Patient Financial Assistance Policy (Charity Care and Discounted Payment Program), 15602.99

I. PURPOSE

A. The Financial Assistance Policy (FAP) explains the rules and steps for giving Charity Care and discounted payments to patients who get hospital care, either inpatient or outpatient. This includes emergency care and care that is medically needed. This policy applies to Sharp HealthCare hospital facilities, including:

- Sharp Memorial Hospital
- Sharp Grossmont Hospital
- Sharp Chula Vista Medical Center
- Sharp Coronado Hospital
- Sharp Mary Birch Hospital for Women and Children
- Sharp Mesa Vista Hospital
- Sharp Tri-City Medical Center

B. Scope: This policy applies to Sharp HealthCare Hospitals. Unless otherwise specified, it does not apply to doctors or other healthcare providers, like emergency room doctors, anesthesiologists, radiologists, and pathologists, whose services are not part of the hospital bill. The policy does not require the hospital to cover the costs for these doctors' or healthcare providers' services. In California, emergency room doctors providing services in hospitals must follow the Federal Poverty Level (FPL) requirements under California Health and Safety Code §127450. Attachment A: Provider Physician Emergency Room Contacts contains a list of providers, aside from the Hospitals themselves, who deliver emergency or other medically necessary care within Sharp HealthCare Hospitals.

II. DEFINITIONS

A. **Financial Assistance Policy (FAP):** The written policy of Sharp HealthCare hospitals that explains who qualifies and the steps for Charity Care and discount programs.

B. **Financial Assistance or Charity Care:** Free care or full financial help provided to patients who qualify, which removes the entire patient bill. Charity Care does not reduce what a third party may need to pay for services.

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C. **Discounted Payment Amount following Amount Generally Billed (AGB):** Care that costs less but is not free. This amount is based on IRS rules. Sharp HealthCare uses a standard method to calculate AGB based on estimated Medicare payment amounts.

D. **Federal Poverty Level (FPL):** Income limits set each year by the U.S. Department of Health and Human Services (HHS) used to decide if a patient can get help.

E. **Hospital or Sharp HealthCare Hospitals:** Means (a) all licensed hospital buildings run by Sharp HealthCare; (b) any hospital where Sharp HealthCare or an Affiliated Entity owns more than 50%; and (c) all closely related entities, as defined in 26 C.F.R. § 1.501(r)-1(b)(28), if they give emergency care.

F. **Hospital Services:** All medically needed care provided by Sharp HealthCare hospitals.

G. **Established Cash Price (Flat Rates, AGB):** The set price after a discount from full charges. This price is for patients without insurance, without coverage for a service, or who choose not to use insurance.

H. **Primary Language of Hospital's Service Area:** A language spoken by 1,000 people or 5% of the community served by the hospital, based on the most recent community health needs review.

I. **Uninsured Patient:** A patient with no insurance or other way to pay for care. This includes:

    - Job-based plans
    - Medicare
    - Medi-Cal
    - Car insurance
    - Other insurance

J. **Insured Patient:** A patient with insurance to help pay for care. This can be private insurance, Medicare, Medi-Cal, or another program.

K. **Patient Responsibility:** The part of the bill the patient must pay after insurance, adjustments or discounts have been applied.

L. **Presumptive Charity:** Charity care given without sending a full application, based on certain situations where a patient likely qualifies. Examples are in the Procedures section.

M. **Patient:** A person who gets care at a Sharp HealthCare hospital or related place covered by this policy.

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N. **Guarantor:** If not the patient, a guarantor is the person responsible for the patient's healthcare costs, usually a parent or legal guardian.

O. **Patient Representative:** A person allowed to act for a patient in care or billing matters.

P. **Family Income:** For deciding discount eligibility, recent tax returns are tax returns which show a patient's income for the year in which the patient was first billed or 12 months prior to when the patient was first billed. Recent paystubs are paystubs within a 6-month period before or after the patient is first billed by the hospital, or in the case of preservice, when the application is submitted.

