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Origination	12/1/2009	Owner	Kimberly Dillard: Director, Revenue Cycle
Last Approved	10/27/2026		
Effective	10/27/2026	Policy Area	Administrative - Fiscal
Last Revised	10/27/2026		
Next Review	05/25/2029		

110.030 Charity Care Policy

PURPOSE:

The Ventura County Health Care Agency (HCA), including Ventura County Medical Center (VCMC) / Santa Paula Hospital (SPH) strives to provide compassionate, quality patient care for the community we serve. This policy demonstrates HCA's commitment to comply with California Hospital Fair Billing and Fair Pricing requirements by providing free medically necessary hospital services to eligible patients in accordance with objective, standardized criteria.

SCOPE:

This policy applies to VCMC and SPH, including hospital-based outpatient departments and clinics billed as hospital services.

This policy does not apply to services provided in Federally Qualified Health Centers (FQHCs) or to clinic services billed under a clinic fee schedule. Financial assistance for those services is addressed in separate clinic policies.

POLICY:

VCMC and SPH offer a Charity Care Program for eligible patients receiving medically necessary hospital services, pursuant to Health & Safety Code sections 127400 through 127446.

Patients who meet the hospital financial assistance eligibility gate will be evaluated under either:

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- Policy 110.030 – Hospital Charity Care Policy, or
- Policy 110.032 – Hospital Discount Payment Program Policy.

Assignment to Charity Care versus the Discount Payment Program will be made using a standardized, non-discretionary benefit determination process. Charity Care applies when the standardized determination results in an expected patient payment of $0 for eligible hospital services.

An application for financial assistance may be submitted at any time. Services are presumed medically necessary unless the hospital provides advance attestation that services are not medically necessary.

PROCEDURE:

Eligibility for Participation in the Charity Care Program

1. **Eligibility for Hospital Financial Assistance (Eligibility Gate)**

   Patients who meet the eligibility gate below will be evaluated under either the Charity Care Program or the Discount Payment Program using a standardized benefit determination process.

   A patient is eligible to apply for hospital financial assistance if the patient:

   - Self Pay Patients with Patients Family incomes not exceeding 100% of the FPL, will be eligible for the 100% Charity Care discount on services rendered and billed by the Hospital for emergency and Medically Necessary Care
   - High Medical Cost Patients with Patients Family incomes not exceeding 100% of the FPL, may be extended a 100% Charity Care discount on services rendered and billed by the Hospital for emergency and Medically Necessary Care.

   For purposes of this policy:

   - **Self-pay** includes patients without third-party coverage for the services rendered, and patients whose services are not covered due to benefit limitations.
   - **High medical costs** means a patient whose family income is at or below 400% of the Federal Poverty Level (FPL) and who meet at least one of the following conditions:
     - The patient's annual out-of-pocket medical costs at the hospital exceed 10% of their current family income or family income from the previous 12 months, whichever is lower.
     - The patient or family has paid out-of-pocket medical expenses exceeding 10% of their family income during the previous 12 months and provides documentation of those expenses.

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Out-of-pocket medical expenses are costs that are not paid or reimbursed by insurance or other health coverage, including copayments, deductibles, and other patient costs.

This patient's injury or condition being potentially compensable under workers' compensation, automobile, or other insurance coverage does not preclude screening. Where a third party is responsible for payment, Charity Care determinations will be made consistent with applicable law and hospital billing policies.

2. Screening for Coverage and Assistance Programs

HCA staff shall make reasonable efforts to obtain information about whether private or public health insurance, including eligibility for Medi-Cal or Covered California, may fully or partially cover the charges for care.

The fact that a patient is being screened for or applying for insurance coverage shall not preclude the patient from applying for or receiving hospital financial assistance.

Where permitted by law, HCA may assist patients with applying for available coverage programs (e.g., Medi-Cal). Assistance with or application for coverage shall not delay medically necessary care or the hospital's financial assistance determination.

