable Medicare rate for the service (s) as calculated in accordance with Medicare payment rules. [H&S §127405(d)]

For any patient who has coverage under a third party insurance plan, that contract shall establish the billing rate except when the Medicare payment is less. [H&S §127400(c) and §127405(d)] See example.

Please note that "***No health care service plan, insurer, or any other person shall reduce the amount it would otherwise reimburse a claim for hospital services because a hospital has waived, or will waive, collection of all or a portion of a patient's bill for hospital services in accordance with the hospital's charity care of discount payment policy, notwithstanding any contractual provision.***" [H&S § 127444]

3. LIMITED DEBT COLLECTION ACTIVITIES

A. Notice Prior to Commencing Collection Activities

The hospital, or any assignee of a hospital debt, including a collection agency must provide the patient with a clear and conspicuous notice that includes the required language from the various practice acts and a statement that nonprofit credit counseling services may be available in the area.

B. Collection Practices

The hospital includes an extended payment plan to allow payment of the discounted price over time. The hospital and the patient may negotiate the terms of the payment plan. The hospital will not charge interest on the extended payment plan debt.

An extended payment plan may be negotiated with the patient if the patient fails to make all consecutive payments during a 90-day period. Prior to declaring an extended payment plan inoperable the patient must be:

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1. Contacted or attempted to be contacted by telephone (last known number)
2. Given notice in writing that the plan may be inoperable (last known address)
3. Informed that there is an opportunity to re-negotiate the payment plan.

Until the payment plan is declared inoperable, no report may be made to a consumer credit reporting agency and no civil action may commence. Any advancing of debt for collection or reporting requires the approval of each patient by the Director of Patient Financial Services. Advancing of debt collection shall occur after 150 days of an inoperable payment plan.

Credit reporting shall not occur until after 150 days of the payment plan being inoperable.

4. PROVIDING WRITTEN NOTICE

A. Charity Care Information Provided at Patient Intake:

Except in the case of emergency services, Marin General Hospital shall provide patients with information regarding charity care and discount payments during the patient intake process. Marin General Hospital shall also provide patients with contact information for a Marin General Hospital employee or office from which the patient may obtain further information about charity care and discount payments. The information provided shall be in the primary language(s) of Marin General Hospital's service area and in a manner consistent with all applicable federal and state laws and regulations. A language is a primary language of Marin General Hospital's service area if 5% or more of Marin General Hospital's local population speaks the language.

B. Charity Care Information Provided at all other times:

Marin General Hospital shall provide patients with information regarding charity care and discount payments during the intake process, or at any other time upon patient request. Marin General Hospital shall provide uninsured patients with the Marin General Hospital charity care application form, the "Statement of Financial Condition," immediately upon patient request. The information provided shall be in the primary language(s) of Marin General Hospital's service area and in a manner consistent with all applicable federal and state laws and regulations. A language is a primary language of Marin General Hospital's service area if 5% or more of Marin General Hospital's local population speaks the language.

C. Public Notice and Posting:

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Public notice of the availability of assistance through this policy should be made through each of the following means:

Posting notices in a visible manner in locations where there is a high volume of inpatient or outpatient admitting/registration. Notices must be posted in at least the emergency departments, billing offices, admitting offices, and hospital outpatient service settings. Posted notices shall be in languages reflecting that spoken in the service area is 5% or more of the populations speak this language. Posted notices shall contain the following information:

1) A statement indicating that Marin General Hospital has a financial assistance policy for low-income uninsured patients who may not be able to pay their bill and that this policy provides for full or partial charity care write-off.

2) Identification of a hospital contact phone number that the patient can call to obtain more information about the policy and about how to apply for assistance.

D. Include policy information on bills and statements sent to patients indicating:

1) If the patient meets certain income requirements the patient may be eligible for a government-sponsored program or qualify for charity care or discount payment from Marin General Hospital. The income requirements shall be stated on the notice.

2) Notification to the patient that emergency physicians are required to have a discount policy to uninsured and high medical cost patients which may have different eligibility criteria than that of the hospital but at least at 350% of the FPL.

3) A hospital phone number that patients may call for further information.

4) Posting notice of the availability of assistance and a contact phone number on Marin General Hospital's web site.

