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Owner Bernard, Carlos: Associate
Director of Fiscal
04/2025
Area Fiscal

Charity Care and Discount Policy + App

INTENT

The purpose of this policy is to ensure a consistent and uniform method among all Tarzana Treatment Centers, Inc. (TTC) facilities for compliance with the IRS Financial Assistance Policy and Emergency Medical Care Policy – Section 501(r)(4) and the California “Voluntary Principles and Guidelines on Billing and Collection Practices for Services Provided to Low-income Uninsured Patients.”

It is the intent of this policy to comply with all federal, state, and local regulations. If any regulation, current or future, conflicts with this policy, the regulation will supersede this policy.

SCOPE

This policy applies to all TTC services. TTC does not provide emergency medical care as defined in Section 1867 of the Social Security Act (42 U.S.C. 1395dd) therefore the elements of Financial Assistance Policy and Emergency Medical Care Policy – Section 501(r)(4) that apply to emergency medical care are not relevant.

This policy applies to all TTC services provided by all medical and behavioral health personnel/ providers whether those staff are employed by or contract with TTC. Further, all medically necessary care delivered by TTC providers are covered by the organization’s financial assistance policies, no separate professional services are charged to any patient. Please also see TTC’s “Patient Billing and Collection Policy.”

PRINCIPLES

- This policy reflects a commitment to provide financial assistance to patients who cannot pay for part or all of the care they receive.
- This policy balances a patient’s need for financial assistance with TTC’s broader fiscal responsibilities.
- Financial assistance provided by TTC is not a substitute for personal responsibility. All patients are expected to contribute to the cost of their care, based upon their individual ability to pay.
- TTC contracts with all levels of government to provide a large variety of

substance abuse, mental health, HIV/AIDS, primary care and other health and housing related services to the uninsured, low income and indigent members of our communities, consistent with our commitment to reach out and service those most in need.

ELIGIBILITY AND GUIDELINES

- TTC's financial assistance policies shall clearly state the eligibility criteria (i.e., income) and the process used by TTC to determine whether a patient is eligible for financial assistance. Such a process shall consider where and how far a particular patient falls relative to existing Federal Poverty Levels (FPL). (See Exhibit C for current FPL.)
- When determining if private or public health insurance coverage is available to partially or fully cover a patient's charges, TTC will consider the California Health Benefit Exchange as well as government sponsored health programs, such as Medicare, Medi-Cal, Healthy Families Program, California Children's Services, or other State or county funded health coverage.
- Any patient who believes they are qualified may apply for financial assistance under TTC's charity care policy or discount payment policy.
- Eligibility for financial assistance, including discounted payment or charity care or discount, may be determined at any time the hospital is in receipt of documentation identified in California Health and Safety Code Section 127405(e)(1) or (2), regardless of whether it falls within the standard application period defined in this policy."
- If a patient applies or has a pending application for another health coverage program at the same time they apply for charity or discounted care at the hospital, then neither application shall preclude eligibility for the other program.
- TTC staff shall use their best efforts to ensure all financial assistance policies are applied consistently.
- TTC staff shall assist the patient in determining if he/she is eligible for government-sponsored programs.
- TTC will include with statements sent to patients who have not provided proof of third-party coverage language informing the patient that they may be eligible for coverage offered through the California Health Benefit Exchange and other State or county funded health coverage, as well as Medicare, Medi-Cal, Healthy Families, and California Children's Services. This statement must also indicate how patients may obtain applications for coverage offered through the California Health Benefit Exchange and other State or county funded health coverage programs, and the hospital will provide these applications.
- TTC will provide patients with a referral to a local consumer assistance center housed at legal services offices.
- In accordance to HSC § 127405(a)(1)(A), The Chief Executive Officer (CEO) or designee shall review all eligibility disputes.
- TTC provides financial assistance for all medically necessary services, as defined under federal and state regulations, to eligible patients. This includes but is not limited to inpatient and outpatient hospital services, physician services

provided within the hospital, and other diagnostic or therapeutic services deemed medically necessary.

