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<p>DEPARTMENT: BUSINESS OFFICE</p>	
<p>SUBJECT: Charity Care</p>	

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PURPOSE: To establish guidelines and procedures to determine patient eligibility for the purpose of granting community free care to patients unable to pay.

SCOPE: Billing Clerks

COMPLIANCE RESPONSIBILITY: Business Office Manager

POLICY:

Good Samaritan Hospital seeks to address patient's health care and financial needs while remaining committed to the stewardship of Hospital resources. To ensure that Hospital obtains appropriate reimbursement for services provided, several payment options and programs are available to support the needs of uninsured and underinsured patients. When it is determined that a payment solution cannot be obtained through such payment options and programs, then the patient is provided with information about the Hospital Financial Assistance Program (FAP).


PROCEDURE:

This policy outlines the Hospital's operational guidelines on assessing a patient's financial status to determine if they meet the Hospital criteria for discounted payment and/or charity care.

Patient collections processes shall remain in compliance with Hospital policies relevant to patient financial assistance:

- Any patient who requests financial assistance will be afforded the opportunity to apply and be considered.
- Access to necessary care shall in no way be affected by whether financial assistance eligibility exists; medically necessary care will always be provided to the extent the Hospital can reasonably do so.
- The need for financial assistance is a sensitive and deeply personal issue for patients. All Hospital employees will maintain confidentiality of requests for assistance, the information obtained in the application process, and the funding or denial of assistance.
- In an effort to ensure patients' post-acute and follow-up health care needs are met,

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patients who demonstrate lack of financial coverage by third-party insurance are offered information on how the patient may obtain applications for Medicare, Medicaid, Medi-Cal and the Healthy Families Program (CA), coverage offered through the Covered California (CA), or other state or county funded health coverage programs. Hospital will assist patients with applying for government-sponsored programs and follow through to acceptance or denial.

COLLECTIONS PROCESS OVERVIEW

It is the expectation that the patient's estimated cost or liability will be collected in full prior to or at the time of service. If a patient states they cannot pay in full, payment options and programs are offered during the collections process in a consistent sequential order as outlined below:

1. Full payment is requested.
2. A reasonable payment plan based on the estimate is offered. A deposit payment is requested, if appropriate.
3. Eligibility of Government-Funded Programs is explored in programs including, but not limited to:
 - a. Medicare
 - b. Medi-Cal
 - c. Covered California
 - d. Other state or county funded health coverage programs

When a payment solution cannot be founded in Stages 1-3, then the patient is provided with information about the Hospital Financial Assistance Program (FAP). Pending applications for coverage through FAP and from a government funded health program will not preclude the patient's eligibility for the other program.


- a. If at any time, patient requests information or an application for Hospital financial assistance, it is promptly provided.

FINACIAL ASSISTANCE PROGRAM

Overview: Hospital Financial Assistance Program (FAP) ensures that medically necessary health care is provided at discounted or no cost to qualified uninsured and underinsured patients. Any uninsured or underinsured patient who is unable to pay his or her Hospital bill and whose income meets the approved federal poverty level (FPL) qualifications will be considered eligible for Hospital Financial Assistance (FA).

Additionally, patients who incur qualified High Medical Costs may be deemed eligible for

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financial assistance.

Completion of FAP Application:

Upon a patient's request, a Financial Assistance Program (FAP) application shall be provided. Designated personnel will assist patients in completing the Financial Assistance Application and determining eligibility for financial assistance, charity care, or government-funded programs, if applicable. Financial Assistance notices printed in English and Spanish are also placed in the public admission areas at the Hospital. Interpretation services are available to address any questions or concerns and to assist in the completion of Financial Assistance Applications.

A patient, or patient's legal representative, who requests a discounted payment, charity care, or other assistance in meeting his or her financial obligation to the hospital shall make every reasonable effort to provide the hospital with documentation of income and health benefits coverage. If the person requests charity care or a discounted payment and fails to provide information that is reasonable and necessary for the hospital to determine, the hospital may consider that failure in making its determination.

Upon establishing full or partial eligibility under the financial assistance program the coverage will be valid for six (6) months from the date of the eligibility letter. Additionally, other pre-existing patient account outstanding balances at the time of eligibility determination will be included as eligible, excluding exceptions set forth in this policy.


Patient Billing:

Patients applying for Hospital Financial Assistance will continue to receive monthly statements as an awareness of the open balance and to encourage patient engagement if needed. Statements mailed to the patient will include a clear and conspicuous notice advising the patient of Hospital Financial Assistance Program and the appropriate contact information.