5) Providing uninsured patients a document outlining the types of financial assistance available.

5. REIMBURSING OVERCHARGES

If the hospital has mistakenly over collected from a patient for their portion who qualifies for charity care or discount payment the patient will be reimbursed the principle plus interest calculated at the same rate as stated in California Civil Code §685.010 which is

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currently 10% per annum. This clause shall not apply if the overpayment is $5 or less. In this case the hospital shall furnish credit equal to the amount of $5 or under for a period of 60 days. Interest shall accrue beginning on the date payment by the patient is received from the hospital.

6. NOT AVAILABLE FOR CHARITY CARE

Charity care and discounts provided by this policy are generally not available for "elective procedures". The application of this policy does not apply to any portion of a patient's services because of the transfer of a patient to another facility that bills for services under a different Tax Identification Number. The hospital will make every effort to locate a charitable organization that Marin General is aware of or has a relationship with to furnish elective procedures.

V. PROCEDURES

Eligibility Criteria:

A. Charity Care Application:

1. A low-income uninsured hospital patient who indicates the financial inability to pay a bill for a medically necessary service shall be evaluated for charity care assistance.
2. The Marin General Hospital standardized application form, shown as the "Financial Assistance Form" on Attachment A, will be used to document each patient's overall financial situation. This application should be available in the primary language(s) of Marin General Hospital's service area. A language is a primary language of Marin General Hospital's service area if 5% or more of Marin General Hospital's local population speaks the language.
3. The "Financial Assistance Program Worksheet" (see Attachment B) is completed to aid Marin General Hospital in determining the amount and type of charity care for which the patient may be eligible.
4. If an uninsured hospital patient does not complete the application form within 30 days of delivery, Marin General Hospital will notify the patient that the application has not been received and will provide the patient an additional 45 days to complete the application. If the application form is subsequently submitted it will be accepted.
5. The patient must make every reasonable effort to furnish the hospital with documentation of income. The documentation requirements are on the form.
6. The patient must attest in writing that the information they are furnishing to the hospital is accurate.

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7. Denials for charity care or discount payment can be made by the Director of Patient Financial Services.
8. Once a determination has been made, a "Notification Form" (see Attachment C) will be sent to each applicant advising him or her of the facility's decision.
9. The amount and frequency of hospital bills may also be considered.
10. The data used in making a determination concerning eligibility for charity care should be verified to the extent practical in relation to the amount involved.

B. Full Charity Care:

The basic standard for full charity care write-off will be 400% of the most recent Family Federal Poverty Income Guidelines (Attachment B). Periodic updates to the FPL by the federal government will be adopted by the hospital and will not require a revision to this policy.

C. Medi-Cal Denied Patient Days and Non-covered Services:

Medi-Cal/CCS and other State of California program patients are eligible for charity care write-offs related to denied stays in limited circumstances, when the admission/services were medically necessary as determined by the treating physician or the patient was not safe to discharge and there is no administrative day payment. The Treatment Authorization Request (TAR) will record the reason for the denial. An example where the write off is charity is if a Medi-Cal pending results in a denial as not eligible because the patient did not complete the application. Denials for other reasons such as a physician's failure to write a discharge order cannot be written off as charity care. Recognizing that the hospital is compensated by Medi-Cal on a per case basis there will be limited circumstances where a charity care write off will apply.

D. High Medical Cost Patients:

The annual out-of-pocket costs incurred anywhere by the patient or the patient's family that exceed 10% of the family's income for the prior 12 month period net of any applied write-offs or discounts already applied will trigger this qualification, insurance premiums are ***not*** considered in this calculation:

a) Marin General Hospital will multiply the Family Income as determined in Section O of this policy by 10%.

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b) Marin General Hospital will determine the patient's Allowable Medical Expenses according to the limiting formula.

c) Marin General Hospital will compare 10% of the Family Income as determined in Section L to the total amount of the patient's Allowable Medical expenses. If the total of the Allowable Medical Expenses is greater than 10% of the Family Income, then the patient meets the High Medical Cost qualification.

