

POLICY TITLE: Discounted Payment and Charity Care Program	
DISTRIBUTION: Organization, Website, HCAI, Bad Debt Agencies	PAGE: 1 of
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REPLACES POLICY DATED: 03.28.2020	ORIGINAL EFFECTIVE DATE: 06.01.2004
AUTHOR/OWNER: Karen Dostart, Director Hospital Patient Billing & Payer Contracting	APPROVED BY: Laurie Eldridge, CFO, Board of Directors

SCOPE: Registration/ Front Desk /Financial Counselors/ General Support Scanner

POLICY STATEMENT: Outlines Marshall’s policy and procedure to define the eligibility criteria for discounted payment and charity care services, administrative, and accounting guidelines for the identification, classification, and reporting of patient accounts as discounted payments or charity care.

SUPPORTIVE INFORMATION: It is Marshall’s intention to ensure that every patient of Marshall will be presented before discharge and at time of billing with written notice that includes information regarding the availability of Marshall’s Discounted Payment and Charity Care Program, including information about eligibility, as well as contact information for a hospital office from which the person may obtain further information about these policies.

Marshall is committed to providing, without discrimination, care for emergency medical conditions to our patients regardless of their eligibility under this Discounted Payment and Charity Care Program. Requests for Discounted Payment and Charity Care may be made verbally or in writing at any point before. During or after the provision of care.

An emergency physician who provides emergency medical services at Marshall is required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 400% percent of the Federal poverty level.

Discounted Payment and full Charity Care will each be based on the individual’s ability to pay as defined by California State AB774,532,1020, SB1276, IRS 501®, the Federal Poverty Family Income Guidelines, and the attached sliding scale. Following a determination of eligibility, an eligible individual will not be charged more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance covering such care.

Confidentiality of information and individual dignity will be maintained for all that seek Discounted Payment or Charity Care under these policies. The handling of personal health information will meet all HIPAA requirements.

DEFINITIONS:

Amounts Generally Billed (AGB)

The maximum amount billed by Marshall to individuals eligible for Discounted Payment or charity care, as determined by this policy.

Marshall determines AGB using a method allowed by federal regulations, namely the “Medicare Prospective” method. The prospective method requires the facility to estimate the amount it would be paid by Medicare for the emergency or other medical necessary care as if the FAP eligible individual were a Medicare fee-for-service beneficiary. The term “Medicare fee-for-service” includes only health insurance available under Medicare parts A and B of Title ZXVII of the Social Security Act (42 U.S.C. 1395c through 1395w-5) and not health insurance plans administered under Medicare Advantage. In rare cases where the Medicare rate is more than billed charges, the discount will be based on the Medi-Cal APR-DRG or fee-for-service fee schedule at the time of service. Any questions should be directed to the Financial Counselors at 530-626-2618.

Charity Care (no charge to the patient (free care)):

Defined as free health care services provided without expectation of payment to persons who meet the hospital’s criteria for Charity Care and are unable to pay for all or a portion of the services.

Patients without insurance coverage or the inability to obtain insurance coverage and the inability to pay are eligible for this discount.

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Collection Agency:

A vendor contracted by Marshall who attempts to collect payment for an overdue debt on behalf of Marshall. The agency will make a report to a credit bureau of the unpaid debt no sooner than 180 days from the first statement to the patient/guarantor and guidelines regarding medical debt under the Consumer Financial Protection Bureau (CFPB).

Deceased Patients:

A patient that has expired and has no living spouse / guardian, and does not have an estate that a creditor’s claim filed against will be considered automatically covered as Discounted Payment or Charity Care under this policy. Validation will be secured through verification of marital status and court research of estate notices.

Discounted Payment and Charity Care

Discounted Payment:

Is defined as those health care charges that a financially qualified patient is expected to pay in accordance with Health & Safety Code Sections 127405 (b) and 127405 (d). Discounted Payment may be applied to uninsured patients, as well as the patient liability for patients with insurance, including charges determined uninsured for the hospital stay, co-insurance, co-payment, deductible amounts and other liabilities for medical necessary hospital services.

Eligible Balance:

The balance stated in the appropriate patient billing system as the patients' responsibility at the time of application.

Emergency Medical Care:

Refers to Emergency Services and Care required to stabilize a patient's medical condition initially provided in the emergency department or otherwise classified as "emergency services" under the federal EMTALA Law or Section 1317.1 et.seq of the California, Health & Safety Code, and continuing until the patient is medically stable and discharged, transferred, or otherwise released from treatment.

Essential Living Expenses: (Attachment C)

Are defined as rent or house payment and maintenance; food and household supplies; utilities and telephone; clothing; medical and dental payments; insurance; school or child care; child or spousal support; transportation and auto expenses, including insurance, gas, and repairs; installment payments; laundry and cleaning; and other extraordinary expenses.

Extraordinary Collection Action (ECA):

A list of collection activities, as defined by the IRS and Treasury, that healthcare organizations may only take against an individual to obtain payment for care after reasonable efforts have been made to determine whether the individual is eligible for Discount Payment and Charity Care

- Placing a lien on an individual's property.
- Foreclosing on real property.
- Attaching or seizing an individual's bank account or other personal property.
- Commencing a civil action against an individual or writ of body attachment for civil contempt. Causing an individual's arrest.
- Garnishing wages.
- Reporting adverse information to a credit agency.
- Deferring or denying medical necessary care because of nonpayment of a bill for previously provided care under this policy.
- Requiring a payment before providing medical necessary care because of outstanding bills for previously provided care.

