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Owner Melinda Rosas
Manager Revenue
Cycle SBO

Area Patient Financial
Services / Patient
Access Services

Applicability SCOR, SCV, SGH,
SMB, SMC, SMH,
SMV

References Charity Care,
Patient Financial
Services / Patient
Access Services,
Policy & Procedure

Patient Financial Assistance Policy (Charity Care and Discounted Payment Program), 15602.99

I. PURPOSE:

The Financial Assistance Policy (FAP) provides policies and procedures for offering Charity Care and discounted payments to patients who receive hospital inpatient or outpatient services, including emergency medical care and medically necessary care. This policy applies to Sharp HealthCare hospital facilities, including:

- Sharp Memorial Hospital
- Sharp Grossmont Hospital
- Sharp Chula Vista Medical Center
- Sharp Coronado Hospital
- Sharp Mary Birch Hospital for Women and Children
- Sharp Mesa Vista Hospital

II. POLICY:

Sharp HealthCare is dedicated to providing patients with clear written information about Financial Assistance Policy (FAP), irrespective of their ability to pay. The organization offers income-based Financial Assistance (Charity Care) to eligible patients for emergency and medically necessary services. Sharp HealthCare ensures

non-discriminatory access to examination, medical screening, and care for emergency medical conditions, as defined under Section 1867 of the Social Security Act (42 U.S.C. § 1395dd). The facility will not engage in any actions that discourage individuals from seeking treatment for emergency medical conditions, and it operates within its capabilities and capacity. We will strive to make every reasonable effort to address the patients' needs.

III. SCOPE:

This policy is applicable to Sharp HealthCare Hospitals. Unless otherwise specified, it does not apply to physicians or other medical providers, such as emergency room physicians, anesthesiologists, radiologists, hospitalists, and pathologists, whose services are not included in a hospital's billing. The policy does not obligate the hospital to cover the costs for these physicians' or medical providers' services. In California, emergency physicians providing services in hospitals must follow the Federal Poverty Level (FPL) requirements under California Health and Safety Code §127450. Attachment A: Provider Physician Emergency Room Contacts, contains a list of providers, aside from the Hospitals themselves, who deliver emergency or other medically necessary care within Sharp HealthCare Hospitals.

IV. DEFINITIONS:

- A. **Financial Assistance or Charity Care:** Free care or full assistance (100% discount) provided to qualifying patients, relieving them and their guarantor of the entire financial obligation for medical services. Charity Care does not decrease the amount that a third-party may be required to pay for eligible services provided to the patient.
- B. **Financial Assistance Policy (FAP):** The formal written policy of Sharp HealthCare hospitals that outlines eligibility criteria and procedures for Charity Care and discounted payment programs.
- C. **Discounted Payment Amount following Amount Generally Billed (AGB):** Medical care that is reduced but not entirely free. This reduced amount signifies the amount generally billed, as outlined by the Internal Revenue Service (IRS) requirements. Sharp HealthCare employs the prospective method for determining AGB and estimates the amount that would be paid by a Medicare beneficiary.
- D. **Federal Poverty Level (FPL):** The income thresholds set annually by the U.S. Department of Health and Human Services (HHS) used by Sharp hospitals to determine eligibility for financial assistance.
- E. **Hospital or Sharp HealthCare Hospitals:** Refers to (a) all licensed hospital facilities operated by Sharp HealthCare; (b) any hospital in which Sharp HealthCare or an Affiliated Entity holds, directly or indirectly, voting control or an equity interest exceeding fifty percent (50%); and (c) all substantially-related

entities, as defined in 26 C.F.R. § 1.501(r)-1(b)(28), to the extent these hospitals or entities provide emergency services.