E. Eligibility for Insured Patients

1. A patient who is insured but has "high medical costs" and who is at or below 400% of the federal poverty level (FPL) is eligible to apply for charity care.
2. Charity care applies to the portion of the bill that is the patient's responsibility, including co-payments and deductibles.
3. Marin General Hospital will determine the patient's Allowable Medical Expenses according to the limiting formula..
4. A patient's family is defined as a patient's spouse, domestic partner, and dependent children under 21 years of age. For patients under 18 years of age, the family is defined as their parent(s), caretaker relatives, and other children under 21 years of age of the parent or caretaker relative.
5. If a patient has been assigned Medi-Cal share of cost, the share of cost amount will be eligible for charity care.
6. Patients who do not qualify for Financial Assistance may be eligible to receive discounts based on the prompt payment discount policy.

F. Eligibility Period:

Approvals for MGH Financial Assistance for patients who complete the application process will be applied for 6 months forward from the approval date and retroactively to open accounts.

G. Homeless Patients:

Emergency room patients without a payment source may be classified as charity if they do not have a job, mailing address, residence, including temporary residence, or insurance. Consideration must also be given to classifying emergency-room-only patients who do not provide adequate information as to their financial status. In many

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instances, these patients are homeless and have few resources to cover the cost of their care.

H. Collection Agency:

If a collection agency identifies a patient meeting Marin General Hospital's charity care eligibility criteria, the patient account may be considered charity care, even if they were originally classified for collection or as a bad debt. Collection agency patient accounts ***meeting charity care criteria*** should be returned to Marin General Hospital's billing office and reviewed for charity care eligibility.

I. Special Circumstances:

1. Deceased patients without an estate or third party coverage will be eligible for charity.
2. Patients who are in bankruptcy (filed but an open case) or completed bankruptcy in the past three (3) months may be eligible for charity.

J. Governmental Assistance:

1. In determining whether each individual qualifies for charity care, other county or governmental assistance programs should also be considered. Many applicants are not aware that they may be eligible for assistance such as Medi-Cal, the Healthy Families Program, Victims of Crime, California Children Services or the Affordable Care Act benefit plans.
2. Marin General Hospital should assist the individual in determining if they are eligible for any governmental or other assistance.
3. 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. Marin General Hospital may make the granting of charity contingent upon applying for governmental program assistance. This may be prudent, especially if the particular patient requires ongoing services.

K. Time Requirements for Determination:

1. While it is desirable to determine the amount of charity care for which a patient is eligible as close to the time of service as possible. In some cases, eligibility is readily apparent and a determination can be made before, on, or

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soon after the date of service. In other cases, it can take investigation to determine eligibility, particularly when the patient has limited ability or willingness to provide needed information. At any time if a patient sends confirming information and the application that demonstrate qualification for charity care then charity care will be indicated.

2. Every effort should be made to determine a patient's eligibility for charity care. In some cases, a patient eligible for charity care may not have been identified prior to initiating external collection action. Accordingly, any collection agency will be made aware of the policy on charity care. This will allow the agency to refer back to Marin General Hospital patient accounts that may be eligible for Charity Care.

3. After 150 days of no response from a patient to formally determine eligibility the account may proceed to debt collection. If the patient was initially identified as probable charity care and the patient has no public or private record to locate the patient (e.g. homeless with no residence) the case may be classified as charity care. The Director of Patient Financial Services will use appropriate judgment to differentiate charity care based on the criteria in lieu of a bad debt determination.

L. Application Denied:

No financial assistance is granted under this policy. However, if patient is self-pay, the patient may be eligible according to the prompt pay discount policy.

M. Appeals:

In the event of a dispute over the application of this policy, a patient may seek review from Marin General Hospital's Director of Patient Financial Services. The patient may also follow the hospital's complaint policy. The patient will be informed of any decision in writing.

N. Definition of Income:

1. Annual family earnings and cash benefits from all sources before taxes, less payments made for alimony and child support.

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2. Proof of earnings may be determined by annualizing year-to-date family income, giving consideration for current earning rates.

O. Who Can Grant Charity Care Write-offs:

Director of Patient Financial Services or Executive Director of the Revenue Cycle, or someone in a higher position may approve charity write offs..

P. Reimbursement to Patients

Any amount collected from a patient in excess of the amount due under this policy will be reimbursed to the patient at an annual interest rate of 10 percent.

