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UCI Health

Owner	Rebecca Cloud-Glaab: Vice President, Revenue Cycle Management
Policy Area	Health Enterprise: Compliance Policy
Applicability	UCI Health System-Wide

Charity Care Policy

I. PURPOSE

UCI Health strives to provide quality patient care and high standards for the communities we serve. This policy demonstrates UCI Health's commitment to our mission and vision by helping to meet the needs of the low income, uninsured patients, and the under insured patients in our community. This policy is not intended to waive or alter any contractual provisions or rates negotiated by and between a UCI Health and a third-party payer, nor is the policy intended to provide discounts to a non-contracted third-party payer or any other entities that are legally responsible to make 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 enacted by the Affordable Care Act, and the implementing regulations, effective for tax years beginning after December 29, 2015 as well a California Health & Safety Code § 127400*et seq. (AB 774)*, Hospital Fair Pricing Policies, effective January 1, 2007, updated January 1, 2011, and January 1, 2015 (*SB 1276*), and United States Department of Health and Human Services ("HHS") Office of Inspector General ("OIG") guidance regarding financial assistance to uninsured and under insured patients. Additionally, this policy provides guidelines for identifying patients who may qualify for Financial Assistance. This policy also establishes the financial screening criteria to determine which patients qualify for Financial Assistance. The financial screening criteria 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 Financial Assistance under this policy may receive an Uninsured or Under insured Discount as defined in the Uninsured Discount Policy.

The Financial Assistance Policy provides the procedures for identifying who may qualify for Financial Assistance, the method by which patients may apply for Financial Assistance, and the method for determining presumptive eligibility for Financial Assistance.

Eligibility for financial assistance is for the financially qualified Patients who receive health care services at UCI Health and are uninsured or are under insured and have high medical costs. This policy describes how to ensure the UCI Health patients have access to information regarding Financial Assistance and how to apply.

II. SETTING

This policy covers hospital inpatient and outpatient departments, including hospital-based professional fees. An emergency physician, as defined in Health and Safety Code section 127450, who provides emergency medical services in a hospital that provides emergency care, is also required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 400 percent of the FPL.

III. POLICY

A. This policy is designed to provide a process for UCI Health's financially qualified patients to apply for and receive financial assistance for medically necessary services. UCI Health offers assistance to patients seeking information and help regarding from all other health care available programs including the Federal and State-funded California Children's Health Insurance Program (CHIP), Medi-Cal, Victim of Crime, Covered California, and county programs and any other sources of coverage. Patients who are not eligible for assistance from another program may be eligible for Financial Assistance.

   1. Patients with demonstrated financial need may be eligible if they satisfy the definition of a Charity Care patient or High Medical Cost patient as defined in section IV, below.
   2. Patients or other individuals responsible for payment on patients' behalf with demonstrated financial need may be eligible for Financial Assistance if they complete an application and meet the eligibility requirements for Charity Care as defined in the Eligibility Procedures below. Patients who do not complete an application may be presumptively determined to be eligible for Financial Assistance using information provided by sources other than the patient or other individual seeking financial assistance in certain circumstances, as identified in the Presumptive Eligibility procedures below.
   3. Information about UCI Health's Financial Assistance Policy shall be widely publicized, including on UCI Health's website. Signs shall be conspicuously posted in the Emergency Department, registration areas, and outpatient departments and license clinics of the Hospitals notifying patients or other individuals notifying patients or other individuals responsible for payment for medical care of the Financial Assistance policy. A plain language summary of the Financial Assistance Policy shall be offered to potential eligible patients or other individuals responsible for payment during the check in or discharge process and during the billing and collections process. This information shall be provided in English, Spanish,

Vietnamese, and any other language spoken by a Significant Limited English Proficient (LEP) Population and shall be translated for patients or other individuals who speak other languages.

This policy permits non-routine waivers of patients' out-of-pocket medical costs for medically necessary services based on an individual determination of financial need in accordance with the criteria set forth below. This policy and the financial screening criteria must be consistently applied to all patients throughout UCI Health. In exceptional circumstances, on a case-by-case basis after a good faith determination of financial need using the screening criteria and application identified in this Financial Assistance Policy, UCI Health may waive a patient's coinsurance, copayment, or deductible amounts.

