Policy & Procedure	Subject: Financial Assistance (Charity Care & Discount Payment) Policy	Accompanying Form: None
Note: This is an approved HBO policy and cannot be altered without prior approval.	Scope: Administration	Page 1 of 3
	Issued: 03/2026 Approval: Roberta Consolver, CEO	

I. PURPOSE

The purpose of this policy is to establish guidelines for providing **Financial Assistance**, including **Charity Care** and **Discount Payment Assistance**, to eligible patients who receive medically necessary services at Healthbridge Children's Hospital and who have limited ability to pay.
This policy ensures compliance with applicable California laws and promotes access to care regardless of a patient's financial status.

II. POLICY STATEMENT

Healthbridge Children's Hospital provides Financial Assistance to eligible patients based on **income-based eligibility criteria**.

- Patients with **family income ≤ 200% of the Federal Poverty Level (FPL)** are eligible for **Charity Care**, which may reduce the patient's financial obligation to **zero**.
- Patients with **family income ≤ 400% of the Federal Poverty Level (FPL)** are eligible for **Discount Payment Assistance**.
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Under no circumstances will eligible patients be charged more than the amount the hospital would expect, in good faith, to receive from **Medicare or Medi-Cal, whichever is greater**, in accordance with California law.

III. SCOPE

This policy applies to:

- All hospital services deemed **medically necessary**
- All uninsured and underinsured patients
- Patients with high medical costs relative to income

This policy does **not** apply to:

- Elective or non-medically necessary services
- Services not billed by the hospital (e.g., independent physicians)

IV. DEFINITIONS

Charity Care
Financial assistance that reduces 100% of the patient's financial obligation for eligible services. Applies to patients with income **≤ 200% FPL**.

Discount Payment Assistance
A reduction in charges for eligible services. Applies to patients with income **≤ 400% FPL**.

Federal Poverty Level (FPL)
Income guidelines issued annually by the U.S. Department of Health and Human Services.

Family Income
Total gross income of all family members in the household, as defined by federal guidelines.

Uninsured Patient
A patient with no third-party coverage.

Underinsured Patient
A patient whose out-of-pocket costs exceed their ability to pay.

V. ELIGIBILITY CRITERIA

A. Charity Care Eligibility

Patients qualify for **Charity Care** if:

- Family income is **≤ 200% FPL**

B. Discount Payment Eligibility

Patients qualify for **Discount Payment Assistance** if:

- Family income is **> 200% and ≤ 400% FPL**

C. Additional Considerations

Patients may also qualify if:

- They are uninsured or underinsured
- They demonstrate high medical expenses relative to income
- They are denied coverage by third-party payers

VI. FINANCIAL ASSISTANCE LIMITS

For patients eligible under this policy:

- Charges will be reduced in accordance with eligibility category
- Payment shall **not exceed** amounts expected from:
  - **Medicare**, or
  - **Medi-Cal (Medicaid)**
    (whichever is greater)

This complies with California Hospital Fair Pricing requirements.

VII. APPLICATION PROCESS

A. How to Apply

Patients may apply for Financial Assistance:

- At admission
- During hospitalization
- After discharge
- At any point during the billing process

B. Required Documentation

Patients may be asked to provide:

- Proof of income (pay stubs, tax returns)
- Proof of household size
- Insurance information (if applicable)
- Other financial documentation as needed

C. Assistance with Application

Hospital staff will:

- Assist patients in completing applications
- Provide translation services as needed
- Offer plain-language explanations

VIII. DETERMINATION PROCESS

- Applications will be reviewed promptly
- Patients will receive written notice of determination
- Partial approvals may be granted based on financial circumstances

- Appeals may be submitted if assistance is denied

IX. BILLING AND COLLECTION PRACTICES

Healthbridge Children's Hospital will:

- Not engage in aggressive collection actions against eligible patients
- Suspend collection activity during application review
- Offer reasonable payment plans when appropriate
- Comply with all state and federal billing laws

No extraordinary collection actions (ECAs) will occur without:

- Reasonable efforts to determine Financial Assistance eligibility

X. PATIENT NOTIFICATION

The hospital will inform patients of this policy through:

- Posted notices in patient areas
- Written materials at admission and discharge
- Website publication
- Billing statements
- Plain Language Summary (PLS)

Materials will be available in **multiple languages** as required by law.

XI. NON-DISCRIMINATION

Financial Assistance will be provided **without discrimination** based on:

- Race
- Color
- National origin
- Religion
- Gender
- Sexual orientation
- Disability
- Immigration status

XII. RECORDKEEPING & COMPLIANCE

The hospital will:

- Maintain records of all applications and determinations
- Retain documentation per regulatory requirements
- Submit required documentation to **HCAI**
- Ensure compliance with:
  - California Hospital Fair Pricing Act
  - Title 22 Regulations
  - CMS Conditions of Participation

XIII. REVIEW AND APPROVAL

This policy shall be:

- Reviewed annually
- Updated as required by law
- Approved by hospital leadership