| **ADMINISTRATIVE MANUAL**<br><br>**Charity Care and Discounted Payments (Financial Assistance Policy)** | Implemented: **2/2007**<br>Revised: **12/24/2025**<br>Reviewed: **12/2025**<br>Responsibility: **Business Office**<br>Reference: **California Health and Safety Code, IRS §127400- 127446; IRC§501(r)** |
|---|---|

**POLICY:** Fairchild Medical Center's mission statement, **"To provide health care services of exceptional quality to all who need us",** reflects Fairchild Medical Center's social accountability to the community we serve. Providing charity care (financial assistance) to our patients, along with other community benefit services, is important evidence of Fairchild Medical Center's mission fulfillment. It is imperative that the determination, reporting, and tracking of charity care are in concert with our not-for-profit mission and community obligation.

Discounted payment and/or full charity care will be based on the individual's ability to pay as defined by the Federal Poverty Income Guidelines and the attached sliding scale. No one will be denied access to services due to the inability to pay. Confidentiality of information and individual dignity will be maintained for all who seek charitable services. The handling of personal health information will meet all HIPAA requirements.

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

**DEFINITIONS:**

**Charity Care**: A patient is eligible for Charity Care consideration based on meeting the income eligibility criteria as established by the Federal Poverty Income Guidelines Sliding Scale.

Charity care will be defined as "free care," and "discounted payment" will be defined as any charge for care that is reduced but not free.

Charity care and discounts provided by this policy are generally not available for elective services otherwise classified as non-covered or not medically necessary. However, in certain cases an exception may be made. These exceptions require approval from Administration. Specialized, high-cost services requiring charity care are also subject to the review of Administration prior to the provision of service.

**Uninsured:** A patient who has no insurance or coverage under any governmental program and is not eligible for any third-party payments such as worker's compensation or third-party liability.

**Underinsured:** A patient who has limited insurance coverage that does not provide coverage for the medically necessary care provided or the maximum liability under the insurance coverage.

**Family Income**: For patients 18 years of age and older, the family includes the patient's spouse, registered domestic partner, and dependent children of any age, and to include the parents when the patient is a dependent child who is not a minor.. For patients under 18 years of age, the family income includes the patient's parent, caretaker relatives, and other children under 21 years of age of the parent or caretaker relative.

**Federal Poverty Level**: The United States Congress has the authority to set the dollar amount of income it considers poverty according to family size. The Federal Poverty Level (FPL) is routinely updated and published in the Federal Register.

**Medically Necessary Care:** Medically necessary care is defined as "health care services or supplies that are needed to diagnose and treat an illness, injury, condition, disease, or its symptoms, and that meet accepted standards of medicine.

**Income:** Income is defined as a family's annual earnings and cash benefits from all sources before taxes. Proof of earnings may be determined by annualizing year-to-date family income, giving consideration for current earnings rates or income tax returns.

**Self-Pay:** Is a patient who is uninsured and who is at or below 400% of the FPL. A patient without third-party coverage from a health insurer, health care service plan, Medicare, Medi-Cal, and whose injury is not a compensable injury for purpose of workers' compensation, automobile insurance or other insurance.

**High Medical Costs:** Any medical care that is not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing.

**PROCEDURE:**

1. Who May Qualify for Charity (HSC127405.2; **IRC§501(r)**):

   a. Self-pay Patients
   b. Patients experiencing a sudden loss of income.
   c. Patients facing extraordinary circumstances.

   d. Insured Patients with Limited Coverage

   e. Insured Patients who have exhausted their benefits

   f. Insured Patients with High Medical Costs

   g. Insured Patients with High-Deductible Plans

2. Eligibility Criteria

   a. Charity Care Application. (See Financial Assistance Application)

      (1) A patient who indicates a financial inability to pay a bill for a medically necessary service shall be evaluated for charity care assistance.

      (2) Fairchild Medical Center's Financial Application Form will be used to document each patient's overall financial situation.

      (3) Once a determination has been made a notification letter will be sent to each applicant advising them of the facility's decision.

(4) A patient's employment status may be taken into consideration when evaluating charity care status as well as potential payments from pending litigation, and third-party liens related to the incident of care.

(5) The amount and frequency of hospital bills may also be considered.

(6) 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.

(7) The hospital will use the look-back method for calculating amounts generally billed.

b. Eligibility for Charity Care Discount or Discounted Payments for Patients with No Third-Party Coverage (Self Pay)

(1) Patients with no third-party coverage with family incomes, less than 200% of the FPL may qualify for free care.

