

Trinity Hospital Financial Assistance (Charity/Discount Care)

Policy Statement

The purpose of this policy is to establish guidelines for Charity Care/Financial Assistance available at Mountain Communities Healthcare District dba Trinity Hospital, (herein referred to as TRINITY HOSPITAL), and to outline the process for determining eligibility for Financial Assistance (Charity/Discount Care).

Policy Interpretation and Implementation

This policy was interpreted and implemented in accordance with Title 22, Division 7, Chapter 9.2. Hospital Fair Billing Program.

POLICY:

It is policy to provide patients, regardless of ability to pay, with understandable written information regarding Financial Assistance and to provide income-based Financial Assistance (Charity Care/Discount Care).

TRINITY HOSPITAL provides, without discrimination, examination, medical screening and care for emergency medical conditions (within the meaning of section 1867 of the Social Security Act {42 U.S.C. 1395dd}) to individuals regardless of their eligibility under the Policy on Financial Assistance for TRINITY HOSPITAL {Charity Care}, within the capabilities and capacity of the facility. TRINITY HOSPITAL will not engage in any actions that discourage individuals from seeking treatment for emergency medical conditions.

SCOPE

This policy applies to Mountain Communities Health Care District dba TRINITY HOSPITAL. This policy does not apply to Mountain Communities Healthcare District dba Trinity Community Health Clinic, Hayfork Community Health Clinic or Trinity Hospital Skilled Nursing Facility. Trinity Hospital Skilled Nursing Facility is a Distinct Part Nursing Facility.

DEFINITIONS

Charity Care means full financial assistance (i.e., 100% discount) to qualifying patients that relieves the patient and his or her guarantor of their entire financial obligation to pay for eligible services. Charity Care does not reduce the amount, if any, that a third-party may be required to pay for eligible services provided to the patient.

Discount Care means partial financial assistance to qualifying patients that relieves the patient and his or her guarantor of some of their financial obligation to pay for eligible services. Discount Care does not reduce the amount, if any, that a third-party may be required to pay for eligible services provided to the patient.

Non-Covered Services means services that TRINITY HOSPITAL determines are not medically necessary as deemed by a physician and/or are typically excluded from coverage under health plan coverage agreements. This also includes elective procedures.

Federal Poverty Level (FPL) means the measure of income level published annually by the United States Department of Health and Human Services (HHS) and is used by hospitals for determining eligibility for Financial Assistance.

Financial Assistance means to provide full charity care adjustments and/or high medical cost charity care adjustments (as outlined in section A.1 Eligibility).

Hospital Services means all services that a hospital is licensed to provide, including emergency and other medically necessary care (excluding Non-covered Services).

Insured Patient means a patient who has a third-party source of payment for a portion of their medical expenses but excludes patients who are covered by Medi-Cal/Medicaid.

NHSC means a Rural Health Clinic that has been approved by the Health Resources and Services Administration as a National Health Service Corps site.

Patient Responsibility means the amount that an Insured Patient is responsible to pay out-of-pocket after the patient's third-party coverage has determined the amount of the patient's benefits.

Primary Language of Hospital's Service Area means a language used by the lesser of 1,000 people or 5% of the community served by the hospital based upon the most recent community health needs assessment performed by hospital.

Uninsured Patient means a patient who has no third-party source of payment for any portion of their medical expenses, including without limitation, commercial or other insurance, government sponsored healthcare benefit programs, or third-party liability, and includes a patient whose benefits under all potential sources of payment have been exhausted prior to an admission.

PROCEDURE

A. ELIGIBILITY

Eligibility Criteria: During the application process set forth in sections B and C below, the hospital shall apply the following eligibility criteria for Financial Assistance:

Financial Assistance Category	Patient Eligibility Criteria	Available Discount
FULL CHARITY CARE	Patient is an Uninsured Patient with a family income (as defined below) at or below 100% of the most recent FPL.	Full write-off of all charges for Hospital Services.
HIGH MEDICAL COST CHARITY CARE (for Insured Patients)	<ul style="list-style-type: none"> • Patient is an Insured Patient with a family income (as defined below) at or below 100% of the most recent FPL; and • Medical expenses for themselves or their family (incurred at the hospital or paid to other providers in the past twelve (12 months) exceeds 10% of the patient's family income. 	A full write-off of the Patient Responsibility amount for Hospital Services.
DISCOUNT CARE	Patient is an Uninsured Patient with a family income (as defined below) between 101% and including 400% of the most recent FPL.	The amount of discount is based on a sliding scale fee. (Attachment G)

<p>HIGH MEDICAL COST DISCOUNT CARE (for Insured Patients)</p>	<ul style="list-style-type: none"> • Patient is an Insured Patient with a family income (as defined below) between 101% and including 400% of the most recent FPL; and • Medical expenses for themselves or their family (incurred at the hospital or paid to other providers in the past twelve (12 months) exceeds 10% of the patient's family income. 	<p>A partial write-off of the Patient Responsibility amount for Hospital Services based on a sliding scale fee. (Attachment G)</p>
--	--	---