Federal Poverty Level (FPL): (Attachment A)

Discounted Payment and Charity Care

The poverty guidelines for families are updated periodically in the Federal Register by the United States Department of Health and Human Services under the authority of subsection (2) of Section 9902 of Title 42 of the United States Code. [HHS Federal Poverty Guidelines](#)

Financially Qualified Patients:

Applies to a patient and has a family income that does not exceed 450 percent of the federal poverty level and has completed and submitted an application, and review of the application by Marshall shows that the individual qualifies for either Discounted Payment or Charity Care.

High Medical Cost:

Applies to patients whose family income does not exceed 450 percent of the federal poverty level. A High Medical Cost discount may be applied to services for insured and uninsured patients. Insured patients are eligible for discounts to their liability, including copayment, coinsurance and deductible amounts. For these purposes “high medical costs” is defined to mean any of the following:

- Annual out-of-pocket costs that exceed the individual the lesser of ten (10)% of the patient’s current income or family income in the prior 12 months.
- Annual out-of-pocket costs that exceed the patient’s family income, if the patient provides documentation of the patient’s medical expenses paid by the patient or the patient’s family in the prior 12 months.
- A lower level determined by the hospital in accordance with the Marshall’s Discounted Payment and Charity Care Policy.

Homeless Patients

As defined by the U.S. Department of Housing and Urban Development (HUD) definition of “homeless”, “at risk of homelessness”, and “chronically homeless”. Patients without a payment source are automatically classified as charity if they do not have a job, mailing address, 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 instances, these patients are homeless and have few resources to cover the cost of their care. Certification of Homelessness must be Provided every six months to continue coverage under this policy. (Attachment F)

Medi-Cal Hospital Presumptive Eligibility (HPE): The program provides individuals with temporary, no-cost, Medi-Cal benefits for up to two months. To qualify individuals must meet certain rules, such as having income monthly limit for household size, being a California resident, and not currently on Medi-Cal.

Included Providers:

The Marshall Medical Center Foundation Providers whether providing emergency or medically necessary care in the hospital, home health, or clinic setting are qualified services and covered under Marshall’s policy.

Location Address	Suite	Phone
Divide Wellness Center Rural Health Clinic - 6065 State HWY 193 Georgetown		530-333-2548
Marshall Cardiology-1004 Fowler Placerville	Suite 4	530-626-9488
Marshall Cardiology-3501 Palmer Dr Cameron Park	Suite 204	530-626-9488
Marshall Cardiology-5137 Golden Foothill Pkw El Dorado Hills		530-626-9488
Marshall CARES-1045 Marshall Way Placerville		530-621-7965
Marshall ENT- 4300 Golden Center Drive Placerville	Suite D	530-344-2010
Marshall Family Medicine - 1095 Marshall Placerville	Suite 100	530-626-2920
Marshall Family Medicine 3581 Palmer Dr Cameron Park	Suite 602	530-672-7000
Marshall Family Medicine 5137 Golden Foothill pkw El Dorado Hills	Suite 120	916-933-8010
Marshall General Surgery - 1095 Marshall Way Placerville	Suite 202	530-626-3682
Marshall GI - 3501 Palmer Dr Cameron Park	Suite 201	530-672-7040
Marshall Hematology/Oncology Cameron Park - 3581 Palmer Dr Cameron Park	Suite 400	530-676-6600
Marshall OB/GYN - 1095 Marshall Way Placerville	Suite 201	530-344-5470
Marshall Orthopedics 4300 Golden Center Dr Placerville	Suite C	530-344-207
Marshall Pediatrics Rural Health Clinic-4341 Golden Center Placerville	Building A	530-626-1144
Marshall Rheumatology - 3501 Palmer dr Cameron Park	Suite 201	530-672-7040
Marshall Sierra Primary Medicine-4341 Golden Center Dr Placerville	Building B	530-621-3600
Marshall Urology 3501 Palmer Drive Cameron Park	Suite 204	530-676-6131

Insured Patients Not Under Contract with Marshall Medical Center:

Negotiations with insurance carriers involving inferred contractual relationships for insured patients not under contract with Marshall will be conducted by the Senior Health Plan Contract Analyst or designee. Although Marshall may agree to the terms of the negotiations with insurance companies, an inferred contractual relationship is not representative of a patient “under contract”. Marshall considers any reimbursement less than 25% of cost to be a charitable event. Any care provided to a presumptive or actual case of COVID-19 is provided at an amount no greater than what the patient would have otherwise been required to pay if the care had been provided by an in-network provider. All unreimbursed amounts are a form of patient financial assistance and determined as the difference between gross hospital charges and hospital reimbursement.

Interest:

Marshall shall reimburse the patient any amount actually paid in excess of the amount due under this policy, including interest. Interest owed by Marshall Medical Center to the patient shall accrue at the rate set forth in Section 685.010 of the Code of Civil Procedure, beginning on the date payment by the patient is received by the hospital. However, a hospital is not required to reimburse the patient or pay interest if the amount due is less than five dollars (\$5.00). The hospital shall refund the patient within 30 days.

