



<b>Subject:</b> <b>Debt Collection</b>	<b>Manual:</b> <b>Patient Financial Services</b>
---	---

## **POLICY**

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to ensure compliance with all federal and state debt collection regulations.

## **Definitions**

**Charity Care:** Free care.

**Discount Payment:** Any charge for care that is reduced but not free.

## **High Medical Costs:**

"A patient with high medical costs" means a person whose family income does not exceed 400 percent of the federal poverty level. For these purposes, "high medical costs" means any of the following:

- Annual out-of-pocket costs incurred by the individual at the hospital that exceed the lesser of 10 percent 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.
- Annual out-of-pocket expenses that exceed 10 percent 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.

## **PROCEDURE**

(a) SHCHD shall not assign an account to collection or advance patient debt to a debt buyer, as defined in Section 1788.50 of the Civil Code, unless all of the following apply:

(1) SHCHD has found the patient ineligible for financial assistance, or the patient has not responded to any attempts to bill or offer financial assistance for 180 days.

(2) SHCHD includes contractual language in the sales agreement in which the debt buyer agrees to return, and SHCHD agrees to accept, any account in which the balance has been determined to be incorrect due to the availability of a third-party payer, including a health plan or government health coverage program, or the patient is eligible for charity care or financial assistance.

(3) The debt buyer agrees to not resell or otherwise transfer the patient debt, except to SHCHD or if the debt buyer is sold or merged with another entity.

(4) The debt buyer agrees not to charge interest or fees on the patient debt.

(5) The debt buyer is licensed as a debt collector by the Department of Financial Protection and Innovation.

(b) SHCHD shall be the only authority to assign an account to collection or advance patient debt to a debt buyer. A list of accounts may be prepared by SHCHD or an assigned third-party billing vendor once the accounts meet all needed criteria, but all balances shall be reviewed and approved for advance only by SHCHD.

(c) SHCHD has established standards and practices for the collection of debt and shall obtain a written agreement from any agency that collects hospital receivables that it will adhere to SHCHD's standards and scope of practices.

(1) This agreement shall require the affiliate, subsidiary, debt buyer, or external collection agency of SHCHD that collects the debt to comply with SHCHD's definition and application of a reasonable payment plan.

(2) This policy and any agreements shall not constitute a conflict with other applicable laws or regulations and shall not be construed to create a joint venture between SHCHD and the external entity, or otherwise to allow hospital governance of an external entity that collects hospital receivables.

(3) In determining the amount of a debt SHCHD may seek to recover from patients who are eligible under SHCHD's charity care policy or discount payment policy, SHCHD may consider only income and monetary assets as limited by California Code, Health and Safety Code - HSC § 127405.

(d) At the time of billing or assignment of an account to collections, SHCHD shall provide a written summary or applicable policy consistent with California Code, Health and Safety Code - HSC § 127410 and HSC § 127430 , which shall include information about the availability of the hospital's discount payment and charity care policies, including information about eligibility, as well as contact information

for a hospital employee or office from which the person may obtain further information about these policies.

(e) Before assigning an account to collections, or selling patient debt to a debt buyer, SHCHD shall send the patient account guarantor a notice with all of the following information:

(1) The date or dates of service of the account that is being assigned to collections or sold.

(2) The name of the entity the account is being assigned or sold to.

(3) A statement informing the patient how to obtain an itemized hospital bill from SHCHD.

(4) The name and plan type of the health coverage for the patient on record with SHCHD at the time of services or a statement that SHCHD does not have that information.

(5) An application for SHCHD's charity care and financial assistance.

(6) The date or dates the patient was originally sent a notice about applying for financial assistance, the date or dates the patient was sent a financial assistance application, and, if applicable, the date a decision on the application was made.

(f) SHCHD, any assignee of SHCHD, or another owner of the patient debt, including a collection agency or debt buyer, shall not commence a civil action against the patient for nonpayment before 180 days after initial billing by SHCHD.