B. CALCULATING FAMILY INCOME

1. To determine a patient's eligibility for Financial Assistance, the hospital shall first calculate the patient's family income, as follows:
 - a. **Patient Family:** The patient family shall be determined as follows:
 - i. **Adult Patients:** For patients over eighteen (18) years of age, the patient family includes their spouse, domestic partner, and dependent children less than twenty-one (21) years of age, whether living at home or not.
 - ii. **Minor Patients:** For patients under eighteen (18) years of age, the patient family includes their parents, caretaker relatives, and other children less than twenty-one (21) years of age of the parent(s) or caretaker relatives.
 - b. **Proof of Family Income:** Patient shall only be required to provide recent pay stubs or tax returns as proof of income when submitting an application. Family income is annual earnings of all members of the patient family from the prior twelve (12) months or prior tax year as shown by the recent pay stubs or income tax returns, less payments made for alimony and child support. Income included in this calculation is every form of income, e.g., salaries and wages, retirement income, near cash government transfers like food stamps, and investment gains. Annual income may be determined by annualizing year-to-date family income. TRINITY HOSPITAL may validate income by using external presumptive eligibility service providers, provided that such service only determines eligibility using only information permitted by this policy.
 - c. **Calculating Family Income for Expired Patients:** Expired patients, with no surviving spouse, may be deemed to have no income for purposes of calculation of family income. Documentation of income is not required for expired patients; however, documentation of estate assets may be required.
 The surviving spouse of an expired patient may apply for Financial Assistance
 - d. **Calculating Family Income as a Percentage of FPL:** After determining family income, hospital shall calculate the family income level in

comparison to the FPL, expressed as a percentage of the FPL. For example, if the FPL for a family of three (3) is \$20,000, and a patient's family income is \$60,000, the hospital shall calculate the patient's family income to be 300% of the FPL. TRINITY HOSPITAL shall use this calculation during the application process to determine whether a patient meets the income criteria for Financial Assistance. Use Discounted Fee Schedule as the guide for eligibility, see **Attachment G**.

- e. **Special Circumstance - Benefits Exhausted During Inpatient Stay:** When an Insured Patient's third-party coverage pays only a portion of the expected reimbursement for the patient's stay because the patient exhausted their benefits during the stay, the hospital should collect from the patient the balance of the expected reimbursement that would have been due from the third-party coverage if the benefits were not exhausted. A hospital shall not pursue from the patient any amount in excess of the amount that would have been due from the third-party coverage if the benefits were not exhausted, plus the patient's share of cost or co-insurance. A patient who exceeded their benefit cap during a stay is eligible to apply for Financial Assistance. If the patient is eligible for Financial Assistance, the hospital shall write off all charges for services that the hospital provided after the patient exceeded the benefit cap.

f. **Medi-Cal/Medicaid Denied Patient Days and Non-covered Services:** Medi-Cal/Medicaid patients are eligible for charity care write-offs related to denied charges and non-covered services. These Treatment Authorization Request (TAR) denials and any lack of payment for non-covered services provided to

Medi-Cal/Medicaid patients are to be classified as charity, excluding share of cost identified in Section A.6.b below.

g. **Financial Assistance Exclusions/Disqualification:** The following are circumstances in which Financial Assistance is not available under this policy:

- i. **Uninsured Patient seeks normally Non-Covered Services:** Generally, Uninsured Patients who seek normally Non-covered, and seek to receive Financial Assistance for such services, must receive administrative approval from the individual responsible for finance at the hospital (or designee) prior to the provision of such services in order to be eligible for Financial Assistance. Hospital shall develop a process for patients to seek prior administrative approval for services that require such approval. Elective services that are normally exclusions from coverage under health plan coverage agreements are not eligible for Financial Assistance.
- ii. **Medi-Cal/Medicaid Patients with Share of Cost** Medi-Cal/ Medicaid patients who are responsible to pay share of cost are not eligible to apply for Financial Assistance to

- reduce the amount of share of cost owed. Hospital shall seek to collect these amounts from the patients.
- iii. **Patient declines covered services:** An Insured Patient who elects to seek services that are not covered under the patient's benefit agreement (such as an HMO patient who seeks out-of-network services from TRINITY HOSPITAL, or a patient refuses to transfer from a TRINITY HOSPITAL to an in-network facility) is not eligible for Financial Assistance
 - iv. **Insured Patient does not cooperate with third-party payer:** An Insured Patient who is insured by a third-party payer that refuses to pay for services because the patient failed to provide information to the third-party payer necessary to determine the third-party payer's liability is not eligible for Financial Assistance.
 - v. **Payer pays patient directly:** If a patient receives payment for services directly from an indemnity, Medicare Supplement, or other payer, the patient is not eligible for Financial Assistance for the services.
 - vi. **Information falsification:** Hospitals may refuse to award Financial Assistance to patients who falsify information regarding family income, household size or other information in their eligibility application.
 - vii. **Third party recoveries:** If the patient receives a financial settlement or judgment from a third-party that caused the patient's injury, the patient must use the settlement or judgment amount to satisfy any patient account balances and is not eligible for Financial Assistance.
 - viii. **Professional (physician) Services:** Services of physicians such as anesthesiologists, radiologists, hospitalists, pathologists, etc. are not covered under this policy. Any exceptions are set forth in Attachment A. Many physicians have charity care policies that allow patients to apply for free or discounted care. Patients should obtain information about a physician's charity care policy directly from their physician.

