		Department: Patient Accounting	
		Document Owner/Author: Patient Accounting Director	
		Category: Departmental	**Approval Type:** Triennial
Date Created: 02/12/2007	**Date Board Approved:** 07/23/2023	**Date Last Review:** 01/01/2025	**Date of Next Review:** 07/28/2026
Policy Name: Financial Assistance Policy			

Purpose

This Financial Assistance Policy ("Policy") defines the eligibility criteria for financial assistance at El Centro Regional Medical Center ("ECRMC") and provides the operational guidelines for the ECRMC Financial Assistance Program. This Financial Assistance Policy includes ECRMC's discount payment policy, charity care policy, eligibility procedures for those policies, and review process.

Scope

Financial assistance pursuant to this Policy is only available for services provided under ECRMC's general acute care hospital license.

This includes:

- Emergency medical services provided in an emergency room setting;
- Services for a condition which, in the opinion of the treating physician or other health care professional, would lead to an adverse change in the health status of an individual if not treated promptly; and
- Non-elective services provided in response to life-threatening or health-threatening circumstances.

The following services are excluded as ineligible for Financial Assistance under this Policy, except as required by law:

- Services considered non-covered or not medically necessary
  - In rare situations where a physician considered an excluded service to be medically necessary, such services may be eligible for a Charity Care discount upon review and approval by the hospital Chief Medical Officer.
- Services provided to a patient who comes to El Centro Regional Medical Center out of their insurance plan network;
- Patient who have insurance but choose not to utilize coverage;
- Elective cosmetic surgery procedures.

- Other elective procedures (e.g. include but are not limited to infertility services, andrology services, transplants, sterilization, reversal of sterilization, circumcision, certain eye surgeries, and routine vision exams);
- Medical equipment including without limitation eyeglasses, contact lenses, and hearing aids.
- Purchases from ECRMC's retail operations, such as gift shops and cafeteria.
- Physician professional services that are not billed by ECRMC.
- Services that are not licensed hospital services.

Policy Statement

ECRMC strives to ensure that the financial capacity of families who need healthcare services does not prevent them from seeking or receiving care. The Policy encompasses the charity care policy and the discount payment policy, which includes the process used by ECRMC to determine whether a patient is eligible for Charity Care or Discounted Payment (as defined in this Policy).

It is recognized that the need for financial assistance is a sensitive and deeply personal issue. Confidentiality of requests, information, and funding will be maintained for all who seek or receive financial assistance. The orientation of staff and selection of personnel who will implement this Policy should be guided by these values.

Procedure/Plan

FINANCIAL ASSISTANCE PROGRAM PROCEDURE

I. FINANCIAL ASSISTANCE ELIGIBILITY AND LEVEL OF FINANCIAL ASSISTANCE

A. Eligibility for Charity Care

To be eligible for Charity Care, a patient must meet all of the following qualifications:

1. Patient must be a Self-Pay Patient;
2. Patient Facility Income must be less than or equal to one hundred percent (100%) of the FPL;
3. Patient will be screened for Medi-Cal eligbility eligbility.
4. The service(s) provided must have been to treat an emergency medical condition;
5. The patient must be a United States citizen or a non-U.S. citizen with undocumented status who resides in the United States.

~~Financially Qualified Self-Pay Patients who are eligible for Charity Care shall receive a write-off of all amounts owed by such patient, provided that the patient shall remain responsible to pay a co-payment according to the following schedule:~~

~~**Hospital Service**~~	~~**Co-Payment**~~
~~Emergency Care~~	~~$50.00/visit~~
~~Inpatient Admission after receiving emergency care (ER Co-Pay Waived)~~	~~$100.00/per day, not to exceed $1,000~~

~~Other than the above co-payment schedule, which may be waived for deceased patients, ECRMC shall not bill these patients for any additional amount. In no event shall the amount due from a Financially Qualified Self-Pay Patient as provided above exceed the amount that ECRMC would expect, in good faith, to receive for providing services from Medicare or Medi-Cal, whichever is greater.~~

B. Eligibility for Discounted Payment

A Financially Qualified Patient who does not qualify for Charity Care under this Policy may be eligible to pay a Discounted Payment, as follows:

1. For Financially Qualified Patients who do not qualify for Charity Care and have Patient Family Income at or below four hundred percent (400%) of the FPL, the amount ECRMC will seek to collect from the patient will be limited to the amount of payment ECRMC would expect, in good faith, to receive for providing services from Medicare or Medi-Cal, whichever is greater. If there is no established payment by Medicare or Medi-Cal, ECRMC shall establish an appropriate Discounted Payment.