- F. **Hospital Services:** Emergency and other medically necessary care provided by Sharp hospitals, excluding complex or specialized services unless specifically included.
- G. **Established Cash Price (Flat Rates, AGB):** The established cash price is the expected payment amount after a discount is applied to full charges for services. This price is available to patients who are uninsured, do not have coverage for a particular service, or choose not to use their insurance benefits.
- H. **Primary Language of Hospital's Service Area:** Refers to a language spoken by the lesser of 1,000 individuals or 5% of the community served by the hospital, or the population likely to be affected or encountered by the hospital, based on the most recent Community Health Needs assessment.
- I. **Uninsured Patient:** A patient who has no insurance or other way to pay for medical care, including commercial insurance (such as through a job or private plan), government programs (like Medicare or Medi-Cal), car insurance that covers medical costs, insurance that covers injuries caused by others (not including workers' compensation), or any other insurance.
- J. **Insured Patient:** A patient who has insurance to help pay for their medical care. This can be through a private insurance company, Medicare, Medi-Cal, or another health program.
- K. **Patient Responsibility:** The portion of the bill the patient is responsible for after insurance, adjustments, or assistance has been applied.
- L. **Presumptive Charity:** Charity care granted without submission of a traditional financial assistance application, based on specific circumstances where a patient is likely eligible for financial assistance. Examples and criteria are detailed in the Procedures section of this policy.
- M. **Patient:** An individual who receives health care services at a Sharp HealthCare hospital or related facility covered by this policy.
- N. **Guarantor:** A person, other than the patient, who is responsible for paying the patient's medical bills (e.g., a parent or legal guardian).
- O. **Patient Representative:** An individual authorized to act on behalf of a patient in healthcare or billing matters.
- P. **Family Income:** The annual earnings of all members included in the Patient Family from the prior 2 months or prior tax year as shown by the recent pay stubs or income tax returns, less payments made for alimony and child support.
- Q. **Self-Pay Patient:** A patient who meets the criteria of high medical costs and/or patient who has a family income that does not exceed 400% of the federal poverty level.
- R. **Sharp app:** The official Sharp HealthCare application is available on desktop

and mobile platforms that allows patients to access services such as appointments, test results, provider messaging, and financial assistance information. The mobile version requires an account; the desktop version does not.

V.PROCEDURES:

A. Eligibility:

- 1. **Eligibility Criteria:** During the application process, Sharp HealthCare Hospitals shall apply the following eligibility criteria for financial assistance:

Financial Assistance Category - No Application Required	Patient Eligibility Category
Presumptive Charity	<p>Special circumstances under which the patient may be deemed eligible for Charity Care without submission of a traditional financial assistance application:</p> <ul style="list-style-type: none">• Patient is deceased and without a known living spouse, third-party insurance coverage, or identifiable estate.• Patient is homeless and not currently enrolled in Medicare, Medi-Cal, or any government-sponsored program, and is without third-party insurance.• Patient is treated in the Emergency Department, but the Hospital is unable to issue a billing statement.• Patient is a victim of domestic violence.

Medi-Cal	Patients eligible for Medi-Cal or other government-sponsored low-income assistance programs are eligible for Charity Care when payment for services is not made by these programs (e.g., denied inpatient stays, non-covered services, Treatment Authorization Request (TAR) denials, denials due to restricted coverage, and Share of Cost (SOC)).
Pandemic/Crisis	During any State and/or Federal emergency declaration, such as the Access to Healthcare Crisis, where regulations may be modified to meet the immediate healthcare needs of the community, Sharp HealthCare will comply with any applicable financial assistance flexibilities.

Financial Assistance Category - Application Required	Patient Eligibility Category
Full Charity Care	All patients with a Family Income at or below 400% of the most recent Federal Poverty Level (FPL).
High Medical Cost (for Insured Patients)	Patients who have insurance coverage and a family income at or below 400% of the Federal Poverty Level (FPL), and whose medical expenses for themselves or their family, incurred at the hospital or paid to other providers in the past 12 months, exceed 10% of the patient's family income.

B. Calculating Family Income

1. Patient Family:

- a. **Adult Patients:** For patients over 18 years of age, the patient family includes their spouse or domestic partner and dependent children under 21 years of age (whether living at home or not), as well as dependent children of any age if disabled.
- b. **Minor Patients:** For patients under 18 years of age, or 18 to 20 years of age and considered dependent children, the patient family includes their parents, caretaker relatives, other children under 21 of the parents or caretaker relatives, and dependent children of any age if disabled.