4. This policy excludes services that are not medically necessary and separately billed physician professional services, not billed by UCI Health.
5. Financial Assistance is not a substitute for a patient's financial responsibility. Patients are expected to cooperate with UCI Health's application requirements and contribute to the cost of their care based on their ability to pay. This policy will not apply if the patient/responsible party provides false information about financial eligibility and receives government-sponsored insurance benefits for which they may be eligible.

[1] California Health & Safety Code § 127400 et.al. c) defines Financially Qualified Patients as "a patient who is both of the following:
(1) A patient who is a self-pay patient, as defined in subdivision (f), or a patient with high medical costs, as defined in subdivision (g).
(2) A patient who has a family income that does not exceed 400 percent of the federal poverty level."

IV. DEFINITIONS

A. "Charges" – Means the total charges at UCI Health's established rates for patient care services before any discounts are applied.

B. "Charity Care" – Means "Free Care" and a full or partial waiver of a patient's financial obligation for emergency and all other medically necessary care.

C. "Charity Care Patient" – A Charity Care patient is a financially eligible self-pay patient who received medically necessary care and the family income is at or below 400% of the Federal Poverty Level (FPL).

D. "High Medical Cost Charity Care" – A high medical cost Charity Care patient is a patient who is not a self pay patient (has 3rd party coverage), has a family income at or below 400% of the Federal Poverty Level (FPL) and has out of pocket medical expenses.

E. "Emergent Medical Condition" – Is 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:

1. Placing the patient's health in serious jeopardy.
2. Serious impairment to bodily functions.
3. Serious dysfunctions of any bodily organ or part.

F. "Bad Debt" – A bad debt results from services rendered to a patient who following a collection effort, is determined to be able but unwilling to pay all or part of their charges.

G. "Federal Poverty Level" (FPL) – Poverty guidelines, defined and published by the U.S. Department of Health and Human Services in the Federal Register, based upon income and family size. https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines

H. "Financial Assistance" – Means Charity Care (free care) provided to financially qualified uninsured and High Medical Costs (underinsured) patients.

I. "Guarantor" – Means a person who is legally financially responsible for a patients health care services.

J. "Financially Qualified" – A Financially Qualified patient is defined as any patient where Patient's Family is at or below 400% of the FPL, including but not limited to:
   1. Self-Pay Patient.
   2. High Medical Costs Patient.
   3. An insured patient with non-covered charges.

K. "High Medical Cost" – Is defined as any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal share of cost and the patient is:
   1. Not Self-Pay (has third party coverage).
   2. Patient or family members out-of-pocket medical expenses in prior twelve (12) months (whether incurred in or out of any UCI Health hospitals) exceeds 10% of family income.

L. "Medically Necessary Service" – A medically necessary service or treatment is one that is necessary to treat or diagnose a patient and could adversely affect the patient's condition, illness or injury if it were omitted, and is not considered an elective or cosmetic surgery or treatment.

M. "Patient's Family" – For patients 18 years of age and older, patient's family is defined as their spouse, domestic partner, as defined in Section 297 of the Family Code, and dependent children of any age, if those children are disabled, whether living at home or not. For persons under 18 years, who are 18 to 20 years of age and are a dependent child, the definition of "patient's family" includes other dependent children of the patient's parents or caretaker relatives if those other children are disabled.

N. "Discounted Payment"-means any charge for medically necessary care that is reduce but not free.

O. "Patient Responsibility" – A copayment, coinsurance, deductible or any amount due from an insured patient under the insured patient's benefit plan. Patient responsibility does not include amounts due from an insured patient for services that are not covered under the insurer's

benefit plan and considered cosmetic.

P. "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" means, for purposes of this subdivision, expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or childcare, child or spousal support, transportation, and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

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

1. No third-party coverage.
2. No Medi-Cal/Medicaid coverage or patients who qualify but who do not receive coverage for all services or for the entire stay[2]
3. No compensable injury for purposes of government programs, workers' compensation, automobile insurance, other insurance, or third-party liability as determined and documented by the hospital.
4. Family income is at or below 400% of the Federal Poverty Level (FPL).

