

UC San Diego Health

Policy Name:	Charity Care
Policy Number:	UCSDHP 750.3
Authoring Department:	Revenue Cycle Administration, Admissions & Health Sciences Planning
Last Revised Date:	May 24, 2022

APPLICABILITY:

This policy is an institutional policy applicable to all parts of UC San Diego Health Sciences, which reports to the Vice-Chancellor of Health Sciences.

UC San Diego Health Sciences includes UC San Diego School of Medicine, Skaggs School of Pharmacy and Pharmaceutical Sciences, and UC San Diego Health.

UC San Diego Health clinical locations include (but are not limited to): UC San Diego Health - Hillcrest, Jacobs Medical Center, Moores Cancer Center, Sulpizio Cardiovascular Center, Koman Outpatient Pavilion, and other health system outpatient clinic locations.

The scope of this policy applies to any team member involved with making business, financial, or purchasing decisions at UC San Diego Health Sciences.

Departmental policies and procedures are unit-specific within a single department, unit, or service area.

PURPOSE:

UC San Diego Health strives to provide quality patient care and high standards for the communities we serve. This policy demonstrates UC San Diego Health's commitment to our mission and vision by helping to meet the needs of the low-income, uninsured patients and the underinsured patients in our community. This policy is not intended to waive or alter any contractual provisions or rates negotiated by and between UC San Diego Health and a third-party payer, nor is the policy designed to provide discounts to a non-contracted third-party payer or other entities that are legally responsible for making payment on behalf of a beneficiary, covered person or insured.

This policy is intended to comply with Section 501(r) of the Internal Revenue Code (IRC) as well as California Health & Safety Code section [127400](#) et seq. (AB 774), Hospital Fair Pricing Policies, effective January 1, 2007, and Office of Inspector General, Department of Health and Human Services ("OIG") guidance regarding financial assistance to uninsured and underinsured patients. Additionally, this policy provides guidelines for identifying and handling patients who may qualify for financial assistance. This policy also establishes the financial screening criteria to determine which patients qualify for Charity Care. The financial screening criteria provided for in this policy are based primarily on the Federal Poverty Level (FPL) guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services. Uninsured patients who do not meet the criteria for Charity Care under this policy may be referred to UCSDHP [750.5](#), Uninsured Patient Discount Policy.

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POLICY:

- I. It is the policy of UC San Diego Health to assist Financially Qualified Patients who require medically necessary services, are uninsured, ineligible for third-party assistance, or have low income with high medical costs, and reside in UC San Diego Health's primary service area as defined under (References section). Patients are granted assistance from unfunded charity, State-funded California Healthcare for Indigent Program (CHIP), county programs, or grant programs for some or all of their financial responsibility depending upon their specific circumstances.
- II. UC San Diego Health is committed to providing emergency services to all individuals based solely on the individual's medical needs in accordance with the Emergency Medical Treatment and Labor Act (EMTALA) legislation.
- III. Charges will be limited to UC San Diego Health's Medicare health program. If UC San Diego Health provides a service for which there is no regular payment by Medicare or any other government-sponsored health benefits program in which UC San Diego Health participates, UC San Diego Health shall establish an appropriate discounted payment.
- IV. Patients with demonstrated financial need may be eligible if they satisfy the definition of a Charity Care patient or High Medical Cost patient.
- V. Patients who reside in California and/or non-US citizens living in California with undocumented status and demonstrate financial need are eligible for a charity care discount for Emergent Medical Condition Services only.
- VI. Requests for Charity Care may be made at any point before, during, or for a minimum of 240 days from the first post-discharge billing statement after the provision of care. For non-urgent care, patients are required to apply before receiving services.
- VII. The approved Charity Care level may be effective for a period of up to three months.
- VIII. Financially Qualified Patients will require periodic screening for changes in eligibility.
- IX. This policy permits non-routine waiver of a patient's out-of-pocket medical costs based on an individual determination of financial need by the criteria set forth below.
- X. This policy excludes routine waiver of deductibles, co-payments, and/or co-insurance imposed by insurance companies for patients whose family income is greater than 400 % of the federal poverty level.

