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Owner	Renee Frey: Patient Financial Services Director
Policy Area	Patient Accounting

Discounted Care Policy

POLICY

It is the policy of St. Rose Hospital to provide Discounted Care, consistent with this policy, to eligible:

1. Self-Pay Patients that do not qualify for Charity Care under St. Rose Hospital's Charity Care Policy (Self-Pay Discounted Care); and
2. Patients with High Medical Costs that do not qualify for Charity Care under St. Rose Hospital's Charity Care Policy (High Medical Costs Discounted Care).

St. Rose Hospital also provides Charity Care to eligible Self-Pay Patients. Further information about Charity Care, Discounted Care and St. Rose Hospital's debt collection policies can be found at www.strosehospital.org.

Any modification of this policy must be approved in writing by St. Rose Hospital's Board of Directors.

PURPOSE

This policy is intended to:

1. Define the forms of Discounted Care available and the associated eligibility criteria;
2. Establish the processes that patients shall follow in applying for Discounted Care and the process St. Rose Hospital will follow in reviewing applications for Discounted Care;
3. Provide a means of review in the event of a dispute over a determination regarding eligibility for Discounted Care; and
4. Provide administrative and accounting guidelines to assist with identifying, classifying and reporting Discounted Care.

This Discounted Care Policy along with St. Rose Hospital's Charity Care Policy and Debt Collection Policies 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 as the State of California's Hospital Fair Pricing Policies (Health & Safety Code §§127400 to 127446), Emergency Physician Fair Pricing Policies (Health & Safety Code §§ 127450 to 127462), and the Consumer Credit Reporting Agencies Act, as applicable, and Office of Inspector General, Department of Health and Human Services (OIG) guidance regarding financial assistance to uninsured and under-insured patients.

This Discounted Care Policy has been updated to implement the changes provided for by AB 2297 and SB 1061 and ensure compliance with all applicable laws.

GENERAL INFORMATION

- A. **Scope of Policy.** This policy does not create an obligation for St. Rose Hospital to pay for charges of physicians or other medical providers including anesthesiologists, radiologists, emergency department physicians, pathologists, etc., not included in the hospital bill.
- B. **Emergency Department Physicians.** An emergency physician, as defined in California Health & Safety Code § 127450, who provides emergency medical services at St. Rose Hospital 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 federal poverty level. This statement shall not be construed to impose any additional responsibilities upon St. Rose Hospital.

DEFINITIONS

- A. **Amount Generally Billed (AGB):** The average amount paid by all private in-network health insurers, as well as Medicare for emergency or other Medically Necessary Care. St. Rose Hospital employs the "look back method" as defined in section 501(r)(5)(b)(1) of the Internal Revenue Code. St. Rose Hospital will limit amounts charged for Emergency or other Medically Necessary Care provided to individuals eligible for Discounted Care under this policy to not more than the AGB. The calendar year 2024 AGB is as follows and will be updated annually: 30% of Gross/Undiscounted Charges.
- B. **Discounted Care:** Medically Necessary Care for which a Self-Pay Patient Discount or a High Medical Costs Discount is applied.
- C. **Family Income:** The annual earnings of all members of the Patient Family from the prior twelve (12) months or prior tax year as shown by recent pay stubs or income tax returns, less payments made for alimony or child support. Family Income may be determined by annualizing year-to-date income, giving consideration for current earning rates and changes in circumstances. Except as may be required for waiver or reduction of Medicare or Medi-Cal cost sharing amounts, St. Rose Hospital shall not consider the monetary assets of the Patient Family when determining the Family Income or eligibility for Charity Care.
- D. **Federal Poverty Level:** means the poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. The Federal Poverty Level guidelines for 2024 are attached as **Exhibit A** and **Exhibit A** will be updated once the guidelines for 2025 are available.
- E. **High Medical Costs:** High Medical Costs means any of the following:

1. Annual out-of-pocket costs incurred by the individual at St. Rose Hospital that exceed the lesser of 10% of the patient's current family income or family income in the prior 12 months. 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.
 2. 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. Out-of-pocket expenses 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
- F. **Medically Necessary Care:** A medical service or treatment that is necessary to treat or diagnose a medical condition, the omission of which could adversely affect the patient's condition, illness, or injury. Medically Necessary Care does not include elective or cosmetic procedures.
- G. **Patient Family:** For patients 18 years of age and older, the Patient Family includes the patient, the patient's spouse, domestic partner (as defined in Section 297 of the Family Code), and dependent children under 21 years of age, or of any age if disabled, consistent with Section 1614(a) of Part A of Title XVI of the Social Security Act, whether living at home or not. For patients under 18 years of age or for a dependent child 18 to 20 years of age, the Patient Family includes the patient, the patient's parent(s) or caretaker relatives, other dependent children under 21 years of age, or of any age if disabled, consistent with Section 1614(a) of Part A of Title XVI of the Social Security Act, whether living at home or not.
- H. **Patient with High Medical Costs:** A patient with High Medical Costs.
- I. **Primary Language:** A language is a primary language of St. Rose Hospital's service area if 5% or more of St. Rose Hospital's local population speaks the language.
- J. **Self-Pay Patient:** A patient who does not have third-party coverage from a health insurer, health care service plan, Medicare, or Medicaid (Medi-Cal), and whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by St. Rose Hospital. For the purposes of this Discounted Care Policy, a Self-Pay Patient shall also include: (i) a patient who has third-party coverage but has exceeded the benefit cap for such coverage prior to receiving Medically Necessary Care at St. Rose; and (ii) a patient that has third party coverage but the third party payor has either denied coverage for Medically Necessary Care or does not provide coverage for the Medically Necessary Care for which the patient is seeking a discount.

ELIGIBILITY

The following types of Discounted Care are available to eligible patients who receive Medically Necessary Services from St. Rose Hospital and who follow applicable procedures (such as completing applications and providing required information).

- A. **Self-Pay Discount.** A patient who does not qualify for Charity Care is eligible for a 70% write-off of St. Rose Hospital's gross/undiscounted charges for Medically Necessary Care if the patient completes the necessary applications and is:
1. A Self-Pay Patient; and

2. A patient with a Family Income that exceeds 400% of the Federal Poverty Level but is less than 500% of the Federal Poverty Level.
- B. High Medical Costs Discount.** A Patient who does not qualify for High Medical Costs Charity Care is eligible for a 70% write-off of the balance due to St. Rose Hospital, including cost sharing amounts, for Medically Necessary Services after application of any payments by third-party sources if the patient completes the necessary application and is:
1. A Patient with High Medical Costs; and
 2. A patient with a Family Income that exceeds 400% of the Federal Poverty Level but is less than 500% of the Federal Poverty Level.
- C. Discounted Medicare and Medi-Cal Cost Sharing Amounts.** St. Rose Hospital will waive 70% of the Medicare and Medi-Cal cost sharing amounts for patients who do not qualify for Charity Care, have a Family Income that exceeds 400% of the Federal Poverty Level but is less than 500% of the Federal Poverty Level, and do not have a third-party source of payment for such amounts. In waiving or reducing Medicare cost-sharing amounts, St. Rose Hospital may consider the patient's monetary assets to the extent required for the hospital to be reimbursed under the Medicare program for Medicare bad debt without seeking to collect cost-sharing amounts from the patient as required by federal law, including, but not limited to, Section 413.89 of Title 42 of the Code of Federal Regulations. Monetary assets include only assets that are convertible to cash and do not include retirement or deferred compensation plans qualified under the Internal Revenue Code, nonqualified deferred compensation plans, or assets below the maximum community spouse resource allowance under Section 1396r-5(d) of Title 42 of the United States Code.
- D. Presumptive Eligibility.** St. Rose Hospital understands that certain patients may be unable to complete the application necessary for Discounted Care, 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 Discounted Care may be established without completing the formal assistance application. Under these circumstances, St. Rose Hospital may utilize other sources of information to make an individual assessment of financial need to determine whether the individual is eligible for Discounted Care. This information will enable St. Rose Hospital 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 particular, presumptive eligibility for Discounted Care may be determined on the basis of individual life circumstances that may include:
- Unhoused or receipt of care from a homeless clinic/shelter;
 - Lack of a mailing address or residence;
 - Participation in the Women, Infants and Children (WIC) program;
 - Eligibility for food stamps;
 - Eligibility for school lunch programs;
 - In bankruptcy or recently completed bankruptcy;
 - Living in low-income or subsidized housing: and/or
 - The patient is deceased with no estate.

Upon a determination that a patient is presumptively eligible for Discounted Care, the patient will be eligible for one or more of the discounts provided for in this policy.