C. Emergency Physician Fair Pricing Policy

Any emergency department physician or surgeon who provides emergency medical services at ECRMC is also required by law to provide discounts to Financially Qualified Self-Pay Patients or Patients with High Medical Costs who are at or below four hundred percent (400%) of the Federal Poverty Level. Patients who receive a bill from an emergency department physician or surgeon should contact that physician's office and request financial assistance This statement shall not be construed to impose any additional responsibilities upon ECRMC.

II. DETERMINATION OF FINANCIAL ASSISTANCE ELIGIBILITY

A. Determination of Patient's Insurance Status

At or before the time of admission to ECRMC, or as soon as possible thereafter, ECRMC shall make all reasonable efforts to obtain from the patient or the patient's representative information about whether private or public health insurance or sponsorship may fully or partially cover the charges for care rendered by ECRMC, including but not limited to any of the following:

- Private health insurance, including coverage offered through the California Health Benefit Exchange.
- Medi-Cal, California Children's Services, or other state-funded benefit programs designed to provide health coverage.
- Medicare.
- Other coverage, including workers' compensation, automobile insurance, or other insurance.

In some cases, such as emergency admissions, it may not be possible to establish the patient's coverage status until after the patient is stabilized or discharged.

B. Application for Financial Assistance

To determine a patient's eligibility for Financial Assistance, ECRMC will request that each patient or patient's representative applying for Financial Assistance complete an Application, including a Statement of Financial Condition. The ECRMC Patient Accounting Department may assist with completing the Application.

i. Documentation of Income

For the purposes of determining eligibility for Financial Assistance that is a discount under Section I.B of this Policy, documentation of Patient Family Income shall be limited to recent pay stubs or income tax returns for the year prior to the date of admission (for inpatient services) or service (for outpatient services).

For the purposes of determining eligibility for Financial Assistance that is Charity Care under Section I.A of this Policy, a patient may document Patient Family Income by providing recent pay stubs or income tax returns for the year prior to the date of admission (for inpatient services) or service (for outpatient services). However, if the patient does not have any recent pay stubs or income tax returns, eligibility for Charity Care may also be verified through any of the following mechanisms but are not required to process the patient's application:

- IRS Form W-2;
- Social Security income (IRS Form SSA-1099);
- Wage and Earnings Statement;
- Workers' Compensation or unemployment compensation determination letters;
- Other indicators of income;
- Documentation showing the patient's current participation or participation or qualification within the preceding six months in a public benefits program, including Social Security, Workers' Compensation, Unemployment Insurance Benefits, Medicaid, County Indigent Health, TANF, Food Stamps, WIC, AFDC, or other similar indigence related programs.

ii. Unavailable Documentation

When a patient is unable to provide the requested documentation to verify the Patient Family Income, ECRMC may request a written explanation from the patient as to why the patient or patient's representative is unable to obtain and/or provide documents. If provided, the explanation shall be noted on the Application.

Additionally, ECRMC may, at its sole discretion, verify the Patient Family Income in either one of the following two ways:

1. By having the patient or patient's representative sign the Application confirming the accuracy of the income information provided; or
2. Through the written attestation of ECRMC personnel completing the Application that the patient or patient's representative verbally verified ECRMC's calculation of income.

If a patient does not submit an application or documentation of income, a hospital may presumptively determine that a patient is eligible for charity care or discounted payment based on information other than that provided by the patient or based on a prior eligibility determination.

C. Documents for Financial Assistance application

Incomplete Application or Missing Documentation

When a patient submits an incomplete Application, ECRMC shall notify the patient about how to complete the Application and give the patient a reasonable opportunity to do so. If adequate documents are not provided, ECRMC may contact the patient or the patient's representative to request additional information or documentation.

i. Responsibility of Patient to Provide All Necessary Information

When a patient or patient's legal representative requests a Discounted Payment, Charity Care, or other assistance in meeting their financial obligation to ECRMC, they shall make every reasonable effort to provide ECRMC with (a) documentation of income and (b) if applicable, health benefits coverage.

The patient or patient's legal representative must also:

- Provide accurate and complete information in a timely manner so that ECRMC can process the request for Financial Assistance;
- Provide timely follow-up for additional documents or information ECRMC requires for the Financial Assistance application process;
- Provide full disclosure of the required information; and
- Satisfy any patient/guarantor payment obligation.