2. **Family Income:** Family income is defined as the annual earnings of all members of the patient family, based on the prior two months or prior tax year. This is documented through recent pay stubs or income tax returns, and reduced by payments made for alimony and child support. All forms of income are included in this calculation, such as:

- Salaries and wages
- Retirement income
- Investment gain

3. Type of Income

Type of Income	Documentation
Employment Income	Copy of individual tax return (1040) for current tax year or copy of pay stubs for the two most recent months
Self-Employment Income	Copy of individual tax return (1040) for current tax year or copy of business profit and loss statement for current year
Social Security / Retirement	Copy of individual tax return (1040) for current tax year or copy of Award Letter stating monthly payment
Disability	Copy of individual tax return (1040) for current tax year or copy of Award Letter from State stating disability payment

Unemployment	Copy of individual tax return (1040) for current tax year or copy of letter stating monthly award amount
Unemployed Students	Proof of school enrollment

4. **Other Forms of Income Documentation**

- a. Hospitals may accept other forms of documentation of income but shall not require them.
- b. If a patient does not submit an application or income documentation, the hospital may presumptively determine eligibility based on other information or prior determinations.

C. **Financial Assistance Exclusions / Disqualification:** Financial assistance is not available under this Financial Assistance Policy in the following situations:

1. Uninsured patients with family income over 400% of the Federal Poverty Level (FPL); such patients may qualify for the hospital's Cash Price (Flat Rate/AGB).
2. Insured patients who refuse transfer from a Sharp HealthCare hospital to an in- network facility.
3. Patients who receive payment for services directly from an indemnity, Medicare Supplement, or other payer
4. Patients who falsify information regarding family income, household size, or other details in their application.

D. **No Consideration of Assets:** Hospitals will not consider a patient's monetary assets when determining that patient's eligibility for charity care.

1. **Note:** Hospitals may waive or reduce Medi-Cal and Medicare cost-sharing amounts as part of charity care or discount programs. In doing so, a hospital may consider some of the patient's assets to the extent required for reimbursement under the Medicare program for bad debt, without seeking to collect cost-sharing amounts as otherwise required by federal law (allowed under California Health and Safety Code § 127405).
2. **Other Forms of Income Documentation:**
 - a. Hospitals may accept other forms of documentation of income but shall not require those other forms.
 - b. If a patient does not submit an application or documentation of income, a hospital may presumptively determine that a patient is eligible for charity care or discounted payment based on information other than that provided by the patient or based on a prior eligibility determination.

E. Application Process

1. The hospital will make all reasonable efforts to determine whether private or public health insurance may fully or partially cover charges for care. A patient who indicates an inability to pay a bill will be evaluated for financial assistance. To qualify as uninsured, patients (or guarantors) must verify they have no known insurance or other coverage for the services provided.
2. Patients applying for assistance must complete the **Application for Financial Assistance** (standard Sharp HealthCare form).
3. Assistance with applications is available at Sharp HealthCare hospitals (**see Attachment F: Sharp HealthCare Hospital Contact Information**), by phone at 858-499-2400, by mail, on the Sharp website (sharp.com/billing/financial-assistance.cfm), or via the Sharp app.
4. Applications should be mailed to:
Sharp HealthCare
Attn: Charity Care Application
8695 Spectrum Center Blvd.
San Diego, CA 92123
5. Patients should complete applications as soon as possible after receiving services. Applications are reviewed once patient responsibility is determined.

F. Financial Assistance Determination

1. Sharp hospitals will review each financial assistance application and grant assistance when the patient meets the eligibility criteria in **Section A: Eligibility**.
 - a. Income is at or below 400% of the federal poverty level (FPL).
 - b. Insured patients with family income at or below 400% FPL and medical expenses exceeding 10% of family income in the past 12 months (including care at Sharp and other providers).
 - c. If the patient applies for another health coverage program at the same time as financial assistance, financial assistance eligibility will be determined after the other program's eligibility decision is made.
2. Applicants will receive a **Determination Letter (Attachment D: Epic Financial Assistance Approval Letter (Full) or Attachment E: Epic Financial Assistance Denial Letter)** advising them of the hospital's decision.
3. Patients are presumed eligible for financial assistance for 180 days from the date the hospital issues the notification form. After 180 days, patients must submit a new application to continue receiving financial assistance.