Medically Necessary Services:

Discounted Payment and Charity Care

Hospital-based medical services are determined based upon a medical evaluation, to be necessary to preserve a patient's life, to prevent significant illness or significant disability, or to alleviate severe pain.

Monetary Assets:

Assets include all liquid assets, including bank accounts and publicly traded stocks, but will not include retirement, deferred-compensation plans qualified under the Internal Revenue Code, non-qualified deferred-compensation plan, or assets that are not readily convertible to cash, such as real property. In reviewing monetary assets Marshall may require a waiver or release from the patient or the patient's family authorizing the facility to obtain account information from the financial or commercial institution, or other entities that hold or maintain the monetary assets to verify their value. Monetary Assets will only be considered in connection with eligibility with charity care and not for eligibility under the discounted payment policy. In determining eligibility under the charity care policy, the first

\$10,000 of a patient's monetary assets shall not be counted, nor shall Marshall count 50% of the patient's monetary assets above \$10,000. The monetary assets that exceed the preceding criteria will be divided by 12 and added to the monthly patient family income.

Information obtained shall not be used for collections activities. This paragraph does not prohibit the use of information obtained by the hospital, collection agency, or assignee independently of the eligibility process for Discounted Payment or Charity Care.

Non-emergency Services:

Medically necessary services and are not Emergency Services.

Non-Covered/Denied Medicaid or Indigent Care Program Services

Non-covered and denied services provided to Medicaid eligible beneficiaries are considered a form of charity care. Medicaid beneficiaries are not responsible for any forms of patient financial liability and all charges related to services not covered, including all denials, are charity care. Examples may include, but are not limited to:

- Services provided to Medicaid beneficiaries with restricted Medicaid (i.e., patients that may only have pregnancy or emergency benefits, but receive other hospital care)
- Medicaid-pending accounts
- Medicaid or other indigent care program denials
- Charges related to days exceeding a length-of-stay limit
- Medicaid claims (including out of state Medicaid claims) with "no payment"
- Any service provided to a Medicaid eligible patient with no coverage and no payment

Non-Covered/Denied Charges for all Payors

Any unreimbursed charges from non-covered or denied services from any payor, such as charges for days beyond a length-of-stay limit, exhausted benefits, balance from restricted coverage, Medicaid-pending accounts, and payor denials are considered a form of patient financial assistance at

Marshall. Charges related to these denials/non-covered amounts written off during the fiscal year are reported as uncompensated care.

Patient Family

- For persons 18 years of age and older, spouse, domestic partner, as defined in Section 297 of the Family Code, and dependent children under 21 years of age, whether living at home or not
- For persons under 18 years of age, parent, caretaker relatives and other children under the age of 21 years of age of the parent or caretaker relative.

Presumptive Charity Care & Discounted Payment:

Marshall may grant in the absences of a completed application in situations where the patient does not apply but other available information substantiates a financial hardship. The reason for presumptive eligibility will be reflected in the transaction code used to adjudicate the patient's claim. Additional patient notes may be included. Examples of these exceptions where documentation requirements are waived include, but not limited to:

- An independent credit-based financial assessment tool indicates indigence;
- An automatic Discounted Payment or Charity Care determination of 100% assistance is applied in the following situations provided other eligibility criteria are met:
 - Patient has an active Medicaid plan
 - Patient is eligible for Medicaid, or patients with current active Medicaid coverage will have assistance applied for past services with the exception of Medicaid Share of Cost for past dates of service
- Determination of patient financial assistance eligibility by Financial Counselor

Proof of Income:

As defined under the "Fair Pricing Law": Health & Safety Code Section 127405 et seq. proof of income is one of the following:

- Latest Income Tax Return: defined as recent tax returns which document a patient's income for the year in which the patient was first billed or 12 months prior to when the patient was first billed.
- 3 of the most recent pay stubs: defined as within a 6-month period before or after the patient is first billed by the hospital, or in the case of preservice, when the application is submitted. If necessary Marshall can request up to six months of consecutive paystubs.
- Seasonal workers must supply last Income Tax Return

Reasonable Payment Plan

If Marshall and the patient or their guarantor cannot agree on the payment plan, Marshall shall set the payment plan as defined in SB1276 SEC 5 Section 127454(k) of the Health and Safety Code means "reasonable payment formula" which means monthly payments that are not more than ten

Discounted Payment and Charity Care

(10) percent of a patient's family income for a month, excluding deductions for the essential living expenses. "Essential living expenses" means, for the purpose of this subdivision, expenses for all of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

Statement of Financial Condition:

Application for which the patient or patients' guarantor will provide all relevant data begins the determination process.

Requests for assistance may be made verbally or in writing at any point before, during or after the provision of care.

Patients have the ability to submit an application in the following ways:

1. Paper Application
 - a. dropped off at any Marshall registration location
 - b. mail to:
 - i. PO Box 872, Placerville, CA 95667
2. Online
 - a. www.marshallmedical.org
 - i. <https://www.marshallmedical.org/patients-visitors/patient-information/financial-assistance>
 - ii. [Click "Financial Assistance" located in the banner](#)
 - b. [MyChart](#)

Under-insured:

An under-insured patient is defined as a patient who has insurance coverage that exclude medical necessary service, or patients insured under health care sharing ministries (HCSMs), discount plan, or risk sharing plan that is not required to protect the consumer as stated by NAIC.