If the person requesting Charity Care or a Discounted Payment fails to provide information that is reasonable and necessary for ECRMC to make a determination, such failure may result in a denial of the Application.

ii. Inaccurate Information

ECRMC makes arrangements for Financial Assistance for qualified patients in good faith and relies on the fact that information presented by the patient or patient's representative is complete and accurate.

Falsification of information may result in denial of the Application. If after a patient is granted Financial Assistance and ECRMC finds material provision(s) of the Application to be untrue, the Financial Assistance may be reversed.

When fraudulent or purposely inaccurate information has been provided by the patient or the patient's representative, ECRMC reserves the right to bill retrospectively for all services to the extent permitted by law. In addition, ECRMC reserves the right to seek all remedies, including but not limited to civil and criminal damages from those patients or family representatives who have provided fraudulent or purposely inaccurate information in order to qualify for Financial Assistance, including those who accept financial assistance after an improvement in their financial circumstances which was not made known to ECRMC.

D. ECRMC's Review Procedures for Determining Financial Assistance

Eligibility

i. ECRMC's Review of the Application

ECRMC personnel will complete a Financial Assistance Eligibility Determination Worksheet ("**Worksheet**") and attach it to the patient's Application, along with the copies of required documents. The Worksheet with the Application allows for the documentation of the administrative review and approval process utilized by ECRMC to grant financial assistance.

The ECRMC Patient Accounting Department ("PAD") will review the Worksheet and Application for completeness and provide a recommendation to the Chief Financial Officer or his/her delegee within 15 days. The PAD Director must approve any revision to the Financial Assistance Eligibility Determination Worksheet.

ii. Approval for Financial Assistance

A financial assistance determination will be made only by approved hospital personnel according to the following levels of authority:

- Manager of Patient Accounting: Accounts less than $2,500
- Chief Financial Officer: Accounts greater than $2,500 and less than $10,000
- Chief Executive Officer: Accounts greater than $10,000

Each level requires the review, approval and signature of the person authorized to approve at that level prior to an application for a larger medical expense patient responsibility moving forward for approval by the additional designated authorized signers. For example, the Manager of Patient Accounting, Chief Financial Officer, and Chief Executive Officer will all need to approve any Financial Assistance for an account that is greater than $10,000.

For patient accounts meeting the Financial Assistance eligibility criteria, the Application may be approved for services provided under ECRMC's general acute care hospital license. The accounts will be tracked for the purposes of CMS S10 (Worksheet S10 on the Medicare Cost Report) reporting based on the the date the Financial Assistance adjustment was entered onto the account.

A patient shall not be denied Financial Assistance that would be available pursuant to the ECRMC policy published on the California Department of Health Care Access and Information ("HCAI") internet website at the time of service.

Additionally, if a patient applies or has a pending application for another health coverage program at the same time that the patient applies for Financial Assistance, neither

application shall preclude eligibility for the other program.

a) Presumptive Eligibility

ECRMC reserves the discretion to utilize a Presumptive Eligibility Determination process to provide Charity Care or discounted care for patients who are unable to complete the Application or provide financial information or documentation, based on an objective, good faith determination of financial need, taking into account the individual patient's circumstances, the local cost of living, a patient's income, a patient's family size, and/or the scope and extent of a patient's medical bills, based on reasonable methods to determine financial need.

In making a Presumptive Eligibility Determination, ECRMC shall take into account any extenuating circumstances that would affect the good faith determination of the patient's eligibility for Financial Assistance in the following ways:

- ECRMC may use reasonable methods for determining financial need, including, for example, documented patient interviews or questionnaires.
- ECRMC may also determine a patient's eligibility for Financial Assistance based upon information other than that provided by the patient, such as qualification in other welfare-based programs (including eligibility for Medicaid), homeless status, or based upon a prior Financial Assistance eligibility determination.
    - Any account returned to ECRMC from a collection agency that has determined the patient or patient's representative does not have the resources to pay the patient's bill may be deemed eligible for Financial Assistance. Documentation of the patient or family representative's inability to pay for services will be maintained in the Financial Assistance documentation file.
- ECRMC may also rely on the information included in publicly available databases and information provided by third-party vendors who utilize publicly available databases to make a good faith determination of whether a patient is entitled to Financial Assistance.

The Chief Financial Officer or his/her/their designees shall be authorized to approve patients for presumptive eligibility for Financial Assistance and must ensure documentation of the basis upon which presumptive eligibility was granted.

