SUBJECT: Sonoma Valley Hospital Charity Care Policy	**POLICY # GL8610-122**
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DEPARTMENT: Organizational	**EFFECTIVE: 1/1/2025**
REVIEW/REVISED: 4/13, 12/16, 2/26, 5/26, 11/26	

SONOMA VALLEY HOSPITAL CHARITY CARE POLICY

PURPOSE:

- Ensure that patients with financial need have access to medically necessary care.
- Clearly define eligibility criteria, documentation requirements, and the application process.
- Comply with HCAI requirements for plain language, accessibility, and statutory compliance.

POLICY:

Sonoma Valley Hospital (SVH) is committed to providing financial assistance to people who have health care needs and are uninsured, under-insured, and are otherwise unable to pay for medically necessary care based on their individual financial situation. Consistent with our mission to maintain, improve, and restore the health of everyone in our community, Sonoma Valley Hospital (SVH) is committed to providing financial assistance to patients who are unable to pay for medically necessary hospital services. The Charity Care Program ensures that eligible patients receive 100% free care, regardless of citizenship or immigration status.
This policy complies with California Health and Safety Code Section 127400 et seq., Hospital Fair Pricing Act, and regulations under 22 CCR § 96051 et seq.

SCOPE:

This policy applies to:

- All patients receiving medically necessary care at SVH.
- Patients whose household income is at or below 400% of the Federal Poverty Guidelines (FPG).

PROCEDURE:

Eligibility Criteria

Patients may qualify for Charity Care if they meet all the following:

1. Income: Household income at or below 400% of FPG, based on income at the time of service or first billing.

2. Household Size: For persons 18 years of age and older, spouse/domestic partner, dependent children under 21 years of age, or any age if disabled. For persons under 18 years of age or for a dependent child 18 to 20 years of age, inclusive, parent, caretaker relatives, and parent's or caretaker relatives' other dependent children under 21 years of age, or any age if disabled.
3. Financial Need: Patient is unable to pay for medically necessary hospital services.

Note: Patients are not required to apply for Medi-Cal, Medicare, or other coverage before being screened for Charity Care.

Documentation Requirements

Patients must provide one of the following for all adult household members:

- Recent paystubs (within six months before or after the first bill date, or preservice application date). OR
- Most recent federal income tax return (for the calendar year of first billing or within 12 months prior). OR
- Signed statement explaining household financial support if taxes are not filed.

Only one type of documentation is required unless clarification is needed.

Application Process

1. Complete the SVH Financial Assistance Application.
2. Indicate Charity Care as the program applied for.
3. Submit required documentation.
4. SVH will review the application within 30 days of receipt and notify the patient of approval or denial.

Approval and Effective Period

- Charity Care approval is valid for 6 months from the approval date.
- If household income or insurance status changes, the patient may need to reapply.

Billing and Collections

- Patients approved for Charity Care will not be billed for eligible medically necessary hospital services.

- Information from the Charity Care application cannot be used for collection activities.
- 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) services are billed separately; however, patients may still apply for Charity Care.

Communication and Accessibility

- The Charity Care policy is provided in plain language.
- The policy is available in English and the top 15 languages spoken by patients with limited English proficiency.
- Alternative formats are available for patients with disabilities.

The policy, application, and instructions are accessible via:

- Hospital website (sonomavalleyhospital.org “Help Paying Your Bill”)
- Patient Accounting Office by calling 707.935.5325
- Patient discharge packets

Appeal Process

If a patient has a dispute regarding the decision for charity or discounted care, a written appeal may be filed with the SVH Patient Accounting Manager or the Director of Finance. The CFO will review the basis of the appeal and will provide a written response within two weeks following receipt of the appeal. This decision will be final.

Review and Revision

This policy will be reviewed annually and updated as required to remain compliant with state law, HCAI requirements, and federal guidelines.

REFERENCE:

- Health & Safety Code §127400 et seq. – Hospital Fair Pricing Act
- 22 CCR §96051 et seq. – Financial Assistance Program Regulations
- AB 2297 & SB 1061 (2025) – California Hospital Financial Assistance Law

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