R. "Presumptive Charity" – Determination of eligibility for Financial Assistance based upon socio-economic information specific to the Patient.

[2] 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. In addition, Medicare patients who have Medi-Cal coverage of their co-insurance and/or deductibles, for which Medi-Cal does not make payment and Medicare does not ultimately provide bad debt reimbursement are also included.

V. COMMUNICATION OF CHARITY CARE AND DISCOUNT POLICIES

Responsibility: Admitting, Emergency Department, Outpatient Settings, and Patient Financial Services and the Single Billing Office.

A. Patients will be provided a written notice with their bill that contains information regarding UCI Health's Financial Assistance policy, including information about eligibility, as well as how to apply and contact information for a hospital employee, website or office from which the patient may obtain further information about these policies. At the time of service, notices are to be given to patients that do not appear to have third party coverage in the Admitting Department, Emergency Department, Patient Financial Services Department, and other outpatient hospital settings. Notices should be provided in English, Spanish, Vietnamese and any other languages as determined by UCI Health preferred language.UCI Health's Single Billing Office department shall publish policies and train staff regarding the availability of procedures related to patient financial assistance.

B. Notice of this Financial Assistance Policy will be posted in conspicuous places throughout the hospital including the Emergency Department, Admissions Offices, Outpatient settings, and Single Billing Office, in patient's preferred language.

C. For notices to include in a bill or statement for a patient who has not provided proof of coverage, see Section XII, "Patient Billing and Collection Practices," Part A.

VI. ELIGIBILITY PROCEDURES

Responsibility: **Admitting, Registration, Emergency Department, Outpatient Settings, Ancillary Registration Areas, Clinics, etc.**

A. Every effort will be made to screen all patients identified as uninsured or in need of financial assistance for admissions, emergency, and outpatient visits for the ability to pay and/or determine eligibility for payment programs, including those offered through UCI Health. Screened patients' financial information will be documented and retained as appropriate.

B. Patients without third party coverage will be financially screened for eligibility for state and federal governmental 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 screened for the Medi-Cal program, the Healthy Families program, coverage offered through the California Health Benefits Exchange, California Children's Services (CCS), or other state- or county-funded health coverage program before the patient leaves the hospital. For emergency department or other outpatient settings, after the screening, the patient should be scheduled for an appointment with Central Registration to complete the application. The patient also shall be provided with a referral to a local consumer assistance center housed at legal services offices.

C. Patients with third party coverage with high medical costs will be screened by a financial counselor in Patient Access, or a representative from the Single Billing Office 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 qualify as a High Medical Cost patient and the need to provide receipts if claiming services rendered at other providers in the past twelve months. The hospital must ensure that all information pertaining to the Charity Care Discount Policy was provided to the patient.

D. All potentially eligible patients must apply for assistance through State, County and other programs before CHIP/charity care funds are considered. If denied, UCI Health must receive a copy of denial. Failure to comply with the application process or provide required documents will be considered in the determination. Willful failure by the patient to cooperate will result in UCI Health's inability to provide financial assistance.

E. If a patient applies, or has a pending application, for another health coverage program while he or she applies for a Charity Care Discount, neither application shall preclude eligibility for the other program.

VII. ELIGIBILITY FOR CHARITY CARE

A.