- TTC utilizes a single application form for both Charity Care or discount programs. Patients are hereby informed that the level of financial assistance provided may vary depending on the program for which they qualify. Specifically, patients who only apply for Discount Payment may receive less assistance than what may be available under the Charity Care program. Therefore, patients are encouraged to provide all documentation necessary to determine eligibility for both programs to ensure maximum available support. "Note: Applying only for Discount Payment may result in less financial assistance than the Charity Care program. We encourage you to submit all documents to determine full eligibility."
- Patients that only apply for discount may receive less financial assistance than what may be available to them under the charity care program.

COMMUNICATION OF FINANCIAL ASSISTANCE POLICIES WITH PATIENTS AND THE PUBLIC

- Each facility shall post notices regarding the availability of financial assistance to low-income uninsured patients. These notices shall be posted in visible locations such as admitting/ registration and billing office.
- Every posted notice regarding financial assistance policies shall contain brief instructions on how to apply for charity care or a discounted payment.
- Directors shall ensure that appropriate staff members are knowledgeable about the existence of the Facility's financial assistance policies.
- When communicating to patients regarding the financial assistance policy, staff shall do so in the primary language of the patient, or his/her family, if reasonably possible, and in a manner consistent with all applicable federal and state laws and regulations.
- TTC shall share the financial assistance policy with appropriate community health and human services agencies and other organizations that assist such patients.

POLICY: COMPLIANCE – KEY ELEMENTS

CHARITY CARE OR DISCOUNT PROGRAM

Any self-paying, uninsured patient who indicates an inability to pay will be screened for charity care or a discount. Additionally, any insured patient who indicates an inability to pay their liability after their insurance has paid may be screened for charity care or a discount. Screening shall include a review of the patient's eligibility for publicly funded programs operated by TTC. Screening for charity care or a discount will occur only after all other potential resources have been exhausted. The screening process will optimally occur at the time of service but may occur anytime during the collection process including post assignment to an outside collection agency. At minimum, screening for charity care or discount will include documentation of family size and gross family income.

For patients eligible for financial assistance with family income at or below 400 percent of the Federal Poverty Level (FPL), the amount the hospital will charge for emergency or medically necessary care will not exceed the amount the hospital would expect, in good faith, to receive from Medicare or Medi-Cal, whichever is greater.

Charity care or discount for inpatient and residential services will be granted based upon the following income levels:

Uninsured patients or patients with high medical costs with family income at or below 400% FPL are eligible for discounted payment.

Income Level	Discount Amount
Less than 200% of the Federal Poverty Level-Charity Program	100% Discount of Full Charges
200% to 300% of the Federal Poverty Level-Discount Program	75% Discount of Full Charges
301% to 350% of the Federal Poverty Level-Discount Program	50% Discount of Full Charges
350% to 400% of the Federal Poverty Level-Discount Program	25% Discount of Full Charges
Greater than 400% of Federal Poverty Level	Patient Pays Full Charges

Charity Care or Discount for outpatient services, including primary care services provided in TTC’s Federally Qualified Health Centers, will be based on Federal Poverty Level guidelines.

CATASTROPHIC CHARITY CARE

Based upon the patients’ complete financial situation, when the patient liability amount exceeds 50% of the total annual family income, amounts greater than 50% of the income may be written off to charity care.

MEDICAID/MEDI-CAL DENIALS

Patients who qualify for Medicaid are also presumed to qualify for full charity write-off. Any charges for services written off (excluding billing timeliness, medical records, missing invoices, or eligibility issues) as a result of a Medicaid denial (such as TAR denial) shall be written off to a specific code and booked as charity.

RESTRICTED MEDICAID/MEDI-CAL COVERAGE

Some Medicaid plans offer coverage for a limited or restricted list of services. If a patient is eligible for Medicaid, any charges for services not covered by the patient’s coverage may be written off to charity without a completed Confidential Financial Statement. This does not include any Share of Cost (SOC) amounts, as SOC’s are determined by the state to be an amount that the patient must pay before the patient is eligible for Medicaid.

DOCUMENTATION REQUIREMENTS

APPLICATION

To qualify for charity care or discount, a Confidential Financial Statement shall be completed. The Confidential Financial Statement allows for the collection of information. Income and documentation requirements are defined below. Pending the completion of such application, the patient shall be treated as a pending charity care patient in accordance with the TTC's policies and the appropriate financial class recorded to reflect this status.

Patients that only apply for discount may receive less financial assistance than what may be available to them under the charity care program.