C. APPLICATION PROCESS

1. TRINITY HOSPITAL shall make all reasonable efforts to obtain from the patient or their representative information about whether private or public health insurance may fully or partially cover the charges for care rendered by the hospital to a patient. A patient, upon initial presentation, annually, and any time the patient indicates financial need will be evaluated for ability to pay and when indicated for Financial Assistance. To qualify as an Uninsured Patient, the patient or the patient's guarantor must verify that they are not aware of any right to insurance or government program benefits that would cover or discount the bill. All patients should be encouraged to investigate their potential eligibility for government program assistance if they have not already done so.

Patients may request assistance with completing the application for financial assistance in person at the TRINITY HOSPITAL, located at 60 Easter Avenue, Weaverville, CA 96093, over the phone at 530-623-5541 ext)3217, or through the mail at PO Box 1229, Weaverville, CA 96093. A copy of the application is also available on the Mountain Communities Healthcare District/Trinity Hospital website (www.mcmedical.org).

3. Patients who wish to apply for Financial Assistance shall use the TRINITY HOSPITAL standardized application form, Financial Assistance Application for Trinity Hospital (see **Attachment B**).
4. Patients should mail applications for Financial Assistance to MCHD TRINITY HOSPITAL, PO Box 1229, Weaverville, CA 96093 Attn: Financial Counselor or bring the application into the Financial Counselor or any patient registration location at 60 Easter Avenue, Weaverville, CA 96093.
5. Patients should complete the application for Financial Assistance as soon as possible after receiving Hospital Services. Failure to complete and return the application within two hundred and ten (210) days of the date the hospital first sent a post-discharge bill to the patient may result in the denial of Financial Assistance.

D. FINANCIAL ASSISTANCE DETERMINATION

1. The hospital will consider each applicant's application for Financial Assistance regardless of ability to pay and grant Financial Assistance when the patient meets the eligibility criteria set forth in section A.
2. Patients also may apply for governmental program assistance, which may be prudent if the particular patient requires ongoing services.
 - b. The hospital should assist patients in determining if they are eligible for any governmental or other assistance, or if a patient is eligible to enroll with plans in the California Health Benefit Exchange (i.e., Covered California).
 - c. If a patient applies, or has a pending application, for another health coverage program while they apply for Financial Assistance, the application for coverage under another health coverage program shall not preclude the patient's eligibility for Financial Assistance.
3. Once a full charity care or high medical cost charity care determination has been made, a notification form (see Attachment D) will be sent to each applicant advising them of the hospital's decision.
4. Patients are presumed to be eligible for Financial Assistance for a period of one year after the hospital issues the notification form to the patient. After one (1) year, patients must re-apply for Financial Assistance.
5. If the Financial Assistance determination creates a credit balance in favor of a patient, the refund of the credit balance shall include interest on the amount of the overpayment from the date of the patient's payment at the statutory rate (10% per annum) pursuant to Health and Safety Code section 127440.

E. DISPUTES

A patient may seek review of any decision by the hospital to deny Financial Assistance by notifying the Director of Revenue Cycle at TRINITY HOSPITAL or designee, of the basis of

the dispute and the desired relief within thirty (30) days of the patient receiving notice of the circumstances giving rise to the dispute. Patients may submit the dispute orally or in writing. The Director of Revenue Cycle at TRINITY HOSPITAL or designee shall review the patient's dispute as soon as possible and inform the patient of any decision in writing.

F. AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION

- 1. Languages:** This policy shall be available in the Primary Language(s) of TRINITY HOSPITAL'S Service Area. In addition, a tagline sheet with a statement for language assistance of, at least, the top 10 languages in California as determined by the Department of Healthcare Services. The tagline sheet shall be included with policy notifications and communications as required by Title 22 for the Hospital Fair Billing program. Notices/communications provided in this section shall be available in Primary Language(s) of Hospital's Service Area and in a manner consistent with all applicable federal and state laws and regulations, along with a tagline sheet.
- 2. Information Provided to Patients During the Provision of Hospital Services:**
 - a. Preadmission or Registration:** During preadmission or registration (or as soon thereafter as practicable) hospitals shall provide all patients with a copy of Attachment E, which includes a plain language summary of the Financial Assistance policy and also contains information regarding their right to request an estimate of their financial responsibility for services. Hospitals shall identify the department that patients can visit to receive information about, and assistance with applying for Financial Assistance.
 - b. Financial Counselors/Discharge Planners:** Patients who may be Uninsured Patients shall be assigned financial counselors and/or discharge planners who shall visit with the patients in person at the hospital. Financial counselors/discharge planners shall give such patients a Financial Assistance application, as well as contact information for hospital personnel who can provide additional information about this Financial Assistance policy and assist with the application process.
 - c. Emergency Services:** In the case of emergency services, hospitals shall provide all patients a plain language summary of the Financial Assistance policy as soon as practicable after stabilization of the patient's emergency medical condition or upon discharge.
 - d. Applications Provided by the time of Discharge:** At the time of admission or discharge, hospitals shall provide all patients with a copy of **Attachment E**, which includes a plain language summary of the Financial Assistance policy and all Uninsured Patients with applications for Medi-Cal/Medicaid and California Children's Services or any other potentially applicable government program. Patient Registration or Discharge Planning will record that the plain language summary was given to the patient by recording the time and date of submission in the electronic health records system under the patient account.