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- XI. This policy excludes services that are not medically necessary.
- XII. In rare situations where a physician considers an excluded service to be medically necessary, such services may be eligible for a Charity Care discount upon review and approval by the Dean of Clinical Affairs or designee.
- XIII. This policy will not apply if the patient/responsible party provides false information about financial eligibility or if the patient/responsible party fails to make every reasonable effort to apply for and receive government-sponsored insurance benefits for which they may be eligible
- XIV. This policy and financial screening criteria will be consistently applied to all UC San Diego Health cases. If the application of this policy conflicts with payer contracting or coverage requirements, consult with UC San Diego Health legal counsel.
- XV. This policy applies to hospital inpatient, outpatient departments, and UC San Diego Health Physicians contracted with UC San Diego Health Medical Group. UC San Diego Health maintains a UC San Diego Health Medical Group physicians list.
- XVI. Excluded services include but are not limited to:
 - A. Services considered non-covered or not medically necessary;
 - B. Services provided to a patient who comes to UC San Diego Health out of their insurance plan network;
 - C. Patients who have insurance but choose not to utilize coverage;
 - D. Elective cosmetic surgery procedures;
 - E. Other elective procedures (e.g., include but are not limited to infertility services, andrology services, transplants, sterilization, reversal of sterilization, circumcision, certain eye surgeries, and routine vision exams);
 - F. Medical equipment. (E.g.), eyeglasses, contact lenses, and hearing aids.
- XVII. Emergency Physicians rendering health care services at UC San Diego Health are excluded from this policy. Discounts can be requested directly from the Emergency Physician’s billing Group.

PROCEDURE:

- I. **Communication Of Charity Care and Discount Policies:**

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- A. Patients will be provided written notice regarding UC San Diego Health’s charity care policy and uninsured discount policy 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, a written notice shall be provided when the patient leaves the facility. If the patient leaves the facility without receiving the written notice, one will be mailed to the patient within 72 hours of providing services.
- B. Patients will be provided a written notice with their bill containing information regarding UC San Diego Health’s charity care policy, including information about eligibility and contact information for a UC San Diego Health employee or office from which the patient may obtain further information about these policies.
- C. Notice of the Charity Care Policy and Uninsured Discount Policy will be posted in conspicuous places throughout UC San Diego Health, including the Emergency Department, Admissions Offices, Outpatient settings including observation units, and the Customer Service Area, in languages as determined by UC San Diego Health’s geographical area.
- D. Paper copies of our Charity Care Policy, Financial Screening Form ([151-026](#)), and a plain language summary of the Charity Care Policy will be made available upon request and without charge to all UC San Diego Health patient registration areas, customer service, and by mail at UC San Diego Health, 6200 Greenwich Dr., San Diego, Ca 92122.
- E. The Charity Care Policy, a plain language summary, and the Financial Screening Form ([151-026](#)) will be conspicuously posted on the UC San Diego Health website to view, download and print free of charge.
- F. All written materials will be available in English and Spanish.
- G. Language interpretive services are provided whenever necessary to facilitate the patient’s understanding and participation in options for Financial Assistance.

II. Eligibility Procedures:

- A. A Financial Counselor will screen patients without third-party coverage in Patient Access for potential eligibility for state and federal government programs as well as charity care funding at the time of service or as near to the time of service as possible. If the patient does not indicate coverage by a third-party payer or requests a discounted price or charity care, the patient should be provided with an application for the Medi-Cal program, the Healthy Families program, coverage offered through the California Health Benefits Exchange, California

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Children’s Services CCS, or other state-or county-funded health coverage program before the patient leaves the hospital, emergency department or another outpatient setting.

- B. Low-income patients with third-party coverage with high medical costs will be screened by a Financial Counselor in Patient Access to determine whether they qualify as a High Medical Cost patient. Upon patient request for a charity care discount, the patient will be informed of the criteria to be eligible as a High Medical Cost patient and the need to provide receipts if claiming services rendered at other providers in the past twelve months. It is the patient’s decision to believe that they may be eligible for charity and apply. However, UC San Diego Health must ensure that all information about the Charity Care Policy is provided to the patient.
- C. All potentially eligible patients must apply for assistance through State, County, and other programs before charity care funds are considered. If denied, UC San Diego Health must receive a copy of the denial. Failure to comply with the application process or provide required documents may be considered in the determination. Willful failure by the patient to cooperate may result in UC San Diego Health’s inability to provide financial assistance.
- D. The Financial Screening Form ([151-026](#)) is used to determine a patient’s ability to pay for services at UC San Diego Health and/or determine a patient’s possible eligibility for public assistance.
- E. All uninsured patients will be offered an opportunity to complete a Financial Screening Form ([151-026](#)). The form is available in English and languages as determined by UC San Diego Health’s geographical area.
- F. The Charity Care financial screening and means-testing will be performed by the financial counselors in the Patient Access department and/or by Patient Customer Service. It is the patient’s responsibility to cooperate with the information-gathering process.
- G. Patient-specific information will be provided to the county and state according to guidelines for eligibility determinations.