Category of Financial Assistance	Eligibility	Write-off -Discount
Uninsured Patients Charity Care (Free Care)	1.Patient is a self-pay, uninsured patient 2. Patient and patient family income at or below 400% of the most current Federal Poverty Level (FPL) 3. Patient/guarantor submits completed application for Financial Assistance 4. Patient is awarded Presumptive Charity	100% write-off of total charge amount due
High Medical Cost Patients Charity Care (Free Care)	1. Patient is not self-pay 2. Patient has third-party coverage or Medicare/Medi-Cal/Medicaid 3. Patient and patient family income at or below 400% of the most current Federal Poverty Level (FPL) 4. Out of pocket medical expenses in prior12 months (whether incurred at UCI Health or any other health care provider) exceeds 10% of family income 5. Patient is awarded Presumptive Charity	100% write-off of patient out of pocket amount due
Uninsured Discount	Patient is uninsured but is not at or below 400% of the Federal Poverty Level (FPL)	50% discount off professional charges for facility-based providers 70% discount off total hospital charges

B. Financial Assistance Application

1. Financial Assistance under this policy applies to all medically necessary health care services provided at UCI Health hospitals and professional services provided by UCI Health providers and services rendered in provider based clinics. The Financial Assistance application is available at www.ucihealth.org/patients-visitors/financial-assistance or by calling our Single Billing Office at 833-353-7700.
2. **"The Director of Patient Financial Services, the Vice President of Revenue Cycle, Chief Financial Officers may—under unusual circumstances—extend charity care to individuals who would not otherwise qualify for charity care under this policy. When such an award is made, the unusual circumstances justifying the award of**

charity care will be documented in writing in the patient account system.

VIII. ELIGIBILITY FOR PARTIAL CHARITY CARE DISCOUNT FOR HIGH MEDICAL COST PATIENTS WITH THIRD-PARTY COVERAGE

A. High Medical Cost patients with third party coverage whose family incomes are at or below 400% of the FPL with high medical costs are eligible for a charity care discount.

B. Patient is required to provide proof of payment of medical costs. Proof of payment may be verified.

C. The **Charity Screening Form** should be completed for all patients requesting a charity care discount. High Medical Cost patients need to be evaluated monthly to accurately account for medical cost for the last twelve (12) months.

D. Patient's family income will be verified with either the most recent filed Federal tax return or recent paycheck stubs to confirm that the patient's family income meets the at or below 400% of FPL.

E. Once it is determined that income meets FPL, no assets will be considered in the determination for a charity care discount. Eligibility will be based on the patient's family income qualification only.

F. Discounted payments will be limited to the highest of Medicare, Medi-Cal, Healthy Families, or any other government-sponsored health program in which the hospital participates.

G. If a non-contracted third-party payer (who has not otherwise negotiated a discount off UCI Health's standard rates through a Letter of Agreement-LOA) has paid an amount equal to or more than the maximum governmental program payment, UCI Health would consider the difference as a partial charity care discount, and write off the difference, excluding deductibles. If payment received is less than the maximum governmental program payment, UCI 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 UCI Health and a third-party payer and will not provide discounts to a non-contracted third-party payer or other entities that are legally responsible to make payment on behalf of a beneficiary, covered person or insured.

H. Patients can be offered an extended payment plan. The terms of the payment plan shall be negotiated by UCI Health, UCI Health partners and the patient and take into consideration the patient's family income and essential living expenses. If the UCI Health and the patient cannot agree on the payment plan, the UCI Health shall use the formula described in the definition of "Reasonable Payment Plan," in section IV.G., above. Extended payment plans are interest-free. Standard payment plan length will be twelve (12) months. Longer payment plans can be provided on an exception basis.

I. For patients with no third-party coverage whose incomes are above 400 of the Federal Poverty Level, please refer to Uninsured Discount Policy.

IX. PRESUMPTIVE ELIGIBILITY

A. UCI Health understands that certain patients may be unable to complete the Financial Assistance application, comply with requests for documentation, or are otherwise non-responsive to the application process. As a result, there may be circumstances under which a patient's qualification for Financial Assistance may be established without completing the formal assistance application. Under these circumstances, UCI Health may utilize other sources of information to make an individual assessment of financial need to determine whether the individual is eligible for Financial Assistance. This information will enable UCI Health to make an informed decision on the financial need of non-responsive patients utilizing the best estimates available in the absence of information provided directly by the patient. In addition, presumptive eligibility for Financial Assistance may be determined based on individual life circumstances that may include:

- Homelessness or receipt of care from a homeless clinic
- Eligibility for food stamps
- Eligibility for school lunch programs
- Living in low-income or subsidized housing
- Patient is deceased with no estate

If a patient does not qualify for Financial Assistance under the presumptive eligibility procedures described above, the patient may still provide the required information and be considered under the Financial Assistance eligibility and application process set forth above.