Q. **Self-pay Patient:** A patient with insurance who does not submit a claim for covered or non-covered services.

R. **Sharp app:** The official SHC app for desktop and mobile. It lets patients see appointments, test results, messages, and financial help info. Using the app on a phone requires an account, but the desktop version does not.

S. **Patient Family:** For persons 18 years of age and older, spouse, domestic partner, and dependent children under 21 years of age, or any age if disabled, whether living at home or not. However, for persons 18 to 20 years of age, family members also include parent, caretaker relatives, and parents or caretaker relatives' other dependent children under 21 years of age or any age if disabled. For persons under 18 years of age, parent, caretaker relatives, and other children under 21 years of age or any age if disabled. Eligibility for Charity Care or Discounted Payment is based on family income and family size, as defined above, and not solely on the patient's individual income. Eligibility decisions must follow California Health and Safety Code §§127400 through 127446, including AB 2297, and HCAI guidance.

III. POLICY

SHC is committed to giving patients clear written info about the Financial Assistance Policy (FAP), no matter their ability to pay. The organization offers income-based Financial Assistance (Charity Care) to eligible patients for emergency and needed care. SHC ensures fair access to exams, screenings, and care for emergency conditions, as defined under Section 1867 of the Social Security Act (42 U.S.C. § 1395dd). The hospital will not do anything that stops people from seeking emergency care and will work within its ability and capacity. We will make every fair effort to meet patients' needs.

IV. PROCEDURE

A. **Eligibility Rules:** During the application process, Sharp HealthCare Hospitals

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will use the following rules for financial help:

Financial Assistance Category – *No Application Required*	**Patient Eligibility Category**
Presumptive Charity	Special situations where the patient may be considered eligible for Charity Care without sending a full application: • Patient is deceased and has no living spouse, insurance, or estate. • Patient is homeless and not enrolled in Medicare, Medi-Cal, or any government program, and has no insurance. • Patient was treated in the Emergency Department, but the Hospital cannot send a bill. • Patient is a victim of domestic violence.
Medi-Cal	Patients who qualify for Medi-Cal or other government low-income programs can get Charity Care when these programs do not pay (for example: denied inpatient stays, services not covered, TAR denials, restricted coverage, or Share of Cost).
Pandemic/Crises	During any State or Federal emergency, like a healthcare crisis, Sharp HealthCare will follow any flexible rules allowed for financial help

B. **Calculating Family Income**

1. **Patient Family:** "Patient's family" means the patient and the people whose income is counted when deciding family income and size under the Federal Poverty Level (FPL), as required by state law.

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Financial Assistance Category- Application is Required	**Patient Eligibility Category**	**Available Discount**
Uninsured Full Charity Care	Patient is an Uninsured with a family income at or below 400% of the most recent FPL.	Full write off of all charges for Hospital Services.
High Medical Cost Charity Care (for Insured Patients)	• "A patient with high medical costs" means a person whose family income does not exceed 400% of the Federal Poverty Level, as defined in subdivision (b). For these purposes, "high medical costs" means any of the following: 1. Annual out-of-pocket costs incurred by the individual at the 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	Full write off of all charges for Hospital Services.

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	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.	

2. **Family Income:** Family income means yearly earnings of all family members, based on the last two months or last tax year. This is shown by recent pay stubs or tax returns and reduced by alimony or child support payments. All income counts, like:
    - Salaries and Wages
    - Retirement Income
    - Investment Gain
3. **Types of Income**

Type of Income	**Documentation**
Employment Income	Recent tax returns or pay stubs within 6 months of billing or application.
Self-Employment Income	Recent tax returns or pay stubs within 6 months of billing or application.
Social Security / Retirement	Recent tax returns or pay stubs within 6 months of billing or application

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Disability	Recent tax returns or pay stubs within 6 months of billing or application
Unemployment	Recent tax returns or pay stubs within 6 months of billing or application

4. Other Forms of Income Documentation
    - Hospitals may accept other proof but will not require it.
    - If a patient does not send proof, the hospital may decide based on other info or past decisions.

C. **When Financial Help Does Not Apply**

Financial help is not available when:

- Uninsured patients have family income over 400% of FPL (they may qualify for Cash Price).
- Patients get payment for services directly from another payer.
- Patients give false info about income, family size, or other details.