III. **Eligibility for 100% Charity Care:**

- A. Patients without third-party coverage and income at or below 400% of the FPL will be extended a 100% charity care discount on services rendered.
- B. Means testing consists of a review of the patient’s income. Family income will be verified with the most recently filed federal tax return or recent paycheck stubs. Based on a tax return review, additional information regarding liquid assets may be required.

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- C. The Financial Screening Form ([151-026](#)) should be completed for all patients requesting a charity care discount.
- D. Criteria and process to determine a patient's eligibility for a 100% charity care discount are as follows:
 - 1. Patient's family income is verified not to exceed 400% of FPL with the most recently filed federal tax return or recent paycheck stubs.
 - 2. F. High Medical Cost patient with third-party coverage who are below 400% of the FPL meeting any of the following criteria: Annual out-of-pocket costs incurred by the patient at the hospital that exceed the lesser of 10 percent of the patient's current family income or family income in the prior twelve (12) months and/or;
 - 3. Annual out-of-pocket expenses that exceed the lesser of 10 percent of the patient's current family income or family income in the prior twelve (12) months, 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 and;
 - 4. The third-party payer has paid an amount equal to or more than the maximum governmental program payment.
- G. If the third-party payment received is less than the maximum governmental program payment, UC San Diego Health can collect from the patient the difference between the third-party payment and the acceptable governmental program payment. However, this policy does not waive or alter any contractual provisions or rates negotiated by and between UC San Diego Health and a third-party payer and will not provide discounts to a non-contracted third party or other entities that are legally responsible for making payment on behalf of a beneficiary, covered person, or insured.
- H. High Medical Cost patients who are responsible for the difference between the third-party payment and the acceptable governmental program payment can be offered an extended payment plan. The payment plan terms can be negotiated by UC San Diego Health and the patient and shall consider the Patient's Family income and essential living expenses. If UC San Diego Health and the patient cannot agree on the payment plan, UC San Diego Health shall use the formula described in the definition of "Reasonable Payment Plan" in the Definitions section of this policy.

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- I. High Medical Cost patients need to be evaluated monthly to accurately account for medical costs for the last twelve (12) months. Their status will be valid for the current or most current service month retroactive to twelve (12) months of service.
- J. The Patient Access Director and/or the Customer Service Director may, under unusual circumstances-extend, charity care funding to individuals who would not otherwise qualify for Charity Care under this policy. When such an award is made, the patient's account will clearly document the unusual circumstances justifying the award of Charity Care.

IV. **Review Process:**

- A. Responsibility: Director of Patient Access and/or Director, Patient Customer Service or their designees.
- B. Requirements above will be reviewed and consistently applied throughout UC San Diego Health to determine each patient case.
- C. Information collected in the Financial Screening Form ([151-026](#)) may be verified by UC San Diego Health. The patient's signature on the Financial Screening Form ([151-026](#)) will certify that the information contained in the form is accurate and complete.
- D. Any patient, or patient's legal representative, who requests a charity care discount under this policy shall make every reasonable effort to provide UC San Diego Health with documentation of income and all health benefits coverage.
- E. Failure to provide information would result in denial of charity care discount.
- F. Eligibility will be determined based on the patient's family income and liquid assets.
- G. Requests for Charity Care may be made at any point before, during, or after the provision of care. For non-urgent care, patients are required to apply prior to receiving services.
- H. The approved Charity Care level may be effective for a period of up to three months.
- I. Financially Qualified Patients will require periodic screening for changes in eligibility.
- J. Patients who are homeless or expire while admitted to UC San Diego Health and have no source of funding or responsible party or estate may be eligible for charity care even if a financial assistance application has not been completed. All such cases must be approved by the Patient Access Director the Patient Customer Service Director, or their designees.