The notice shall also:

- advise the patient that he or she may be eligible for programs such as Medicare, Medi-Cal (CA), Covered California or other state or county funded health coverage programs
- how the patient may apply for any of these programs and that the Hospital will

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provide the patient with an application (CA).

- c. that the Hospital will refer the patient to a local consumer assistance center housed at legal services offices (CA).

Disputes:

Efforts to collect healthcare debts by an affiliate, subsidiary or external collection agency of Hospital must adhere to the standards set forth in this policy including the definition and application of a reasonable payment plan.

In dealing with patients eligible for Hospital Financial Assistance or a reasonable payment plan, the Hospital shall not use wage garnishments or place liens on homes as a means of collecting unpaid Hospital bills. This requirement does not preclude Hospitals from pursuing reimbursement from third party liability settlements.


Accounts without an existing FAP or payment arrangement will transfer to an external collection agency at 120 days from first patient billing cycle.

Accounts with a defaulted payment plan with three consecutive missed payments will transfer to an external collection agency upon review and approval of the department supervisor to ensure reasonable attempts to reach the patient/guarantor were made.

Proof of Income:

The patient will submit all necessary income documentation, including copies of IRS forms, W-2 Wages & Earnings, disability payment statements, etc. An application for a government program (i.e., prescription drug assistance programs, DHS, SSI, or any other signed federal program document), may be used to qualify for financial assistance. Financial information obtained will not be used to determine collection activities.

In cases where documentation is unavailable, the patient's income may be verified by having the patient sign the assistance application attesting to the veracity to the income information provide. If the proof of income is questionable, validation of the income should be immediately requested.

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INCOME QUALIFICATIONS


Any uninsured or underinsured patient whose family income is less than 400% of the current federal poverty level (FPG) and is unable to pay his or her Hospital bill shall be considered eligible for financial assistance. Full or partial assistance is based on the criteria outlined below:

400% of 2025 Federal Poverty Guidelines (FPG)		
If your household size is:	Your household income must be no more than:	
	Monthly	Annual
1	\$5,217	\$62,600
2	\$7,050	\$84,600
3	\$8,883	\$106,600
4	\$10,717	\$128,600
5	\$12,550	\$150,600
6	\$14,383	\$172,600

Under the following special circumstances, a patient may be deemed eligible for Charity Care without absolute requirement for submission of a financial assistance application:

Circumstance	California
Eligible for other FPL – qualified programs	(Addressed in Other Special Circumstances section below)
Disabled	n/a
Deceased	Is deceased and without third-party insurance coverage or identifiable estate, no living spouse
Incarcerated	n/a

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Homeless	Is determined to be homeless and is not currently enrolled in Medicare, Medicaid or any government sponsored program, without third-party insurance coverage
Access to Care	Is treated through an Access to Care Program

Other Special Circumstances:

Patients who are eligible for FPL qualified programs such as Medi-Cal, Medicaid, and other government-sponsored low-income assistance programs, are deemed to be indigent. Therefore, such patients are eligible for Charity Care when payment for services is not made by the programs. Patient account balances resulting from non-reimbursed charges are eligible for full charity write-off. Medi-Cal Share of Cost obligations are not eligible for charity write off or the discount program. Specifically included as eligible are charges related to the following:

- Denied inpatient stays
- Denied inpatient days of care
- Non-covered services
- Treatment Authorization Request (TAR) denials
- Denials due to restricted coverage

Presumptive Charity:

Hospital recognizes that a portion of the uninsured or underinsured patient population may not engage in the traditional financial assistance application process. If the required information is not provided by the patient, Hospital administrative staff will review these cases on a case by case basis.


Approval Levels:

Financial assistance determination will be made only by approved Hospital personnel according to the local Hospital levels of authority.

Notification of Determination: Patients will receive notification of Hospital determination within 30 days of submitting the completed application and supporting documentation.

Patient Disputes: FAP qualifications are determined after the application is reviewed for

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eligibility based on criteria contained in this policy. Financial assistance shall not be provided on a discriminatory or arbitrary basis however, the hospital retains full discretion to establish eligibility criteria based on sufficient evidence and information provided by the patient or guarantor.

In the event of a dispute, a patient or guarantor may seek review from management or the Business Office Manager via email at gpuente@goodsamhospital.com in writing by providing additional information to support the dispute at:

Good Samaritan Hospital
Attn: Business Office Manager
901 Olive Dr
Bakersfield, CA 93308
661-215-7799

Proof of Insurance:

If a hospital bills a patient who has not provided proof of coverage by a third party at the time the care is provided or upon discharge Hospital will provide the patient with a Notice of Availability Financial Assistance (NAFA)

REFERENCE:

Visit aspe.hhs.gov/poverty