Uninsured/Self Pay:

An uninsured or self-pay patient is defined as a patient who has no insurance coverage for their services or an insured patient who does not have coverage for their specific service and is not eligible for any State, Federal and local programs and has an household/family income of less than 450% of the FPL as defined in Attachment A will qualify for an Uninsured Discount that will adjust their patient liability to no more than 100 percent of Medicare Medicaid, sometimes referred to as amount generally billed AGB

Assistance may be applied to uninsured patients, as well as the patient liability for patients with insurance, including charges determined uninsured for the hospital stay, coinsurance, copayment, deductible amounts, and other liabilities for medically necessary hospital services.

- Eligibility for this form of charity is determined according to the patient's income in relation to FPL requirements in Attachment A.

EXCLUSIONS:

Not medically necessary services will be billable to the patient under this policy when attested to by the ordering provider.

Excluded Providers:

These individual providers, practice groups or any other entities that are providing emergency or medical necessary care in the hospital will bill and make discounts based on their services separately and do not qualify under Marshall's Discounted Payment and Charity Care policy.

William Barley, MD	530-626-8003
Keith J. Boston, MD	(530) 622-4884
Judith E. Brandt, DO	530-647-9762
California Kidney Disease Associates	(916) 500-4706
Capitol Endocrinology	916-677-0700
Cedar Eye Center	530-344/2020
Harriet L. Drummer, DO/PhD	530-295-6100
El Dorado Anesthesia Medical Group, Inc.	(775) 747-5050
El Dorado Pathology Medical Group, Inc.	(530) 626-5421
El Dorado Pain Management	530-672-1311
Jeanine M. Ellinwood, MD	(530) 621-7820
Emergency Medicine Physician Partners of El Dorado County, Inc.	(330) 493-4443
Gastroenterology Medical Clinic	(916) 983-4444
Golden Foothill Oral and Facial Surgery	916-941-9860
Raymond W. Larsen, DDS	530-622-3050
Placerville Radiology Medical Group, Inc.	(775) 747-5050
Mark L. Tong, MD	(530) 344-9200
<u>Kulwant Singh, MD</u>	916-984-6111
Sutter Medical Group	916-454-6600
Victor R. <u>Sucheski</u> , DPM	530-626-5062
The Esthetics Center of El Dorado Hills	916-941-6400
<u>UCDavis providers</u>	
<u>VeeMed</u>	916-865-4668
Thomas W. Wolff, DPM	530-387-4975
Terry J. Zimmerman, MD	916-573-1561

Ineligible Balance:

A patient who had coverage through an HMO will not be eligible for Charity Care when not electing to adhere to the guidance or care protocols of said insurer.

Non-Compliance:

Patient or guarantors' failure to cooperate with the screening and application processes for alternative means of funding to cover the costs of services will preclude the patient from eligibility under the Discounted Payment and Charity Care policy. Exceptions to this exclusion may be placed in writing to the following department:

Hospital Patient Billing Attention: Customer Service
 PO Box 872 - Placerville, CA 95667
 Phone: 530-626-2618 - Fax: 530-626-2631

PROCEDURE AND/OR GUIDELINES:

Screening:

A. While it is desirable to determine the amount of discount payment or charity care for which a patient is eligible as close to the time of service as possible, there is no rigid limit on the time when the determination is made. In some cases, eligibility is readily apparent and a determination can be made before, on, or 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. Marshall is committed to work with a patient and any point in the process beginning at or before the time of service.

B. Every effort will be made to determine a patient's eligibility for either Discount Payment or Charity Care. In some cases, a patient eligibility for either the discount payment or charity care may not have been identified prior to initiating external collection action. Upon request of the patient for consideration of either the discount payment or charity care, all collection efforts will halt until determination can be made. If a patient is determined to be eligible for discounted payment or charity care, the account will be returned to Marshall to restart billing process

Eligibility Criteria:

A. Application: (Attachment B)

1. Only services provided at Marshall will be considered eligible for Discounted Payment and Charity Care. These services will include hospital services, professional services provided by Marshall Medical Foundation providers and home health with Marshall Home Care.
2. Alternative means of funding to cover the cost of services will be explored before Discounted Payment or Charity Care is approved. Patients approved for assistance under this policy may need to agree to cooperate in the process needed to obtain reimbursement for Marshall services from third party sources such as California Victims of Crime funds.
3. Marshall will make appropriate referrals to local county agencies Medi-Cal or other programs to determine potential eligibility. Currently Marshall utilizes an outside vendor as assignee to assist in this aspect of patient support.
4. Charity Care will be determined on the basis of the following:

- a. A Self-Pay Patient whose family income is at or below 149 percent of the Federal Poverty Level.
 - b. Proof of ineligibility for coverage under Covered CA or Medicaid program
 - c. Validated proof of income
 - d. Monetary Assets those that are readily convertible to cash, accounts, and publicly traded stocks.
5. Discounted Payment will be determined on the basis of the following:
- a. Has a validated proof of family income between 149 and 450 percent of the Federal Poverty Level
 - b. Proof of ineligibility for coverage under Covered CA or Medicaid program if uninsured/Self-Pay or under-insured patients’.
 - c. Validated proof of income
 - d.
6. Special Circumstances will be including the following as Charity Care:
- a. Deceased patients without an estate or third-party coverage
 - b. Minors seeking care for services deemed “protected” by Federal and State agencies are automatically qualified for charity care
 - c. Medi-Cal patients are automatically eligible for charity care write-offs related to:
 - I. Non-benefit non-elective services.
 - II. Denied days.
 - III. Unbillable services as defined by Medi-Cal Billing manual
 - IV. Patients deemed eligible for Medi-Cal and Ineligible services prior to establishment of eligibility will be deemed Charity Care eligible. An application is not required for these services.
 - V. In rare occasions, a patient’s individual circumstances may be such that while they do not meet the regular charity care or discounted payment criteria in these policies, they do not have the ability to pay their hospital bill. In these situations, with the approval of the CFO or designee, part or all of their cost of care may be written off as discounted payment or charity care. There must be complete documentation of why the decision was made to do so and why the patient did not meet the regular criteria.
6. The absence of financial data does not preclude eligibility under this policy. Marshall may, in meeting its charitable mission, provide services to patients for whom Marshall is unable to obtain personal financial data. In evaluating all factors pertaining to the patient’s personal and demographic situation, Marshall may grant Discounted Payment

or Charity Care eligibility in the absence of requested documents or suggest alternative documents that may be available to the patient.

7. The Marshall standardized application form will be used to document each patient's overall financial situation. This application will be available in the primary language(s) of the service area. Marshall will accept a copy of the completed DHCS SAWS-1 as a substitute of the Statement of Financial Condition.
8. A patient or patient's legal representative requesting Charity Care, Discounted Payment, or other financial assistance must make every reasonable effort to provide Marshall with documentation of income, and health benefits coverage within the requested time frame. The failure to make a reasonable effort to provide information that is reasonable and necessary to make a determination concerning Charity Care or Discounted Payment may be considered by Marshall in making its determination.
9. Once a determination has been made, a notification form will be sent to each applicant, advising him or her of the decision. (Attachment D)

Discounted Payment and Charity Care Level Determinations		
Charity Care	149% FPL and below	patient has zero liability
Level 1 Discounted Payment (Insured)	149% FPL and below	Patient has zero liability
Level 2 Discounted Payment Insured and unisured	150% - 249% FPL	responsible for 25% of Medicare Prospective Method
Level 3 Discounted Payment Insured and unisured	250% - 349% FPL	responsible for 50% of Medicare Prospective Method
Level 4 Discounted Payment Insured and unisured	350% - 450% FPL	responsible for 100% of Medicare Prospective Method

10. The data used in making a determination concerning eligibility for discount or charity care should be verified to the extent practical in relation to the amount involved. The information used will not be shared or used in any collection efforts related to the patients' family debt

B. Eligibility Period:

Discounted Payment and Charity Care are granted in twelve (12) month increments. When a patient is granted Charity Care due to homelessness the eligibility is granted for six (6) months.

Some patients eligible for Discounted Payment and Charity Care may not have been identified prior to initiating an external collection agency. Marshall's collection agency shall be made aware of the possibility and are requested to refer-back patient accounts that may be eligible for assistance. When it is discovered that an account is eligible for assistance, Marshall will cancel the account out of bad debt and document the respective discount in charges as Discounted Payment or Charity Care.

Approval Matrix

Approval Limit	Position
< \$20,000	Financial Counselor, Lead Financial Counselor, Acute Care Billing Supervisor
\$20,000.01 - \$59,999.99	Director Hospital Patient Billing or Designee
> \$60,000.00	CFO or designee

General Ledger for Discounted Payment and Charity Care

To allow the appropriate tracking and monitoring the amount of Charity Care and the amount of Discount Payment being granted, each affiliate will account for the Charity Care/Discount Payment write-offs in separate deduction from revenue and appropriately record transactions to the general ledger accounts as follows:

GL Account
5870-51-600

The transaction codes used for accounting of the Discount Payment and Charity Care and their mapping to the General Ledger will be reviewed periodically to ensure accuracy by the Executive Director of Finance.

ROLES AND RESPONSIBILITIES:

Registration/Front Desk

The written notice shall be provided to any patient presenting for services and has not at the time of service if the patient is conscious and able to receive written notice at that time. If the patient is not able to receive notice at the time of service, the notice shall be provided during the discharge process. If the patient is not admitted, the written notice shall be provided when the patient leaves the facility. If the patient leaves the facility without receiving the written notice, the hospital shall mail the notice to the patient within 72 hours of providing services.

1. Cash Patient Handout (Attachment E)
2. Application for Medi-Cal
3. Scheduled services will receive a Good Faith Estimate

Any patient, or patients' legal representative, who requests a Discounted Payment, Charity Care, or other assistance in meeting their financial obligation to this organization shall make every reasonable effort to provide the organization with documentation of income and health benefits coverage. If the person requests Discounted Payment or Charity Care and fails to provide information that is reasonable and necessary for the organization to make a determination, the organization will consider that failure in making its determination.

Screening of all self-pay/uninsured patients' registered in the emergency department will be screened for Medi-Cal Hospital Presumptive Eligibility (HPE) upon completion of the medical screening exam. When the HPE is not able to be completed due to the patients' condition, screening will be attempted prior to discharge if not possible the patient will be referred to an outside eligibility vendor for follow-up.