(2) Patients with no third-party coverage with family incomes between 201% and 400% of FPL are eligible for a discounted payment.

(3) Eligibility will be determined by a review of patient's income. Income will be verified with either the most current recent filed Federal tax return or recent paycheck stubs. Additional information may be requested after a review of the tax return.

(4) Eligibility Period: The eligibility period is one year from the date of the initial eligibility determination, unless over the course of that year the patient's family income or insurance status changes to such an extent that the patient becomes ineligible.

(5) Patient to complete Fairchild Medical Center's Financial Assistance Application requesting a charity discount. Applications are available online at fairchildmed.org/financial-assistance, or by contacting a Financial Counselor at (530) 841-8537.

(6) Criteria to be used to determine a patient's eligibility for a Discounted Payment:

a) Patient's income must be between 201% and 400% of FPL with most recent tax return or recent paycheck stubs.

b) A sliding-fee schedule approach will be used to determine the discounted payment depending on patient/family size and income. This may result in a different discounted payment for the same service depending on the patient's income level.

(7) Patients may also be offered an Extended Payment Plan. The terms of the plan will be negotiated by the patient and Fairchild Medical Center's Financial Counselors and will take into consideration the patient's family income.

c. Eligibility for Discounted Payment for High Medical Cost Patients with Third Party Coverage

(1) High Medical Cost patients with third party coverage whose family incomes are between 201% and 400% of the FPL are eligible for a discounted payment. High Medical Costs are defined as 10% of annual family income paid for medical costs in the last twelve months.

(2) Patient to complete Fairchild Medical Center Financial Assistance Application requesting

a charity discount.

(3) Patient to provide proof of payment of medical costs. Fairchild Medical Center reserves the right to verify payments.

(4) Criteria to be used to determine a patient's eligibility for Discounted Payment for High Medical Costs:

a) Patient/Families income is verified and must be between 201% and 400% of the FPL and is verified utilizing patient's most current filed Federal tax return or recent paycheck stubs.

b) Patients may also be offered an Extended Payment Plan. The terms of the plan will be negotiated by the patient and Fairchild Medical Center's Financial Counselors and will take into consideration the patient's family income.

c) A sliding fee schedule approach will be used to determine the discounted payment depending on patient/family size and income. This may result in a different discounted payment for the same service depending on the patient's income level.

d. Eligibility for 100% Charity Care (Free Care)

To qualify for 100%Free Care, the patient must meet the expense qualification as described below:

(1) Expense Qualification: The patient's Allowable Medical Expenses must exceed 50 percent of his or her Family Income determined as follows:

a) The Hospital will multiply the Family Income as determined (see Definition of Income) by 50%.

b) The Hospital will determine the patient's Allowable Medical Expenses.

c) The Hospital will compare 50% of the Family Income (Definition of Income) to the total amount of the patient's Allowable Medical Expenses. Based on this comparison, the hospital will establish the appropriate discount amount using the guidelines provided in Exhibit A (Charity Discount Matrix).

(2) If the patient qualifies for Free Care and the full charity discount or discounted payment, the hospital will apply the greater of the two discounts.

(3) Eligibility Period: The eligibility period is one year from the date of the initial eligibility determination, unless over the course of that year the patient's family income or insurance status changes to such an extent that the patient becomes ineligible.

(4) If the patient receives a discount because of third-party coverage, the patient is not eligible for an additional discount.

e. Homeless Patients

Emergency room patients without a payment source may be classified as charity if they do not have a job, mailing address, residence, or insurance. Consideration must also be given to classifying emergency room 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.

f. Collection Agency

If a collection agency identifies a patient meeting the hospital's charity care eligibility criteria their patient account may be considered for charity care, even if they were originally classified as ~~a~~ bad debt. Collection agency patient accounts meeting charity care criteria shall be returned to the hospital billing office and reviewed for charity care eligibility. If an account is returned and the patient is deemed to be eligible for financial assistance, the patient will not be charged more than the Amounts Generally Billed for emergency and other medically necessary care and will be charged less than the gross charges for any medical care covered under the hospital's Financial Assistance Policy. Refer to agreement with collection agency.

g. Special Circumstances.

(1) Deceased patients without an estate or third-party coverage will be eligible for charity. A copy of the Death Certificate or obituary will be used to verify a patient's death.

(2) Patients who are in bankruptcy or have recently completed bankruptcy may be eligible for charity.