(g) SHCHD shall not use income tax returns or pay stubs for collections activities.

(h) If a patient is attempting to qualify for eligibility under SHCHD's charity care or discount payment policy and is attempting in good faith to settle an outstanding account with SHCHD by negotiating a reasonable payment plan or by making regular partial payments of a reasonable amount, SHCHD shall not send the unpaid account to any collection agency, debt buyer, or other assignee.

(i) Extended payment plans offered by SHCHD to assist patients eligible under SHCHD's charity care policy, discount payment policy, or any other policy adopted by SHCHD for assisting low-income patients with no insurance or high medical costs in settling outstanding past due hospital bills, shall be interest-free.

(1) SHCHD extended payment plan may be declared no longer operative after the patient's failure to make all consecutive payments due during a 90-day period. Before declaring SHCHD extended payment plan no longer operative, SHCHD, collection agency, debt buyer, or assignee shall make a reasonable attempt to contact the patient by telephone and, to give notice in writing, that the extended payment plan may become inoperative, and of the opportunity to renegotiate the extended payment plan. The notice and telephone call to the patient shall be made to the last known telephone

number and address of the patient. Prior to SHCHD extended payment plan being declared inoperative, SHCHD, collection agency, debt buyer, or assignee shall attempt to renegotiate the terms of the defaulted extended payment plan, if requested by the patient.

(2) SHCHD, collection agency, debt buyer, or assignee shall not commence a civil action against the patient or responsible party for nonpayment prior to the time the extended payment plan is declared to be no longer operative.

(3) If the patient fails to make all consecutive payments for 90 days and fails to renegotiate a payment plan, this subdivision does not limit or alter the obligation of the patient to make payments on the obligation owing to SHCHD pursuant to any contract or applicable statute from the date that the extended payment plan is declared no longer operative, as set forth in subdivision

(j) The period described in (a)(1) of this policy shall be extended if the patient has a pending appeal for coverage of the services, until a final determination of that appeal is made, if the patient makes a reasonable effort to communicate with the hospital about the progress of any pending appeals.

(1) For purposes of this subsection, "pending appeal" includes any of the following:

- (A) A grievance against a contracting health care service plan.
- (B) An independent medical review.
- (C) A fair hearing for a review of a Medi-Cal claim.
- (D) An appeal regarding Medicare coverage consistent with federal law and regulations.

(k) For further information on provisions related to California Code, Health and Safety Code - HSC § 127405, please reference SHCHD's Charity Care, Financial Assistance, Payment Plans, and Discounted and Extended Payment Plans Policy.

(l) This policy does not diminish or eliminate any protections consumers have under existing federal and state debt collection laws, or any other consumer protections available under state or federal law.

**REVIEWED BY:**

Revenue Cycle Manager  
Health Information Management  
Chief Quality and Compliance Officer

**REFERENCES:**

California Code, Health and Safety Code - HSC § 127405 (e)(3)

California Code, Health and Safety Code - HSC § 127425

California Code, Health and Safety Code - HSC § 127426

California Code, Health and Safety Code - HSC § 127430

# Notice of Availability of Language Assistance Services

## English

ATTENTION: If you need help in your language, please call 877-673-0903 or visit the Patient Financial Services office. The office is open 9:00am-5:00pm Monday through Friday and located at 733 Cedar St, Garberville CA 95542. Aids and services for people with disabilities, like documents in braille, large print, audio, and other accessible electronic formats are also available. These services are free.