DEFINITIONS

- **AGB** – Amounts Generally Billed is the maximum amount that can be collected from patients that qualify for financial assistance or as otherwise allowed under this policy. This term is more fully defined under the Charge Limitation section below.
- **Application Period** – The period during which TTC must accept and process an application for financial assistance under the FAP Patients may apply for financial assistance at any time during the hospital admissions, billing or collections process.
- **Essential Living Expenses** – Expenses for any of the following: rent or house payments and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or childcare, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.
- **Extraordinary Collection Actions** – Extraordinary Collection Action (ECA)" A list of collection activities, as defined by the IRS and Treasury, that Hospitals may only take against an individual (or other person responsible for payment for the patient's care), to obtain payment for care after reasonable efforts have been made to determine whether the individual is eligible for financial assistance. Per IRC 1.501(r)-6 and Treasury Regulation 1.501(r)-6(b)(1), certain sales of the patient's debt to another party are considered an ECA. The following actions taken by a Hospital are also considered ECAs:
 - a. Placing a lien on an individual's primary residence;
 - b. Foreclosing on real property;
 - c. Attaching or seizing an individual's bank account or other personal property;
 - d. Commencing a civil action against an individual or writ of body attachment;
 - e. Causing an individual's arrest;
 - f. Garnishing wages;
 - g. Requiring a payment before providing medically necessary care because

of outstanding bills for previously provided care.

- **FPL** – Federal Poverty Level for the current year can be obtained from the following website: <https://aspe.hhs.gov/poverty-guidelines>
- **Extended Payment Plan** or EPP – A plan negotiated between a patient and TTC to allow payment of a discounted price over time.
- **Gross Charge** – An established price, listed on TTC’s charge master, for a service or item that is charged consistently and uniformly to all patients before applying any contractual allowances, discounts or deductions.
- **Household Unit or Family** –
 - For patients 18 years of age and older, the Household Unit or Family includes the patient’s spouse, registered domestic partner, and dependent children under 21 years of age whether living at home or not. The definition also includes dependent children of any age if they are disabled.
 - For patients under 18 years of age, the family includes the patient’s parent, caretaker relatives, and other children (under 21 years of age) of the parent or caretaker relative. The definition also includes dependent children of any age if they are disabled.
- **Income** – Income includes salary and wages, interest income, dividend income, workers compensation, disability payments, unemployment compensation, business income, farm income, rentals and royalties, inheritance, strike benefits, and alimony payments. Income is also defined as payments from the state for legal guardianship or custody.
- **Notification Period** – The notification period begins on the first episode of care and ends 120 days after TTC provides the first post discharge billing statement.
- **Plain Language Summary** – A statement written in clear, concise and easy to understand language notifying individuals that TTC offers a financial assistance program and describing the program.
- **Uninsured** – A patient who does not have third party coverage from a health insurance plan, Medicare or state funded Medicaid, or whose injury is not a compensated injury for purposes of workers compensation, automobile insurance or other insurance or other source as determined and documented by TTC.
- **Under-insured** – Patients are considered underinsured if they have coverage but their out-of-pocket medical expenses incurred in the prior 12 months exceed 10% of their family income.

Income Calculation: Patients will be required to provide their household’s yearly gross income.

- **Adults:** The term “yearly income” on the Confidential Financial Statement means the sum of the total yearly gross income of the patient and patient’s spouse.
- **Minors:** If the patient is a minor, the term “yearly income” on the Confidential Financial Statement means income from the patient, the patient’s mother and/or father and/or legal guardian and any other dependents.

INCOME VERIFICATION

Patients will be required to verify the income set forth in the Confidential Financial Statement in accordance with the documentation requirements identified below in cases

where documentation is available. Any of the following documents is appropriate for verifying income:

- **Income Documentation:** Documentation may include IRS Form W-2, wage and recent earnings statement, recent paycheck stub, recent tax returns, telephone verification by employer of the patient's income, bank statements, or other appropriate indicators of income.
- **Participation in a Public Benefit Program:** Documentation showing current participation in a public benefit program including Social Security, Workers' Compensation, Unemployment Insurance, General Relief, CALWORKS, Medicaid, County Indigent Health, Food Stamps, WIC, or other similar indigence related programs.