Q. Roles and Responsibilities:

Procedures must be adopted that clearly address the various responsibilities in the determination of charity care. This includes documentation of any contact with the patient, provision of information, and assistance to the patient making the determination of charity care eligibility, and notifying the patient.

R. Recordkeeping:

Records relating to potential charity care patients must be readily accessible. Marin General Hospital must maintain information regarding the number of uninsured patients who have received service, the number of financial assistance applications completed, the number approved, the estimated dollar value of the benefits provided, the number denied, and the reasons for denial.

In addition, notes relating to charity application and approval or denial should be entered on the patient's account.

S. Submission to OSHPD:

Beginning January 1, 2008, and biennially thereafter (every two years) by January 1, Marin General Hospital shall forward copies of this policy to the Office of Statewide Health Planning and Development (OSHPD). Submission of the policy shall be done consistent with the manner prescribed by OSHPD.

T. Application of Policy:

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This policy does not create an obligation to pay for any concurrent charges or services not billed by Marin General Hospital at time of service. Marin General includes a notice regarding the Emergency Physician discount policy requirement. This policy does not apply to services provided within Marin General Hospital by other physicians or other medical providers including Anesthesiologists, Radiologists, Hospitalists, Pathologists, etc.

U. Notification of Emergency Physicians Fair Pricing Policies:

In accordance with state law, the hospital provides notice to persons regarding the obligation of emergency physicians to have a discount payment policy for the uninsured and high cost patients whose incomes are at or below at least 350% of the FPL. This policy may be different than the hospital's policy for discounts. The maximum fee may be different than that of the hospital. Emergency physicians are not required to offer an extended payment plan but if they do the plan must be interest free.

Attachment A: FINANCIAL ASSISTANCE FORM

FINANCIAL ASSISTANCE PROGRAM | PHONE: 415-925-7070

STATEMENT OF FINANCIAL CONDITION

PATIENT NAME _____

ADDRESS _____

ACCOUNT NUMBER(S) _____

SPOUSE _____

PHONE _____ SSN _____

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'S EMPLOYER _____

SPOUSE'S POSITION _____

SPOUSE'S CONTACT PERSON & TELEPHONE _____

IF SELF EMPLOYED, SPOUSE'S NAME OF BUSINESS _____

Attachment B. Financial Assistance Form En Espanol.

PROGRAMA DE ASISTENCIA FINANCIERA | TELÉFONO: 415-925-7070

DECLARACION DE SITUACION FINANCIER

NOMBRE DE PATIENTE _____

DIRECCIÓN _____

NÚMERO DE CUENTA _____

CÓNYUGE _____

TELÉFONO _____ NÚMERO DE SUGURO SOCIAL _____

COMPOSICIÓN FAMILIAR: Indique todos los dependientes que se encuentran a su cargo

NOMBRE	EDAD	RELACIÓN

EMPLEO Y LA OCUPACIÓN

EMPLEADOR _____ PUESTO _____

PERSONA DE CONTACTO Y TELÉFONO _____

SI TRABAJA DE FORMA INDEPENDIENTE, INDIQUE EL NOMBRE DEL COMERCIO

_____

EMPLEADOR CÓNYUGE _____ PUESTO _____

PERSONA DE CONTACTO Y TELÉFONO _____

SI TRABAJA DE FORMA INDEPENDIENTE, INDIQUE EL NOMBRE DEL COMERCIO

_____

Attachment C: FINANCIAL WORKSHEET

MARIN GENERAL HOSPITAL FINANCIAL ASSISTANCE WORKSHEET

Patient Name:	ADMIT DATE	D/C DATE	TOTAL CHARGES	INSURANCE PAYMENTS	PATIENT PAYMENTS RECEIVED	CHARITY WRITE OF

Number of Dependents		
FPL (per # in household, from FPL grid)		
GROSS INCOME (TAX RETURN OR PAY STUB)		
% of FPL		
Patient Annualized Out of Pocket Expenses		
Patient Liability as a % of Total Income		
CHARITY TYPE		
TOTAL CHARGES		
CHARITY WRITE OFF AMOUNT		
AMOUNT PAID BY PATIENT		
REFUND DUE		

Comments:

APPROVAL/DENIAL RECOMMENDED BY:_____

PFS Manager DATE

Attachment D: SAMPLE LETTER

Woodrow Wilson
1600 Pennsylvania Ave.
Washington, D.C. 20500

Regarding Account (s): 4076548321 - $74.35

Dear Mr. Wilson,

Thank you for submitting your completed Financial Assistance application.