## 1. Armenian

ՈՒՇԱՐՈՒԹՅՈՒՆ

Եթե Ձեր լեզվով օգնության կարիք ունեք, խնդրում ենք զանգահարել 877-673-0903 կամ այցելել the Patient Financial Services office.: Գրասենյակը բաց է 9:00am-5:00pm Monday through Friday և գտնվում է 733 Cedar St, Garberville CA 95542: Այս են նաև օժանդակ միջոցներ և ծառայություններ հաշմանդամություն ունեցող անձանց համար, ինչպիսիք են բրայլյան փաստաթյառը, մեծ տառատեսակները, առողին և այլ մատչելի էլեկտրոնային ձևաչափերը: Այս ծառայություններն ԱՄՎԲՐ են

## 2. Chinese

注意：如果您需要使用您的母语获得帮助，请拨打877-673-0903或访问the Patient Financial Services office. 该办公室的开放时间为9:00am-5:00pm Monday through Friday，位于733 Cedar St, Garberville CA 95542。我们还免费提供给残障人士的辅助服务和设施，例如盲文文件、大字体打印、音频以及其他可访问的电子格式文件。

## 3. Farsi

بُرگ مُدْعَى 8776730903 میک ذکه بان به بُرگ : یا ب [9:00am-5:00pm M-F] 733 Cedar St Garberville CA 95542 ها و خدمات برای افراد دارای معلولیت، مانند اسناد به خط بریل، چاپ درشت، صوت موقعیت پیش . کمک های الکترونیکی قابل دسترس نیز موجود است. این خدمات رایگان است. و سایر فرمت

## 4. Hindi

कृपया ध्यान दीजिये: यदि आपको अपनी भाषा में मैं सहायता की ज़रूरत है तो, कृपया कॉल करें 877-673-0903 या हमारे कार्यालय में पैदारें the Patient Financial Services office. हमारा कार्यालय खुला है 9:00am-5:00pm Monday through Friday और यह यहां स्थित है 733 Cedar St, Garberville CA 95542 शारीरिक रूप से अक्षम व्यक्तियों के लिए-ब्रेल लिपि में दस्तावेज, बड़े आकार कैप्रिंट, ऑडियो और अन्य इलेक्ट्रॉनिक फॉर्मेट, जिन तक उनकी आसानी से पहुँच हो, सहायता और सेवा के रूप में उपलब्ध हैं। ये सभी सेवाएं निःशुल्क हैं।

## 5. Lu Mien

YAH SE MAM DIEN DIEN: If yah doh mei mah dien dien dien lep, jio mei 877-673-0903 mo nha mo the Patient Financial Services office.. YAH SE MAM DIEN DIEN DIEN lep, reh mei 9:00am-5:00pm Monday through Friday mui si mo mo la. Ki sien kieu mui mo 733 Cedar St, Garberville CA 95542. YAH poh ceng kiu ngo mui doh ngo mo documents in braille, large print, audio, giu kieu ngo poh ceng kieu mui mo lai. YAH se mam de lai.

## 6. Punjabi

ਪਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਕਾਲ ਕਰੋ 877-673-0903 ਜਾਂ the Patient Financial Services office.

]। ਦਫ਼ਤਰ 9:00am-5:00pm Monday through Friday ਖੁੱਲਾ ਹੈ ਅਤੇ ਸਿਥਾਂ ਹੈ 733 Cedar St, Garberville CA 95542। ਅਸਮਰਥਤਾਵਾਂ ਵਾਲੇ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਦਸਤਾਵੇਜ਼ਾਂ ਵਿੱਚ ਬਰੇਲ, ਵੈਡ ਪਿੰਟ, ਆਡੀਓ, ਅਤੇ ਹੋਰ ਪਹੁੰਚਯੋਗ ਇਲੈਕਟ੍ਰਾਨਿਕ ਫਾਰਮੈਟ ਵੀ ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

## 7. Tagalog

ATENSYON: Kung ikaw ay nangangailangan ng tulong sa iyong lenggwah, maaring tumawag sa 877-673-0903 o bumisita sa the Patient Financial Services office.. Ang opisina ay bukas 9:00am-5:00pm Monday through Friday at matatagpuan sa 733 Cedar St, Garberville CA 95542. Mga tulong at serbisyo para sa mga may kapansanan, tulad ng mga dokumento sa braille, malaking printa, audio, at iba pang magagamit na mga elektronikong format ay meron din. Ang mga serbisyong ito ay libre.