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- K. Patients will be notified in writing of approval or reason for denial of charity care eligibility in languages as determined by UC San Diego Health’s geographical area pursuant to federal and state laws and regulations within 20 days of receiving a completed Financial Screening Form ([151-026](#)) and all required documentation.
- L. Specific payment liability for partial charity care discounts will require the episode of care or treatment plan to be determined and priced to ensure federal healthcare program reimbursement reporting accuracy. For patients with third-party coverage with high medical costs, it may be necessary to wait until a payer has adjudicated the claim to determine patient financial liability.
- M. See Section V.H below for Appeals/Reporting Procedures.

V. Presumptive Eligibility for Charity Care:

- A. UC San Diego Health recognizes that not all patients, or patients’ guarantors, can complete the Financial Screening Form ([151-026](#)) or provide required documentation.
- B. For patients, or patients’ guarantors, who cannot provide required documentation but meet specific financial need criteria, UC San Diego Health may nevertheless grant a Charity Care discount. In particular, presumptive eligibility may be determined based on individual life circumstances that may include:
 - 1. State-funded prescription programs;
 - 2. Homeless or one who received care from a homeless clinic;
 - 3. Participation in Women, Infants, and Children programs (WIC);
 - 4. Food stamp eligibility;
 - 5. Subsidized school lunch program eligibility;
 - 6. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
 - 7. Low income/subsidized housing is provided as a valid address; and/or
 - 8. Patient is deceased with no known estate.
 - 9. Documentation of bankruptcy.

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- A. For the purpose of assisting a patient that communicates a financial hardship, UC San Diego Health may utilize a third party to review a patient's, or the patient's guarantors, information to assess financial need.
- B. This review utilizes a health care industry-recognized, predictive model based on public record databases. The model incorporates public record data to calculate a socio-economic and financial capacity score. The model's ruleset is designed to assess each patient to the same standards and is calibrated against historical Financial Assistance approvals for UC San Diego Health. The predictive model enables UC San Diego Health to assess whether a patient is characteristic of other patients who have historically qualified for financial assistance under the traditional application process.
- C. UC San Diego Health may use information from the predictive model to grant presumptive eligibility or satisfy the documentation requirements for patients or their guarantors. In cases where there is an absence of the information supplied directly by the patient, and after efforts to confirm coverage availability, the predictive model provides a systematic method to grant presumptive eligibility to patients in financial need.
- D. In the event a patient does not qualify under the presumptive rule set, the patient may still provide the required information and be considered under the traditional financial assistance application process set forth above in Section V.
- E. Patient accounts granted presumptive eligibility status will be adjusted accordingly. These accounts will be reclassified under the Charity Care Policy. The discount provided will not be sent to collection and will not be included in UC San Diego Health's bad debt expense.
- F. Presumptive screening provides a community benefit by enabling UC San Diego Health to systematically identify patients in financial need, reduce administrative burdens and provide financial assistance to patients and the Guarantors, some of whom have not been responsive to the financial assistance application process.

VI. **Patient Billing and Collection Practices:**

- A. Responsibility: Shared Business Office.
- B. Patients who have not provided proof of coverage by a third party at or before care is provided will receive a statement of charges for services rendered at UC San Diego Health. Included in that statement will be a request to provide UC San Diego Health with health insurance or third-party coverage information. Additionally, information will be provided

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on the bill that informs the patient that if they do not have health insurance coverage, the patient may be eligible for Medi-Cal, coverage offered through the California Health Benefit Exchange, California Children’s Services, other states - or county-funded health coverage, or charity care.