E. ECRMC's Procedures for After Determination of Financial Assistance Eligibility

i. Written Notification of Determination of Financial Assistance

ECRMC shall notify the patient or the patient's representative of the determination in

writing. The Financial Counselor shall coordinate the processing and mailing of these communications.

ii. Duration of Approval

If the Application is approved and the patient needs to return for care, the approval is applicable for all services covered under this Policy provided within six months after approval.

iii. Offer of Extended Payment Plan

When a patient is approved for Financial Assistance that is a Discounted Payment, the patient may pay any or all outstanding amounts due in one lump sum payment, or ECRMC shall offer an extended payment plan to allow payment of the discounted price over time. Such extended payment plans shall be interest-free. This payment plan shall be negotiated between the patient and the hospital.

"Reasonable payment plan" means monthly payments that are not more than 10 percent of a patient's family income for a month, excluding deductions for essential living expenses.

"Essential living expenses" means, for purposes of this subdivision, expenses for any of the following:

- Rent or house payment and maintenance
- Food and household supplies
- Utilities and telephone
- Clothing
- Medical and dental payments
- Insurance
- School or child care
- Child or spousal support
- Transportation and auto expenses, including:
  - Insurance
  - Gas
  - Repairs
- Installment payments
- Laundry and cleaning
- Other extraordinary expenses

iv. Changed Circumstances

If, at any time, information relevant to the eligibility of the patient changes, the patient may update the documentation related to income and provide ECRMC with the updated information. It is the patient's responsibility to notify ECRMC of the updated information.

ECRMC will consider the patient's changed circumstances in determining eligibility for Financial Assistance. ECRMC may reverse previously applied discounts if it learns of information that it believes supports a conclusion that information previously provided was inaccurate.

v. Appeals

In the event of a dispute regarding eligibility for Financial Assistance, patients have the right to appeal the decision. Patients must provide written appeals outlining the reasons they believe the determination was incorrect. Any dispute regarding eligibility, determination of financial assistance, or billing or collection should be directed to PAD within 60 days of the date of the determination.

PAD shall obtain all information regarding the dispute and forward it to the Chief Financial Officer or his/her designee for review. The Chief Financial Officer or his/her designee will decide the appeal based on whether the patient is eligible for Financial Assistance under this Policy, taking into account all of the information provided in the Application and the appeal. The Chief Financial Officer or his/her designee shall respond in writing to the patient or patient's representative regarding the results of the review. If the Chief Financial Officer's designee denies the appeal, the patient or patient's representative may appeal the determination to the Chief Financial Officer whose determination will be final. All determinations shall be communicated to the patient in writing.

F. Medicare Cost Reporting and Charity Care for Medi-Cal/Medicaid Patients

Financial Assistance shall be counted as charity allowances. As defined by the Medicare Provider Reimbursement Manual 15-1, section 302.3, charity allowances are reductions in charges made by the provider of services because of the indigence or medical indigence of the patient.

As required under Medicare Provider Reimbursement Manual 15-1, section 328, all charges related to services subject to Financial Assistance shall be recorded at the full amount charged to all patients, and the allowances should be appropriately shown in a revenue reduction account.

The portion of Medicare patient accounts (a) for which the patient is financially responsible (coinsurance and deductible amounts), (b) which is not covered by insurance or any other payer, including Medi-Cal/Medicaid, and (c) which is not reimbursed by

Medicare as a bad debt, may be classified as Charity Care if:

1. The patient is a beneficiary under Medi-Cal/Medicaid or another program serving the health care needs of low-income patients; or
2. The patient otherwise qualifies for financial assistance under the Financial Assistance Policy and then only to the extent of the write-off provided for under the Financial Assistance Policy.

i. Financial Assistance for Medi-Cal/Medicaid Patients and Other Government-Sponsored Low-Income Assistance Programs

ECRMC deems those patients that are enrolled in government-sponsored low-income assistance programs (e.g., Medi-Cal/Medicaid, California Children's Services, and any other applicable state or local low-income program) to be indigent. Therefore, such patients are eligible under the Financial Assistance Policy when payment is not made by the governmental program or entity administering the government program, such as a Medi-Cal Managed Care Plan.