4. If a financial assistance determination results in a credit balance in favor of the patient, the refund will include interest on the overpayment amount, calculated from the date of the patient's payment at the statutory rate of 10% per year, as specified in California Health and Safety Code section 127440. Sharp hospitals are not required to refund a credit balance, including interest, if the total amount is less than five dollars (\$5).
 5. Sharp may consider extenuating circumstances or catastrophic medical events for patients over 400% FPL with manager approval.
 6. Cannot Require Patients to Apply for Health Coverage: Hospitals cannot require patients to apply for Medicare, Medi-Cal, or other coverage before approving charity care or discounted payment.
 - a. Hospitals may assist patients in applying for these programs or Covered California.
 - b. Hospitals may assist patients with Medi-Cal screening.
 - c. No Application Deadlines: Hospitals cannot impose time limits for charity care or discounted payment consideration. Eligibility cannot be denied based on timing of application. In some cases, accounts may need to be pulled back from collections.
- G. **Discounted Payment:** For patients with a family income greater than 400% of the Federal Poverty Level (FPL), the following discounts and payment options may be offered as part of negotiated arrangements with the patient or their representative:
1. **Self-Pay Discount:** A 25% discount on total charges is automatically applied to all uninsured or unfunded patient accounts as a community courtesy at the time of billing.
 2. **Established Cash Price (Flat Rates):** Refer to Sharp HealthCare's Flat Rate, Self-Pay Quotes, Discounted Pricing Policy (Policy No. 15612.99) for applicable flat rates available to eligible patients.
 3. **Payment Plans:** Sharp offers interest-free extended payment plans, with terms based on the patient's financial situation.
- H. **Discounts and Special Circumstances:** Discounts may be combined in special circumstances to achieve an appropriate customer service outcome, as documented in the patient's account records.
1. Discount combinations will be properly documented and authorized in accordance with Sharp HealthCare's billing and compliance procedures.
 2. Combined discounts must not exceed the user's authorization level without prior management approval.
- I. **Disputes**
1. Patients may request a review of denied financial assistance, discounts,

or Charity Care within 30 days of receiving notice. Appeals will be reviewed and a written response provided within 30 days by the business manager, chief financial officer, or other appropriate manager. Requests may be submitted:

- a. By phone at 858-499-2400
 - b. In writing to:
Sharp HealthCare
Attn: Charity Care Application
8695 Spectrum Center Blvd.
San Diego, CA 92123
2. **Help paying your bill:** Free consumer advocacy organizations, such as the Health Consumer Alliance (1-888-804-3536, healthconsumer.org), are available to assist patients.
 3. **Hospital Billing Complaint Program:** If you believe you were wrongly denied financial assistance, you may file a complaint with the state of California's Hospital Bill Complaint Program. Visit HospitalBillComplaintProgram.hcai.ca.gov for more information and to file a complaint.

J. **Availability of Financial Assistance Information**

1. **Languages:** This policy and all related notices and communications will be available in the primary language(s) of the hospital's service area, as defined by applicable federal and state regulations. Information will be provided during regular business hours (Monday – Friday, 8 a.m. to 4:30 p.m. Pacific Standard Time) and in a manner consistent with federal and state law.
2. **Information Provided to Patients During the Provision of Hospital Services:**
 - a. **Preadmission or Registration:** During preadmission or registration (or as soon as practicable), hospitals will provide patients with a Plain Language Summary of the Financial Assistance Policy (Attachment C). This summary includes information about the availability of financial assistance and the patient's right to request an estimate of their financial responsibility. If a patient is discharged without receiving this summary, the notice will be mailed within 72 hours to the provided address.
 - b. **Emergency Services:** Hospitals will provide self-pay patients with a financial assistance package as soon as their emergency medical condition is stabilized or at discharge.
 - c. **Application at Discharge:** At discharge, hospitals will provide patients with a financial assistance application, an application for Medi-Cal (also known as Medicaid), and information on

California Children's Services, or other applicable programs.

