



Community Memorial
HEALTHCARE

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Owner Rakenya McCree:
Patient Business
Svcs Director

Area Finance

References Ambulatory
Med, Ojai
Hospital,
Ventura
Hospital

Financial Assistance/Charity Policy, HS-FIN303

I. PURPOSE:

CMHS Community Memorial Healthcare (CMH) is committed to providing charity care, discounted payment plan or financial assistance to persons who have healthcare needs and are uninsured (self-pay), underinsured under insured, ineligible for a government program or otherwise unable to pay, for medically necessary care health services based on their individual financial situation. CMHS CMH provides, without discrimination, care of emergency medical conditions to individuals regardless of their eligibility for financial assistance or for government assistance.

This policy applies to all of CMH's hospitals located the state of California and to all emergency, urgent and other medically necessary services provided by Community Memorial Healthcare hospitals with the exception of experimental or investigative care and professional medical fees.

II. POLICY:

Community Memorial Healthcare's mission is to provide the best care to every patient every day through integrated clinical practice and education. CMH strives to benefit humanity through work in these areas, while supporting the communities in which we live and work. As part of that commitment, CMH serves, appropriately patients in difficult financial circumstances. Above all, CMH guiding philosophy is that the needs of the patient comes first.

The purpose of this policy is to ensure a fair, non-discriminatory, effective and uniform method for the provision of financial assistance (charity care) and discounted payment plan program to eligible individuals who are unable to pay in full or part for medically necessary emergency and other hospital services provided by CMH.

~~Community Memorial Health System serves patients in difficult financial circumstances. Charity Care, hereafter identified as Financial Assistance, is only one component of Community Memorial Health System's CMHS charitable mission. Financial Assistance may consist of: full write-off of charges, partial write-off of (discounted) charges or offering the patient other payment options. (See Payment Hierarchy Policy).~~

- ~~• Full or Partial write-off of charges~~
- ~~• Offering our patients other payment options. (See Payment Hierarchy Policy).~~

~~Please note that this policy only applies to inpatient and outpatient hospital services and that there are providers who perform services within the hospital who are not covered under this policy, as they do not bill through the health system. They are listed in Attachment E.~~

~~Patients seeking debt relief from the Financial Assistance Program must be a resident of the Community Memorial Health System's defined service area. CMHS educates self-pay and underinsured patients on Medi-Cal health insurance and the Medi-Cal application process.~~

~~The Patient Financial Services Department assumes the responsibility to exercise "sound business practices," and to make a hospital-defined "reasonable effort" to collect its accounts. CMHS adheres to the **Fair Debt Collection Practices Act** and the **Association of Credit and Collection Professionals's Code of Ethics** and **Professional Responsibility** disclosure notice. Attachments to the policy:~~

- ~~1. List of Exclusions~~
- ~~2. Definitions~~
- ~~3. Qualify Income and Debt Reduction~~
- ~~4. Financial Assistance Program Application/Cover Letter/Instructions~~
- ~~5. List of Providers Practicing at CMHS Not Covered by this Policy~~

~~**A. Financial Assistance Program Identification – Patient Access:**~~

- ~~1. Financial Assistance Program brochures explaining the policy will be posted at each point of entry.~~
- ~~2. Signs alerting patients to the availability of Financial Assistance will be prominently displayed.~~
- ~~3. Patient Access staff will be trained in the basics of the program and where to refer patients who have additional questions~~
- ~~4. On the back of each summary statement a message will be printed that explains CMHS Financial Assistance Policy. (Do summary statements still explain FIN AP?)~~
- ~~5. Upon review, CMHS provides qualified patients with:~~
 - ~~a. Charity assistance that includes full or partial discount on final billed charges.~~