3. Information Provided to Patients at Other Times:

- a. **Billing Statements:** Hospitals shall bill patients in accordance with the No Surprise Billing Policy for TRINITY HOSPITAL. Billing statements to patients shall include **Attachment E**, which contains a plain language summary of the Financial Assistance policy, a phone number for patients to call with questions about Financial Assistance, and the website address where patients can obtain additional information about Financial Assistance including the Financial Assistance Policy, a plain language summary of the policy, and the application for Financial Assistance. A summary of your legal rights is included in **Attachment F**, and included on the patient's final billing statement.
- b. **Contact Information:** Patients may call 1-530-623-5541 ext)3217 or go to TRINITY HOSPITAL Financial Counselor office or any TRINITY HOSPITAL patient registration area, located at 60 Easter Avenue, Weaverville, CA 96093 to obtain additional information about Financial Assistance and assistance with the application process.
- c. **Upon Request:** Hospitals shall provide patients with paper copies of the Financial Assistance Policy, the application for Financial Assistance, and the plain language summary of the Financial Assistance Policy upon request and without charge.

4. Publicity of Financial Assistance Information

- a. **Public Posting:** Hospitals shall post copies of the Financial Assistance Policy, the application for Financial Assistance, and the plain language summary of the Financial Assistance Policy in a prominent location in the emergency room, admissions area, and any other location in TRINITY HOSPITAL where there is a high volume of patient traffic, including, but not limited to the waiting rooms, billing offices, and hospital outpatient service settings. These public notices shall include information about the right to request an estimate of financial responsibility for services.
- b. **Website:** The Financial Assistance Policy, application for Financial Assistance and plain language summary shall be available in a prominent place on the Mountain Communities Healthcare District/ TRINITY HOSPITAL website (www.mcmedical.org). Persons seeking information about Financial Assistance shall not be required to create an account or provide any personal information before receiving information about Financial Assistance.
- c. **Mail:** Patients may request a copy of the Financial Assistance Policy, application for Financial Assistance and plain language summary be sent by mail, at no cost to the Patient.

Recordkeeping: Records relating to Financial Assistance must be readily accessible. TRINITY HOSPITAL must maintain information regarding the number of Uninsured Patients who have received services from the hospital, the number of Financial Assistance applications completed, the number approved, the estimated dollar value of the benefits provided, the number of applications denied, and the reasons for denial. In addition, notes relating to a patient's approval or denial for Financial Assistance should be entered into the patient's account.

Payment Plans: Patients may be eligible for a payment plan. Payment plans shall be offered and negotiated per the No Surprise Billing Policy and the Bad Debt Policy for Mountain Communities Healthcare District

Billing and Collections: Hospitals may employ reasonable collection efforts to obtain payment from patients. Information obtained during the application process for Financial Assistance may not be used in the collection process, either by the hospital or by any collection agency engaged by the hospital. General collection activities may include issuing patient statements, phone calls, and letters to the patient or guarantor. Affiliates and revenue cycle departments must develop procedures to confirm that patient questions and complaints about bills are researched and corrected where appropriate, with timely follow up with the patient. Hospital or collection agencies will not engage in any extraordinary collection actions (as defined by the No Surprise Billing Policy and the Bad Debt Collections Policy for Mountain Communities Healthcare District). Copies of afore mentioned policies may be obtained free of charge on the Mountain Communities Healthcare District website at www.mcmedical.org, by calling 530-623-5541 ext)3217, or within the hospital patient registration areas, patient financial counselor office or the business services office.

Submission to HCAI: TRINITY HOSPITAL will submit Financial Assistance policies to the California Department of Health Care Access and Information (HCAI). Information can be located on the HCAI website (<https://hcai.ca.gov/data-and-reports/cost-transparency/hospital-fair-pricing-policies/>).

REFERENCES

California Health and Safety Code section 124700 through 127446
No Surprise Billing Policy for Mountain Communities Healthcare District
Bad Debt Collections Policy for Mountain Communities Healthcare District

ATTACHMENTS

Attachment A - Providers Covered and Not Covered by Policy
Attachment B - Application for Financial Assistance

- Attachment C - Financial Assistance Calculation Worksheet
- Attachment D – Trinity Hospital - Notification Form Eligibility Determination for Charity Care
- Attachment E - Important Billing Information for Patients
- Attachment F - Notice of Rights
- Attachment G - Discount Fee Schedule.docx

Title: Bad Debt Collection and Adjustments, Business Services

Attachment A

Providers Covered and Not Covered by Policy

Unless otherwise specified, the MCHD Trinity Hospital Charity Care/Financial Assistance Policy does not apply to physicians or certain other medical providers who care for you while you are in the hospital. This includes emergency room doctors, anesthesiologists, radiologists, hospitalists, pathologists, and other providers, not billed along with your bill from Mountain Communities Healthcare District. It is possible that some doctors will bill you separately from the hospital bill. This policy does not create an obligation for the hospital to pay for the services of these physicians or other medical providers.