(3) In rare occasions, a patient's individual circumstances may be such that while they do not meet the regular charity care criteria in this policy, they do not have the ability to pay their hospital bill. In these situations, with the approval of Administration, and per the Bad Debt Write-Off Authorization policy, part or all of their cost of care may be written off as 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.

a) Medi-Cal Denied Patient Days and Non-Covered Services: Medi-Cal patients are eligible for charity care write-offs related to denied stays, denied days of care, and non-covered services. These Treatment Authorization Requests (TARs) denials and any lack of payment for non-covered services provided to Medi-Cal patients are to be classified as charity.

h. Governmental Assistance.

(1) The hospital will assist patients in determining if they are eligible for any governmental or other assistance program, including applying for Presumptive Eligibility (PE) through California's Medi-Cal program. PE ends on the last day of the following month in which an individual was determined to be eligible for PE. Patients must follow up with the local Division of Health and Social Services office and submit a completed application for benefits to be continued beyond this date.

(2) People eligible for programs such as Medi-Cal or SB612, 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.

i. Application Process

(1) The application period begins on the date services were rendered to the patient and ends on the later of the 240th day after the first post-discharge billing statement is mailed to the patient or not less than 30 days after the date Fairchild provided the patient with the required final notice to commence collection actions. Once an application is sent, the patient has 30 days to return complete information, or the application is considered stale. 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 may take investigation to determine eligibility, particularly when the patient has limited ability or willingness to provide needed information.

(2) Patients may obtain a copy of the Financial Assistance Policy, the plain language summary, and the financial assistance application on our website www.fairchildmed.org/financial-assistance or by calling (530)841-8537 and speaking with one of our Financial Counselors.

(3) The application process may take place prior to service, at the time of service (during admission or discharge), or after the billing process. In all cases the patient must make their desire to apply for financial assistance known to the Financial Counselors.

(4) The application process includes completing the Financial Assistance Application and providing all supporting documentation required in the application.

(5) The completed application should be received by Fairchild Medical Center during the application period. Applications can be mailed to Fairchild Medical Center at 444 Bruce Street, Yreka, California, 96097.

(6) If the application is returned incomplete, the patient will be contacted by phone and/or letter requiring the missing information. Application will not be processed until all information has been received. If the patient fails to complete the application process, the application for financial assistance may be denied.

(7) Submitting false information on the Financial Assistance Application may also result in a denial of financial assistance, in which case all collection efforts may be resumed.

(8) Every effort should be made to determine a patient's eligibility for charity care or discounted payments. In some cases, a patient eligible for charity care or discounted payment may not have been identified prior to initiating external collection action. Accordingly, each collection agency under contract with the hospital should be made aware of the policy on charity care. This will allow the agency to report amounts that they have determined to be uncollectible due to their inability to pay in accordance with the facilities charity care or discounted payment eligibility guidelines.

3. Notice of Determination

A written notice by the Financial Counselor of the charity or discounted payment determination will be mailed to the address on file for the patient within 7 days of the determination being made

4. Appeal of Determination

If the patient is denied charity or disputes the level of charity discount or discounted payment given, the patient has 30 days to provide a written appeal from the date of notice of determination. This written appeal shall be addressed to the Business Office Manager who has 10 business days to respond to the patient's written appeal. The appeal process involves review by the Chief Financial Officer and/or Chief Executive Officer. The hospital's decision on this appeal is final and will be communicated in writing to the patient. (HSC 127405.a.1; **IRC§501(r)**)

5. Recordkeeping

   Records relating to potential charity care patients must be readily obtained. Business Office records relating to charity care or discounted payments will be kept for ten years. In addition, notes relating to charity applications and approval, or denial should be entered on the patient's account.

6. Public Notice and Posting

   A notification addressing the availability of financial assistance will be posted in all registration areas. (HSC 127410.b; **IRC§501(r)**)

7. Collection Efforts of Eligible Patients

   a. Patients who qualify for charity receive 100% discount for the qualifying period, but patients who qualify for discounted payments will receive a percentage discount. The remaining balance is needed to satisfy the patient's financial obligations.

   b. No-interest extended payment plans will be negotiated in good faith with patients receiving discounted payments to meet their financial obligations. If the patient does not negotiate a payment plan, any remaining balance may be subject to placement with a collection agency if necessary.

      (1) Once a payment plan is established, if no payments are made on the no-interest extended payment plan for 90 days, reasonable efforts to contact the patient in writing and by phone must be made and documented. The written notice must contain contact information about whom to contact and an opportunity to re-negotiate another no-interest extended payment plan.

**FORMS:**

Charity Discount Matrix (Exhibit A)
Financial Assistance Application (Exhibit B)
Providers Covered (Exhibit C)
Amounts Generally Billed (Exhibit D)