B. Financial Counseling

1. ~~Payment source and patient's ability to pay will be evaluated upon admission by the CMHS Financial Advocate.~~
2. ~~Patient Financial Services staff or a designee of Community Memorial Health System will assist patients with reimbursement from local, state, and federal programs when there is no other source of payment.~~
3. ~~In the event that no third party payment source is available, patients/guarantors will be provided with information on the Financial Assistance Program.~~
4. ~~Patient Financial Services staff will assist patients/guarantors to make payment arrangements if no assistance (e.g. local, state, federal or Community Memorial Health System's financial assistance program) is available.~~

C. External Collection Efforts

1. ~~When patients express financial hardship, the collection agencies performing debt collection on behalf of Community Memorial Health System, will review the hospital's patients/guarantors who have active or pending Financial Assistance Program applications.~~
2. ~~Regardless of Patient Financial Class, all patients are billed using the same billing methods.~~

D. Eligibility and processing guidelines – Application Process:

This policy applies to emergent, elective, inpatient and outpatient and all other medical services. Providers such as (i.e. physicians, radiologist, anesthesiologist, etc.) who perform services within the hospital who are not covered under this policy, as they do not bill through our organization and will bill the patient independently for their services. Services provided at Community Memorial Healthcare's Health Centers are not applicable for our Financial Assistance program. Patients are encouraged to contact the provider's office to discuss financial assistance for their services.

CMH will contact self-pay and under-insured patients in a number of ways, including raising patient awareness of Medicare and Medi-Cal health insurance. By assisting our patients with the application process CMH helps patients obtain the benefits which they qualify for.

Financial Assistance is available to both uninsured and insured patients and guarantors where such assistance is consistent with this policy and federal and state laws governing permissible benefits to patients. CMH will make a reasonable effort to determine the existence or nonexistence of third-party coverage which may be available, in whole or part, for the care provided by CMH, prior to directing any collection efforts at the patient. Uninsured patients may receive an uninsured discount. Eligible financial assistance balances include but are not limited to the following: self pay, charges for patients with coverage from an entity without a contractual relationship, coinsurance, deductible and copayment amounts related to insured patients. Deductible and coinsurance amounts claimed as a Medicare bad debt will be excluded from the reporting of charity care.

Patients seeking financial assistance must complete the CMH Financial Assistance application and eligibility will be based on financial need at the time or at any time CMH is in receipt of information regarding a patient's or their guarantor's income that may indicate a financial need. Reasonable efforts will be made to notify and inform patients of the availability of financial assistance by providing information during admission and discharge, on the patient's billing statement and in the patient accessible billing areas. CMH website, by oral notification during payment discussions, as well as on signage in inpatient and outpatient areas, including areas where patients are admitted or registered and in the emergency department. In addition, CMH will notify patients that there are community organizations that are available to help the patient understand the billing and payment process, as well as information regarding presumptive eligibility for financial assistance, and CMH will include the contact information for these organizations on its routine admissions forms presented to patients. CMH will retain information used to determine eligibility in accordance with its recordkeeping policies.

E. Eligibility and Processing Guidelines

Application Process:

Patients or guarantors may request and submit a Financial Assistance Application, which is free of charge and available at CMH facilities or by the following means: advising patient financial services staff at or prior to the time of discharge or admission that assistance is requested and submitted with completed documentation; by mail, or by visiting www.mycmh.org, downloading and submitting the completed application with documentation. A person applying for financial assistance will be given a preliminary screening, which will include a review of whether the patient has exhausted or is not eligible for any third-party payment sources and if they may meet the criteria for charity care or our discount payment plan options.

CMH has designated Patient Financial Advocates and Patient Financial Representatives available to assist patients in completing the Financial Assistance application and determining eligibility for CMH financial assistance or financial assistance from government-funded insurance programs, if applicable. Interpretation services are available to address any questions or concerns and to assist in the completion of the Financial Assistance Application.

A patient or guarantor who may be eligible to apply for financial assistance may provide sufficient documentation to CMH to support eligibility determination at the time of learning that a party's income falls below the minimum FPL per the relevant Federal and State regulations. CMH will suspend any collection activities pending an initial determination of eligibility for financial assistance, provided that the patient or their guarantor is cooperative with CMH's reasonable efforts to reach an initial determination.

CMH acknowledges that a determination of eligibility of financial assistance or applying a discount can be made at any time upon learning that a party's income is below 400% of the federal poverty standard, adjusted family size. In addition, CMH may choose to grant financial assistance solely based on an initial determination of a patient's status as an indigent person. In these cases, documentation may not be required.

1. Application for Financial Assistance may be completed ~~upon request~~ anytime, throughout the

- revenue cycle process, when ~~patients express~~ a self-pay balance is due and it its acknowledged (or the patient/applicant has expressed) that there is financial ~~hardship~~ difficulty.
2. An application may be completed prior to receiving services if confirmation is received and the service is self-pay. Financial Assistance program excludes Cosmetic procedures and will be reviewed for Medical necessity. ~~Maternity patients are excluded from this policy as Medi-cal will assist with those cases. Other exclusions may apply, see exclusion list.~~
 3. Eligibility is contingent upon the patient completing the application process. The application process includes completing the financial assistance application and providing the requested documentation.
 4. ~~Eligibility is contingent upon the patient~~The application process includes completing the financial assistance application and providing the necessary documentation/information to process the Charity Care application~~verification of documents.~~
 - a. ~~When an application form cannot be filled out, the Director of Patient Access/ Director of Patient Financial Services may use discretion in identifying and authorizing the account as Financial Assistance Program.~~
 - b. ~~Upon receipt of the completed application, Director of Patient Access/Director of Patient Financial Services or their designee, will complete the Financial Assistance Program allowance worksheet and make a final determination for eligibility.~~
 1. When an application form cannot be filled out, the Director of Admissions/ Patient Financial Services may use discretion in identifying and authorizing the account as Financial Assistance Program.
 2. Upon receipt of the completed application, Director of Patient Access/Director of Patient Financial Services or their designee, will complete the Financial Assistance Program allowance worksheet and make a final determination for eligibility.
 5. ~~Confirmation of continued eligibility may be updated every 3 months.~~
 6. ~~CMHS may offer extended payment plans for patients that qualify for financial assistance and who are cooperating in good faith to resolve their hospital bills (see Payment Hierarchy Policy). For qualifying patients, CMHS will not:~~
 - a. ~~Impose wage garnishments~~
 - b. ~~Force a foreclosure on primary residences~~
 - c. ~~Impose actions that force bankruptcy~~
 - d. ~~Submit unpaid bills to outside collection agencies (Unless payment plan is not honored).~~
 7. ~~After the completed application has been received a letter of acceptance or non-acceptance for the program will be sent to the patient or guarantor within 45 days from the date of receipt.~~

~~F. Qualification Criteria and associated Debt Reduction: The Financial Assistance Application is used to determine the patient/guarantors' eligibility for:~~

5. For patients that qualify for financial assistance and who are cooperating in good faith to resolve their hospital bills, CMH may offer extended payment plans, see Payment Hierarchy, and will not impose wage garnishments or force a foreclosure on primary residences, will not impose actions that force bankruptcy and will not send unpaid bills to outside collections agencies

6. After the completed application has been received a letter of acceptance or non-acceptance for the program will be sent to the patient or guarantor within 30 days from the date of receipt.

Qualification Criteria and associated Debt Reduction: The Financial Assistance Application is used to determine the patient/guarantors' eligibility for:

1. ~~Assessment of Eligibility for Charity Care:~~
 - a. Financial Assistance debt reduction write-offs will be based on a sliding fee schedule (~~Attachment C~~) utilizing the current United States Federal Poverty Guidelines, income, assets, family size, medical needs and catastrophic costs. Financial assistance ranges between Medicare Rates and 100% and is available to all patients regardless of whether or not they have health insurance. Patients who have health insurance may qualify for assistance on their remaining balance (coinsurance/deductibles) after insurance pays. (See Payment Hierarchy Policy Information from the applicant's financial application and supporting documentation will be applied to the list of Exclusions to determine the amount of the qualified Financial Assistance to be granted.
 - b. ~~Information from the applicant's financial application (Attachment D) and supporting documentation will be applied to the list of Exclusions (Attachment A) to determine the amount of the qualified Financial Assistance to be granted.~~
 - i. ~~Verification may include, but not be limited to, the applicant's most current federal tax return and 3 months current pay stubs.~~
 - ii. ~~The applicant's net worth and/or assets (means testing) may be also used as a determining factor regarding financial assistance approval.~~
 - iii. ~~Self-employed patients are required to submit a Profit and Loss statement to verify income.~~
 - c. Verification may include, but not be limited to, the applicant's most current federal tax return or 3 months current pay stubs.
 - d. The applicant's net worth and/or assets (means testing) may be also used as a determining factor regarding financial assistance approval.
2. ~~Patients/Guarantors who experience Sudden and Prolonged Loss of Income may qualify for the Financial Assistance Program based upon 3 months of recent (including current) pay stubs and/or documentation from sources such as Social Services, etc. confirming the claim of Loss~~

~~of Income.~~Uninsured, Under-insured or Financially Needy

- a. Financial Assistance debt reduction write-offs will be based on a sliding fee schedule utilizing the current United States Federal Poverty Guideline, income, assets, family size, medical needs and catastrophic costs. Financial Assistance ranges between Medicare Rates and 100% and is available to all patients regardless of whether or not they have health insurance. Patients who have health insurance may qualify for assistance on their remaining balance (coinsurance/deductibles) after insurance pays. See Payment Hierarchy Policy.
 - b. Information from the applicant's financial application and supporting documentation will be applied to the list of exclusions to determine the amount of the qualified Financial Assistance to be granted.
 - a. Verification may include, but not limited to, the applicant's most current federal tax and 3 months current pay stubs.
3. Government Assistance: In determining whether an individual qualifies for Financial Assistance, other county or governmental assistance programs should also be considered.
 - a. Community Memorial ~~Health System~~Healthcare contracts with third party ~~patient advocate~~Patient Financial Advocates to help individuals determine eligibility for governmental or other assistance, as appropriate.
 - b. Persons who are eligible for programs (such as Medi-cal) but who were not covered at the time that medical services were granted may be approved for Financial Assistance provided that the patient now applies for government assistance. ~~For patients who fail to produce the~~This may be prudent, especially if the patient required information to process the Financial Assistance application, other sources of information should be used to make an individual assessment of financial need ongoing services.
 - c. For patients who are non-responsive to the application process, other sources of information should be used to make an individual assessment of financial need. This information will enable CMH to make an informed decision on the financial need of non-responsive patients.
 - d. For the purpose of helping financially needy patients ~~experiencing financial hardship~~, a third-party may be utilized to conduct a review of patient information to assess financial need. This review utilizes a healthcare industry-recognized, predictive model that is based on public record databases. These public records enable ~~CMHS to conduct a comparative analysis~~CMH to assess whether the patient is characteristic of other patients who have historically qualified for financial assistance under the traditional application process. In cases where there is an absence of information provided directly by the patient, and after efforts to confirm coverage availability, the predictive model provides a systematic method to grant presumptive eligibility to financially needy patients ~~experiencing financial hardship~~.
 - e. Financial Support granted under the Predictive Model is intended to be on a ~~onetime~~one-time basis. Patients granted Presumptive Support will be asked to complete the Financial Assistance Application process for future services. In the event a patient does not qualify under the predictive model, the patient may still provide supporting information within established ~~timelines~~time lines and be

considered under the traditional financial assistance application process. Patient accounts granted presumptive eligibility status will be adjusted using specific Pre-Charity (PRECHAR) at such time the account is deemed ~~uncollectable~~uncollectible and prior to referral to collection or write-off to bad debt. The discount granted will be classified as financial support; the patient's account will not be sent to collection and will not be included in ~~CMHS'~~CMH bad debt expense.

- f. Patient accounts granted presumptive eligibility status will be adjusted using specific Pre-Charity (PRECHAR) at such time the account is deemed ~~uncollectable~~uncollectible and prior to referral to collection or write-off to bad debt. The discount granted will be classified as financial support; the patient's account will not be sent to collection and will not be included in ~~CMHS'~~CMH bad debt expense.

Determinations and Approvals:

Patient will receive notification of Financial Assistance Program eligibility determination within 30 days of submission of the completed Financial Assistance Application and necessary documentation. Any determination of ineligibility will include an explanation of the basis for denial along with information on the appeal process. Once an application is received, extraordinary collections efforts will be pended until a written determination of eligibility is sent to the patient. The hospital will not make a determination of eligibility for assistance based upon information which the hospital believes is incorrect or unreliable.

Dispute Resolution:

The patient may appeal a determination of the ineligibility for financial assistance by providing relevant additional documentation to CMH within 30 days of receipt of denial. The patient may need to provide relevant additional documentation in support of their appeal. CMH will suspend any collection activities pending review of appeal. All appeals will be reviewed and if the review affirms the denial, written notification will be sent to the guarantor and State Department of Health, where required and in accordance with the law. The final appeal process will conclude within 10 days of receipt of the denial by CMH. An appeal may be sent to Community Memorial Healthcare Business Office Attn: Financial Assistance 5855 Olivas Park Drive, Ventura, California 93003.

Reasonable Payment Plan:

Once a patient is approved for the discount payment program, but still has a balance due, CMH will negotiate a payment plan arrangement. The reasonable payment plan shall consist of monthly payments (without interest or late fees) that are not more than 10 percent of a patient's or family's monthly income, excluding deductions for Essential Living Expenses that the patient listed on their financial assistance application. Payment plans will be interest free. Time lines of the payment plan will be extended for patients with pending appeals of coverage.

Billing and Collections:

Any unpaid balances owed by patients or guarantors after application of available discounts, if any, may be referred to collections. CMH will provide, or require any third party collection agencies to provide, the written notice required under HSC 127430 about the patient's rights under the Fair Debt Collection Practices Act prior to collection activities. Collection efforts on unpaid balances will cease pending final determination of FAP eligibility. Collection efforts on unpaid balances will cease pending final

determination of FAP eligibility. CMH does not perform, allow, or allow collection agencies to perform any extraordinary collection actions. For information on CMH billing and collections practices for amounts owed by patients.

Patient Refunds:

In the event a patient or guarantor has made a payment for services and subsequently is determined to be eligible for free or discounted care, any payments made related to those services during the FAP eligible time-period which exceed the payment obligation will be refunded, in accordance with state regulations.

G. Other Debt Reduction.

1. Administrative write offs will not be considered Charity Care.
2. Bad Debts will not be considered Charity Care.
3. Bad Debt accounts returned by third party collection agencies who have determined the patient/guarantor does not have the ability to pay, in accordance to the Financial Assistance Program policy, will be classified as Charity Care.
4. Accounts reduced to a zero balance as the result of the patient/guarantor being deceased with no estate will be considered Charity Care, as evidenced by supporting documentation.
5. Accounts reduced to a zero balance, as the result of bankruptcy will be considered Charity Care.
6. Approval for Financial Assistance and any care provided covered by the Financial Assistance Program does not obligate Community Memorial Health ~~System~~Healthcare to provide continuing care.

H. Debt Reduction Authorizations

Approval Level – All financial assistance applications must be approved according to the following:

From	To	Title
\$0	\$10,000	Senior Patient Account Rep
\$10,001	\$100,000	Director of Patient Business Services
\$100,001	\$Over	CFO

I. Other Financial Assistance Program considerations:

Approval for Financial Assistance and any care provided covered by the Financial Assistance Program does not obligate Community Memorial ~~Health System~~Healthcare to provide continuing care.

~~1. Factors Not Considered:~~

~~The following factors will not be considered when making a recommendation for Financial Assistance and/or in granting of assistance: Bad Debt; contractual allowances; perceived underpayments for operations; cases paid through a charitable contribution; community service or outreach programs; or employment status. In other words, these monetary sources~~

~~have no bearing on the patient's eligibility.~~

2. Equal Opportunity:

~~When making decisions on Financial Assistance, Community Memorial Health System is committed to upholding the multiple federal and state laws that preclude discrimination on the basis of race, sex, age, religion, national origin, marital status, sexual orientation, disabilities, military service or any other classifications protected by federal, state or local laws.~~

3. Reasons for Denial:

- ~~a. Sufficient income~~
- ~~b. Asset Level~~
- ~~c. Uncooperative despite reasonable efforts to work with the patient~~
- ~~d. Incomplete Financial Assistance Application despite reasonable efforts to work with the patient~~
- ~~e. Withholding insurance payment and/or insurance settlement funds~~
- ~~f. Failure to complete applications for Medi-cal and or failure to provide Medi-Cal eligibility vendor with needed information.~~

4. Coverage period:

- ~~a. Services provided by hospitals and clinics of Community Memorial Health System are covered by the Financial Assistance Program.~~
- ~~b. Services incurred by the patient/guarantor and future services, not extending beyond 30 days, may be included in the reduction. Patients/guarantors receiving health care services 3 months beyond the initial Financial Assistance Program approval will re-verify their financial income information.~~
- ~~c. Entities not covered under the Financial Assistance Program policy:
 - ~~i. Long Term Care, Assisted Living Center, HME/DME and any other service not typically provide by the traditional hospital or clinics are not eligible for inclusion in the Financial Assistance Program.~~~~

Keyword Search:

Factors Not Considered:

The following factors will not be considered when making a recommendation for Financial Assistance and/or in granting of assistance: Bad Debt; contractual allowances; perceived underpayments for operations; cases paid through a charitable contribution; community service or outreach programs; or employment status. In other words, these monetary sources have no bearing on the patient's eligibility.

Equal Opportunity:

When making decisions on Financial Assistance, Community Memorial Healthcare is committed to upholding the multiple federal and state laws that preclude discrimination on the basis of race, sex, age, religion, national origin, marital status, sexual orientation, disabilities, military service or any other classifications protected by federal, state or local laws.

COVERAGE PERIOD

Services provided by Community Memorial Healthcare hospitals are covered by the Financial Assistance Program.

Services incurred by the patient/guarantor and future services, not extending beyond 30 days, may be included in the reduction. Patients/guarantors receiving health care services 3 months beyond the initial Financial Assistance Program approval will re-verify their financial income information.

Entities not covered under the Financial Assistance Program policy: Long Term Care, Assisted Living Center, HME/DME and any other service not typically provide by the traditional hospital or clinics are not eligible for inclusion in the Financial Assistance Program.

The following services are excluded from the Financial Assistance Program:

- A. **Abortion:** is the termination of a pregnancy by removal or expulsion of an embryo or fetus.
- B. **Acupuncture:** Shiatsu, electrical stimulation to the periosteum, chelation therapy, immunoaugmentive therapy (IAT), thermograph, joint reconstruction therapy, joint sclerotherapy, prothotherapy, or ligamentous injections with sclerosing agents, Osteopathic manipulative treatment, spinal manipulative treatment, and kebiozen.
- C. **Complications:** Complications of Non-covered Procedures.
- D. **Cosmetic surgery:** Cosmetic surgery or any complications arising from Cosmetic surgery including; laser treatment or ablation of benign skin lesions [except for condyloma acuminatum], dermabrasion, superficial chemical peels, and medium or deep chemical peels not directed at the treatment of pre-cancerous skin lesions. **This exclusion does not apply to:** Cosmetic surgery required for correction of a condition arising from an Accidental Injury, or when rendered to correct a congenital anomaly where the correction restores a functional bodily process.
- E. **Custodial care:** Care whose primary purpose is to meet personal rather than medical needs and which can be provided by persons with no special medical skills or training is considered as Custodial Care. Such care includes, but is not limited to: Helping a patient walk, get in or out of bed, and take normal self-administered Medicine. Domiciliary care and inpatient hospitalization are not covered for the purposes of Custodial Care.
- F. **Dental treatment:** Routine dental treatment, unless medically necessary due to a serious medical condition or an accidental injury.
- G. **Elective Surgery:** surgery that is scheduled in advance because it does not involve a medical emergency
- H. **Exercise programs:** Exercise programs for treatment of any condition, except for Physician supervised cardiac rehabilitation, occupational or physical therapy.
- I. **Experimental or not Medically Necessary:** Care and treatment that is either Experimental/ Investigational or not Medically Necessary.
- J. **Gastric surgery:** Any services, supplies, or programs involving gastric surgeries for weight loss.
- K. **Impotence:** Care, treatment, services, supplies or medication in connection with diagnosis and treatment for impotence.

- L. **Infertility**: Care, supplies, services, diagnosis and treatment for infertility, sterility, artificial insemination, embryo transplants and storage, or in-vitro fertilization
- M. **Massage**: Services from a masseur, physical culturist, physical education instructor, or health club attendant.
- N. **No Physician recommendation**: Care, treatment, services or supplies not recommended and approved by a Physician; or treatment, services or supplies when the patient is not under the regular care of a Physician. Regular care means ongoing medical supervision or treatment, which is appropriate care for the Injury or sickness.
- O. **Obesity**: Care and treatment of obesity, weight loss or dietary control whether or not it is, in any case, a part of the treatment plan for another sickness.
- P. **Occupational**: Charges for or in connection with an Injury or Illness, which is occupational, arises from work for wage or profit including self-employment. This exclusion applies even though the Participant waives or fails to assert his right under the law, or expenses resulting from wage or profit. One example of this is if the individual is self-employed and experiences an Injury or Illness, which arises out of or in the course of that employment, the charges will not be covered by the FAP if the self-employed individual elected not to participate in a Worker's Compensation program, as consistent with any applicable State or Federal Law.
- Q. **Private duty nursing**: Charges in connection with care, treatment or services of a private duty nurse.
- R. **Surgical sterilization**: Elective surgical sterilization procedures.
- S. **Surgical sterilization reversal**: Care and treatment for reversal of surgical sterilization.
- T. **Surrogacy**: Any service associated with any type of surrogacy agreement or arrangement, including traditional surrogacy, artificial insemination related to a surrogacy agreement or arrangement, or gestational or in-vitro fertilization surrogacy.

Keywords:

Charity Care, Uncompensated Care

Attachments:

Related Policies:

Patient Hierarchy Policy

References:

Replaced by:

This document is no longer current once it is printed.

Attachments

[2024 Federal Poverty Guidelines.xlsx](#)

[2025 UCC Application](#)

[FINANCIAL ASSISTANCE PROGRAM DEFINITIONS.docx](#)

Approval Signatures

Step Description	Approver	Date
Board of Trustees	Ruth Pool: Assistant to the President & CEO	03/2025
VP	James Corwin: Sr. Vice President Fin Svcs CFO	03/2025
Finance Committee	Kamryn Morales: Executive Secretary	03/2025
Owner Review - Revise	Rakenya McCree: Patient Business Svcs Director	02/2025

History

Edited by McCree, Rakenya: Patient Business Svcs Director on 2/27/2025, 7:45PM EST

Update CMH naming convention, corrected grammatical errors, updated definitions. Updated the attached UCC Application

Last Approved by McCree, Rakenya: Patient Business Svcs Director on 2/27/2025, 7:45PM EST

Last Approved by Morales, Kamryn: Executive Secretary on 3/18/2025, 6:43PM EDT

Last Approved by Corwin, James: Sr. Vice President Fin Svcs CFO on 3/19/2025, 5:41PM EDT

Last Approved by Pool, Ruth: Assistant to the President & CEO on 3/25/2025, 5:23PM EDT

March 2025

Activated on 3/25/2025, 5:23PM EDT