Some medical professionals who care for you in the hospital are covered by the Financial Assistance Policy for Hospitals. Those categories of providers are listed below.

- Nurses who do not have advance practice licenses
- Registered nurses, including registered nurse first assistants
- Licensed vocational nurses
- Certified nursing assistants, medical assistants and other non-licensed assistants (dental, et cetera.)
- Physical therapists, occupational therapists (including hand therapists), speech- language therapists and therapy assistants
- Pharmacists
- Technologists or technicians - all types
- Laboratory scientists
- Respiratory therapists
- Registered dietitians
- Diabetes educators (who are typically licensed as registered dietitians or registered nurses)

**Attachment B
 APPLICATION FOR FINANCIAL ASSISTANCE**

PATIENT NAME _____ SPOUSE _____
 ADDRESS _____ PHONE _____
 ACCOUNT# _____ SSN _____
 (PATIENT) (SPOUSE)

FAMILY STATUS: List any spouse, domestic partner, or children under the age of 21. If patient is a minor, list all parents, caretaker relatives, and siblings under 21.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT AND OCCUPATION

Employer: _____ Position: _____
 Contact Person & Telephone: _____
 If Self-Employed, Name of Business: _____
 Spouse Employer: _____ Position: _____
 Contact Person & Telephone: _____
 If Self-Employed, Name of Business: _____

CURRENT MONTHLY INCOME

	Patient	Other Family
Add: Gross Pay (before deductions)	_____	_____
Add: Income from Operating Business (if Self-Employed)	_____	_____
Add: Other Income:		
Interest and Dividends	_____	_____
From Real Estate or Personal Property	_____	_____
Social Security	_____	_____
Other (specify):	_____	_____
Alimony or Support Payments Received	_____	_____
Subtract: Alimony, Support Payments Paid	_____	_____
Equals: Current Monthly Income	_____	_____
Total Current Monthly Income (add Patient + Spouse)	_____	_____
Income from above	_____	_____

FAMILY SIZE

Total Family Members _____
 (Add patient, parents (for minor patients), spouse and children from above)

Do you have health insurance? Yes No
 Do you have other insurance that may apply (such as an auto policy)?
 Were your injuries caused by a third party (such as during a car accident or slip and fall)?

By signing this form, I agree to allow Sutter Health to check employment for the purpose of determining my eligibility for a financing discount, I understand that I may be required to provide proof of the information I am providing.

 (Signature of Patient or Guarantor) (Date)

 (Signature of Spouse) (Date)

**Attachment C
 FINANCIAL ASSISTANCE CALCULATION WORKSHEET**

Patient Name: _____ Patient Account #: _____

Sutter Health Affiliate: _____

Special Considerations/Circumstances: _____

	Yes	No
Does Patient have Health Insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Is Patient Eligible for Medicare?	<input type="checkbox"/>	<input type="checkbox"/>
Is Patient Eligible for Medi-Cal/Medicaid?	<input type="checkbox"/>	<input type="checkbox"/>
Is Patient Eligible for Other Government Programs (i.e. Crime Victims, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
<p>If the patient applies, or has a pending application, for another health coverage program at the same time that he or she applies for a charity care or discount payment program, neither application shall preclude eligibility for the other program.</p>		
Does Patient have other insurance (i.e. auto medpay)?	<input type="checkbox"/>	<input type="checkbox"/>
Was Patient injured by a third party?	<input type="checkbox"/>	<input type="checkbox"/>
Is Patient Self-Pay?	<input type="checkbox"/>	<input type="checkbox"/>

Charity/Financial Assistance Calculation:

Total Combined Current Monthly Income
 (From Statement of Financial Condition) \$ _____

Family Size (From Statement of Financial Condition) _____

Qualification for Charity Care/Financial Assistance (circle one): Full/High Medical Cost/Catastrophic
 (Identify using eligibility guide) No Eligibility

Catastrophic Charity Write-off Calculation (complete section only if patient qualifies for catastrophic charity w/o):

- A. Patient Liability (total charges unless another discount has been applied) \$ _____
- B. Annual Income \$ _____
- C. Patient Liability as Percent of Annual Income. \$ _____
- D. Is Line A divided by Line B greater than .30 (30%)? Yes No
- E. If no, patient is not eligible for this type of write-off \$ _____ 0 _____
- F. If yes, multiply Line B by 30 % to identify the patient liability amount \$ _____
- G. If yes, Subtract line F from Line A to identify the write-off amount. \$ _____

Total Amount of Recommended Charity Write-offs(s): \$ _____

Worksheet Completed by: _____ Phone: _____

Approved by: _____ Date: _____

Attachment D
NOTIFICATION FORM
MOUNTAIN COMMUNITIES HEALTHCARE DISTRICT - TRINITY HOSPITAL
ELIGIBILITY DETERMINATION FOR FINANCIAL ASSISTANCE

Trinity Hospital has conducted an eligibility determination for financial assistance for:

_____ PATIENTS NAME _____ ACCOUNT NUMBER _____ DATE(S) OF SERVICE

The request for financial assistance was made by the patient or on behalf of the patient on _____.
This determination was completed on _____.