- C. Patient’s Charity Care request can be communicated verbally or in writing, and a Financial Screening Form ([151-026](#)) will be given/mailed to the patient/guarantor address. Written correspondence to the patient shall also be in the languages as determined by UC San Diego Health’s geographical area under federal and state laws and regulations.
- D. If a patient is attempting to qualify for eligibility under UC San Diego Health’s Charity Care policy, and is attempting in good faith to settle the outstanding bill, UC San Diego Health shall not send the unpaid bill to any collection agency or other assignee unless the entity has agreed to comply with this policy.
- E. Patients are required to report to UC San Diego Health any change in their financial information promptly.
- F. Bills that are not paid 120 days after the first post-discharge billing statement may be placed with a collection agency. The patient or the patient’s guarantor can apply for help with their bill up to 240 days from the first post-discharge billing statement and/or at any time during the collection process.
- G. It is the policy of UC San Diego Health not to engage in Extraordinary Collection Action (ECA). If UC San Diego Health were to change its policy in the future, UC San Diego Health will comply with the guidelines under 501(r) that state the patient will receive a 30-day written notification of the ECAs UC San Diego Health intends to take.
- H. UC San Diego Health or its contracted collection agencies will undertake reasonable collection efforts to collect amounts due from patients. These efforts will include assistance with application for possible government program coverage, evaluation for Charity Care, offers of no-interest payment plans, and discounts for prompt payment. Neither UC San Diego Health nor its contracted collection agencies will impose wage garnishments or liens on primary residences except as provided below. This requirement does not preclude UC San Diego Health from pursuing reimbursement from third-party liability settlements or other legally responsible parties.
- I. Agencies that assist UC San Diego Health and may send a statement to the patient must sign a written agreement to adhere to UC San Diego Health’s standards and scope of practices. The agency must also agree to:

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1. Not report adverse information to a consumer credit reporting agency or commence a civil action against the patient for nonpayment;
 2. Not use wage garnishments;
 3. Not place liens on primary residences;
 4. Adhere to all requirements as identified in Health & Safety Code Section [127400](#) et seq.;
 5. Comply with the definition and application of a Reasonable Payment Plan, as defined in section IK.
- J. If a patient is overcharged, UC San Diego Health shall reimburse the patient the overcharged amount with 7% interest (Article XV, Section 1 of the California Constitution) calculated from the date the patient made the overpayment.

VII. Appeals/Reporting Procedures:

- A. Responsibility: Director, Patient Access, Director, Patient Customer Service, Dean of Clinical Affairs or Designee
- B. In the event of a dispute or denial, a patient may seek review from the Director, of Patient Access, and/or Director of Patient Customer Service. The Executive Director, Revenue Cycle, will review a second-level appeal.
- C. All clinical exceptions/appeals must be requested in writing utilizing the Charity/Clinical Override Request Form ([D937](#)). They must be reviewed and approved by the Dean of Clinical Affairs or his designee. Tracking and monitoring of physician's requests for Charity and Clinical Override will be monitored for clinical and financial appropriateness. Cases deemed inappropriate may be denied and brought to the Department Chair's attention for periodic review and appropriate action.
- D. This Charity Care Policy and Financial Screening Form ([151-026](#)) shall be provided to the Office of Statewide Health Planning and Development (OSHDP) at least biennially on January 1 or with significant revision. If UCSWDH has made no considerable revision since the policies and financial information form were previously provided, OSPHD will be notified that there has been no substantial revision.

VIII. Responsibility:

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- A. Questions about the implementation of this policy should be directed to the Patient Access Director at 858-249-6037.
- B. Questions about Financial Assistance eligibility should be directed to the Financial Counseling Manager at 619-543-7826 and the Patient Customer Service Director at 858-657-8747.

DEFINITIONS:

- I. *“Bad Debt”* - A bad debt results from services rendered to a patient who is determined by the medical center, following a reasonable collection effort, to be able but unwilling to pay all or part of the bill.
- II. *“Charity Care Patient”* - A Charity Care Patient is a financially qualified self-pay patient or a low-income patient with high medical costs.
- III. *“Clinical Override”* - The review process where the treating physician determines that the services requested are medically necessary and cannot be deferred. The treating physician completes the clinical override and must receive approval from the Dean of Clinical Affairs or Designee before treatment.
- IV. *“Emergent Medical Condition Service”* - A medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:
 - A. Placing the patient’s health in serious jeopardy;
 - B. Serious impairment to bodily functions;
 - C. Serious dysfunctions of any bodily organ or part.
- V. *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 financial assistance.
 - A. Placing a lien on an individual’s property;
 - B. Foreclosing on real property;
 - C. Attaching or seizing an individual’s bank account or other personal property;

