

 Policy & Procedure Note: This is an approved policy and cannot be altered without prior approval.	Subject: Charity Care & Discount Payment Policy	Accompanying Form: None
	Scope: Administration	Page 1 of 3
	Issued: 11/2025 Approval : Roberta Consolver, CEO	

I. PURPOSE

The purpose of this policy is to ensure that uninsured, underinsured, low-income patients and their families have access to medically necessary services regardless of their ability to pay. This policy outlines the criteria and procedures for determining eligibility for **Charity Care** or **Discounted Payments** in compliance with California Health & Safety Code §127400–§127446 and all applicable **HCAI reporting requirements**.

II. POLICY STATEMENT

HealthBridge Children's Hospital – Orange is committed to providing compassionate, family-centered pediatric care. Financial hardship will **not** prevent access to medically necessary services. Eligible patients may receive **full charity care** (no cost) or **discounted care** based on family income and financial need.

This policy applies to:

- All medically necessary inpatient, outpatient, and ancillary services.
- All patients regardless of immigration status, nationality, or religion.

This policy **does not** apply to:

- Cosmetic or elective services not deemed medically necessary.

III. DEFINITIONS

Medically Necessary Care: Services reasonable and necessary to diagnose or treat illness or injury.

Family Income: Total household income as defined by federal poverty guidelines (FPG).

Charity Care (Full Financial Assistance): A reduction of **100%** of patient responsibility.

Discounted Care: A reduction of **a portion** of the patient responsibility based on income level.

Presumptive Eligibility: Determination of eligibility based on documented indicators of financial need without requiring completion of the full application (e.g., homelessness, enrollment in income-based assistance programs).

IV. ELIGIBILITY

Eligibility is based on **family income relative to Federal Poverty Level (FPL):**

Family Income (FPL)	Patient Responsibility
Up to 200% FPL	100% Charity Care (No patient responsibility)
201% – 350% FPL	Sliding Scale Discount (40–80% discount)

 Policy & Procedure HEALTH BRIDGE Children's Hospital Note: This is an approved policy and cannot be altered without prior approval.	Subject: Charity Care & Discount Payment Policy	Accompanying Form: None
	Scope: Administration	Page 2 of 3
	Issued: 11/2025	

Approval : Roberta Consolver, CEO

Family Income (FPL)

351% – 400% FPL 20% Discount

Over 400% FPL Standard billed charges: payment plans available

Patient Responsibility

Presumptive Charity Eligibility is granted if the patient/family participates in any of the following:

- Medi-Cal (including Restricted Medi-Cal)
- California Children's Services (CCS)
- WIC, SNAP, CalFresh, CalWORKS, SSI, SSDI
- Homelessness or temporary shelter residency

V. APPLICATION PROCESS

1. Financial counselors will offer the **Charity/Discount Application**:
 - At admission
 - At discharge
 - During the billing process
2. Applications are available:
 - **In English and Spanish**
 - **Online**, by mail, and in person.
3. Required documentation may include:
 - Most recent W-2 or tax return
 - Proof of income (pay stubs, SSI, unemployment)
 - If unavailable, a written statement of hardship is acceptable.
4. The hospital will **not delay care** while awaiting documentation.
5. Determinations are made within **30 days** of receiving application.

VI. PAYMENT PLANS

Patients not eligible for charity or partial discount care may establish **interest-free payment plans**, with monthly payments not exceeding **10% of family income** after basic living expenses.

 Policy & Procedure Note: This is an approved policy and cannot be altered without prior approval.	Subject: Charity Care & Discount Payment Policy	Accompanying Form: None
	Scope: Administration	Page 3 of 3
	Issued: 11/2025 Approval : Roberta Consolver, CEO	

VII. COLLECTION PRACTICES

HealthBridge Children's Hospital **will not**:

- Engage in extraordinary collection activities (ECAs) before determining charity eligibility.
- Send accounts to collections until:
 - The patient has been notified **at least 3 times**, AND
 - The charity care application has been offered and considered.

No wage garnishments, lawsuits, or liens on personal residences will occur **unless** the patient has been determined able to pay and has refused reasonable payment arrangements.

VIII. COMMUNICATION & NOTICE REQUIREMENTS

We will:

- Post this policy in public areas (lobby, admissions, waiting rooms).
- Include a statement about charity care on all billing statements.
- Provide copies of this policy in **English and Spanish**.
- Submit annual charity care reporting as required by **HCAI**.

IX. RECORDKEEPING & HCAI REPORTING

The Finance Department will:

- Maintain documentation of financial assistance determinations.
- Report annual charity care and discount care data as required by **HCAI**.

X. POLICY REVIEW

This policy will be reviewed **annually** and updated as regulation requires.