Based on the information supplied by the patient or on behalf of the patient, the following determination has been made:

Your request for financial assistance has been approved for services rendered on _____

After applying the financial assistance reduction, the amount owed is \$ _____.

Your request for financial assistance is pending approval. However, the following information is required before any adjustment can be applied to your account:

Your request for financial assistance has been denied because:

REASON: _____

Granting of financial assistance is conditioned on the completeness and accuracy of the information provided to the hospital. In the event the hospital discovers you were injured by another person, you have additional income, you have additional insurance or provided incomplete or inaccurate information regarding your ability to pay for the services provided, the hospital may revoke its determination to grant Financial Assistance and hold the you and/or third parties responsible for the hospital's charges.

If an application has been submitted for another health coverage program at the same time that you submit an application for Financial Assistance, neither application shall preclude eligibility for the other program.

If you have any questions on this determination, please contact: Marilyn Fegley, Financial Counselor at 530-623-5541 ext)3217. If you have a dispute regarding this determination, please contact Kelly Simpson, Director of Revenue Cycle at 530-623-5541 ext)3258

Attachment E
Important Billing Information for Patients
Financial Assistance Plain Language Summary

Thank you for choosing Trinity Hospital. This handout is designed to help our patients understand the Financial Assistance that is available to eligible patients, the application process for Financial Assistance, and your payment options. Your hospital bill may not include all bills for services you may receive during your hospital stay from physicians, anesthesiologists, clinical professionals, ambulance companies, and other providers that may bill you separately for their services. If you wish to seek assistance with paying your bills from these other providers, you will need to contact the providers directly.

Emergency Services and Laboratory Send Outs: If you received emergency services or needed laboratory tests that were sent to another lab for analysis, you may receive a separate bill. Any questions pertaining to laboratory send-out fees or specialty physician services should be directed to that company. An emergency room physician, as defined in Section 127450 of the Health and Safety Code, who provides emergency medical services in a hospital that provides emergency care, is required by law to provide discounts to uninsured patients or insured patients with high medical costs.

Payment Options: Trinity Hospital has many options to assist you with payment of your hospital bill.

Payment Plans: Patient account balances are due upon receipt. Patients may elect to make payment arrangements for their hospital bill. A Financial Agreement must be signed before the Financial Counselor can accept payment arrangements that allow patients to pay their hospital bills over time. These arrangements are interest-free for uninsured patients and certain income-eligible patients with high medical costs. The payment plan is negotiated between the Hospital and the patient.

Medi-Cal/Medicaid & Government Program Eligibility: You may be eligible for a government-sponsored health benefit program. Trinity Hospital has staff available to assist you with applying for government programs like Medi-Cal/Medicaid. Please contact our Financial Counselor, Marilyn Fegley at (530)-623-5541, ext)3217 if you would like additional information about government programs, or need assistance with applying for such programs. This facility also contracts with organizations that may assist you further with applying for government assistance, if needed.

Covered California: You may be eligible for health care coverage under Covered California, which is California's health benefit exchange under the Affordable Care Act. Contact the hospital Financial Counselor, Marilyn Fegley (530) 623-5541-3258 for more detail and assistance to see if you qualify for health care coverage through Covered California.

Summary of Financial Assistance (Charity Care and Discount Care): Trinity Hospital is committed to providing financial assistance to qualified low-income patients and patients who have insurance that requires the patient to pay significant portion of their care. The following is a summary of the eligibility requirements for Financial Assistance and the application process for patient who wish to seek Financial Assistance. The following are categories of patients who are eligible for Financial Assistance:

- Patients who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical expenses and have a family income at or below 100% of the federal poverty level.
- Patients who are covered by insurance but have (i) family income at or below 100% of the federal poverty level; and (ii) medical expenses for themselves or their family (incurred at the hospital affiliate or paid to other providers in the past 12 months) that exceed 10% of the patient's family income.
- Patients who are covered by insurance but exhaust their benefits either before or during their stay at the hospital, and have a family income at or below 100% of the federal poverty level.
- Patients who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical expenses and have a family income from 101% to, and including, 400% of the federal poverty level.
- Patients who are covered by insurance but have (i) family income from 101% to, and including 400% of the federal poverty level; and (ii) medical expenses for themselves or their family (incurred at the hospital affiliate or paid to other providers in the past 12 months) that exceed 10% of the patient's family income.
- Patients who are covered by insurance but exhaust their benefits either before or during their stay at the hospital, and have a family income at or below 100% of the federal poverty level.

You may apply for Financial Assistance using the application form that is available. You may obtain an application by going to our website at www.mcmedical.org or by visiting our Financial Counselor at Trinity Hospital, located at 60 Easter Avenue, Weaverville, CA 96093. The Financial Counselor is available from 8:00 am to 4:30 pm. If you need after hours assistance, you may also pick up an application from any of our patient registration areas in the hospital or from the Business Services Department within the hospital. If you have questions regarding the completion of the application, you may request assistance from our Financial Counselor or from our Business Services Department.