## 8. Laotian ( ລາວ )

ຂໍ້ເກົ່າ: ຖ້າທັນ ຕ້ອງການຄວາມກຸ່ມເຫຼື່ອຍັງພາຂອງທັນ, ກະນຸ້າໃຫຍ້  
[877-673-0903] ຫຼື ໄປເຈົ້າໄປລັງ

the Patient Financial Services office..

ທ້ອງການແມ່ນ່ຳໃນ 9:00am-5:00pm Monday through Friday ເກະ ຕູ້ຢູ່ 733  
Cedar St, Garberville CA 95542. ການກຸ່ມເຫຼື່ອຍັງພາຂອງທັນ  
ນັງການ,  
ເຊັນທ່ອກະການໃນ ຕ່າງໜ້າ ສອນນູ້ (Braille), ການຜົມຜົງຂະໜາດໃຫ້ ລ, ນງງ,  
ແລະ ກົບເປັບເປັນເກົ່າໂຄນນກາງ ແລະ ທານສາມາດແຈ້ງໄດ້.  
ການ ນັ້ນ ບໍລິການ ໃຫ້ ແມ່ນ່ຳ ຈະ ບໍ່ໄວລົງ.

Translated by Voyce Translations, an endorsed business partner of the Hospital Council of Northern and Central California and the Hospital Association of Southern California.

## 9. Thai (ไทย)

โปรดทราบ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ โปรดโทร 877-673-0903 หรือไปยังที่ the Patient Financial Services office. สำนักงานเปิดทำการระหว่าง 9:00am-5:00pm Monday through Friday แฉะตั้งอยู่ที่ 733 Cedar St, Garberville CA 95542 ความช่วยเหลือ และบริการสำหรับคนพิการ เช่น เอกสารเป็นอักษรเบรลล์ การพิมพ์ขนาดใหญ่เดี่ยง และรูปแบบอิเล็กทรอนิกส์ที่คุณสามารถเข้าถึงได้ บริการเหล่านี้ฟรี.

## 10. Hmong (Hmoob)

CEEB TOOM: Yog tias koj xav tau kev pab hais txog koj hom lus, thov hu rau 877-673-0903 los sis mus ntsib the Patient Financial Services office.. Lub chaw hauj lwm qhib. 9:00am-5:00pm Monday through Friday thiab nyob ntawm 733 Cedar St, Garberville CA 95542dua li ntawd lawm tseem muaj kev pab thiab cov kev pab cuam rau cov neeg muaj kev tsis taus, xws li cov ntaub ntawv ua hom ntawv rau neeg dig muag (Braille), luam ua tus ntawv loj, ua suab lus thiab lwm yam ntawv hauv tshuab siv hluav taws xob. Cov kev pab cuam no yog muab pab dawb xwb.

## 11. Cambodia (ខ្មែរ)

ស្ថិសម្រាប់អ្នកជាតិ ប្រសិនបើអ្នកក្បារការដំឡើយជាការបស់អ្នក ស្ថិសម្រាប់អ្នកជាតិ 877-673-0903 ឬទៅកាន់ទីតាំងផ្ទាល់នៅ the Patient Financial Services office. ការឈាន់យោបី 9:00am-5:00pm Monday through Friday ហើយមានទីតាំងនៅ 733 Cedar St, Garberville CA 95542 ដំឡើយ និងសារកម្មសម្រាប់ដំឡើយពិភាក្សាលើកសារជាមក្សាស្ថាប ការប្រាក់ពុម្ពដំសំឡើយនិងទម្រង់អេឡិចត្រូនិកដែលអាចចូលរួមដោយសារតម្រូវការប្រាក់ពុម្ពដំសំឡើយ។

## 12. Vietnamese (Tiếng Việt)

**LƯU Ý:** Nếu bạn cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi 877-673-0903 hoặc truy cập the Patient Financial Services office.. Văn phòng mở cửa 9:00am-5:00pm Monday through Friday và tọa lạc tại 733 Cedar St, Garberville CA 95542. Hỗ trợ và dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi, chữ in lớn, âm thanh và các định dạng điện tử dễ tiếp cận khác cũng có sẵn. Những dịch vụ này là miễn phí.

