

|                                                                                                                               |                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <b>Subject:</b><br><br><b>Charity Care, Financial Assistance, Payment Plans<br/>And Discounted and Extended Payment Plans</b> | <b>EFFECTIVE DATE:</b><br>08/15/2025<br><b>SUPERSEDES:</b><br>01/01/2025 <b>Manual:</b><br><b>Patient Financial Services</b> |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|

**POLICY:**

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD" or "District") to offer Charity Care, Financial Assistance, Payment Plans and Documented and Extended Payment Plans for those who meet the eligibility requirements.

**PURPOSE:**

The purpose of this policy and procedure is to assure that patients receive medically necessary care and have payment options, financial assistance, and discounted care in compliance with state and federal requirements.

**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.

**Patients Family:** Expanded to add dependent children of any age and to account for the inclusion of parents when the patient is a dependent child who is not a minor.

**Out-Of-Pocket Expenses:** 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.

**Emergency Physician Statement:** An emergency physician who provides emergency medical services in a hospital that provides emergency care 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.

## **PROCEDURE:**

### **Charity Care Program**

To be considered for “charity care”, the patient’s family income must be at or below 400% of the current Federal Poverty Level (FPL). As a rural, critical access hospital, 400% of the poverty level is required to maintain Southern Humboldt Community Healthcare District’s (SHCHD) financial and operational integrity.

All medically necessary services rendered at SHCHD are eligible for the discount payment program.

Patients/guarantors who fail to complete the applications or the required documentation will not be considered eligible for “charity care”.

The patient may be a resident of the U.S. or another country.

The patient must make every reasonable effort to provide SHCHD with documentation of income and health insurance coverage. Failure to provide this documentation means the application is not valid.

Proof of income is limited to pay stubs or income tax returns. We will require pay stubs if the patient was working in the 12 months prior to the date of service in

question, and tax returns if the patient was not working at all in the 12 months prior to the date of service in question.

Income information will be used solely for the purposes of the charity/discount payment policy and will not be used or dispersed to a collection agency if the collection process is employed for this account in the future.

All documentation must be provided within 90 days of the application.

The hospital may elect to extend "charity care" eligibility to patients who are indigent or homeless and either unable or unavailable to complete a charity application. The hospital may also elect to extend "charity care" eligibility to patients from other states who have qualified for those state Medicaid plans and for whom SHCHD has not contracted with the state Medicaid plan.

Once all applications and documentation has been received, SHCHD will notify the patient in writing at their last known address of the decision.

### **Discount Payment and Extended Payment Plans**

#### ***Prompt Pay Discount:***

SHCHD and Southern Humboldt Clinic (the Clinic) offers a 20% discount on all services for patients who are uninsured, who pay for their bill at the time of service or within 30 days of the first statement date.

#### ***Payment Arrangement Plans:***

If patients are unable to pay their portion of the hospital bill in full at the time they receive their statement, the hospital has a structured payment plan without interest: The hospital's payment plan is as follows:

| <b>Balances between:</b> | <b>Max payment period</b> | <b>Minimum per month</b> |
|--------------------------|---------------------------|--------------------------|
| \$50 to \$450            | 6 months                  | \$50                     |
| \$451 to \$900           | 9 months                  | \$75                     |
| \$901 to \$1500          | 12 months                 | \$100                    |
| \$1501 to 2700           | 18 months                 | \$125                    |
| \$2701 to All Larger     | 24 months                 | \$150                    |

Any outstanding balance greater than 90 days old may be subject to third-party collection action unless an approved Payment Plan Arrangement is in place.

## **Discount Payment Plan and Charity Care Program – Location of Policy and Procedure**

The Policy and Procedures referenced within this Discharge notice can be requested from our Billing Office, please contact them at 877-673-0903 or submit a billing inquiry on our website at <https://sohumhealth.org/patients/billing/>

## **Discount Payment Plan and Charity Care Program – Eligibility Information**

### **Charity Care Program**

If the patient is uninsured, the patient's family income must be at or below 400% of the current FPL.

If the patient is insured with high medical costs, the patient's family income must be at or below 400% of the current FPL.

### **Discount Payment and Extended Payment Plans**

To be considered for Discounted and Extended Payment Plans, the patient's family income maybe at or above 400% of the current Federal Poverty Level (FPL). As a rural, critical access hospital, 400% of the poverty level is required to maintain SHCHD's financial and operational integrity.

The patient must have received medically necessary care within a Southern Humboldt Community Healthcare District facility.  
This applies to all patient balances, including high deductibles and copays for patients with insurance, unless the insurance contract specifically prohibits discounts.

Patients/guarantors who fail to complete the applications or the required documentation will not be considered eligible for discounted payment or extended payment plans.