Financial Counselor/Department Clerk Staff

Eligibility Determinations will be processed in accordance with the guidelines of this policy within 5 days of receipt of complete application.

Recordkeeping: The patients' record will have the following updates:

1. Have an alert or its equivalent created on the person to notify staff of the determination and the start and end date.
2. Assign the appropriate level of Discount Payment or Charity Care with the appropriate effective and end date of the patient eligibility.
3. All records pertaining to the application, documentation, and final determination will be scanned and available for audit and review. In addition, notes relating to Discounted Payment or Charity Care application and approval or denial will be entered on the patient's account by the credit notes function.

Determination Notification will be sent by US mail, email, or EMR (Electronic Medical Record) portal to the applicant (guarantor) within 48 hours of determination and recorded according to the recordkeeping outline in section L.

Self-pay patient billings will include the following: (Attachment E)

1. A statement of charges for services rendered
2. A request that the patient inform the facility if they have private health insurance, Medicare, Med-Cal, California Children Services or other coverage.
3. A statement that if the patient does not have insurance coverage, they may be eligible for a government-subsidized insurance through Covered CA (California Health Benefits Exchange), Medicare, Medi-Cal, California Children Services Program, Discount Program or Charity Care.
4. A statement that Marshall Medical Center can and will provide applications for Medi-Cal, and the organizations Discount Payment and Charity Care along with contact information.
5. Information regarding the financially qualified patient and Charity Care application, including
 - a. a statement that, if the patient lacks, or has inadequate, insurance, and meets certain low-and moderate-income requirements, the patient may qualify for a Discounted Payment or Charity Care; and
 - b. a statement that the patient may obtain information about the hospital's Discount Payment and Charity Care policies, and how to apply for that assistance by contacting the hospital's Financial Counselors office at (530) 626-2618.

Delinquent discount payment accounts will be reviewed after 180 days from determination

1. 180 days since determination notification was sent to the patient
2. Validating two attempts to contact patient by phone have occurred
3. Validating failure to make consecutive payments during a 90-day period
 - a. Has been given 3 attempts to restart monthly payments
4. The patient has not made contact by letter, phone or email regarding the outstanding debt
 - a. If the patient has made any contact or reasonable attempt to reduce the debt, the patient will be contacted to establish a reasonable payment arrangement agreement.
5. Eligibility for Medi-Cal has been completed within the current month of screening for referral to a collection agency
6. 30 days have passed since the Hand Off Letter was sent. (Attachment I)
 - a. No contact by patient or their representative either by payment or telephone.

Organization:

Public Notice of Posting: Public notice of the availability of assistance through this policy will be posted in the following areas:

1. Emergency department
2. Admissions office
3. All Outpatient service areas
4. Prominently displayed on the hospital's internet website, with a link to the policy
 - a. Signage include the following:

Help Paying Your Bill
Notice of Availability of Marshall'
Discounted Payment and Charity Care Program

In accordance with California Health and Safety Code Sections 127400 et seq., Marshall provides Discounted Payment or Charity Care to financially qualified patients. Patients who qualify for this Discounted Payment or Charity Care under our policy included patients who meet both of the following qualifications:

1. The patient either is a self-pay patient or had high medical costs, as defined in our Discounted Payment and Charity Care policies, AND
2. The patient had a family income (as defined in the policy) that does not exceed 450% of the Federal Poverty Level

How to Apply

To receive a copy of our policy or apply for our Discounted Payment or Charity Care program please contact our Financial Counselors at 530-626-2618, or any registration desk, or our website www.marshallmedical.org/Financial Assistance

Hospital Bill Complaint Program

The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint with the Hospital Bill Complaint Program. Go to HospitalBillComplaintProgram.hcai.ca.gov for more information and to file a complaint.

More Help

There are organizations that will help the patient understand the billing and payment process, as well as the internet webpage for Health Consumer Alliance at healthconsumer.org or call 888-804-3536

Language Assistance

If you need help in your language, please call 530-626-2618 or visit Main Admitting located at 1100 Marshall Way, Placerville. The office is open 7-5pm. Aids and services for people with disabilities like documents in braille, large print, audio, and other accessible electronic formats are also available. These services are free.

Collection Agency

The following address the timing and under whose authority patient debt is advanced for collection. Any collection activity shall only be conducted by Marshall's external collection agency.

- Each external collection agency shall agree in writing that it will adhere to Marshall's standards and scope of practices with regards to collection activities, including, without limitations, the

Payment Plan provisions of the policy (Attachment H)

- Marshall and its assignees shall not, in dealing with patients eligible under this policy use wage

garnishments or liens on primary residence as a means of collecting unpaid Marshall bills.