Translated by Voyce Translations, an endorsed business partner of the Hospital Council of Northern and Central California and the Hospital Association of Southern California.

### **13. Russian**

**ВНИМАНИЕ:** Если вам нужна помощь на вашем языке, позвоните по телефону 877-673-0903 или посетите the Patient Financial Services office.. Часы работы офиса 9:00am-5:00pm Monday through Friday и он расположен по адресу 733 Cedar St, Garberville CA 95542. Также доступны вспомогательные средства и услуги для людей с ограниченными возможностями, такие как документы, напечатанные шрифтом Брайля, крупным шрифтом, аудио и другие доступные электронные форматы. Эти услуги бесплатны.

### **14. Ukrainian**

**УВАГА:** якщо вам потрібна допомога вашою мовою, зателефонуйте 877-673-0903 або відвідайте the Patient Financial Services office. Офіс відкритий 9:00am-5:00pm Monday through Friday і розташований за адресою 733 Cedar St, Garberville CA 95542. Також доступні засоби допомоги та послуги для людей з обмеженими можливостями, як-от документи шрифтом Брайля, великим шрифтом, аудіо та інші доступні електронні формати. Ці послуги безкоштовні.

### **15. Spanish**

**ATENCIÓN:** Si necesita ayuda en su idioma, llame al 877-673-0903 o visite the Patient Financial Services office.. La oficina está abierta 9:00am-5:00pm Monday through Friday y ubicada en 733 Cedar St, Garberville CA 95542. También se encuentran disponibles ayudas y servicios para personas con discapacidades, como documentos en braille, letra grande, audio y otros formatos electrónicos accesibles. Estos servicios son gratuitos.

### **16. Japanese**

**注意:** あなたの言語でサポートが必要な場合は、877-673-0903に電話するか、the Patient Financial Services office.にアクセスしてください。オフィスの営業時間は 9:00am-5:00pm Monday through Friday で営業しており、733 Cedar St, Garberville CA 95542 にございます。障害のある方向けの支援サービスには、点字・大きな活字・音声・その他のアクセス可能な電子形式の文書などがご利用いただけます。これらのサービスはすべて無料でご利用できます。

Translated by Voyce Translations, an endorsed business partner of the Hospital Council of Northern and Central California and the Hospital Association of Southern California.

## 17. Korean

주의: 귀하의 언어로 도움이 필요하시면 877-673-0903 로 전화하거나 the Patient Financial Services office. 로 방문하십시오. 사무실 업무 시간은 9:00am-5:00pm Monday through Friday이며 733 Cedar St, Garberville CA 95542에 있습니다. 장애인을 위한 점자, 큰 활자, 오디오 및 기타 접근 가능한 전자 형식의 문서지원 및 서비스도 제공됩니다. 이러한 서비스는 무료입니다.

## 18. Arabic

877-673-0903 the Patient Financial Services office.

انتبه : إذا كنت بحاجة للمساعدة

بلغتك) أو قم بزيارة

المكتب يفتح أبوابه 9:00am-5:00pm 733 Cedar St,

Garberville CA 95542 تتوفر المساعدة والخدمات للأشخاص من ذوي الاحتياجات الخاصة مثل الوثائق بلغة برييل للمكفوفين والوثائق المطبوعة بأحرف كبيرة والتسجيل الصوتي إضافة إلى غيرها من النماذج الإلكترونية الممكن الحصول عليها.

Translated by Voyce Translations, an endorsed business partner of the Hospital Council of Northern and Central California and the Hospital Association of Southern California.