In accordance to HSC § 127405(e)(2), in determining a patient's eligibility for financial assistance or charity care, the Hospital shall not include the following:

1. Retirement or deferred compensation plans qualified under the Internal Revenue Code (e.g., 401(k), 403(b), IRAs, etc.); and
2. Non-qualified deferred compensation plans.

Statements or account balances from these plans shall not be requested or considered as part of the financial assistance application or eligibility determination process.

DOCUMENTATION UNAVAILABLE

If a patient is unable to provide documentation verifying income, these procedures shall be followed:

- **Obtain Patient's Written Attestation:** Have the patient sign the Financial Assistance Application attesting to the accuracy of the income information provided; or
- **Obtain Patient's Verbal Attestation:** The Financial Counselor who is completing the Confidential Financial Statement may provide written attestation that the patient verbally verified the income calculation. In all cases, at least two (2) attempts must be made and documented to attempt to obtain the appropriate income verification.
- **Expired Patients:** Expired patients may be deemed to have no income for purposes of the financial calculation. Although no documentation of income is required for expired patients, an income verification process shall be completed to ensure that a charity care adjustment is appropriate.

UNCOOPERATIVE PATIENTS

Uncooperative patients are defined as unwilling to disclose any financial information as requested for Medicaid and/or charity care determination during the screening process. In these cases, the account will not be processed as charity care. The patient will be advised that unless they comply and provide the information, no further consideration will be given for charity care processing, and standard A/R follow-up will begin. Non-Compliant patients are defined as not meeting all required documentation for Medicaid/

Medi-Cal screening but qualifying for charity care. In these cases, the Financial Counselor may process the account for charity care and the account will remain in the charity-pending financial class until the facility processes a charity write-off adjustment.

ABBREVIATED APPLICATION PROCESS

TTC may establish an abbreviated application and verification process for those service areas in which they have determined that the typical level of charges are not high such as clinics, and outpatient areas. In these service areas, admissions staff or the financial counselor must at minimum document the family size and the total family gross income to determine the level of charity discount if any. TTC may require income verification if there are discrepancies in income reported by the client. For example, if the patient reports \$1,000 of gross income per month but is making a large mortgage payment along with several credit card payments TTC may require further income verification such as a credit report. If a credit report is not available, document that fact in the patient's notes. No further effort is required.

CHANGE LIMITATION

TTC will utilize AGB via the Prospective Medicare methodology for inpatient and outpatient accounts when determining patient liability, for individuals who qualify for financial assistance. Specifically, TTC will limit charges for a particular service to the AGB, which will be equal to the amount that would be paid for the services if the patient were Medicare-eligible. The billed amount will not exceed the AGB or gross charges.

The billing statement to a patient may state TTC's standard Gross Charges but must show a write-off to get to the AGB. The difference between TTC's standard Gross Charges and the AGB or financial assistance discount amounts will be accounted for as a charity care write-off.

MEDI-CAL AND MEDICAID COVERAGE: Medi-Cal Share of Cost or Medicaid copays not paid at the time of service will be billed to the patient. If unable to collect the copays, the copays will be written off as a charity write-off based on presumptive eligibility.

Patients who have Medicaid coverage and have balances due for service dates up to six months prior to the effective date of their coverage, will be granted 100% financial assistance on such balances without further review or documentation from the patient based on presumptive inability to pay.

OTHER

Generally, the determination that a patient stay qualifies for financial assistance will be made upon pre-admission, admission or as soon as possible thereafter. A financial counselor is available to assist patients with settlement of their accounts including applications for financial assistance, government-sponsored programs and referral to outside resources. However, in some cases qualification for financial assistance may be made after rendering services and in some circumstances, even after rendering of the bill. Collection efforts, including the use of a collection agency, are part of the information collection process and can appropriately result in identification of eligibility for financial assistance.

For partial financial assistance granted to patients meeting criteria for charity care, a transaction code of "621" shall be used in the billing system. Until additional transaction codes are created, all other patient financial assistance granted, the code of "621" shall be used.

As required by California State Law, TTC provides the Department of Health Care Access (formerly the Office of Statewide Health Planning and Development (OSHPD) its Financial Assistance Program Policy and application forms, as well as its debt collection policy at least bi-annually on January 1, or when there is a significant change. If there has been no significant change since the information was previously provided, TTC notifies the Department of Health Care Access of the lack of change.