We are pleased to notify you that your application has been approved in the amount of $74.35 and your balance has been reduced to zero in accordance with our policies.

Please call our Patient Financial Services office at 415-925-7070 if you have any additional questions.

Sincerely,

Patient Financial Services
Marin General Hospital

Attachment E: Physician groups not covered under MGH Financial Assistance Policy

The Marin General Hospital Financial Assistance Policy covers only the services provided and billed by Marin General Hospital.

The following physician groups provide services at MGH but bill separately. These groups are not covered by the MGH Financial Assistance Policy, but they may provide Financial Assistance under their own policy.

California Emergency Physicians
California Advanced Imaging
Anesthesia Consultants of Marin
Marin Hospitalist Medical Group
Marin Medical Lab
Physicians in the medical specialty listed below:

- Cardiology
- Dermatology
- Radiology
- Otolaryncology
- Endocrinology
- Family Practice
- Gastroenterology
- Hematology/Oncology
- Infectious Disease
- Internal Medicine
- Nephrology
- Neurology
- Nuclear Medicine
- Obstetrics/Gynecology
- Ophthalmology
- Orthopedics
- Pediatrics
- Plastic Surgery
- Psychiatry
- Pulmonologist
- Rheumatology
- General Surgeon
- Urology

WRITTEN BY:

Patient Financial Services	Date: 9/2010

DISTRIBUTION:

House wide Administrative Manual
Patient Financial Services Manual
Admitting Manual

REVISED BY:

Director Business Process	Date: 10/2010
Director, Patient Financial Services (PFS)	Date: 10/2014
Director, Patient Financial Services (PFS)	Date: 01/2016
Director, Patient Financial Services (PFS)	Date: 02/2019

APPROVED BY:

Finance Committee	Date: 10/2010
Nanette Harris, Director, PFS	Date: 10/2014
Bernadette Jensen, Exec. Dir., Revenue Cycle	Date: 10/2014
Ron Sperling, Interim CFO	Date: 10/2014
Lee Domanico, CEO	Date: 10/2014
MGH Finance Committee	Date: 01/2015
Nanette Harris, Director, PFS	Date: 01/2016
Bernadette Jenson, Exec. Dir., Revenue Cycle	Date: 01/2016
Jim McManus, CFO	Date: 02/2016
Lee Domanico, CEO	Date: 02/2016
MGH Finance Committee	Date: 02/2016
Nanette Harris, Director PFS/HIM	Date: 02/2019
Jim McManus, CFO	Date:
Lee Domanico, CEO	Date:
MGH Finance Committee	Date:

EXECUTIVE SUMMARY

Charity Care, Financial Assistance and Low Income Uninsured Policy
Policy /Procedure # 1115.09

Background:
Policy 1115.09 was last updated in December 2015 and approved in February 2016. This policy requires review within 3 years.

Purpose:
Changes to the policy include reducing the eligibility period from 1 year to 6 months.

During the process to evaluate and update our current policy the policies from the following hospitals were reviewed:

- St. Joseph Health
- Sutter Health
- UCSF

St. Joseph Health is the only one of the 3 hospitals that allows for a sliding scale so that patients may potentially by responsible for paying a portion of the bill. Sutter Health and UCSF both use an all or nothing policy. Currently if a patient's household income is 400% of the FPL or below they will be approved for full financial assistance.

This revised policy matches the UCSF policy and no changes will be made to the eligibility requirement to stay consistent.

Plan/Methods:
The financial assistance program is managed by the PFS staff who review the applications that are submitted and handle through the approval process. Applications are approved and denied by the PFS Director, Revenue Cycle Executive Director and CFO depending on the dollar amount of the requested assistance.

Monitoring:

This information is tracked monthly and annually and requires specific sign off depending on dollar amount.

Approval process:

Approving entities	Signature/Date of approval
Nanette Harris, Director PFS.HIM	_____
Jim McManus, CFO	_____
MGH Finance Committee	_____
MGH Board of Directors	_____
Lee Domanico, CEO	_____