If a person wants to apply for a discounted or extended payment plan, is eligible under the eligibility requirement and states they cannot meet the hospital payment arrangement plan, the following will apply:

They must complete the Discounted or Extended Payment Plan Application and provide documented proof of their essential living expenses (rent/house payment, maintenance, food, household supplies. Utilities, telephone, clothing, other medical and dental payments, insurance, school or childcare, child or spousal support,

transportation and auto expenses including insurance/gas/repairs, installment payments, laundry, cleaning and any other extraordinary expenses).

If the documentation is verified and the patient qualifies, there will be:

- No interest charged.
- Monthly payments will be no more than 10% of the family income for one month, excluding the verified essential living expenses, with a minimum of \$10 per month if the 10% is lower than \$10 per month.
- Any discounts based on the sliding fee scale will be applied to the applicable visits.

If a patient defaults on their monthly payments, they may negotiate for a new payment plan within 30 days which meets the criteria outlined in this policy. The patient must make all consecutive payments due and past due during a 90-day period. If they default, the payment plan is no longer in effect and regular collection efforts may ensure.

***Nominal Charge:***

For all SHCHD primary care services, there will be a nominal fee of \$10 for each service. A service is a clinic visit with the primary care provider. For example, if a patient sees their primary care provider in the clinic and qualifies for 100% discounted services, there would be a nominal fee of \$10 for the clinic visit.

The patient may reside foreign or domestic.

The patient must make every reasonable effort to provide SHCHD with documentation of income and health insurance coverage. Failure to provide this documentation invalidates the application.

Proof of income is limited to pay stubs or income tax returns. We will require pay stubs if the patient was working in the 12 months prior to the date of service in question, and tax returns if the patient was not working at all in the 12 months prior to the date of service in question.

Income information will be used solely for the purposes of the charity/discount payment policy and will not be used or dispersed to a collection agency if the collection process is employed for this account in the future.

All documentation must be provided within 90 days of the application.

Once all applications and documentation has been received, SHCHD will notify the patient in writing at their last known address of the decision.

### **Federal Poverty Level (FPL)**

For purposes of this policy, a sliding scale will be based on the current FPL guidelines, which are detailed below and are updated annually.

#### **2025 Poverty Guidelines: 48 Contiguous Stats (all states except Alaska and Hawaii)**

| Household/<br>Family Size | Dollars Per Year |
|---------------------------|------------------|
|                           | 400%             |
| 1                         | 62,600.00        |
| 2                         | 84,600.00        |
| 3                         | 106,600.00       |
| 4                         | 128,600.00       |
| 5                         | 150,600.00       |
| 6                         | 172,600.00       |
| 7                         | 194,600.00       |
| 8                         | 216,600.00       |
| 9                         | 238,600.00       |
| 10                        | 260,600.00       |
| 11                        | 282,600.00       |
| 12                        | 304,600.00       |
| 13                        | 326,600.00       |
| 14                        | 348,600.00       |

### **Expected Payment Limit**

SHCHD shall limit how much it charges certain low-income patients (those making less than four times the federal poverty level). These patients should only be charged what SHCHD would normally expect to get paid by Medicare or Medi-Cal, whichever pays more.

If Medicare or Medi-Cal doesn't have a set price for a service, SHCHD shall come up with a fair discounted price.

Patients who qualify for these discounts don't have to go through a separate dispute process to get them.

## **Payment Plan Negotiation**

SHCHD and patient shall negotiate the terms of the payment plan. If SHCHD and the patient cannot agree on the payment plan, SHCHD shall create a reasonable payment plan, where monthly payments are not more than 10% of the patient's monthly family income, excluding deductions for essential living expenses.

## **Review Process**

If the patient is denied either "charity care" or "discount payment" programs, they may ask for a review. In reviewing the application, the hospital may make its final determination based on whether the patient completed the application, provided all required documentation within the timelines, met the eligibility requirements and any mitigating factors the hospital determines to take into consideration. The results of the review are final.

Eligibility is reviewed by:

Chief Financial Officer 707-923-3921 ext. 1291

Patient Financial Services Manager 707-923-3921 ext. 1236

Business Office Manager 877-673-0903

The patient will be notified in writing to the last known address of the final determination within 30 days.

## **Contact Information**

Patients who want further information can contact the billing office at 877-673-0903 or submit a billing inquiry on our website at <https://sohumhealth.org/patients/billing/>

## **Shoppable Services Website Link**

The hospital provides a Patient Liability Estimator on their website at <https://sohumhealth.org/patients/standard-charges-listing/>

## **Hospital Bill Complaint Program**

The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint

with the Hospital Bill Complaint Program. Go to [HospitalBillComplaintProgram.hcai.ca.gov](http://HospitalBillComplaintProgram.hcai.ca.gov) for more information and to file a complaint.

### **Help Paying Your Bill**

There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at 888-804-3536 or go to [healthconsumer.org](http://healthconsumer.org) for more information.