



## **HEALTHCARE ACCESS PROGRAM**

### **BACKGROUND:**

The County of Santa Clara Health System ("County") offers free care and discounted payments to eligible low- and moderate-income patients through its Healthcare Access Program (also referred to in this policy as the "HAP" or "Financial Assistance"). Patients should carefully review this policy and contact Patient Financial Services at (866) 967-4677 (TTY: 711) (Monday to Friday, 8am to 5pm) with any questions.

### **DEFINITIONS:**

1. **Charity Care:** Free care (which is available to eligible patients with family incomes at or below 400% of the Federal Poverty Level, as further described in this policy).
2. **Discounted Payment or Discount Payment:** Any charge for care that is reduced but not free (which is available to eligible patients with family incomes above 400% but below 650% of the Federal Poverty Level, as further described in this policy).
3. **Patient's Family or Family:** For patients ages eighteen (18) and older, the Patient's Family includes the patient, the patient's spouse or domestic partner, and dependent children under twenty-one (21) years of age (or of any age if disabled), whether living at home or not. For patients under age eighteen (18) or who are dependent children eighteen (18) to twenty (20) years of age, inclusive, the Patient's Family includes the patient's parents or caretaker relatives, and other children of the parents or caretaker relatives under age twenty-one (21) (or of any age if disabled).
4. **County Resident:** For purposes of this policy, a County Resident is any person who has provided the County with documentation showing that they live in Santa Clara County.
5. **Non-County Resident:** For purposes of this policy, a Non-County Resident is any person who has not provided the County with documentation showing that they live in Santa Clara County.
6. **Family Income:** Family Income includes gross annual income of all members of the Patient's Family, minus any payments made for alimony or child support.
7. **Self-Pay Patient:** A Self-Pay Patient is a patient who does not have third-party coverage from a health insurer, health care service plan, Medicare, or Medi-Cal, and whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance, as determined and documented by the County. Self-Pay Patients include, without limitation: (a) patients who qualify for a government insurance program but receive services that are not covered under such program, and (b) patients whose benefits are exhausted prior to or during the provision of services.

8. **High Medical Cost Patient:** A High Medical Cost Patient is a patient who:
- a. Has a third-party source of payment for healthcare services (i.e., is not a Self-Pay Patient), and
  - b. Either:
    - i. Incurred annual out-of-pocket healthcare costs at the County that exceed the lesser of 10% of the Patient's current Family Income or Family Income in the prior twelve (12) months, or
    - ii. Paid, or has one or more Family members who paid, annual out-of-pocket medical expenses to any healthcare provider that exceed 10% of the Patient's Family Income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's Family members in the prior 12 months.

Out-of-pocket amounts may include any costs or expenses for medical care that are not reimbursed by insurance or a health coverage program. Examples include, but are not limited to, Medicare copays and Medi-Cal cost sharing, as well as copayments, coinsurance, deductibles, and other cost-sharing amounts due from an insured patient under the patient's health insurance plan.

9. **Presumptive Enrollment for Discount Care:** A patient may be determined eligible for the HAP based upon patient-specific socio-economic information gathered from market sources. Patients who are homeless or who expire while receiving services, and who have neither a source of funding nor a responsible party or estate, may be determined eligible for Charity Care or Discounted Payment even if they did not complete a Financial Assistance Application. The Patient Financial Services Director or the Revenue Cycle Director or their designee will review such instances and make a determination on a case-by-case basis.
10. **Medically Necessary Service or Supply:** A Medically Necessary Service or Supply is a medical service and/or supply that is necessary to treat or diagnose a medical condition, the omission of which could adversely affect the health of the patient. The following services are not generally considered to be Medically Necessary Services or Supplies and therefore are not generally covered by this policy:
- a. Reproductive endocrinology and infertility services;
  - b. Cosmetic services or plastic surgery services;
  - c. Vision correction services, including LASEK, PRK, conductive keratoplasty, Intac's corneal ring segments, custom contoured C-CAP;
  - d. Patient-initiated ambulance transportation; and
  - e. Lifestyle medications, as defined by the Santa Clara Valley Medical Center (SCVMC) Pharmacy and Therapeutics Committee.

The County reserves the right to change this list of generally non-covered services and/or supplies. In rare situations, for example, upon the recommendation of a physician or participating provider, the County Chief Medical Officer or their designee may approve one of these services or supplies as a Medically Necessary

Service or Supply for a specific patient. The decision of the County Chief Medical Officer or their designee is final. Before denying Financial Assistance on the basis that care is not medically necessary, the County will obtain an attestation signed by the provider who referred the patient for the services at issue or the supervising health care provider for the services at issue.

**11. Episode of Care:** For purposes of this policy, Episode of Care means:

- a. In the inpatient setting, Medically Necessary Services or Supplies received between the date of an admission and the date of discharge associated with that admission; or
- b. In the emergency department setting or outpatient setting, an individual visit to receive Medically Necessary Services or Supplies.

## **PROCEDURE:**

### **A. Eligibility Criteria**

1. To receive Charity Care or a Discounted Payment under this policy, a patient must either submit a complete Financial Assistance Application or qualify for Presumptive Enrollment for Discount Care.
2. Patients must provide true, accurate, and complete information when applying for Financial Assistance, including necessary supporting documentation, as requested by the County. Patients may be determined ineligible for Charity Care or a Discounted Payment if they provide false or incomplete information during the application process.
3. All patients must provide one of each of the following types of documents with their Financial Assistance Application:
  - a. Proof of identity (for example, a driver's license, passport, government-issued ID card, work or school ID card, or birth certificate plus other ID, such as gym or Costco membership); and
  - b. Proof of income, in the form of either—
    - i. recent tax returns (meaning tax returns that document a patient's income for the year in which the patient was first billed or 12 months prior to when the patient was first billed), or
    - ii. recent pay stubs (meaning paystubs within a 6-month period before or after the patient was first billed by the County, or in the case of pre-service, when the Financial Assistance Application is submitted).
4. Any patient applying for long-term Financial Assistance as a County Resident (see Section B below) must also submit proof of residency (for example, a rental contract/lease, mortgage statement, utility bill, vehicle registration, driver's license, declaration of homelessness, or letter of support from a person with whom the applicant is living and proof of residency for that person). Patients who do not submit proof of residency will be eligible for episodic Financial Assistance as Non-County Residents (see Section C below).
5. Any patient applying for Charity Care or a Discounted Payment under part

(b)(ii) of the definition of “High Medical Cost Patient” above must submit documentation of medical expenses that they and/or their Family members paid in the prior 12 months.

6. Eligibility for healthcare coverage programs other than the HAP may require additional documentation. Applicants for programs other than the HAP will be instructed which documents to provide.
7. The County does not consider a patient’s assets when determining eligibility for Charity Care or a Discounted Payment.
8. Different levels of Financial Assistance are available to eligible patients based on their Family Income, as described in the table below, Sections B and C of this policy, and Attachment A to this Policy.

**Amount of Financial Assistance Available to County Residents Who Are Either Self-Pay Patients or High Medical Cost Patients Based on Family Income**

FAMILY INCOME	FINANCIAL ASSISTANCE
Family Income at or below <b>400%</b> of the Federal Poverty Level	<b>100%</b> Charity Care
Family Income between <b>401% – 449%</b> of the Federal Poverty Level	<b>70%</b> Discounted Payment
Family Income between <b>450% – 549%</b> of the Federal Poverty Level	<b>50%</b> Discounted Payment
Family Income between <b>550% – 649%</b> of the Federal Poverty Level	<b>25%</b> Discounted Payment

The 2024 Federal Poverty Levels are listed in Attachment A.

9. For patients who are not able to complete a Financial Assistance Application or provide all necessary documentation, the Health System may develop and rely on a tool to presumptively enroll patients into the Healthcare Access Program based on existing enrollment in programs such as homeless services, the Women, Infants and Children (WIC) program, the Supplemental Nutrition Assistance Program (SNAP, also commonly known as food stamps), and certain subsidized housing.
10. Patient Financial Services will screen patients for Medi-Cal eligibility, and help patients who do not have health insurance (or another third-party source of payment for Medically Necessary Services or Supplies) determine if they are eligible for any state, federal, and/or County health programs and/or any other third-party source of payment. Patient Financial Services staff are available to help patients complete applications for Medi-Cal, other government-funded healthcare coverage, and the Healthcare Access Program, as applicable. 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 from the County, neither application shall preclude eligibility for the other program.

11. Eligible patients may receive Charity Care or a Discounted Payment for Medically Necessary Services or Supplies from County healthcare providers. Patients are not entitled to Charity Care or a Discounted Payment for services or items that are not Medically Necessary Services or Supplies, for separately billed physician professional fees, or for ambulance transportation not requested by the County. In those rare circumstances when referral outside of the County health system is necessary, the County Chief Medical Officer or designee may approve Charity Care or a Discounted Payment for Medically Necessary Services and Supplies secured from outside of the County health system.
12. A patient shall not be denied Financial Assistance that would be available pursuant to the version of this policy published on the County's internet website at the time the patient was first billed.

#### **B. Scope of Financial Assistance for County Residents**

1. Charity Care or a Discounted Payment for County Residents generally extends for a one-year period starting on the earlier of the first day of the month in which the patient submitted their completed Financial Assistance Application or qualified for Presumptive Enrollment for Discount Care, or the first day of the Episode of Care to which the patient's completed Financial Assistance Application or Presumptive Enrollment for Discount Care relates, except if there is a material change to the patient's eligibility before that year ends, such as qualifying for third-party coverage from a health insurer or another third-party source of payment for Medically Necessary Services or Supplies. The Revenue Cycle Director or their designee has discretion to provide additional discounts upon a showing of good cause.
2. Patients must reapply for Financial Assistance annually as appropriate, either by submitting a new Financial Assistance Application or by requalifying for Presumptive Enrollment for Discount Care.
3. Patients must notify the County of material changes to their eligibility (such as changes to their income, eligibility for health insurance or other coverage for healthcare services, family composition, or medical expenses) within sixty (60) days of when the changes occur or at the next point of service, whichever is earlier. The County reserves the right to reverify a patient's eligibility at any time.
4. If a patient fails to timely notify the County of any material change to their eligibility, their Charity Care or a Discounted Payment may be retroactively terminated starting on the date the material change took effect.

#### **C. Scope of Financial Assistance for Non-County Residents**

1. Self-Pay and High Medical Cost patients who are Non-County Residents are generally not eligible for non-emergency healthcare services in Santa Clara County facilities. In those facilities where there is excess capacity, Non-County Residents may receive non-emergency healthcare services.
2. Non-County Residents who do receive Medically Necessary Services or Supplies at County facilities and who are Self-Pay or High Medical Cost patients are eligible to receive Charity Care on those services if their Family Incomes are at or below 400% of the Federal Poverty Level.

3. Eligible Non-County Residents may only qualify for Charity Care for a specific Episode of Care, not on an ongoing, one-year basis. The Revenue Cycle Director or their designee has discretion to provide additional discounts upon a showing of good cause.

#### **D. Payment Plans**

1. A patient who qualifies for a Discounted Payment under this policy may ask to set up a long-term, interest-free payment plan with the County to allow payment of the discounted price over time.
2. The County and the patient will negotiate the terms of the payment plan. In negotiating the terms of a reasonable payment plan with the patient, the County will take into consideration the patient's Family Income and essential living expenses. The County may also consider the availability of any health savings account held by the patient or the patient's family. "Essential living expenses" means expenses for 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, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.
3. If the County and the patient cannot agree on the terms of a payment plan, the County will use the formula described in subdivision (i) of California Health and Safety Code section 127400 to create a reasonable payment plan consisting of monthly payments that are not more than 10 percent of a patient's Family Income for a month, excluding deductions for essential living expenses.

#### **E. Appeals**

1. The County will issue a decision within 30 days of receiving a patient's completed Financial Assistance Application. The decision will include instructions on how a patient may appeal the denial and the timeline for appealing.
2. A patient who is denied Charity Care or a Discount Payment may appeal the denial in writing. An appeal must contain the basis for the appeal and the requested relief. Appeal forms are available online at <https://scvh.org/bill-help>, or by contacting Patient Financial Services at (877) 967-4677.
3. Appeals must be received at the address below within thirty (30) days of the denial:

County of Santa Clara Health System, Patient Business Services  
5750 Fontanos Way, 1st Floor  
San José, CA 95138  
Attention: Revenue Cycle Director

4. The Revenue Cycle Director will decide all initial appeals within thirty (30) days of receiving the appeal forms.
5. If the Revenue Cycle Director or their designee affirms the initial denial, a patient may submit a second written appeal. Any second appeal must be received by the County of Santa Clara Health System's Chief Financial Officer at the address listed below within thirty (30) days of the initial appeal denial:

County of Santa Clara Health System, Finance Department  
2325 Enborg Lane, Suite 360B  
San José, CA 95128  
Attention: Chief Financial Officer

6. The Chief Financial Officer will decide all second appeals within thirty (30) days.
7. The decision on any second appeal will be final.

#### **F. Reporting Procedures**

1. This policy and attachments will be provided to the Department of Health Care Access and Information (HCAI) at least biennially on January 1, or whenever a significant revision is made.
2. In the event no significant revision has been made since the previous submission, HCAI will be notified that no significant revision has occurred.

#### **POLICY BACKGROUND:**

This policy is intended to comply with the following laws:

- California Hospital Fair Pricing Policies (HFFP) law, California Health & Safety Code § 127400 *et seq.*
- California Emergency Physician Fair Pricing Policies (EPFPP) law, California Health & Safety Code § 127450 *et seq.*

This policy constitutes the County's Charity Care and Discount Payment program. This policy will be consistently applied to all County patients.

This policy applies only to Medically Necessary Services or Supplies from County healthcare providers. A list of County medical healthcare providers is available through the following "Find A Provider" pages: <https://scvmc.scvh.org/find-provider> (Santa Clara Valley Medical Center), <https://och.scvh.org/find-provider> (O'Connor Hospital), and <https://slrh.scvh.org/find-provider> (St. Louise Regional Hospital). A list of the County hospitals and clinics is available at: <https://www.scvmc.org/find-health-center>.

Patients are hereby notified that emergency physicians, as defined in California Health and Safety Code section 127450, who provide emergency medical services at County facilities are required by law to provide discounts to Self-Pay Patients and High Medical Cost Patients who are at or below 400% of the Federal Poverty Level.

For a list of the County of Santa Clara Health System's shoppable services, please visit <https://scvmc.scvh.org/price-transparency-cost-estimator>.

This Policy does not waive or alter any contractual provisions or rates negotiated by and between the County and a third-party payer, nor does it provide discounts to non-contracted third-party payers or other entities that are legally responsible to make payment on behalf of a beneficiary, covered person, or insured. This Policy does not permit the routine waiver of deductibles, co-payments, and/or co-insurance imposed by insurance companies for patients who do not qualify for Charity Care or a Discounted Payment.

#### **RESPONSIBILITY:**

Questions about the implementation of this policy should be directed to the Patient Financial

Services Director at: 770 South Bascom Avenue, San José, CA 95128 or (866) 967-4677.

This policy supersedes the following now-null policies: VMC #924.0 Sliding Scale; HHS #735.0 Ability to Pay Determination (APD) Program; O'Connor Hospital #4765025 Financial Assistance Policy; and St. Louise Regional Hospital #5424657 Financial Assistance Policy.

This policy was last updated on December 12, 2024.

Attachment A

2024 Federal Poverty Levels Chart

2024 FEDERAL POVERTY LEVELS (FPL)								
Size of Household	Income (Monthly or Annual)	100% Discount	70% Discount		50% Discount		25% Discount	
		Up to 400% FPL	401% FPL	449% FPL	450% FPL	549% FPL	550% FPL	650% FPL
1	Monthly	\$5,020	\$5,021	\$5,647	\$5,648	\$6,902	\$6,903	\$8,158
	Annual	\$60,240	\$60,241	\$67,769	\$67,770	\$82,829	\$82,830	\$97,890
2	Monthly	\$6,813	\$6,814	\$7,664	\$7,665	\$9,367	\$9,368	\$11,072
	Annual	\$81,760	\$81,761	\$91,979	\$91,980	\$112,419	\$112,420	\$132,860
3	Monthly	\$8,607	\$8,608	\$9,682	\$9,683	\$11,833	\$11,834	\$13,986
	Annual	\$103,280	\$103,281	\$116,189	\$116,190	\$142,009	\$142,010	\$167,830
4	Monthly	\$10,400	\$10,401	\$11,699	\$11,700	\$14,299	\$14,300	\$16,900
	Annual	\$124,800	\$124,801	\$140,399	\$140,400	\$171,599	\$171,600	\$202,800
5	Monthly	\$12,193	\$12,194	\$13,717	\$13,718	\$16,765	\$16,766	\$19,815
	Annual	\$146,320	\$146,321	\$164,609	\$164,610	\$201,189	\$201,190	\$237,770
6	Monthly	\$13,987	\$13,988	\$15,734	\$15,735	\$19,231	\$19,232	\$22,729
	Annual	\$167,840	\$167,841	\$188,819	\$188,820	\$230,779	\$230,780	\$272,740
7	Monthly	\$15,780	\$15,781	\$17,752	\$17,753	\$21,697	\$21,698	\$25,643
	Annual	\$189,360	\$189,361	\$213,029	\$213,030	\$260,369	\$260,370	\$307,710
8	Monthly	\$17,573	\$17,574	\$19,769	\$19,770	\$24,162	\$24,163	\$28,557
	Annual	\$210,880	\$210,881	\$237,239	\$237,240	\$289,959	\$289,960	\$342,680