- d. **Financial Assistance Counselor:** A Financial Assistance Counselor will be assigned to patients who may be uninsured and will attempt to meet with them in person at the hospital. Counselors will assist patients with applying for available government programs. If a patient does not qualify for government funding, the counselor will provide information about the financial assistance process and connect the patient with hospital staff who can assist with the application.

3. **Information Provided at Other Times:**

- a. **Contact Information:** Patients or their authorized representative may contact 858-499-2400 (Monday – Friday, 8 a.m. to 4:30 p.m. Pacific Standard Time) or the Sharp hospital department listed on Attachment F: Sharp HealthCare Hospital Contact Information for assistance with financial assistance questions or applications.
- b. **Billing Statements:** Sharp hospitals will bill patients in accordance with the Sharp HealthCare Billing, Collections, and Bad Debt Review Policy (Policy No. 15801). Billing statements will include the Patient Information Notice (Attachment C), which clearly and prominently informs patients about the availability of financial assistance under the hospital's policy. The notice will include:
 - i. A telephone number patients can call for questions about the policy or application process.
 - ii. The website address where patients can access additional information, including the Financial Assistance Policy, a Plain Language Summary, and the financial assistance application.
- c. **Upon Request:** Sharp hospitals will provide patients, upon request and at no cost, with paper copies of the Financial Assistance Policy, the financial assistance application, and the Plain Language Summary of the Financial Assistance Policy.

4. **Publicity of Financial Assistance Information:**

- a. **Public posting:** Sharp hospitals will post the Financial Assistance Policy, Financial Assistance Application, and Plain Language Summary in prominent areas, including emergency rooms, admissions, waiting rooms, billing offices, and outpatient service locations. Notices will include information on requesting an estimate of financial responsibility for hospital services.
- b. **Website:** The Financial Assistance Policy, Financial Assistance Application, and Plain Language Summary are available without

charge and without requiring an account through the Sharp HealthCare website (sharp.com/billing/financial-assistance.cfm). These materials are also available through the Sharp app. Please note: accessing the Sharp app on a mobile device requires an account, while access through the Sharp app desktop site does not.

- c. **Mail:** Upon request, hospitals will mail copies of the Financial Assistance Policy, Financial Assistance Application, and Plain Language Summary at no cost.
- d. **Advertisements/Press Releases:** As necessary, and at least once each year, Sharp HealthCare will publish an advertisement about the availability of financial assistance at Sharp hospitals in the communities it serves. Sharp HealthCare will also issue a press release or use other methods it determines will effectively publicize the availability of this Financial Assistance Policy to patients in the community.
- e. **Community Awareness:** Sharp HealthCare will collaborate with affiliated organizations, physicians, community clinics, and other providers to raise awareness of financial assistance availability, particularly among those most likely to need it.

K. Miscellaneous

- 1. **Recordkeeping:** Sharp hospitals will maintain records related to financial assistance in an accessible manner. This includes information on the number of uninsured patients who received services, the number of financial assistance applications completed, approved, or denied, the estimated dollar value of benefits provided, and reasons for denials. Notes regarding approval or denial must be entered into the patient's account, and a copy of the financial assistance application and supporting documents must be scanned and filed with the patient's related visit records.
- 2. **Submission to HCAI:** Sharp hospitals will submit their Financial Assistance Policy to the California Department of Health Care Access and Information (HCAI, formerly OSHPD). Policies are available on the HCAI website at <https://hcai.ca.gov/>.
- 3. **Amounts Generally Billed (AGB):** In accordance with Internal Revenue Code Section 1.501(r), Sharp hospitals adopt the Medicare methodology to determine AGB. Patients determined eligible for financial assistance will not be charged more than this amount for emergency or medically necessary care, after applicable reimbursements from third-party payers.
- 4. **Five-Year Record Retention for Money Owed:** Sharp hospitals will retain all records related to money owed by a patient or guarantor for at least five years. This includes documents related to litigation, contracts and related records for debt assignments or sales, and annually updated lists

of any debt collectors or agencies retained or assigned to pursue collection.