- Marshall collection agencies or other assignees shall not, in dealing with any patient, use any

of the following as a means of collection unpaid Marshall bills:

- A wage garnishment, except by order of the court upon noticed motion, supported by a declaration filed by the movant identifying the basis for which it believes that the patient has the ability to make payments on the judgment under wage garnishment, which the court shall consider in light of the size of the judgment and additional information provided by the patient prior to, or at, the hearing concerning the patient's ability to pay, including information about probable future medical expenses based on current condition of the patient and other obligations of the patient
- b. Notice or conduct a sale of the patient's primary residence during the life of the patient or his or her spouse, or during the period a child of the patient is a minor, or a child of the patient who has attained the age of majority is unable to take care of him/herself and resides in the dwelling as his or her primary residence. In the event a person protected by this paragraph owns more than one dwelling, the primary residence shall be the dwelling that is the patient's current homestead, as defined in Section 704.710 of the California Code of Civil Procedure, or was the patient's homestead at the time of the death of a person other than the patient who is asserting the protections of the paragraph.
- This requirement does not preclude a Marshall collection agency, or other assignee from pursuing reimbursement and any enforcement remedy or remedies from third-party liability settlements, tortfeasors, or other legally responsible parties.

Marshall and its agents shall not report adverse information to a consumer credit reporting agency or commence a civil action against a patient or responsible party for nonpayment prior to the time a payment plan is declared to be no longer operative or 180 days have elapsed from first statement to the patient or responsible party.

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Right to Appeal:

Each patient or their representative may request an appeal of the decision made by contacting the Financial Counselors at (530) 626-2618, in person at the main admitting desk 1100 Marshall Way, or on the web at marshallmedical.org and request an appeal form. (Attachment G)

Access to Healthcare During a Public Health Emergency:

An Access to Healthcare Crisis must be proclaimed by Marshall Medical Centers executive leadership and approved by the board of directors and will be attached to this policy document as an addendum

An Access to Healthcare Crisis may be related to an emergent situation whereby state / federal regulations are modified to meet the immediate healthcare needs of Marshall's community during the Access to Healthcare Crisis. During an Access to Healthcare Crisis Marshall may "flex" policy to meet the needs of the community in crisis. Patient discounts related to an Access to Healthcare Crisis may be provided at the time of the crisis regardless of the date of this policy.

APPROVAL: Approval of the CFO indicates that Policy has been reviewed and adopted by the Board of Directors Finance Committee and the Board of Directors of Marshall.

REFERENCES:

California Health & Safety Code Section 127400 et seq [AB 774](#) [SB 350](#) [AB 1503](#) [SB 1276](#) [AB 1020](#)

California Health & Safety Code Section 127410 et seq [AB 532](#) [AB 1020](#)

California Health & Safety Code Section 127401,405,420,425,435,436,440,444 et seq [AB 1020](#)
[AB 2297](#)

[Title XVII of the Social Security Act \(42 U.S.C. 1395c - 1395w-5\)](#)

[Internal Revenue Code \(IRC\) Section 501\(r\)](#)

ATTACHMENT A:

U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Programs

HHS Poverty Guidelines for 2024

The 2024 poverty guidelines are in effect as of January 11, 2024.
[Federal Register :: Annual Update of the HHS Poverty Guidelines.](#)

2024 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36,580
6	\$41,960
7	\$47,340
8	\$52,720
For families/households with more than 8 persons, add \$5,380 for each additional person	

ATTENTION: If you need help in your language, please call 530-626-2618 or visit the main admitting desk located at 1100 Marshall Way Placerville, CA 95667. Their office hours are 7:00am-5:00pm. Aids and services for people with disabilities, like documents in braille, large print, audio, and other accessible electronic formats are also available. These services are free.

تنبيه: إذا كنت بحاجة إلى مساعدة بلغتك ، فيرجى الاتصال بالرقم 530-626-2618 أو زيارة مكتب القبول الرئيسي الموجود في Marshall Way Placerville ، CA 1100 95667. ساعات عملهم هي 7:00 صباحا - 5:00 مساء. تتوفر أيضا مساعدات وخدمات للأشخاص ذوي الإعاقة ، مثل المستندات بطريقة برايل والطباعة الكبيرة والصوت وغيرها من الأشكال الإلكترونية الميسرة. هذه الخدمات مجانية.

ATTENTION: Si vous avez besoin d'aide dans votre langue, veuillez appeler le 530-626-2618 ou vous rendre au bureau d'admission principal situé au 1100 Marshall Way Placerville, CA 95667. Leurs heures de bureau sont de 7h00 à 17h00. Des aides et des services pour les personnes handicapées, comme des documents en braille, en gros caractères, audio et d'autres formats électroniques accessibles, sont également disponibles. Ces services sont gratuits.

ACHTUNG: Wenn Sie Hilfe in Ihrer Sprache benötigen, rufen Sie bitte 530-626-2618 an oder besuchen Sie den Haupteinlassschalter in 1100 Marshall Way Placerville, CA 95667. Die Bürozeiten sind von 7:00 bis 17:00 Uhr. Hilfsmittel und Dienstleistungen für Menschen mit Behinderungen, wie

Discounted Payment and Charity Care

Dokumente in Brailleschrift, Großdruck, Audio und anderen barrierefreien elektronischen Formaten sind ebenfalls verfügbar. Diese Dienste sind kostenlos.

XIM: Yog hais tias koj xav tau kev pab nyob rau hauv koj hom lus, thov hu rau 530-626-2618 los yog mus ntsib lub ntsiab admitting desk nyob ntawm 1100 Marshall Way Placerville, CA 9567. Lawv chaw ua hauj lwm teev yog 7:00 am-5:00 pm. Aids thiab kev pab rau cov neeg uas muaj mob xiam oob qhab, xws li cov ntaub ntawv nyob rau hauv braille, loj print, audio, thiab lwm yam kev siv electronic formats kuj muaj. Cov kev pab no yog pub dawb xwb.