X. REVIEW PROCESS

Responsibility: **Single Billing Office**

Requirements above will be reviewed and consistently applied throughout UCI Health facilities in determining each patient's application for financial assistance.

UCI Health will determine eligibility for Financial Assistance based on an individual determination of financial need in accordance with this Policy, and shall not take into account an individual's gender, race, immigrant status, sexual orientation or religious affiliation.

Patients with linkage to a government program, may be encouraged to apply for available coverage, but applying for such coverage is not a condition of being awarded Financial Assistance.

The most current Federal Poverty Level (FPL) shall be used for determining a Patient's eligibility for Financial Assistance. Eligibility for Financial Assistance will be based on Family Income.

A. Information collected in the Financial Assistance Screening Form may be verified by UCI Health. The patient's signature on the **Financial Assistance Screening Form** will certify that the information contained in the form is accurate and complete.

B. Any patient, or patient's legal representative, who requests a charity care discount under this policy shall make every reasonable effort to provide UCI Health with documentation of income and all health benefits coverage. Failure to provide information may result in denial of a charity

care discount.

C. Eligibility will be determined based on patient's family income including monetary assets as outlined in AB 774 (Health & Safety Code Section 127400 et seq.).

    1. Patient's Family income is verified with the most recent filed Federal tax return or a minimum of six months recent paycheck stubs.

D. The **Charity Screening Form** will be required each time the patient is admitted and is valid for the current admission plus any other outstanding patient liability at UCI Health at the time of determination. The inpatient application can be used in the determination of charity care discount for outpatient services. The Financial Assistance award is for outpatient services which is valid for six (6) calendar months starting with the month of eligibility determination and any other patient financial liability at UCI Health facilities at the time of award determination.

E. Patients who are homeless or expire while admitted to UCI Health and have no source of funding, responsible party or estate will be eligible for presumptive charity care even if a financial assistance application has not been completed. All such cases must be approved by the**, SBO Assistant Director if under $25,000 or the Patient Financial Services Director less than or equal $100,000 or Vice President of Revenue Cycle if over $100,000.**

F. Patients will be notified in writing of approval or reason for denial of charity care eligibility in languages as determined by patient's language preference.

G. Specific payment liability for high medical cost charity care discounts will require the episode of care or treatment plan to be determined and priced to enable accuracy. For patients with third party coverage with high medical costs, it will be necessary to wait until a payer has adjudicated the claim to determine patient financial liability. Patient is required to provide proof of payment of medical costs. Proof of payment may be verified.

H. In all cases, the amount charged to patients eligible for Financial Assistance shall be limited to the amounts generally (AGB) billed to individuals for emergency and other medically necessary services who have insurance covering such care, as determined by UCI Health by using the billing and coding process UCI Health would use if the eligible patient were a Medicare fee-for-service beneficiary and setting the limit to the total amount Medicare would allow for the care (including both the amount that would be reimbursed by Medicare and the amount that the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance or deductibles)

I. See Section XII for Appeals/Reporting Procedures.

XI. PATIENT BILLING AND COLLECTION PRACTICES

Responsibility: **Patient Financial Services**

A. Patients who have not provided proof of coverage by a third party at or before care is provided will receive an estimate of charges for services rendered at UCI Health facilities. Included in the estimate will be a request to provide the hospital with health insurance or third-party coverage information. An additional statement will be provided on the bill that informs the patient that if they do not have health insurance coverage, the patient may be eligible for Medi-

Cal, Healthy Families Program, coverage offered through the California Health Benefit Exchange, California Children's Services, other state- or county-funded health coverage, or financial assistance.

B. Patient's request can be communicated verbally or in writing and a Financial Assistance Screening Form will be provided/mailed to patient/guarantor address or via electronically. Written correspondence to the patient shall also be in the languages as determined by the patient's preferred language.