During the application process you will be asked to provide information regarding the number of people in your family, your monthly income, and other information that will assist the hospital with determining your eligibility for Financial Assistance. You may be asked to provide a pay stub or tax records to assist Trinity Hospital with verifying your income.

After you submit the application, the hospital will review the information and notify you in writing regarding your eligibility. If you have any questions during the application

process, you may contact Marilyn Fegley, the Financial Counselor at (530)623-5541 ext)3217.

If you disagree with the hospital's decision, you may submit a dispute, in writing, to Kelly Simpson, Director of Revenue Cycle, PO Box 1229, Weaverville, CA 96093, drop the dispute off at the hospital's Business Services Department. If you like to call with a dispute, please contact Carrie Watkins, Business Services Lead at 530-623-5541 ext)3317.

Hospital Bill Complaint Program: The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint with the Hospital Bill Complaint Program. Go to HospitalBillCompalintProgram.hcai.ca.gov for more information and to file a complaint.

Pending applications: If an application has been submitted for another health coverage program at the same time that you submit an application for charity care, neither application shall preclude eligibility for the other program.

Notice of Availability of Financial Estimates: You may request a written estimate of your financial responsibility for hospital services. Requests for estimates must be made during business hours. The estimate will provide you with an estimate of the amount the hospital will require the patient to pay for health care services, procedures, and supplies that are reasonably expected to be provided by the hospital. Estimates are based on the average length of stay and services provided for the patient's diagnosis. They are not promises to provide services at fixed costs. A patient's financial responsibility may be more or less than the estimate based on the services the patient actually receives. The hospital can provide estimates of the amount of hospital services only.

There may be additional charges for services that will be provided by physicians during a patient's stay in the hospital, such as bills from personal physicians, and any anesthesiologists, pathologists, radiologists, ambulance companies or other medical professionals who are not employees of the hospital. Patients will receive a separate bill for these services.

If you have any questions about written estimates, please contact Tracie Simi, Business Services Representative in the Financial Counselor's office at 530-623-5541 ext)3229.

Help Paying Your Bill: There are free consumer advocacy organization that will help you understand the billing and payment process. You may call the Heath Consumer Alliance at 888-804-3536 or go to healthconsumer.org for more information.

Copies of this Hospital's Financial Assistance Policy, the Plain Language Summary and Application, as well as government program applications are available in multiple languages in person at our Patient Registration, Financial Counselor's office and the

MOUNTAIN COMMUNITIES HEALTHCARE DISTRICT
TRINITY HOSPITAL
BUSINESS SERVICES
Title: Trinity Hospital Financial Assistance (Charity/Discount Care)

Version #: 1
Effective: 01/01/2024

Business Services Department as well on our website at www.mcmedical.org. We can also send a copy of any policies or applications by calling our Financial Counselor, Marilyn Fegley, at 530-623-5541 ext)3217. This will be sent free of charge.
If you have any further questions, or if you would like to pay by telephone, please contact the Financial Counselor at 530-623-5541 ext)3217.

Title: Trinity Hospital Charity Care/Financial Assistance

Attachment F

Notice of Rights

Thank you for selecting Trinity Hospital for your recent services. Enclosed please find a statement of the charges for your hospital visit. Payment is due immediately. You may be entitled to discounts if you meet certain financial qualifications, discussed below, or if you submit payment promptly.

Please be aware that this is the bill for hospital services only. There may be additional charges for services that will be provided by physicians during your stay in the hospital, such as bills from physicians, and any anesthesiologists, pathologists, radiologists, ambulance services, or other medical professionals who are not employees of the hospital. You may receive a separate bill for their services.

Summary of Your Rights: State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, or making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 a.m. or after 9:00 p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (382-4357) or online at www.ftc.gov.

Nonprofit credit counseling services, as well as consumer assistance from local legal services offices, may be available in your area. Please contact Patient Financial Services office at 855-398-1633 for a referral.

Trinity Hospital has agreements with external collection agencies to collect payments from patients. Collection Agencies are required to comply with the hospital's policies. Collection Agencies are also required to recognize and adhere to any payments plans agreed upon by the hospital and the patient.

Financial Assistance (Charity Care): Trinity Hospital is committed to providing financial assistance to qualified low income patients and patients who have insurance that requires the patient to pay significant portion of their care. The following is a summary of the eligibility requirements for Financial Assistance and the application process for patient who wish to seek Financial Assistance. The following categories of patients who are eligible for Financial Assistance:

- Patients who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical expenses and have a family income at or below 100% of the federal poverty level.
- Patients who are covered by insurance but have (i) family income at or below

Title: Trinity Hospital Charity Care/Financial Assistance

100% of the federal poverty level; and (ii) medical expenses for themselves or their family (incurred at the hospital affiliate or paid to other providers in the past 12 months) that exceed 10% of the patient's family income.

- Patients who are covered by insurance but exhaust their benefits either before or during their stay at the hospital, and have a family income at or below 100% of the federal poverty level.
- Patients who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical expenses and have a family income from 101% to, and including, 400% of the federal poverty level.