3. Family Definition and Income Determination

The patient's family is defined as:

- For persons 18 years of age and older: spouse or domestic partner; dependent children under 21; and dependent children or any age if disabled, regardless of residence.
- For dependent persons under 18, or ages 18 through 20: parents, caretaker relatives, other children, and dependent children of the parents/caretaker relatives of any age if disabled.

Documentation requirements of family income shall be limited to:

- Recent pay stubs within the last 6 month period before or after the patient was first billed or for preservices, when application is submitted; or
- A recent federal income tax return . Recent tax returns for the last year in which the patient was first billed or 12 months prior to when the patient was first billed.
- Benefit letter (Social Security, disability, etc.)

Assets: For purposes of this policy, HCA will determine eligibility based on income

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and applicable law.

HCA does not consider monetary assets when determining eligibility or benefit level under this policy.

Federal Poverty Level determinations shall use the Department of Health and Human Services poverty guidelines for the number of persons in the patient's family/household.

4. Benefit Determination – Charity Care (Free Care)

Patients who meet the eligibility gate and whose standardized benefit determination results in an expected patient payment of $0 for eligible hospital services will be approved for Charity Care.

Eligibility is determined based on review of a completed Charity Care Application and supporting income. Generally, patients with family income between 0% to 100% of the Federal Poverty Level will be eligible for a discount of 100%.

High Medical Cost Patients with Patient's Family incomes not exceeding 100% of the FPL, may be extended a 100% Charity Care discount on services rendered and billed by the Hospital for emergency and Medically Necessary Care.

The Patient Financial Assistance application should be completed for all patients requesting Financial Assistance and the supporting documentation described in the application form should be gathered.

The Revenue Cycle Director, Chief Financial Officer or Chief Operating Officer may, under unusual circumstances, extend a full Charity Care discount to individuals who would not otherwise qualify for Charity Care under this policy. When such an award is made, the unusual circumstances justifying the award of Charity Care will be documented in writing and maintained in a segregated file in Patient Financial Services. Balances for approved Charity Care patients shall be reduced to $0 and the remaining balance shall be eliminated and classified as charity care.

5. Presumptive Eligibility

A patient may be approved for Charity Care based on presumptive eligibility when reliable information indicates eligibility and the patient is unable to submit documentation, consistent with applicable law and controlled PFS procedures. Examples include, but are not limited to:

- Limited-scope Medi-Cal eligibility (e.g., pregnancy or emergency benefits) without benefits for the services billed;
- Eligibility for a medically indigent adult program offered by another county;
- Patient is homeless or cannot be contacted after reasonable efforts;
- Other reliable indicators supporting eligibility.

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Charity Care determinations shall not be delegated to collection agencies.

6. Notices to Patients

HCA shall provide written notice to patients regarding the availability of Charity Care and the Discount Payment Program, including:

- General notices posted in public locations and on the hospital website;
- Notices provided at points of service; and
- Notices included with billing statements to potentially eligible patients.

The content and format of patient-facing notices and application forms shall meet applicable legal requirements and shall be maintained as controlled operational documents, separate from this policy.

7. Billing and Collection Activities

Billing and collection activities related to patients who are eligible or potentially eligible under this policy shall comply with California Hospital Fair Billing and Fair Pricing requirements and HCA billing and collections procedures.

No account shall be referred to collections until required notices and timeframes have been satisfied and either:

A. The patient has been found ineligible for financial assistance; or
B. The patient has not responded to billing and financial assistance outreach attempts as required by law and HCA procedures.

HCA shall ensure that any collection agencies utilized comply with applicable law and with the requirements of this policy.

8. Duration of Eligibility

If a patient is approved for Charity Care, eligibility is valid for twelve (12) months from the date of determination unless the patient's financial circumstances materially change.

9. Resolution of Disputes

Any disputes regarding eligibility or benefit determinations under this policy shall be reviewed and resolved by the HCA Chief Financial Officer or designee.

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Exhibit 1

Charity Care & Discounted Payment Program

Patients who lack insurance, have inadequate insurance, or high medical costs and meet certain low- and moderate-income requirements, may qualify for discounted payments or charity care. Patients should contact the Ventura County Health Care Agency at **805-648-553**, vchca.org or VCHCA.PatientAssistance@ventura.org to obtain further information. Emergency Department physicians, who are not employees of the hospital, must also provide a discounted payment program. Please contact **626-447-0296** for further information.

There are organizations that will help patients understand the billing and payment process. For assistance, patients may contact the Health Consumer Alliance (https://healthconsumer.org).

For information and eligibility for Covered California, please visit www.coveredca.com.

For Medi-Cal eligibility, please visit www.medi-cal.ca.gov.

For a list of the hospitals' shoppable services, please visit:

https://apps.para-hcfs.com/PTT/FinalLinks/Ventura_V3.aspx#

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Exhibit 2

Notice to Accompany Bills to Potentially Eligible Patients

Our records indicate that you do not have health insurance coverage or coverage under Medicare, Medi-Cal, or other similar government or non-government programs. If you have such coverage, please contact out office at 805-648-9553 as soon as possible, so the information can be obtained and the appropriate entity billed.

If you do not have health insurance coverage, or have high medical costs, you may be eligible for Medicare, Medi-Cal, the Ventura County Health Care Agency's Discounted Payment Program, or the Charity Care Program. For more information about how to apply for Medicare, Medi-Cal, Presumptive Medi-Cal, the California Health Benefit Exchange, or other similar programs, please contact the Ventura County Health Care Agency by telephone at 805-648-9553, the internet at vchca.org or via email at VCHCA.PatientAssistance@ventura.org and speak to a representative who will be able to answer questions and provide you with applications for these programs. An application for the Discount Payment Program is enclosed.

Emergency Department physicians, who are not employees of the hospital, must also provide a discounted payment program. Please contact 626-447-0296 for further information.

For additional assistance, patients may contact the Ventura County consumer assistance center toll free at 866-904-9362 or visit the Ventura County Human Services Agency website at www.vchsa.org.

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Exhibit 3

Notice to Commencement of Collection Activities

John Doe
123 Main Street
Ventura, CA 93001
Re: Encounter #: 2000000001
Balance: $100.00

Dear Mr. Doe,

State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats or violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8 a.m. or after 9
p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgement.
Before assigning your account to a collection agency, a California law requires that HCA notify you of the following information:
The date or dates of service of this account: XX/XX/XXXX
The name of the company your account will be assigned to: California Business Bureau
How you can obtain an itemized bill from us: Please call 805-648-9553 for an itemized bill The name and type of health care coverage on record at the time of services or a statement that the hospital does not have that information
Applications for our Charity Care and Discount Payment Policies: See attached applications The date(s) you were originally sent a notice about applying for financial assistance:
XX/XX/XXXX
The date(s) you were sent a financial assistance application: XX/XX/XXXX
The date a decision was made on the application, if submitted:
XX/XX/XXXX
Please contact us at (805-648-9553/business office) if you have any questions about this letter, or about your account/bill with us.

Respectfully

HCA

For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-382-4357 or online at www.ftc.gov. Patients may also contact the Ventura County consumer assistance center toll free at **866-904-9362** or visit the Ventura County Human Services Agency website at www.vchsa.org

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All Revision Dates

10/27/2026, 05/25/2026, 03/27/2026, 12/17/2024, 5/3/2023, 4/14/2023, 7/30/2019, 8/1/2017

Attachments

Charity Care Application [English]

Charity Care Application [Spanish]

Approval Signatures

Step Description	Approver	Date
Health Care Agency Finance	Michael Taylor: Chief Financial Officer, Health Care Agency	10/27/2026
Hospital Finance	Jill Ward: Chief Financial Officer, VCMC & SPH	10/27/2026
Revenue Cycle	Kimberly Dillard: Director, Revenue Cycle	10/27/2026

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