D. **No Asset Check:** Hospitals will not look at a patient's savings or property when deciding on charity care. Note: Hospitals may waive or lower Medi-Cal and Medicare cost-sharing as part of charity care or discount programs, as allowed by law.

E. **Application Process**

- The hospital will try to find out if insurance can cover the bill. Patients who say they cannot pay will be checked for help.
- Patients must fill out the Financial Assistance Application (Sharp HealthCare form).
- Help with applications is available at Sharp hospitals, by phone (858-499-2400), by mail, or through the Sharp app. No account is needed to access the Sharp app website. Visit: sharp.com/billing/financial-assistance.cfm. If you download the Sharp app on your phone, an account will be required.

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- Mail applications to:

  Sharp HealthCare

  Attn: Charity Care Application

  8695 Spectrum Center Blvd.

  San Diego, CA 92123

Note: Patients should complete applications as soon as possible after receiving services. Applications are reviewed once patient responsibility is determined.

F. **Financial Assistance Decision**

Sharp hospitals will review each Financial Assistance application and approve based on the following eligibility criteria.

1. Uninsured patients with family income at or below 400% of the Federal Poverty Level (FPL) qualify for free care (Charity Care).
   - Insured patients with family income at or below 400% of the FPL who's medical bills in a 12-month period prior to application greater than or equal to 10% of annual household income is eligible for full financial assistance.
2.
3. Discounted charges shall not exceed the amounts generally billed to Medicare or Medi-Cal, whichever is greater, or other applicable limits under state and federal law.
4. Sliding-scale discounts may be applied within this range, as defined by hospital procedure.

G. Applicants will get a Decision Letter (Approval or Denial) telling them the hospital's choice.

H. Patients are presumed eligible for 180 days from the date the hospital sends the notice. After 180 days, patients must send a new application to keep getting help.

I. If the decision creates a credit balance for the patient, the refund will include interest at 10% per year, starting from the date of payment, as required by California law. Sharp hospitals do not have to refund amounts under $5.

J. Sharp may consider special situations or major medical events for patients over 400% FPL with manager approval. Hospitals cannot require patients to apply for Medicare, Medi-Cal, or other coverage before approving charity care or discounts.

   1. Hospitals may assist patients in applying for these programs or Covered

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California.

2. Hospitals may assist patients with Medi-Cal screening.
3. No Application Deadlines: Hospitals cannot impose time limits for charity care or discounted payment consideration. Eligibility cannot be denied based on timing of application. In some cases, accounts may need to be pulled back from collections.

K. **Payment Plan Over 400%**

1. Self-pay Discount: A 25% discount on total charges is automatically applied to all uninsured accounts at billing.
2. Flat Rates: See Sharp HealthCare's Flat Rate and Discount Policy for details.
3. Payment Plans: Sharp offers interest-free payment plans based on the patient's financial situation.

L. **Discounts and Special Circumstances:** Discounts may be combined for good customer service, as documented in the patient's account.

1. All combined discounts must be documented and approved under Sharp's billing rules.
2. Combined discounts cannot go over the allowed limit without manager approval.

M. **Disputes**

1. Patients can ask for a review of denied help or discounts within 30 days of notice. Appeals will be reviewed, and a written answer given within 30 days by a manager. Requests can be sent:
   - By phone: 858-499-2400
   - In writing to:

     Sharp HealthCare

     Attn: Charity Care Application

     8695 Spectrum Center Blvd.

     San Diego, CA 92123
2. Help paying your bill: Free consumer advocacy groups like Health Consumer Alliance (1-888-804-3536, healthconsumer.org), can help.
3. Hospital Bill Complaint Program: If you think you were wrongly denied help, you can file a complaint at HospitalBillComplaintProgram.hcai.ca.gov.

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N. **Availability of Financial Assistance Information**

1. **Languages:** This policy and notices will be available in the main languages of the hospital's service area. Info will be given during business hours, Monday through Friday, 8 a.m. to 4:30 p.m. PST, and follow state and federal law.
2. **Info for Patients During Care:**

Before Admission or Registration: Hospitals will give patients a Plain Language Summary of this policy. If a patient leaves without it, the notice will be mailed within 72 hours.