Specifically, ECRMC may grant Charity Care to Medicaid-enrolled patients who receive non-covered and denied services. Because Medicaid beneficiaries are not responsible for any form of patient financial responsibility, all non-reimbursed patient account balances related to eligible services under this Policy that are not covered, including all denials, by Medicaid (including Medi-Cal and other out-of-state Medicaid programs), are eligible for full write-off as Charity Care. For example, any charges for days or services that are written off (excluding billing timeliness, medical records, missing invoices, or eligibility issues) as a result of a Medi-Cal denial (such as TAR denial) are eligible for Charity Care.

Other examples of services for which Medicaid and Medi-Cal beneficiaries may receive Charity Care include but are not limited to:

- Non-covered services provided to Medicaid beneficiaries with restricted Medicaid (i.e., patients that may only have pregnancy or emergency benefits but receive other hospital care);
- Medi-Cal-pending accounts;
- Medi-Cal or other indigent care program denials, including Treatment Authorization Request ("TAR") denials;
- Charges related to days exceeding a length-of-stay limit;
- Out-of-state Medicaid claims with "no payment"; and
- Line-item denials.

This does not include any Share of Cost ("SOC") amounts, as SOCs are determined by the state to be an amount that the patient must pay before the patient is eligible for Medi-

Cal/Medicaid. However, after collection of the patient's SOC portion, any other unpaid balance relating to a Medi-Cal/Medicaid patient may be considered for Charity Care.

Written correspondence to the patient required in this Policy shall be in the language spoken by the patient, consistent with Section 12693.30 of the Insurance Code, applicable state and federal law, and this Policy.

Definitions

Term	Definition
~~**Application Period**~~	~~The period of time when a patient may apply for Financial Assistance. The Application Period begins on the patient's first date of service (for emergency services) or the date that the patient first contacts ECRMC to schedule an appointment (all other services) and ends 240 days from the date of the initial post-discharge bill for the service.~~
Charity Care	Free care. Qualifying patients shall be relieved of their entire financial obligation. Charity Care does not reduce the amount, if any, that a third party may be required to pay for services provided to the patient.
Discounted Payment	Any charge for care that is reduced but not free. Qualifying patients shall be relieved of a portion of their financial obligation to pay. Discounted Payment does not reduce the amount, if any, that a third party may be required to pay for services provided to the patient.
Federal Poverty Level ("FPL")	The poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Eligibility for Financial Assistance shall be based on the FPL in effect at the time the patient submits the Application.
Financial Assistance	The collective term used for Charity Care or Discounted Payment.
Financial Assistance Application ("Application")	Is the required application to determine whether a patient is eligible for Financial Assistance. The Application shall include a Statement of Financial Condition.
Financially Qualified Patient	A patient who qualifies for Financial Assistance. There are two categories of a Financially Qualified Patient – (1)

	Financially Qualified Self-Pay Patient or (2) Patient with High Medical Costs.
Financially Qualified Self-Pay Patient	1. Is a Self-Pay Patient (i.e., the patient does not have third-party coverage from a health insurer, health care service plan, Medicare, or Medicaid, and whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital). 2. Patient Family Income **does not exceed** four hundred percent (400%) of the FPL A Financially Qualified Self-Pay Patient may qualify for Charity Care or Discounted Payment depending on Patient Family Income.
Patient Family Income	Is the income earned by the Patient's Family before taxes minus payments made for alimony and child support. Patient Family Income may be documented from recent pay stubs or income tax returns. The Patient Family Income will be determined in accordance with the Application. Proof of income may be used to annualize the Patient Family Income, based on the current earning rates. A **Patient's Family** includes the patient and any of the following: 1. For patients 18 years of age and older: Dependent Children of any age if they are disabled. 2. For patients under 18 years of age: Any other dependent children of the patient's parents or caretaker relatives, including those who are disabled, regardless of age.
Patient with "High Medical Costs"	Is a patient who: 1. Has third-party insurance or other coverage; 2. Has a Patient Family Income that **does not exceed** four hundred percent (400%) of the FPL; and 3. Has either:

	a. Annual out-of-pocket costs incurred by the patient at ECRMC that exceed the lesser of ten percent (10%) of the current Patient Family Income or Patient Family Income in the prior 12 months. b. Annual out-of-pocket expenses incurred at ECRMC or other healthcare providers that exceed ten percent (10%) of the Patient 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. Patients with "High Medical Costs" may qualify for a Discounted Payment. Out-of-pocket mean 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
Self-Pay Patient	A patient who does not have third-party coverage from a health insurer, health care service plan, Medicare, or Medicaid, and whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital.

452