- E. **Eligibility Period.** The eligibility period for Discounted Care is six (6) months beginning on the date the individual is determined to be eligible for Discounted Care. All open accounts for services provided to individuals prior to a determination of eligibility for Discounted Care will be discounted pursuant to this policy. Any eligible patient who was approved for Discounted Care and receives Medically Necessary Care during the six (6) month eligibility period will be eligible for Discounted Care unless there has been a material change of circumstances, including qualification for third-party coverage or a material change in the Family Income of the patient during the eligibility period.
- F. **Extended Payment Plans.** If a patient eligible for Discounted Care is unable to pay the discounted price due to St. Rose Hospital, St. Rose Hospital will offer a reasonable payment plan. St. Rose Hospital will not charge interest in connection with an extended repayment plan. A "reasonable payment plan" shall mean an extended payment plan to allow the payment of the discounted price over time with no interest being charged. St. Rose Hospital and the patient shall negotiate the terms of the payment plan and take into consideration the patient's Family Income and essential living expenses. St. Rose Hospital may consider the availability of a health savings account held by the patient of the Patient Family. If St. Rose Hospital and the patient cannot agree on the terms of an extended payment plan, St. Rose Hospital shall use the following formula, as described in Health & Safety Code § 127400(i) to create a reasonable payment plan.
- "Reasonable payment plan" means 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 child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

PROCEDURES

A. Applications

1. A Self-Pay Patient who indicates the financial inability to pay a bill for Medically Necessary Services shall be evaluated for Charity Care and Discounted Care. In order to qualify as a Self-Pay Patient, the patient or the patient's guarantor must verify that he or she is not aware of any right to insurance or government program benefits that would cover or discount the bill.
2. The "Discounted Care Application Form" (**Exhibit B**) shall be used to document the Patient Family Income for each applicant. This application shall be available in the Primary Language(s) for St. Rose Hospital's service area. Except as may be required for waiver or reduction of Medicare or Medi-Cal cost sharing amounts, St. Rose Hospital shall not consider the monetary assets of the Patient Family when determining the Family Income or eligibility for Charity Care or Discounted Care.
3. There is no time limit for applying for Charity Care or Discounted Care and St. Rose

Hospital shall not deny eligibility based on the timing of a patient's application.

B. Financial Assistance Determination and Notice

1. Determination:

- a. St. Rose Hospital will consider each applicant's application and grant assistance where the patient meets eligibility requirements and has received (or will receive) Medically Necessary Services.
- b. Except as may be required for waiver or reduction of Medicare or Medi-Cal cost sharing amounts, St. Rose Hospital shall not consider the monetary assets of the Patient Family when determining the Family Income or eligibility for Charity Care.
- c. St. Rose Hospital will not make approval for Discounted Care contingent upon a patient applying for governmental program assistance.
- d. In determining whether each individual qualifies for Discounted Care, other county or governmental assistance programs should also be considered. Many applicants are not aware that they may be eligible for assistance such as Medi-Cal, Victims of Crime, or California Children Services.
- e. St. Rose Hospital should assist the individual in determining if they are eligible for any governmental or other assistance and provide applications as requested.
- f. Where administrative approval is required, St. Rose Hospital will consider the request for service in a timely fashion and provide a response to the request in writing.

2. Notice

- a. While it is desirable to determine the patient's eligibility for Discounted Care as close to the time of service as possible, there is no rigid limit on the time when the determination is made. In some cases, eligibility is readily apparent while in other cases further investigation is required to determine eligibility. In some cases, a patient eligible for Discounted Care may not have been identified prior to initiating external collection action. St. Rose Hospital's collection agencies shall be made aware of this policy so that the agencies know to refer back to St. Rose Hospital patient accounts that may be eligible for Discounted Care.
- b. Once a determination has been made a "Notification Form" (**Exhibit C**) will be sent to each applicant advising them of the St. Rose Hospital's decision.

C. Dispute Resolution. In the event of a dispute over the application of this policy, a patient may seek review by notifying St. Rose Hospital's Chief Financial Officer of the basis of any dispute and the desired relief. Written communication should be submitted within thirty (30) days of the patient's knowledge of the circumstances giving rise to the dispute. The Chief Financial Officer or designee shall review the concerns and inform the patient of any decision on writing.

D. Recordkeeping. Records related to assistance provided under this Discounted Care Policy must be readily accessible.

- E. **Third Party Liens.** St. Rose Hospital may assert lien the tort recoveries of Self-Pay Patients in a manner consistent with applicable law. If a Self-Pay Patient receives a legal settlement, judgment, or award under a liable third-party action that includes payment for health café services or medical care provided by St. Rose Hospital related to the injury, St. Rose Hospital may require the patient or guarantor to reimburse St. Rose Hospital for the related health care services rendered up to the amount reasonably awarded for that purpose.
- F. **Submission to HCAI.** St. Rose Hospital's will provide this policy and any amendments or modifications thereto to the Department of Health Care Access and Information ("HCAI") in the time and manner prescribed by HCAI.
- G. **Submission to CDPH:** St. Rose Hospital will provide this policy and any amendments or modifications thereto to the California Department of Public Health in a manner described by the California Department of Public Health.

Approval Signatures

Step Description	Approver	Date
	Renee Frey: Patient Financial Services Director	Pending