C. If a patient is attempting to qualify for eligibility under the hospital's Financial Assistance policy and is attempting in good faith to settle the outstanding bill, the hospital shall not send the unpaid bill to any collection agency or other assignee unless that entity has agreed to comply with this policy.

D. Patients are required to report to UCI Health any change in their financial information promptly.

E. For financially eligible Charity Care patients, prior to commencing collection activities against a patient, the hospital and our agents will provide a notice containing a statement that nonprofit credit counseling may be available and containing a summary of the patient's rights.

F. Bills that are not paid within 120 days after the first post-discharge billing statement may be placed with a collection agency, subject to limited exceptions. The patient or other individual responsible for payment may apply for financial assistance any time after the first post-discharge billing statement or any time during the collection process.

G. UCI Health complies with the guidelines under Internal Revenue Code, Section 501(r) and UCI Health makes reasonable efforts to determine whether an individual is eligible for Financial Assistance under this Policy, as defined in Department of Treasury regulations Section 1.501(r)-6(c), as may be amended.

H. UCI 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 Financial Assistance, offers of no-interest payment plans, and offers of uninsured discounts as a patient's financial status may change. UCI Health and its contracted partners and collection agencies will not undertake any Extraordinary Collection Efforts (ECA) imposing wage garnishments or liens on primary residences. This requirement does not preclude UCI Health from pursuing reimbursement from third party liability settlements or other legally responsible parties.

I. Agencies and partners that assist the hospital and may send a statement to the patient must sign a written agreement that it will adhere to the hospital's standards and scope of practices.

    1. The agency must also agree to:

        a. Not report adverse information to a consumer credit reporting agency or commence civil action against the patient for nonpayment at any time.

        b. Not use wage garnishments,

        c. Not place liens on primary residences.

        d. Adhere to all requirements as identified in AB 774 (Health & Safety Code Section 127400et seq.) and SB 1061.

        e. Comply with the definition and application of a Reasonable Payment Plan, as defined in section IV.G., above.

J. If a patient is overcharged, the hospital shall reimburse the patient the overcharged amount with 10 % interest per annum (Article XV, Section 1 of the California Constitution) calculated from the date the patient made the overpayment.

XII. APPEALS/REPORTING PROCEDURES

Responsibility: **Patient Financial Services Department**

A. In the event of a dispute or denial, a patient may seek review from Patient Financial Services Director or Vice President of Revenue Cycle or their designee who will review a second level appeal and provide a determination of award. The Financial Assistance Policy and attachments shall be provided to Department of Health Care Access and Information (HCAI) at least biennially on January 1, or when significant revision. If no significant revision has been made by UCI Health since the policies and financial application form was previously provided, HCAI will be notified that there has been no significant revision.

B. This Financial Assistance Screening Form will be filed with the policies and financial information form was previously provided, OSPHD will be notified that there has been no significant revision.

XIII. RESPONSIBILITY

Questions about the implementation of this policy should be directed to the Patient Financial Services Department.

Questions about Financial Assistance eligibility should be directed to the Single Billing Office.

XV. REFERENCES

- Uninsured Discount Policy
- University of California Accounting Manual (H-576-60)
- Federal Regulations (42 C.F.R. Section 440.255)

APPENDIX A: PRIMARY SERVICE AREA

PRIMARY SERVICE AREA

UCI Health defines its primary service area, as Orange County, South Orange County, San Bernardino, Riverside Counties and South Los Angeles.

Attachments

Financial Assistance Approval Letter.pdf

Financial Assistance Charity Screening Form.pdf

Financial Assistance Denial Letter.pdf

Goodbye Letter.pdf

Approval Signatures

Step Description	Approver	Date
Governing Body	Alyssa Reuther: Director [MB]	03/2025
Medical Executive Committee	Medical Executive Committee [AR]	03/2025
Policy Oversight Committee	Nikki Martin: Assistant Manager Regulatory Affairs	03/2025

Applicability

UCI Health - Fountain Valley, UCI Health - Lakewood, UCI Health - Los Alamitos, UCI Health - Orange, UCI Health - Placentia Linda