


PALOVERDE – HOSPITAL Housewide

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Title: Financial Assistance Charity Care for Low Income, Uninsured/ Underinsured Patients	Effective Date: 05/01/2026	<input type="checkbox"/> Palo Verde - Hospital Based Clinics <input checked="" type="checkbox"/> Palo Verde - Hospital <input type="checkbox"/>	
	Approved By:  Jennifer Cruikshank CEO/Hospital Director		<input type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure <input checked="" type="checkbox"/> Guideline

1. PURPOSE

- 1.1 The Palo Verde - Hospital demonstrates its commitment to its mission and vision by addressing the healthcare needs of low - income, uninsured, and under-insured members of the community. The Hospital offers Financial Assistance and Charity Care programs, providing eligible patients with support to help reduce or eliminate the cost of care.
- 1.2 This policy is intended to comply with California Health & Safety Code § 127400 et seq. (AB 774), Hospital Fair Pricing Policies, effective January 1, 2007, updated January 1, 2011, January 1, 2015 and January 01, 2025 (SB 1276), and United States Department of Health and Human Services (“HHS”) Office of Inspector General (“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/Charity Care. This policy also establishes the financial screening criteria to determine which patients qualify for Financial Assistance program.
- 1.3 The financial screening criteria in this policy are based primarily on the Federal Poverty Level (“FPL”) guidelines updated periodically by HHS in the Federal Register.

2. SCOPE

- 2.1 This policy covers hospital inpatient and outpatient departments. An emergency physician, as defined in 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 High Medical Cost patients who are at or below 400% of the FPL. Emergency Room physician fees are covered under a separate policy. All other physician fees are excluded.

3. DEFINITIONS

- 3.1 **Bad debt:** A bad debt results from services rendered to a patient who is determined by Palo Verde Hospital, following a reasonable collection effort, to be able but unwilling to pay all or part of the bill.
- 3.2 **Financial assistance patient:** Discount payment any charge for care that is reduced but not free. A financially eligible Self-Pay patient or a High Medical Cost patient.
- 3.3 **Charity Care:** Free health services provided to eligible patients as outlined in hospital's Charity Care program. Charity care to include bad debt defined as uncollectable charges that the hospital recorded as revenue but wrote off due to a patient's failure to pay.
- 3.4 **Emergent medical condition:** A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in:
- a. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy.
 - i. Serious impairment to bodily functions; or
 - ii. Serious dysfunction of any bodily organ or part; or
 - b. With respect to a pregnant woman who is having contractions:
 - i. When there is inadequate time to effect a safe transfer to another hospital before delivery; or
 - ii. The transfer may pose a threat to the health or safety of the woman or the unborn child.

3.5 High medical cost patient; High medical costs are those as defined by the Hospital Fair Pricing Policies (Cal. Health & Safety Code § 127400(g)), as being:

- a. Have a family income at or below 400% of the Federal Poverty Level (FPL)
- b. Annual out-of-pocket costs incurred by the individual at Palo Verde Hospital that exceed 10% of the patient's current family income or family income in the prior 12 months
- c. Annual out of pocket expenses that exceed 10% of 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, or
- d. A lower level determined by the Palo Verde Hospital in accordance with this policy.
- e. Not self-pay (has third party coverage)
- f. "Out-of-pocket costs" means any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing.

3.6 Medically necessary service: A medically necessary service or treatment is one that is absolutely necessary to treat or diagnose a patient and could materially adversely affect the patient's condition, illness or injury if it were omitted.

3.7 Patients Family: California Health and Safety Code (HSC) § 127400(h)(1)and (2) Defines the "patient's family" for hospital fair pricing policies. It includes the patient, spouse, and dependent children under 18 for adults, or parents/caretakers for minors. This definition determines eligibility for charity care and discounted payments, ensuring they are based on household income

- a) For Adults (18 years of age and older):
A patient's family includes their spouse, domestic partner (as defined by Family Code § 297), and dependent children under 21 years of age. It also includes disabled children of any age, consistent with federal Social Security Act standards, regardless of whether they live at home.
- b) For Minors or Dependent Young Adults (under 21 years of age):
For patients under 18, or dependent children aged 18 to 20 inclusive, the family includes their parents, caretaker relatives, and the other dependent children of those parents or caretakers who are under 21 years of age. This also includes disabled children of any age.

