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SUBJECT: Charity Care and Discount Payment	POLICY: 6700 - H
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SUBSECTION: FINANCE	EFFECTIVE: 03/07/2024
Prepared by: Cynthia Capetillo, Vice President of Finance and Managed Care	ORIGINATION: 11/03/2011
REVIEW/REVISION: 01/14/2016, 11/15/2018, 11/11/2021, 11/10/2022, 03/09/2023, 03/07/2024	

PURPOSE:

Totally Kids Rehabilitation Hospital (TKRH) strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. The purpose of this policy is to define the eligibility criteria, which will be used by Totally Kids Rehabilitation Hospital to comply with the requirements in state and federal laws including section 501 (r) of the Internal Revenue Code (IRC) of 1986, as amended, and the regulations of the California Hospital Fair Pricing Policies Act.

DEFINITION:

Application Period: The time period in which patients may submit an application for financial assistance under this Policy by completing a financial assistance application. The application period begins on the date on which care was rendered to the patient and continues until the 14th day after the patient receives his or her first post discharge billing statement for the care provided.

Charity Care for Self-Pay Patients:

A self-pay patient is eligible for charity care (free care), or a discount payment plan based upon meeting the income eligibility criteria established by the Hospital. Financial eligibility criteria is derived from the most recently published US Department of Health and Human Services Annual Update of the HHS Poverty Guidelines, also referred to as the Federal Poverty Level (FPL).

Federal Poverty Level (FPL) Guideline:

The FPL guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services (published at <http://aspe.hhs.gov/poverty>).


Patient’s Family:

The following shall be applied to all cases subject to the TKRH FAP:

- For persons 18 years of age and older, spouse, domestic partner, as defined in Section 297 of the California Family Code, and dependent children under 21 years of age, whether living at home or not.
- For persons under 18 years of age, parent, caretaker relatives and other children under 21 years of age of the parent or caretaker relative.

POLICY:

This policy pertains to financial assistance provided by patients at Totally Kids Rehabilitation Hospital. TKRH shall provide Charity Care and Discounts for eligible patients who have been approved for the program and in compliance with California Health and Safety Code sections

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127400 to 127446 (California’s Hospital Fair Pricing Policies Law). Under this policy, Financial Assistance may be provided to patients who are uninsured or under insured and cannot afford to pay for their own medical care of out-of-pocket expenses. This policy does not apply to physician services rendered at TKRH.

Patients who meet the established Financial Assistance Program (FAP) criteria may be eligible to receive Financial Assistance to cover all or portions of the patient’s healthcare costs. To apply for Financial Assistance please go to our website (www.totallykids.com/legal¬ices/pricetransparency).

Eligibility for the FAP shall not take into account age, gender, sexual orientation, ethnicity, national origin, disability, or religion. Factors for determining financial need may include but are not limited to family income, family size, scope of a patient’s medical bills, and employment status.

Financial Assistance Policy Qualification Requirements:


Depending upon individual patient qualification, TKRH financial assistance may be granted for charity care or discount partial charity care payment. If a person requests charity care or a discounted payment and fails to provide information that is reasonable and necessary for TKRH to make a determination, TKRH may consider that failure in making its determination. Financial assistance may be denied when the patient/responsible person does not meet the TKRH FAP qualification requirements.

Patient Notification and General Information

Information about financial assistance available from TKRH will be disseminated through various means, including TKRH website, the publication of notices in patient bills, distributed during the admission process, and posting notices in the hospital. As required by California’s Fair Pricing Law, notices will be posted in the hospital. Notices shall be located within the hospital in patient admission areas visible to the public, including but not limited to patient intake areas (i.e., Administration, Case Management) and Patient Financial Services Department indicating how to obtain information and financial assistance. All such notification shall be provided in English and Spanish.

The notices will inform patient families they may be eligible for public insurance programs including, but not limited to government sponsored programs and the California Health Benefit Exchange (Covered California). TKRH shares its Financial Assistance Policy with the appropriate community health agencies and organizations that assist families. Upon request, patients will be provided with referral to local consumer assistance agencies housed at community legal services offices.

TKRH will refer a patient or patient’s family to alternative programs (i.e., Medi-Cal, California Children’s Services (CCS) or any other government sponsored health program for health benefits

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in which the hospital participates). Failure of the patient and/or patient’s family to comply with the referral process may result in forfeiture of the right to be considered for the Financial Assistance Program for the visit or admission in question. Confidentiality of information and the dignity of the patient will be maintained for all that seek or are provided Financial Assistance services.


