HealthBridge Children's Hospital - Orange

Financial Assistance (Charity Care & Discount Payment) Policy

I. PURPOSE

This policy establishes guidelines for Financial Assistance, including Charity Care and Discount Payment Assistance, for eligible patients receiving medically necessary hospital services.

II. POLICY STATEMENT

HealthBridge provides Financial Assistance based on income-based eligibility criteria. Uninsured patients and patients with high medical costs whose family income is at or below 400% of the Federal Poverty Level (FPL) are eligible to apply for Discount Payment Assistance.

Patients with family income <= 200% FPL are eligible for Charity Care. Patients with family income <= 400% FPL are eligible for Discount Payment Assistance. Patients at or below 200% FPL may also apply for Discount Payment Assistance, although Charity Care provides the greater benefit when applicable.

Eligible patients will not be charged more than the amount the hospital would expect to receive from Medicare or Medi-Cal, whichever is greater, as required by California law.

III. DEFINITIONS

Charity Care. Free care for eligible services for qualifying patients with family income

<= 200% FPL.

Discount Payment Assistance. A reduction in charges for eligible services for qualifying uninsured patients and patients with high medical costs with family income <= 400% FPL.

High Medical Costs. Annual out-of-pocket medical costs incurred by the patient or family that exceed 10% of family income in the prior 12 months.

Patient's Family. For a patient 18 years of age or older, the patient's family includes the patient's spouse or domestic partner and dependent children under 21 years of age, or of any age if disabled, whether living at home or not. For a patient under 18 years of age, or a

dependent child 18 to 20 years of age, the patient's family includes the parent or caretaker relative and the parent/caretaker relative's other dependent children under 21 years of age, or of any age if disabled.

IV. ELIGIBILITY

- Charity Care: family income <= 200% FPL.
- Discount Payment Assistance: uninsured patients or patients with high medical costs with family income <= 400% FPL.
- Monetary assets will not be considered in determining eligibility.
- No deadline will be imposed to apply; eligibility may be determined at any time.
- A patient will not be required to apply for other coverage before being screened for or provided discounted payment, except that participation in Medi-Cal eligibility screening may be required where permitted.

V. APPLICATION AND DOCUMENTATION

Patients may apply at admission, during the stay, after discharge, or at any point in the billing process.

For income verification, required documentation is limited to recent pay stubs or income tax returns. The hospital may accept other documentation of income but will not require it.

VI. ELIGIBILITY DISPUTES

A dispute regarding eligibility or the amount of assistance may be reviewed by the Chief Financial Officer or designated Patient Financial Services Manager. A written determination will be issued.

VII. REASONABLE PAYMENT PLANS

Extended payment plans for eligible patients are interest-free. The hospital and patient will negotiate terms considering family income and essential living expenses. If the hospital and patient cannot agree, the hospital will establish a reasonable payment plan under which the patient's monthly payment will not exceed 10% of the patient's monthly family income, excluding deductions for essential living expenses.

VIII. PATIENT NOTIFICATION AND ACCESSIBILITY

The hospital will provide notices through patient-area postings, admission/discharge materials, billing statements, and its website.

All patient-facing Financial Assistance documents will be easy to read and understand, use plain language, and use a sans serif font of at least 12-point size. Information will be provided about free language assistance and accessible alternative formats.

IX. RECORDKEEPING AND HCAI SUBMISSION

For each HCAI policy resubmission, the hospital will submit a clean version and a marked-up version using underline to identify new content and strikethrough to identify removed content, together with the applicable application and debt collection policy.

Records relating to amounts owed by a patient or guarantor will be retained for at least five years.

X. REVIEW AND APPROVAL

- Reviewed annually.
- Updated as required by law.
- Approved by hospital leadership.