- 3.8 **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.
- 3.9 **Self-pay patient:** A financially eligible self-pay patient is defined as follows:
- a. No third-party coverage.
 - b. Those who do not have any form of health insurance coverage
 - c. No Medi-Cal/Medicaid coverage or patients who qualify but who do not receive coverage for all services or for the entire stay;
 - d. 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;

A. POLICY

- 4.1 This policy is designed to provide assistance to financially qualified patients who require medically necessary services, are uninsured, ineligible for third party assistance, or have high medical costs. Patients are granted assistance from unfunded financial assistance, State-funded California Healthcare for Indigent Program (CHIP), county programs, or grant programs for some or all their financial responsibility depending upon their specific circumstances.
- 4.2 This policy permits non-routine waivers of patients' out-of-pocket medical costs 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 cases.
- 4.3 Throughout Palo Verde Hospital. If application of this policy conflicts with payer contracting or coverage requirements consult with Palo Verde Hospital's legal counsel.
- 4.4 Services that are not medically necessary services or services that are separately-billed physician services are not eligible for Financial Assistance program. Emergency department physician services are covered under a separate policy.
- 4.5 This policy will not apply if the patient/responsible party provides false information regarding financial eligibility.

- 4.6** Palo Verde Hospital, will ensure that patients are made aware of the importance of financial screening and completion of necessary paperwork to gain appropriate healthcare coverage for costs incurred for healthcare services provided at Palo Verde Hospital.
- 4.7** All patients will be provided emergency services in accordance with Emergency Medical Treatment & Active Labor Act (EMTALA) regulations. Palo Verde Hospital staff will comply with federal and state laws regarding the conduct of county hospital financial business practices.
- 4.8** The Financial Assistance Program available through Palo Verde Hospital will not substitute for personal responsibility of the patient. All patients are expected to contribute to the cost of their care based on their individual ability to pay.
- 4.10** Emergency Physicians, as defined in AB 1503, Stats. 2010, Ch. 445.)
Section 127450, who provides emergency medical services in a hospital that provides emergency care, are also required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 400% of the Federal Poverty Level. This statement shall not be construed to impose any responsibilities upon the hospital.
- 4.11** Eligibility for the Financial Assistance Program/Charity Care will be considered for those individuals who are uninsured, under-insured, ineligible for any government health care benefits program and unable to pay for their care based upon a determination of financial need.
- 4.12** Departmental Responsibilities
- a. The Palo Verde Hospital Financial Assistance shall be reviewed and updated to reflect the current Federal Poverty Level Guidelines (Attachment 6.3).
 - b. Palo Verde Hospital managers and staff will ensure that the policies and procedures established for the Financial Assistance Program are applied consistently. Likewise, registration shall provide to all patients the same information concerning services and charges for Palo Verde Hospital.

- c. Palo Verde Hospital eligibility staff will apply the following when determining eligibility for Financial Assistance:
 - i. If patient failed to provide information that is necessary to determine eligibility, it may be considered failure to comply and ineligible for Financial Assistance/Charity Care program.
 - ii. Monetary assets will no longer be considered in determining eligibility for Charity care or discount payments.
 - iii. Individuals with household incomes exceeding 400% of the Federal Poverty Level (FPL) are ineligible for Financial Assistance.
- ci. Palo Verde Hospital will post and make available income requirements, the patient may be eligible for a government- sponsored program or for the Palo Verde Financial Assistance/Charity Care Program

4.13 Customer Service

- a. Patients (or their legal representatives) seeking financial assistance will be asked to provide information quarterly concerning their health benefits coverage, financial status, and any other information that is necessary for Palo Verde Hospital to make a determination regarding the patient's need for financial assistance.
- b. Financial screening provided by Palo Verde Hospital Eligibility staff, using eligibility criteria (income, family size), will determine the amount a patient is responsible to pay.
- c. Palo Verde Hospital staff shall be informed of availability of Financial Assistance Programs

4.15 Eligibility

- a. Patients with income at or below 100% of the federal poverty level are eligible for Paloverde Hospital Free Charity Care Program. Patients with combined income at or below 400% of federal poverty level and are uninsured or Under-Insured will be eligible to apply for the Palo Verde (discount payment) Financial Assistance Program

- b. Determination of Eligibility requirements
 - i. Application for Financial Assistance/Charity Care
 - ii. Copy of picture identification
 - iii. Proof of Family income: Recent pay stubs within 6 month period before or after first billed, or in case of preservice, when the application is submitted. Income tax returns for the year in which the patient was first billed or 12months prior.
 - iv. Statement of support if there is no income
 - v. Patient may apply for Financial Assistance/Charity Care at any time.
 - c. Commercial Insurance deductible, Hospital may waive or reduce Medi-Cal and Medicare cost sharing amounts as part of its Charity Care Program or discount payment program.
 - d. Patients applying for the Palo Verde Financial Assistance Program, who are denied eligibility have the right to file an appeal within 10 days. A patient has 10 days from the date that the county mailed or provided written Notice of Action (NOA). An appeal may be made by the patient contacting the Palo Verde office 760-922-4115 to make an appointment with the appeals Manager 760-921-5141.
 - e. If determined to be eligible for the Palo Verde Hospital Partial Financial Assistance Program by eligibility staff, the patient will be referred to Patient Accounts to arrange payment of the hospital bill(s).
 - f. Documentation of the financial screening process will be retained by Palo Verde Hospital.
- 4.16 Documentation includes.
- a. Date of determination of eligibility or denial for this program
 - b. Level of eligibility per Financial Assistance program
 - c. Copy of the application form
 - d. Copy of the approval or denial letter

4.17 Coverage Restrictions

- a. Outpatient prescriptions are not covered under Palo Verde Hospital Financial Assistance Program. Elective or cosmetic Surgery must be deemed medically necessary to be covered under this policy.

4.18 Billing

- a. Amounts payable to medical service providers other than Palo Verde Hospital are excluded from this policy.
- b. A Patient qualifying for assistance under the Palo Verde Hospital Financial Assistance Policy and cooperating with Patient Accounts will not be referred to a collection agency.
- c. For patients qualifying for discounted payments (household income at or below 400% FPL), the expected payment will not exceed the greater of the expected Medicare or Medi-Cal reimbursement. If no such rate exists for a service, an appropriate discounted payment will be applied. Eligible patients are not required to participate in independent dispute resolution.
- d. The hospital will provide an extended payment plan to patients who qualify for discounted payments or charity care, allowing for the payment of the discounted price over time. The terms of the payment plan will be negotiated between the hospital and the patient or their legal representative, considering the patient's family income and essential living expenses. If the hospital and the patient cannot agree on the payment plan terms, the hospital will apply a reasonable payment plan based on the formula defined in California Health and Safety Code Section 127400(i). California Code, Health and Safety Code
- e. If a patient or guarantor fails to make all consecutive payments as required by their established extended payment plan for a period exceeding 90 days, the extended payment plan may be declared inoperable. Before declaring the plan inoperable, the hospital or its representative must try to contact the patient by phone to discuss missed payments and offer to renegotiate the plan. A written notice must also be sent at least 60 days after the first missed payment, informing the patient the plan may become inoperative and offering renegotiation. This notice must give the patient at least 30 days to make a payment. If these attempts are unsuccessful and the plan is declared inoperative, the patient's responsibility is limited to the previously determined discounted amount, and they receive credit for payments made. Adverse credit reporting or civil action cannot begin until after the plan is declared inoperative.

- f. If it is determine an overpayment by the patient has occurred, Palo Verde Hospital will refund any amount owed within 30 days of the determination. Interest owed on this overpayment by the hospital to the patient will be paid to the patient at the statutory rate (10% per annum) according to Civil Procedure Code 685.010 and Health and Safety Code section 127440. Interest will be accrued beginning on the date payment was received by the hospital. If the amount of interest due to the patient is less than five dollars (\$5.00), the hospital is not required to pay the interest.
- g. Palo Verde Hospital contracted collection agencies; billing services are required to conform to the billing/collection practices outlined in this policy.

REFERENCES

- 5.1 Contact information for Assisting Low Income, Uninsured, Underinsured Patients

Document History:

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ATTACHMENT 6.1
Palo Verde Hospital
FINANCIAL ASSISTANCE PROGRAM

To meet the needs of the uninsured/underinsured patients who have received healthcare services at Palo Verde Hospital and are unable to pay for these services, programs have been established to assist Palo Verde Hospital patients to gain access to programs that may assist the patient with payment of their Hospital bill along with additional medical services that may be required.

These programs include, but are not limited to:

Palo Verde Hospital Financial Assistance Program
Charity Care

760-922-4115

Medi-Cal

877-410-8827

Covered California

800-300-1506

Medicare

800-633-4227

Annual 25/26 Poverty Guidelines

Household/Family Size	100%	138%	200%	322%	400%
1	\$15,960	\$22,025	\$31,920	\$51,392	\$63,840
2	\$21,640	\$29,864	\$43,280	\$69,681	\$86,560
3	\$27,320	\$37,702	\$54,640	\$87,971	\$109,280
4	\$33,000	\$45,540	\$66,000	\$106,260	\$132,000
5	\$38,680	\$53,379	\$77,360	\$124,550	\$154,720
6	\$44,360	\$61,217	\$88,720	\$142,840	\$177,440
7	\$50,040	\$69,056	\$100,080	\$161,129	\$200,160
8	\$55,720	\$76,894	\$111,440	\$179,419	\$222,880
Each Additional Person add	\$5,680.00	\$7,839.00	\$11,360.00	\$18,290.00	\$22,720.00