ध्यान दें: यदि आपको अपनी भाषा में सहायता की आवश्यकता है, तो कृपया 530-626-2618 पर कॉल करें या 1100 मार्शल वे प्लेसरविले, सीए 95667 पर स्थित मुख्य प्रवेश डेस्क पर जाएं। उनके कार्यालय का समय सुबह 7:00 बजे से शाम 5:00 बजे तक है। विकलांग लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल में दस्तावेज़, बड़े प्रिंट, ऑडियो और अन्य सुलभ इलेक्ट्रॉनिक प्रारूप भी उपलब्ध हैं। ये सेवाएं मुफ्त हैं।

注意: あなたの言語で助けが必要な場合は、530-626-2618に電話するか、1100 Marshall Way Placerville、CA 95667にあるメインの入場デスクにアクセスしてください。営業時間は7:00am-5:00pmです。点字、大活字、音声、その他のアクセシブルな電子形式の文書など、障害を持つ人々のための支援やサービスも利用できます。これらのサービスは無料です。

주의: 귀하의 언어로 도움이 필요하다면 530-626-2618로 전화하거나 1100 Marshall Way Placerville, CA 95667에 위치한 주 입학 데스크를 방문하십시오. 근무 시간은 오전 7:00-오후 5:00입니다. 점자, 큰 활자, 오디오 및 기타 접근 가능한 전자 형식으로 된 문서와 같은 장애인을 위한 보조 도구 및 서비스도 제공됩니다. 이러한 서비스는 무료입니다.

ATENÇÃO: Se você precisar de ajuda em seu idioma, ligue para 530-626-2618 ou visite o balcão de admissão principal localizado em 1100 Marshall Way Placerville, CA 95667. O horário de atendimento é das 7h00 às 17h00. Auxiliares e serviços para pessoas com deficiência, como documentos em braille, letras grandes, áudio e outros formatos eletrônicos acessíveis também estão disponíveis. Estes serviços são gratuitos.

ВНИМАНИЕ: Если вам нужна помощь на вашем языке, позвоните по телефону 530-626-2618 или посетите главную стойку приема, расположенную по адресу 1100 Marshall Way Placerville, CA 95667. Часы работы с 7:00 до 17:00. Также доступны вспомогательные средства и услуги для людей с ограниченными возможностями, такие как документы со шрифтом Брайля, крупным шрифтом, аудио и другие доступные электронные форматы. Эти услуги бесплатны.

注意： 如果您需要语言方面的帮助，请致电 530-626-2618 或访问位于 1100 Marshall Way Placerville, CA 95667 的主接待处。他们的办公时间为上午 7 : 00 至下午 5 : 00。还提供针对残障人士的辅助工具和服务，如盲文、大字体、音频和其他无障碍电子格式的文件。这些服务是免费的。

注意： 如果您需要语言方面的说明，请致电 530-626-2618 或访问位于 1100 Marshall Way Placerville, CA 95667 的主接待处。他们的办公时间为上午 7 : 00 至下午 5 : 00。还提供针对残障人士的辅助工具和服务，如盲文、大字体、音讯和其他无障碍电子格式的档。这些服务是免费的。

ATENCIÓN: Si necesita ayuda en su idioma, llame al 530-626-2618 o visite el mostrador principal de admisión ubicado en 1100 Marshall Way Placerville, CA 95667. Su horario de oficina es de 7:00 a.m. a 5:00 p.m. También están disponibles ayudas y servicios para personas con discapacidades, como documentos en braille, letra grande, audio y otros formatos electrónicos accesibles. Estos servicios son gratuitos.

ATTENTION: Kung kailangan mo ng tulong sa iyong wika, tumawag lamang sa 530-626-2618 o bisitahin ang main admitting desk na matatagpuan sa 1100 Marshall Way Placerville, CA 95667. 7:00am 5:00pm ang office hours nila. Ang mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille, malaking print, audio, at iba pang mga naa access na mga format ng elektroniko ay magagamit din. Ang mga serbisyong ito ay libre.

CHÚ Ý: Nếu bạn cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi 530-626-2618 hoặc đến bàn tiếp nhận chính tại 1100 Marshall Way Placerville, CA 95667. Giờ làm việc của họ là 7:00 sáng - 5:00 chiều. Hỗ trợ và dịch vụ cho người khuyết tật, như tài liệu bằng chữ nổi, bản in lớn, âm thanh và các định dạng điện tử có thể truy cập khác cũng có sẵn. Các dịch vụ này là miễn phí.

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեր լեզվով օգնության կարիք ունեք, խնդրում ենք զանգահարել 530-626-2618 կամ այցելել գլխավոր ընդունող գրասեղանը, որը գտնվում է Marshall Way Placerville, CA 95667 հասցեում: Նրանց գրասենյակային ժամերն են 7:00-5:00: Հասանելի են նաեւ հաշմանդամություն ունեցող անձանց համար նախատեսված սարքեր եւ ծառայություններ, ինչպես բրեյլիով գտնվող փաստաթղթերը, մեծ տպաքանակը, աուդիո եւ այլ հասանելի էլեկտրոնային ձեւաչափերը: Այս ծառայությունները անվճար են: