



<b>DEPARTMENT:</b> Patient Financial Services	<b>CATEGORY:</b> Policies
<b>SUBJECT:</b> Financial Aid/Charity Discount or Partial Charity Care Program	

## **PROGRAM:**

Bear Valley Community Healthcare District (BVCHD) strives to provide quality services in a caring environment and to make a positive, measurable difference in the health of individuals we serve. Helping to meet the needs of the low-income uninsured is an important element of our commitment to the community.

This program provides the means for BVCHD to demonstrate its commitment to achieving its mission and values.

BVCHD offers charity care (free care) and/or discount payment (partial charity care) depending on means testing as outlined in this program.

The purpose of the patient Financial Aid/Charity Discount or Partial Charity Care Program is to define the eligibility criteria for financial assistance and provide administrative guidelines for the communication and implementation of this charity/discount payment program.

### **Patient Notification about Financial Aid/Charity Discount or Partial Charity Care Program**

Information about financial assistance available from BVCHD shall be distributed as follows:

- Notices in patient statements and other correspondence distribution of patient notification at time of registration for an inpatient stay, outpatient visits, Emergency Department (ED) visit, Rural Health Clinic (RHC) or Family Health Clinic (FHC) visits.
- Posting notices in high volume areas such as the:
  1. Patient Access for inpatient or outpatient services.
  2. Emergency Department.
  3. Patient Financial Services office.
  4. Other places as BVCHD may elect.
    - a. Such information shall be provided in English, and can be translated upon request for patients/guarantors who speak other languages.
  5. Patients who are admitted through the ED shall be notified that this program is available to them to also assist with the ED provider bill upon discharge and through posting in the ED.
- Eligibility for charity care, full/partial, shall be made either on the basis of family income or special circumstances. For purposes of the financial assistance program, a patient's family unit shall include:
  1. The patient's legal spouse.
  2. The patient's registered domestic partner.
  3. Each parent having legal custody of the patient.
  4. The patient's legal guardian.

### **Program Summary for Charity Discount or Partial Charity Care**

Charity care is defined as the inability to pay for the medical services for eligible amounts owed to BVCHD. BVCHD offers charity care (free care) and/or partial charity care (discount payment) depending on means testing as outlined in the program.





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Patients are expected to accurately and timely complete a Financial Assistance Evaluation Application, see Appendix A (Financial Assistance Evaluation Application) for a copy of the application, and cooperate with BVCHD's Patient Financial Services Department in obtaining the necessary supporting information. The patient shall be allowed three weeks (3) to complete the Financial Assistance Evaluation Application. The application is used to determine eligibility for financial assistance. Charity care and/or partial charity care discounts shall be offered in accordance with the financial need.

### **Eligibility Criteria**

- Eligibility for charity care/partial charity care shall be considered for those individuals who provide documentation of ineligibility for government sponsored programs. Documentation of ineligibility is ordinarily obtained through applying for and being denied coverage under a government sponsored program. Family income is at or below 400% of the Federal Poverty Level (FPL).
- Eligibility for charity care/partial charity shall be considered for those individuals who are uninsured (a.k.a. self-pay patient) and family income is at or below 400% of the FPL as published in the Federal Register. The patient must provide documentation of ineligibility for any of the following:
  1. Government health care benefit program (such as Medi-Cal, Healthy Families, California Children's Services or Medicare etc.).
  2. A patient whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by BVCHD and/or unable to pay for their care, based upon a determination of financial need in accordance with this program.
- Eligibility for charity care/partial care shall be considered for those individuals who incurred high medical costs during the prior twelve (12) months.
- A patient who is insured but has "high medical costs" and who is at or below 400% of the FPL is eligible to apply for charity care. Charity care or partial charity care applies to the portion of the bill that is the patient's responsibility, including co-payments and deductibles. Any patient liability that is based on a discounted rate from BVCHD's charges as negotiated between BVCHD and the insurer is not eligible to be considered for charity care or partial charity care.
- The presence of a recent documented bankruptcy does not exclude a patient for consideration of eligibility for financial assistance for either charity or discounted payment options. The request for review shall be directed to Patient Financial Services for submission to the Chief Financial Officer (CFO) for evaluation.
- If the patient is deceased and no estate is found, the patient shall qualify for 100% charity without an application filed.

### **Qualification Timeline**

- A patient may qualify for eligibility for charity or partial charity care prior to admission, after admission, after discharge, or during the course of the financial assistance process. Every attempt shall be made to identify all available funding sources prior to or at time of visit. If a funding source cannot be identified after full compliance by the patient or guarantor, charity care or partial charity care may be provided. A request for charity care or partial charity care may be initiated via completion of a Financial Assistance Evaluation Application, by the patient, family member, provider, or health care representative. All financial assistance requests shall be considered for eligibility upon receipt of the requested financial information.





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#### **Administrative Review Process**

- BVCHD recognizes that the financial status of patients may change over time. Accordingly, Patient Financial Services personnel shall assist families in securing eligibility for available government programs with the cooperation of patients and their guarantors. Contact the Patient Financial Services Department during business hours Monday thru Friday 8:00 AM until 4:30 PM and arrange an appointment to discuss the available government programs and assistance with completing the necessary forms.
- The granting of charity care or partial charity care shall be based on an individualized determination of financial need and shall not take into account age, gender, race, ethnicity, socio-economic or immigrant status, sexual orientation, abilities or religious affiliation. Factors for determining financial need may include but are not limited to family income, family size, scope and extent of a patient's medical bills, and employment status.
- The Financial Assistance Evaluation Application shall be timely completed and the signed copy returned to the Patient Financial Services Department within three (3) weeks of receipt of the application. Moreover, a Patient Financial Services Department employee shall be available to assist in completing the Financial Assistance Evaluation Application via telephone or by appointment at the Patient Financial Services Department during business hours Monday thru Friday 8:00AM until 4:30PM.
- The Financial Assistance Evaluation Application shall remain valid for services rendered within a 180-day period. The Financial Assistance Evaluation Application may be updated at any time during or after initial 180-day period expires. The Financial Assessment shall include a review of the family's gross income, number of family members, employment status and outstanding balances of the medical bills. Copies of prior year tax return and the most recent one (1) month of pay stubs shall be submitted with the completed Financial Assistance Evaluation Application.

#### **Benefits to Financially Eligible Patients Charity Care Benefit Amount**

- Applicants qualifying income is at 200% or less of the unit value(s) established by the Department of Health and Human Services' (HHS) FPL Guidelines revised annually and published in the Federal Register shall be granted charity care benefit as follows:
  1. Income 138% or less FPL shall be granted full (100%) charity care (free care) for a 12-month period.
- Applicants who are homeless and qualifying income is at or greater than 201% and equal to or less than 400% less of the unit value(s) established by the HHS's FPL Guidelines revised annually and published in the Federal Register shall be granted charity care benefit as follows:
  1. Income 138%-400% or less FPL who are homeless shall be granted fully (100%) charity care (free care).

#### **Partial Charity Discount Benefit Amount**

##### **Self-Pay Patients**

- Applicants qualifying income is at 201% but no greater than 400% the FPL benefit is as follows:
  1. Income 138%-300% of FPL Guidelines discounted to Medi-Cal Allowed Amount.
  2. Income 301%-350% of FPL Guidelines discounted to 75% of Self Pay Liability.
  3. Income >400% of FPL Guidelines Self Pay Liability.





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### **High Medical Cost Patients**

- Applicants qualifying income is at 201% but no greater than 400% the FPL Eligibility for charity care/partial care shall be considered for those individuals who incurred high medical costs during the prior twelve (12) months. The patient's out-of-pocket medical expenses in prior twelve (12) months (whether incurred in or out of BVCHD) exceeds 10% of family income and patient does not otherwise receive discount as a result of third-party coverage benefit is as follows:
  1. Income 138%-300% of FPL Guidelines discounted to Medi-Cal Allowed Amount.
    - a. If patient is insured the patient liability is reduced to the difference between maximum government amount (Medi-Cal Allowed Amount) and insurance company payment.
  2. Income 301%-400% of FPL Guidelines discounted to 75% of Self Pay Liability.
    - a. If patient is insured, the patient liability is reduced to the difference between the maximum (75% of Self Pay Liability) and insurance company payment.
  3. Income > 400% of FPL Guidelines Self Pay Liability.
    - a. If patient is insured, the patient liability is reduced to the difference between maximum amount (Self Pay Liability) and insurance company payment.

### **Payment Plans**

- BVCHD shall extend an interest free payment plan for those patients with family FPL income 138% to 400%.
  1. BVCHD shall offer the option to sign up with Care Credit to pay the balance of the bill.

### **Debt collections for eligible patients**

- If payment has not been received in full by 180 days, Patient Financial Services shall enforce its cash collection program. BVCHD shall not allow an account to have adverse information reported to a credit-reporting agency or commence civil action against a patient for non-payment at any time prior to 180 days after billing. If a patient has a pending appeal for coverage of services, BVCHD shall not allow an account to have adverse information reported to a credit-reporting agency or commence civil action against the patient for non-payment at any time prior to 180 days after the patient appeal is completed.

### **Application Review and Approval Process**

- Patient Financial Services shall review all Financial Assistance Evaluation Applications to determine eligibility for charity care/partial charity care based upon current monthly income and family size as provided on the Financial Assistance Evaluation Application and supporting documentation. Reasonable efforts shall be made to verify financial data; including obtaining a credit report and the patient is expected to participate in obtaining the needed information. If a reasonable of available credit is found via the credit report the patient shall not qualify for charity care. All financial information provided shall be considered confidential and staff shall respect each circumstance with dignity.
- Written notification of determination of eligibility or ineligibility for charity care or partial charity care shall be forwarded to the applicant by Patient Financial Services within 30 days of receipt of the completed Financial Assistance Evaluation Application.
- BVCHD recognizes that there may be extraordinary circumstances or disputes, which may warrant an appeal of the financial assistance determination. In such cases, a written description of the nature of the





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extraordinary circumstances or dispute should be forwarded to the attention Patient Financial Services. Upon receipt, Patient Financial Services shall review the request and shall approve, deny or make a recommendation toward approval based upon the limits established in the procedure.

1. Appeals to denied applications shall be directed to Patient Financial Services. The application being appealed shall be reviewed by Patient Financial Services, the CFO for charity, either full or partial, consideration.
  2. If the denial is reversed, Patient Financial Services shall send the patient an appeal acceptance letter, stating the reasons(s) for the acceptance. Patient Financial Services shall update the patient account in accordance with the approval procedures stated above.
  3. If the denial is upheld, Patient Financial Services shall send the patient an appeal denial letter stating the reason(s) for the denial.
- Upon meeting the guidelines for either full or partial charity care allowance, any patient account recommended for charity care or partial charity care allowance is subject to the following approval levels:
    1. \$0-\$2,999 Patient Financial Services
    2. \$3,000-> Patient Financial Services/CFO

#### **Federal Poverty Income Guidelines Sliding Scale**

Eligibility Guide for 2021: Using household income and size to identify eligibility for financial discount.

Family Size	Period	Federal Poverty Guidelines	If income is below 138% (shown below) of FPIG eligible for Full write off	If income is above 300% but below 400% (shown below) eligible for partial Write-off
1	Annual	\$12,880	\$21,597	\$51,520
2	Annual	\$17,420	\$29,187	\$69,680
3	Annual	\$21,960	\$36,777	\$87,840
4	Annual	\$26,500	\$44,367	\$106,000
5	Annual	\$31,040	\$51,957	\$124,160
6	Annual	\$35,580	\$59,547	\$142,320
7	Annual	\$40,120	\$67,137	\$160,480
8	Annual	\$44,660	\$74,727	\$178,640

**\*For each additional family member add \$7,590 for annual income.**





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<b>SUBJECT: Discount – Patient and Employee</b>	

2.3. Short stay surgery:

2.3.1. The patient shall be interviewed and a charge estimate shall be given prior to scheduling of surgery.

2.3.2. The patient shall be offered a 30% discount of the total charges upon receipt of 50% down payment and a signed payment agreement.

2.4. The option of applying for a Care Credit account shall be offered to the patient for all above services.

2.5. Inpatient/Observation:

2.5.1. After all efforts have been exhausted to place the uninsured patient under a state or county program, the patient shall be offered a 30% discount with a signed payment agreement.

2.5.2. The option of applying for a Care Credit account or applying for Financial Aid shall be offered to the patient, but only after discharge from medical care.

2.6. Family Health Center (FHC)/Rural Health Center (RHC):

2.6.1. For a level 2 visit (99212), the visit shall be discounted to \$40.00 for time of service payment.

2.6.2. For a level 3 visit (99213), the visit shall be discounted to \$50.00 for time of service payment.

2.6.3. For a specialty provider, the visit shall be discounted to \$100.00 for time of service payment.

2.6.4. Employees of BVCHD shall receive a 50% discount at the FHC and the RHC.

2.6.4.1. This discount shall apply to co-pay, co-insurance and deductible after insurance pays.

2.6.4.2. A further discount shall not be offered for a cash or a private pay visit.

2.6.4.3. A discount shall not be offered to any amount owed under \$19.99 after insurance has paid.

3. Any deviation from the above shall need to be approved by Patient Financial Services or the Chief Financial Officer (CFO).





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## **POLICY:**

Bear Valley Community Healthcare District (BVCHD) shall provide certain discounts for services provided by BVCHD. BVCHD reserves the right to amend this discount policy at any time. Only a single discount or charity amount (provided under separate policy) shall be allowed per patient/account. Discounts provided for this policy shall only be available for services that are billed by BVCHD. Professional provider fees shall not be subject to the discounts and shall not be billed by BVCHD. All patients shall be given a Financial Aid/Charity application at time of discharge from the Emergency Department (ED). Financial Aid/Charity applications shall be readily available to any patient or family member.

## **PROCEDURE:**

### **1. Employees:**

- 1.1. As a part of BVCHD's employee benefits program, BVCHD employees, spouses, domestic partners and dependents living in the employee's home shall be entitled to a waiver of 50% of co-payments, co-insurance and deductibles.
  - 1.1.1. Application of the discount shall be made using the appropriate adjustment code into the electronic medical record (EHR).
- 1.2. For the sake of this policy, auxiliary members are considered employees, therefore, covered by this policy.
- 1.3. For employees without insurance coverage, or for services not covered by insurance, the discount shall be 50% of charges.
- 1.4. An employee discount shall not extend to medical services provided at Big Bear Urgent Care, Inc.

### **2. Applicable Hospital Discounts for Patients of BVCHD:**

- 2.1. For ancillary services, a discount shall be offered to patients with no insurance coverage, or those who do not wish to use their insurance benefits, who pay on the date of service as follows:
 

2.1.1. Routine x-rays, mammography and ultrasound	30%
2.1.2. Bone density	30%
2.1.3. Body scan	30%
2.1.4. CT scan	30%
2.1.5. EKG	30%
2.1.6. Respiratory therapy	30%
2.1.7. Physical therapy	30%
2.1.8. Laboratory (in house)	30%
2.1.9. Laboratory (outside reference lab)	0%
- 2.2. For emergency room services, a discount shall be offered to patients with no insurance coverage, or for those who do not wish to use their benefits, the following shall be offered:
 

2.2.1. 30%	Discount if paid in full in 30 days
2.2.2. 20%	Discount if paid in full in 60 days
2.2.3. 5%	Discount if paid in full in 90 days