REASONABLE PAYMENT PLAN

TTC will offer a reasonable payment plan in situations where an agreement cannot be reached regarding a payment plan during the negotiation process between the hospital and patient. This payment plan will require that monthly payments do not exceed 10% of a patient's familial income for one month excluding deductions for essential living expenses. Essential living expenses are defined as expenses for any of the following: rent or house payments (including maintenance expenses), food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or childcare, child and spousal support, transportation and automobile expenses (including insurance, fuel, and repairs), installment payments, laundry and cleaning expenses, and other extraordinary expenses.

COMMUNICATION

Facilities are required to post signs in their admitting and registration areas informing patients about their financial assistance policies. Additionally, patient statements shall have standard language informing patients that they may request financial screening to determine eligibility for charity care. To the extent possible, these communications shall be in the primary language of the patient.

Once a charity determination has been made, the outcome must be communicated to the patient. That communication may be accomplished by sending the patient the letter in the letter attached.

Charity Care and Discount Application

Patient Name:		Facility:		DOS:	
Patient Number:	<u>Confidential Financial Statement (Application)</u>				

RESPONSIBLE PARTY

Name:		Marital Status:		Social Security Number:	
Street Address, City, State, Zip:					
How long at this address:		Home Phone:			
Employers Name and Address (If Unemployed – How Long):				Business Phone:	
Position / Title:			Length of current employment:		
Monthly income (Gross):			Monthly income (Net):		

SPOUSE

Name:		Social Security Number:			
Employers Name and Address (If Unemployed – How Long):				Business Phone:	
Position / Title:			Length of current employment:		
Monthly income (Gross):			Monthly income (Net):		

DEPENDENTS

Name & Year of Birth of all dependents in household:	Total Number of dependents in household	Do Any Other Persons Contribute?	If Yes, Amount:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

INCOME PER MONTH

		Child Support / Alimony	\$
Public Assistance / Food Stamps	\$	Rental Income	\$
Social Security	\$	Grants	\$
Unemployment Compensation	\$	Other	\$
Workers' Compensation	\$		

EXPENSES PER MONTH

Mortgage / Rent Payment:	\$	Medical / Dental	\$		
Own Home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Doctor – Name:	\$		
Food	\$	Doctor – Name:	\$		
Utilities:		Doctor – Name:	\$		
Electric	\$	Credit Cards:	\$		
Gas	\$	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Visa</td> <td style="width: 50%;">Limit:</td> </tr> </table>	Visa	Limit:	\$
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Water / Sewer	\$	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Mastercard</td> <td style="width: 50%;">Limit:</td> </tr> </table>	Mastercard	Limit:	\$
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Trash	\$	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Discover</td> <td style="width: 50%;">Limit:</td> </tr> </table>	Discover	Limit:	\$
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Phone	\$	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Other</td> <td style="width: 50%;">Limit:</td> </tr> </table>	Other	Limit:	\$
Other	Limit:				
Cable	\$	Installment Loans	\$		
Auto Payments	\$	Child Support	\$		
Auto Expenses	\$	Miscellaneous Expenses	\$		
Insurance:					
Auto Premium	\$				
Life Insurance	\$				

Health Insurance	\$		
To my knowledge the information provided above is true. I authorize a report to be secured by Tarzana or its agent to verify my financial standing.			
PATIENT/GUARANTOR	SIGNATURE	DATE	
OFFICE USE ONLY			
Gross income:			
Net income:			
Total Expenses:			
Total Net income (loss):			

Note: The Financial Statement (Application) is available in Spanish.

FINANCIAL ASSISTANCE DETERMINATION LETTER

Date

Tarzana Name
Tarzana Address
Tarzana Phone

Guarantor Name
Guarantor Address

RE: Account Number:

Patient Name:
Dates of Service:
Account Balance:

- Your account has been reviewed for possible charity assistance. After reviewing all of your submitted financial documentation it has been determined you meet eligibility guidelines for partial charity assistance on this account.
- “Account balance” is the remaining portion, which is your responsibility to pay.
- If you have any questions, please contact us at 818.996.1051 during normal business hours.

Patient Financial Services Department

Tarzana Name
Tarzana Phone Number:

Approval Signatures

Step Description	Approver	Date
Final Approval	Cathy Lopez: Administrative Assistant	05/2023
	Cathy Lopez: Administrative Assistant	05/2023