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- D. Commencing a civil action against an individual or writ of body attachment for civil contempt;
 - E. Causing an individual's arrest;
 - F. Garnishing wages;
 - G. Reporting adverse information to a credit agency;
 - H. Deferring or denying medically necessary care because of nonpayment of a bill for previously provided care under UC San Diego Health's Financial Assistance and Charity Care Policy;
 - I. Requiring payment before providing medically necessary care because of outstanding bills for previously provided care.
- VI. *Federal Poverty Level (FPL)* - Poverty guidelines are updated periodically in the Federal Register by the U.S. Department of Health and Human Services: [U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs](#).
- VII. "Financially Qualified" - A Financially Qualified patient is defined as follows:
- A. Uninsured patient with Family income at or below 400% of the FPL; or
 - B. Insured patient with High Medical Costs and a Family income at or below 400% of the FPL; or
 - C. Insured patient with non-covered charges and a Family income at or below 400% of the FPL; or
 - D. A patient, whether uninsured or insured, who has High Medical Costs.
- VIII. "High Medical Cost Patient" - A Financially Qualified High Medical Cost, the patient is defined as follows:
- A. Not Self-Pay (has third-party coverage);
 - B. Family income at or below 400% of the Federal Poverty Level (FPL);
 - C. Annual out-of-pocket costs incurred by the patient at the hospital that exceed the lesser of 10 percent of the patient's current family income or family income in the prior 12

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months; or

- D. Annual out-of-pocket expenses that exceed the lesser of 10 percent of the patient's current family income or family income in the prior 12 months, 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.
- E. If the patient does not receive a discounted rate from the hospital as a result of their third-party coverage.
- IX. *"Medically Necessary Service"* - A medically necessary service or treatment is essential to treat or diagnose a patient. If omitted, it could adversely affect the patient's condition, illness, or injury and is not considered an elective or cosmetic surgery or treatment.
- X. *"Patient's Family"* - For patients 18 years of age and older, the patient's family is defined as their spouse, domestic partner, dependent children under 21 years of age, whether living at home or not, and patient's parent(s) or another adult who claims the patient as a dependent for tax filing purposes. For persons under 18 years of age, the patient's family includes a parent, caretaker relatives, and other children under 21 years of age of the parent or caretaker relative.
- XI. *"Reasonable Payment Plan"* - Monthly payments that are not more than 10 percent of a Patient's Family income for a month, excluding deductions for essential living expenses. *"Essential living expenses"* for purposes of this subdivision, expenses for any of the following:
 - A. Rent of house payment and maintenance;
 - B. Food and household supplies;
 - C. Utilities and telephone;
 - D. Clothing;
 - E. Medical and dental payments;
 - F. Insurance;
 - G. School or child care;
 - H. Child or spousal support;
 - I. Transportation and auto expenses, including insurance, gas, and repairs;

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- J. Installment payments;
- K. Laundry and cleaning;
- L. And other extraordinary expenses.

XII. "Self-Pay Patient" - A financially eligible Self-Pay patient is defined as follows:

- A. No third party coverage;
- B. No Medi-Cal/Medicaid coverage, or patients who qualify but who do not receive coverage for all services or the entire stay;
 - 1. This includes charges for non-covered services, denied days, or denied stays. Treatment Authorization Requests (TAR) denials and any lack of payment for non-covered services provided to Medi-Cal patients are also included. The patient and/or deductibles, for which Medi-Cal does not make payment and Medicare does not ultimately offer bad debt reimbursement, are also included.
- C. No compensable injury for purposes of government programs, workers' compensation, automobile insurance, other insurance, or third party liability as determined and documented by UC San Diego Health;
- D. Family income is at or below 400 % of the Federal Poverty Level (FPL).

FORMS:

Form [D937](#): "Charity/Clinical Override"

Form [151-026](#): "Financial Screening"

Form [D4069](#): "Financial Assistance Program Plain Language Summary"

REFERENCES/RESOURCES/RELATED DOCUMENTS:

California Health & Safety Code section 127400 et seq

Cal. Health & Saf. §127400

UC San Diego Health defines its primary service area as all zip codes in the State of California.

*Max income ranges based on [2022 Federal Poverty Guidelines](#)

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ATTACHMENTS:

[750.3 - Charity Care Attachment A](#)

RELATED POLICIES:

UCSDHP [301.4](#), "Patient Admission and Discharge"

UCSDHP [301.7](#), "Transfer and Compliance with EMTALA"

UCSDHP [750.4](#), "Debt Collection"

UCSDHP [750.5](#), "Uninsured Patient Discount"

CONTACTS:

Director, System Patient Revenue Cycle

APPROVALS:

UC San Diego Health Executive Governing Body (EGB)

REVISION HISTORY:

ORIGINAL: 1/15/2015