5. **Contracts with Assignees and Debt Buyers:** Any contract Sharp hospitals enter into for assignment or sale of medical debt will require the assignee or buyer (and any subsequent assignee or buyer) to maintain litigation-related records for five years.
6. **Policy Lookback Date:** Sharp hospitals will not deny financial assistance that would have been available under the policy posted on HCAI's website at the time the patient was first billed.
7. **Medical Debt Protections:**
 - a. Medical debt must not be included in consumer credit reports.
 - b. Sharp hospitals must not furnish medical debt information to consumer credit reporting agencies.
 - c. Sharp hospitals must not initiate civil action to collect medical debt until at least 180 days after the initial billing.

VI. REFERENCES:

None

VII. LEGAL REFERENCES:

- A. Emergency Medical Treatment and Labor Act, 42 U.S.C. § 1395dd (1986)
- B. 64 Fed Reg 18434 (2000)
- C. AB 774 (2007)
- D. Health & Safety Code 127400- 127446, et seq
- E. AB 1503(2024) & SB 1276 (2015)
- F. 501 (r) 2016
- G. AB 532 (2022)
- H. 45 Code of Federal Regulations Part 149 NSA (2022)
- I. AB 1020 (2024)
- J. CAHSC 1250 [96051.1 - 96051.37 (f of title 22 of the CCR)]
- K. AB 532 (2022)
- L. AB 2297(2024)

VIII. ACCREDITATION:

The Joint Commission (TJC)

IX. CROSS REFERENCES:

- A. Sharp HealthCare Billing, Collections, and Bad Debt Review Policy (Policy No. 15801)
- B. Sharp HealthCare Flat Rate & Self-Pay Quotes and Discount Pricing (Policy No. 15612.99)

X. APPROVALS:

- A. PFS Policy and Procedure Committee - 12/94; 2/95; 5/98; 12/03; 03/04; 10/04; 11/05; 02/06; 03/06; 01/07; 07/07; 08/07; 04/08; 06/08; 02/11; 12/12; 03/13; 02/14; 04/14; 12/14; 03/15; 09/16; 01/17; 04/18; 8/2020; 03/2021; 03/2024; 04/2024; 12/2024; 04/2025; 07/2025
- B. System Policy & Procedure Steering Committee – 04/04/96
- C. Legal Affairs Department - 12/03; 03/04; 03/13; 08/16
- D. Sharp Finance Department – 06/16

XI. REPLACES:

PFS Dept. P&P originally dated 12/94

XII. HISTORY:

System #15602.99; Originally Dated 3/96;
Reviewed/Revised: 03/99; 06/01; 12/03; 12/24 -- Revised & Removed CCD's: 03/04; 10/04 -- Updated Attachment: 11/05; 02/06; 01/07; 07/07; 08/07; 05/08; 06/08; 12/24 -- Updated Attachments: 02/11; 07/12 -- Updated Attachments: 03/13; 02/14; 12/24 -- Updated Attachments: 04/14; 12/14; 03/15; 03/16; 06/16; 09/16; 12/24 -- 501 (R) Updates: 01/17 -- Financial Assistance Application Updated: 4/18 (FPL Chart); 07/19 (FPL Chart); 12/24 (removed FPL chart); 01/2025 (revisions to the applicant form submitted by SBO leadership) -- Financial Assistance Calculator Updated with New Federal Poverty Level: 2/19; 07/19; 12/24 -- Provider/Physician Emergency Room Contact: 07/19, 12/24; 07/2025

A. Attachments

- A. Physician Groups Reference Phone Numbers
- B. 2025 Sharp HealthCare Financial Assistance Application
- C. Notice of Patient Rights
- D. Important Billing Information for Patients Financial Assistance Plain Language Summary
- E. Epic Financial Assistance Approval Letter (Full) - 2025.pdf
- F. Epic Financial Assistance Denial Letter - 2025.pdfSharp HealthCare Hospital Contact Information

Approval Signatures

Step Description	Approver	Date
Administrator	Tamara Westgate:	7/14/2025
	Prgm Mgr- Policies and Procedures	7/14/2025
	Melinda Rosas: Mgr Revenue Cycle SBO	

Applicability

Chula Vista, Coronado, Grossmont, Mary Birch, McDonald Center, Memorial, Mesa Vista, Sharp HealthCare