Patient Bills:

Bills mailed directly to the patient will include a notice explaining the availability of financial assistance to patients who are uninsured or have high medical costs based on a determination of eligibility in accordance with this policy. A contact and phone number for patients/guarantors to call to obtain more information about financial assistance will be included.

Regulatory References: Health and Safety Codes §127400 to 127446; AFL 21-54 Health Care Debt and Fair Billing Policies-2021.12.23.

RFTC Approval Date: 02/22/2024

Governing Board Approval Date: 03/07/2024

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GUIDELINE:

Application Process

Upon the request of a patient or patient guarantor for financial assistance, the patient must complete the Financial Assistance Application and provide supporting documentation. The Financial Assistance Application may be completed by signing and returning the application to TKRH Patient Financial Services Department, 1720 Mountain View Avenue, Loma Linda, CA 92354. Patient Financial Services can be reached via phone at (909) 796-6915.

The Vice President of Finance/Managed Care or designee will review all applications to determine eligibility for charity care. All financial information provided will be considered confidential and staff will respect the privacy of the patient.

A patient’s eligibility for financial assistance may be determined at any time TKRH is in receipt of the patient’s financial information or 240-days from the post discharge bill. The Financial Assistance Application shall remain valid for services rendered within a 180-day period. The financial assessment will include a review of the following: proof of residence, most recent income tax return, most recent one month pay stubs, most current bank statement and notice of action from a government sponsored insurance program.


If the Financial Assistance Application is completed within the application period, TKRH will suspend collection efforts until determination is made. Once determination of eligibility is completed, and the Guarantor is not approved for financial assistance, collection efforts will resume.

Upon review of the application, if information is missing, the Guarantor will be notified via phone and mail and the applicant will have 15 days to provide the needed information or collection efforts will continue.

TKRH may not deny assistance for failure to provide information not described in policy or Financial Assistance Application.

Criteria for Eligibility for Financial Assistance

The Finance office will apply FPL guidelines by using the FPL table which is updated periodically in the Federal Register by the US Department of Health and Human Services subsection (2) of Section 9902 of Title 42 of the United States Code. The patient’s family size is used to determine whether family monthly or annual income falls below or exceeds 400% of the FPL.

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Eligibility for charity care will be considered for those individuals who provide documentation of ineligibility for government sponsored programs including Medi-Cal, Healthy Families, California Children’s Services or Medicare. Documentation of ineligibility is ordinarily obtained through applying for and being denied coverage under a government sponsored program.

Eligibility for charity care will be considered for those individuals who are uninsured, ineligible for any government health care benefit program, a patient whose injury is not a compensating injury for purposes of workers’ compensation automobile insurance, or other insurance as determined and documented by the hospital, and/or are unable to pay for their care based upon a determination of financial need in accordance with this policy.

A patient may qualify for charitable care prior to admission, after admission, after discharge, or during the course of the financial assistance process.

The granting of charity care shall be based on an individualized determination of financial need and shall not take into account, age, gender, race, socio-economic or immigrant status, sexual orientation, or religious affiliation. Factors for determining financial need may include but are not limited to family income, family size, scope and extent of patient’s medical bills, and employment status. Financial assessment may include a review of the family’s gross income, number of family members, outstanding balances of medical bills. Copies of outstanding medical bills, of the prior year tax return and most recent pay stubs may all be requested.

Financial obligations not eligible for consideration for charity care are co-pays, indemnity balances, or share of cost. Elective services or procedures denied by available funding sources as not medically necessary are not eligible for charity care.


TKRH will provide a full charitable deduction for applicants whose income is at 100% or less of the unit value(s) established by the Department of Health and Human Services (HHS) Poverty Guidelines. The schedule will be maintained and updated annually by the Vice President of Finance/Managed Care.

All Charity Care allowances require the approval of the Vice President of Finance/Managed Care.

Discount Payment Options

In addition to charitable care, TKRH has established Discount Payment Options: low-income discount, high medical cost discount, and prompt pay discount.

To be eligible for the Discounted Payment Program, the patient must have a family income that is equal to or less than 400% and more than 100% of the FPL and must be either a self-pay patient or a patient with high medical costs.

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Discount Payment Plan for Insured patients:

An insured Patient is eligible for a discount plan based on meeting the income eligibility criteria and having high medical costs. The income eligibility criterion is defined as an income that is at or below 400% of the FPL. High medical costs are defined as out-of-pocket medical expenses in the prior twelve (12) months that exceed 10% of the family’s income and does not otherwise receive a discount as a consequence of third-party coverage.