You may apply for Financial Assistance using the application form that is available. You may obtain an application by going to our website at www.mcmedical.org or by visiting our Financial Counselor at Trinity Hospital, located at 60 Easter Avenue, Weaverville, CA 96093. The Financial Counselor is available from 8:00 am to 4:30 pm. If you need after hours assistance, you may also pick up an application from any of our patient registration areas in the hospital or from the Business Services Department within the hospital. If you have questions regarding the completion of the application, you may request assistance from our Financial Counselor or from our Business Services Department.

During the application process you will be asked to provide information regarding the number of people in your family, your monthly income, and other information that will assist the hospital with determining your eligibility for Financial Assistance. You may be asked to provide a pay stub or tax records to assist Trinity Hospital with verifying your income.

After you submit the application, the hospital will review the information and notify you in writing regarding your eligibility. If you have any questions during the application process, you may contact Marilyn Fegley, the Financial Counselor at (530)623-5541 ext)3217.

If you disagree with the hospital's decision, you may submit a dispute, in writing, to Kelly Simpson, Director of Revenue Cycle, PO Box 1229, Weaverville, CA 96093, drop the dispute off at the hospital's Business Services Department. If you like to call with a dispute, please contact Carrie Watkins, Business Services Lead at 530-623-5541 ext)3317.

Hospital Bill Complaint Program: The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint with the Hospital Bill Complaint Program. Go to HospitalBillCompalintProgram.hcai.ca.gov for more information and to file a complaint.

Title: Trinity Hospital Charity Care/Financial Assistance

Pending applications: If an application has been submitted for another health coverage program at the same time that you submit an application for charity care, neither application shall preclude eligibility for the other program.

Medi-Cal/Medicaid & Government Program Eligibility: You may be eligible for a government-sponsored health benefit program. Trinity Hospital has staff available to assist you with applying for government programs like Medi-Cal/Medicaid. Please contact our Financial Counselor, Marilyn Fegley at (530)-623-5541, ext)3217 if you would like additional information about government programs, or need assistance with applying for such programs. This facility also contracts with organizations that may assist you further with applying for government assistance, if needed.

Covered California: You may be eligible for health care coverage under Covered California, which is California's health benefit exchange under the Affordable Care Act. Contact the hospital Financial Counselor, Marilyn Fegley (530) 623-5541-3258 for more detail and assistance to see if you qualify for health care coverage through Covered California.

Help Paying Your Bill: There are free consumer advocacy organization that will help you understand the billing and payment process. You may call the Health Consumer Alliance at 888-804-3536 or go to healthconsumer.org for more information.

Copies of this Hospital's Financial Assistance Policy, the Plain Language Summary and Application, as well as government program applications are available in multiple languages in person at our Patient Registration, Financial Counselor's office and the

Business Services Department as well on our website at www.mcmedical.org. We can also send a copy of any policies or applications by calling our Financial Counselor, Marilyn Fegley, at 530-623-5541 ext)3217. This will be sent free of charge.

If you have any further questions, or if you would like to pay by telephone, please contact the Financial Counselor at 530-623-5541 ext)3217.

Attachment G
Discount Fee Schedule

Mountain Communities Healthcare
District Clinics
CHARITY CARE AND DISCOUNT PROGRAM SLIDING SCALE FEE 2024
Maximum Annual Income Amounts for each Sliding Fee Percentage Category

Poverty Level	100%	125%	150%	175%	200%	225%	250%	275%	300%	325%	375%	376% - 400%
Family Size	Discount 100%	Discount 90%	Discount 80%	Discount 70%	Discount 60%	Discount 50%	Discount 40%	Discount 30%	Discount 20%	Discount 15%	Discount 10%	Discount 5%
1	\$15,060	18,825	22,590	26,355	30,120	33,885	37,650	41,415	45,180	48,945	56,475	\$60,240
2	\$20,440	25,550	30,660	35,770	40,880	45,990	51,100	56,210	61,320	66,430	76,650	\$81,760
3	\$25,820	32,275	38,730	45,185	51,640	58,095	64,550	71,005	77,460	83,915	96,825	\$103,280
4	\$31,200	39,000	46,800	54,600	62,400	70,200	78,000	85,800	93,600	101,400	117,000	\$124,800
5	\$36,580	45,725	54,870	64,015	73,160	82,305	91,450	100,595	109,740	118,885	137,175	\$146,320
6	\$41,960	52,450	62,940	73,430	83,920	94,410	104,900	115,390	125,880	136,370	157,350	\$167,840
7	\$47,340	59,175	71,010	82,845	94,680	106,515	118,350	130,185	142,020	153,855	177,525	\$189,360
8	\$52,720	65,900	79,080	92,260	105,440	118,620	131,800	144,980	158,160	171,340	197,700	\$210,880

The 2024 Federal Poverty Guideline Increases by \$5,380 for ea

*Based on the 2024 [Federal Poverty Guidelines \(FPG\) for the 48 contiguous states and the District of Columbia](#). Please note that there are separate guidelines for Alaska and Hawaii, and that the thresholds would differ for sites in those two states. Sites in Puerto Rico and other outlying jurisdictions would use