Emergency Services: Hospitals will give Self-pay Patients a financial assistance packet after their emergency condition is stable or at discharge.

At Discharge: Hospitals will give patients a financial assistance application, a Medi-Cal application, and info on other programs.

Financial Assistance Counselor: A counselor will meet uninsured patients at the hospital and help with applications for government programs. If the patient does not qualify, the counselor will explain the financial assistance process and connect them with staff for help.

3. **Info at Other Times**
    a. Contact Info: Patients or their representative can call 858-499-2400, Monday through Friday, 8 a.m. to 4:30 p.m. PST, or contact the Sharp hospital listed in Attachment G for help.
    b. Billing Statements: Sharp hospitals will bill patients in accordance with the Sharp HealthCare Billing, Collections, and Bad Debt Review Policy (Policy No. 15801). Billing statements will include the Patient Information Notice (Attachment C), which clearly and prominently informs patients about the availability of financial assistance under the hospital's policy. The notice will include:
        i. A telephone number that patients, guarantors, or their representative can call with questions about this policy or the application process.
        ii. The website address where patients, guarantors, or their representative can access additional information, including the Financial Assistance Policy, Plain Language Summary, and Financial Assistance Application.
4. **Upon Request**: Sharp hospitals will provide patients, upon request and at no cost, with paper copies of the Financial Assistance Policy, the Financial Assistance Application, and the Plain Language Summary of the Financial Assistance Policy

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5. **Sharing Financial Assistance Information**
    a. **Public Posting**: Sharp hospitals will post the Financial Assistance Policy, Financial Assistance Application, and Plain Language Summary in easy-to-see places like emergency rooms, admissions, waiting areas, billing offices, and outpatient locations. Notices will include info on how to ask for an estimate of your hospital costs.
    b. **Website:** These documents are free and do not require an account on the Sharp HealthCare website (sharp.com/billing/financial-assistance.cfm). They are also available through the Sharp app. *Note: Using the Sharp app on a phone requires an account, but the desktop version does not.*
    c. **Mail:** Hospitals will mail copies of the policy, application, and summary for free if requested.
    d. **Ads/Press Releases**: At least once a year, Sharp HealthCare will publish an ad about financial assistance in the communities it serves. It will also issue a press release or use other ways to make sure patients know about this policy.
    e. **Community Awareness:** Sharp HealthCare will work with partner groups, doctors, clinics, and other providers to spread the word about financial assistance, especially to those who need it most.

O. **Miscellaneous**

1. **Recordkeeping:** Sharp hospitals will keep records about financial assistance in an easy-to-access way. This includes the number of uninsured patients served, applications completed, approved, or denied, the estimated dollar value of help given, and reasons for denials. Notes about approval or denial must be added to the patient's account, and copies of applications and documents must be scanned and saved with visit records.
2. **Submission to HCAI:** Sharp hospitals will send their Financial Assistance Policy to the California Department of Health Care Access and Information (HCAI). Policies are posted at https://hcai.ca.gov/.
3. **Amounts Generally Billed (AGB):** Sharp hospitals use the Medicare method to figure AGB. Patients who qualify for financial help will not be charged more than this amount for emergency or needed care, after insurance payments.
4. **Five-Year Record Retention:** Sharp hospitals will keep all records about money owed for at least five years. This includes legal documents,

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contracts for debt sales, and yearly lists of debt collectors used.

5. **Contracts with Debt Buyers:** Any contract for selling medical debt will require the buyer (and any later buyer) to keep legal records for 5 years.
6. **Policy Lookback:** Sharp hospitals will not deny help that would have been available under the policy posted on HCAI's site when the patient was first billed.
7. **Medical Debt Protections:**
   a. Medical debt must not be included in credit reports.
   b. Sharp hospitals must not share medical debt info with credit agencies.
   c. Sharp hospitals must not start a lawsuit to collect medical debt until at least 180 days after the first bill.

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