Eligibility for Discount Payment Options will be considered for those individuals who provide documentation of ineligibility for government sponsored programs including Medi-Cal, Healthy Families, California Children’s Services or Medicare. Documentation of ineligibility is ordinarily obtained through applying for and being denied coverage under a government sponsored program.


Eligibility for Discount Payment Options will be considered for those individuals who are uninsured, ineligible for any government health care benefit program, a patient whose injury is not a compensating injury for purposes of workers’ compensation automobile insurance, or other insurance as determined and documented by the hospital, and/or are unable to pay for their care, based upon a determination of financial need in accordance with this policy.

A patient may qualify for Discount Payment Options prior to admission, after admission, after discharge, or during the course of the financial assistance process. A request for Discount Payment Options may be initiated via completion of a Financial Disclosure Statement by the patient, family member, physician, or health care representative. All Discount Payment Options requests will be considered for eligibility upon receipt of the prescribed financial information.

The granting of any Discount Payment Option shall be based on an individualized determination of financial need and shall not take into account, age, gender, race, socio-economic or immigrant status, sexual orientation, or religious affiliation. Factors for determining financial need may include but are not limited to family income, family size, scope and extent of patient’s medical bills, and employment status. Financial assessment may include a review of the family’s gross income, number of family members, outstanding balances of medical bills. Copies of outstanding medical bills, of the prior year tax return and most recent pay stubs may all be requested.

The Financial Disclosure statement will be used to document the financial information and shall remain valid for services rendered within a 90-day period.

Financial obligations not eligible for consideration for Discount Payment Options are co-pays, indemnity balances, or share of cost. Elective services or procedures denied by available funding sources as not medically necessary are not eligible for Discount Payment Options.

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The Vice President of Finance/Managed Care or designee will review all applications to determine eligibility for Discount Payment Options. All financial information provided will be considered confidential and staff will respect the privacy of the patient.

Eligible patients' obligations will be reduced to no more than the applicable Medi-cal rates in effect at the date of services. Where Medi-cal rates cannot be determined, eligible patients will receive a 75% discount on charges.

Patients receiving a partial discount may be eligible for interest free patient payment plans as described below.

Prompt Pay Discount

TKRH will extend a 25% prompt pay discount to those self-pay patients who wish to pay their entire outstanding balance immediately.

Financial obligations not eligible for consideration for prompt pay discounts are co-pays, indemnity balances, or shares of cost.

Approval Authority

Any patient account recommended for charitable care, discount payment options after meeting the guidelines set forth in this policy, requires the following approval signature

- 0-\$9,999 Vice President of Finance/Managed Care
- \$10,000 or greater President/Owner


Written notification of determination of eligibility or ineligibility for discount payment options will be forwarded to the applicant by the Business Office designee within 30 days of receipt of the Financial Disclosure Statement and requested financial documentation.

Patient Payment Plans

Upon request, TKRH will negotiate an interest free, payment plan within the following guidelines: Outstanding patient balance is to be paid with a minimum monthly payment amount based upon the following schedule

- <= \$1000 \$83 per month for up to 12 months
- >\$1000< \$3000 \$100 per month for up to 30 Months
- >\$3000< \$5000 \$138 per month for up to 36 Months
- >\$5000< \$10,000 \$160 per month for up to 60 Months
- >\$10,000 Divide amount owed by 60 months

Requests for contractual terms exceeding one (1) year must be approved by the Vice President of Finance/Managed Care.

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Patients requesting payment plans will not be eligible for prompt pay discounts.

Collection Guidelines

Patient guarantors must complete a Financial Disclosure Statement, be in the process with an eligibility application for a government sponsored insurance program or set up a payment plan within 60 days of final bill or the account will begin collection proceedings at full-billed charges. Interest may be charged.

Prior to commencing collection activities against a patient, the patient will be provided with a written notice that non-profit credit counseling services may be available in the area and a plain language summary of the patient’s rights pursuant to the Rosenthal Fair Debt Collection Practices Act and the Federal Fair Debt Collection Practices Act.

Patients are entitled to a translator, and one will be provided if needed.

The Business Office, in accordance with regulatory guidelines, will maintain all documentation.

These guidelines do not apply to professional services provided to TKRH’s patients by physicians or other medical providers including but not limited to Radiology, Pathology and other physician services provided to the patient within the Hospital.

Regulatory References: Health and Safety Codes §127400 to 127446; AFL 21-54 Health Care Debt and Fair Billing Policies-2021.12.23

RFTC Approval Date: 03/27/2024