



Financial Assistance Policy

Mammoth Hospital has reviewed publications from the California Healthcare Association regarding implementation of 2006 (AB774) amendments (SB 1276) and IRS 501(r) thereto regarding Financial Assistance policies. Mammoth Hospital shall provide medically necessary Financial Assistance to all eligible patients pursuant to eligibility requirements and policies set forth here. Staff shall publish a Financial Assistance Policy to be made available to patients consistent herewith. Staff shall adopt, maintain and publish specific policies and procedures regarding disputes, patient notices, debt collection standards and business practices. A copy of the published Financial Assistance Policy, and all amended or revised Policies, shall be provided to the State of California Office of Statewide Health Planning and Development (OSHPD) in accordance with OSHPD state filing procedures (See generally, Title 22 of the California Code of Regulations (CCR) section 96040-96050, et seq.).

Purpose

This policy is intended to:

1. Define the forms of available Financial Assistance and the associated eligibility criteria; and
2. Establish the processes that patients shall follow in applying for Financial Assistance and the process the hospital will follow in reviewing applications for Financial Assistance; and
3. Provide a means of review in the event of a dispute over a Financial Assistance determination;
4. Provide administrative and accounting guidelines to assist with identifying, classifying and reporting Financial Assistance; and
5. Establish the process that patients shall follow to request an estimate of their financial responsibility for services, and the process the hospital shall follow to provide patients with these estimates.
6. Define the discounts available to uninsured patients for hospital services and physician clinic visits performed at SMHD.

Scope / Applicability

This policy applies to all Hospital inpatient & outpatient services in which SMHD performs billing (in most cases it includes the physician professional fees).

Definitions

1. **Covered Services:** Covered Services are all services that are medically necessary except those services that are Elective Services requiring prior administrative approval as defined below are not Covered Services.
2. **Emergent Care:** Emergent Care is any service as deemed life threatening, potential loss of limb or disability if care is delayed (typically service starts in the emergency department and the patient is not discharged until Emergent Care is rendered).
3. **Elective Services Requiring Prior Administrative Approval:** Due to their unique nature, certain non-emergent services require administrative approval prior to admission and the provision of service. Generally, patients who seek complex, specialized, or high-cost services (e.g. experimental procedures, transplants, cosmetic procedures) must receive administrative approval prior to the provision of services. Patients seeking to receive such services are **not** eligible for Full Charity Care, Partial Charity Care, Catastrophic Charity Care, or High Medical Cost Charity Care unless hospital administration makes an exception (only Mono County residents will be considered). SMHD shall develop a process for Mono County resident patients to seek prior administrative approval for services. If a patient receives a service that requires prior administrative approval without obtaining prior approval, the patient shall receive Partial Charity Care or High Medical Cost Charity Care if they are eligible under this policy, or if they are not eligible, they shall receive an Uninsured Patient Discount and a Prompt Payment Discount if payment is submitted promptly in accordance with this policy.
4. **Uninsured Patient:** An Uninsured Patient is a patient who has no source of payment for any portion of their medical expenses, including without limitation, commercial or other insurance, government sponsored healthcare benefit programs or third party liability, or whose benefits under insurance have been exhausted prior to the admission.
5. **Primary Language of Mammoth Service Area:** The primary language of the SMHD local population is English.
4. **Family Income:** Family income is annual family earnings from the prior 12 months or prior tax year as shown by recent pay stubs or income tax returns, less payments made for alimony and child support. Proof of earnings may be determined by annualizing year-to-date family income, giving consideration for current earning rates. For patients over 18 years of age, the patient's Family includes their spouse, domestic partner, and dependent children under 21 years of age, whether living at home or not. For patients under 18 years of age, the patient's family includes their parents, caretaker relatives, and other children under 21 years of age of the parents or caretaker relatives.

Policy

*** Financial Assistance is available to eligible patients who receive Covered Services and who follow applicable procedures (such as completing applications and providing required information).**

A. Financial Assistance: The term Financial Assistance refers to Full and Partial Charity Care, Special Circumstance Charity Care, Catastrophic Charity Care and High Medical Cost Charity Care, Uninsured Patient Discount, Prompt Pay Discount and Extended Payment Plan.

1. Full Charity Care: Full Charity Care is a *complete* write-off of the hospital's undiscounted charges for Covered Services. Full Charity Care is available to patients:

a. Whose Family Incomes are at or below 200% of the most recent Federal Poverty Income guidelines and

b. Who have no source of payment for any portion of their medical expenses, including without limitation, commercial or other insurance, government sponsored healthcare benefit programs or third party liability and

2. Partial Charity Care: Partial Charity Care is a *partial* write-off of the hospital's undiscounted

charges for Covered Services available to patients:

a. Who have no source of payment for any portion of their medical expenses, including without limitation, commercial or other insurance, government sponsored healthcare benefit programs or third party liability. AND

b. For patients whose Family Incomes are between 201%-450% of the most recent Family Federal Poverty Income Guidelines, SMHD shall provide a 40% - 90% discount to provided services that are not already discounted. (i.e., package discounts for cosmetic services). SMHD shall limit expected payments for inpatient services to the highest rate the hospital would expect in good faith to be paid by a government program in which the hospital participates.

3. Special Circumstances Charity Care: Special Circumstances Charity Care allows Uninsured Patients who do not meet the Financial Assistance criteria set forth in section 1 or 2, above, or who are unable to follow specified hospital procedures, to receive a complete or partial write-off of the hospital's undiscounted charges for Covered Services, with the approval of the SMHD Chief Financial Officer, or designee. The hospital must document the decision, including the reasons why the patient did not meet the regular criteria. The following is a non-exhaustive list of some situations that may qualify for Special Circumstances Charity Care:

a. *Bankruptcy:* Patients who are in bankruptcy or recently completed bankruptcy (i.e., discharge of debtor);

b. *Indigent Patients:* patients without a payment source if they do not have a job, mailing address, residence, or insurance.

c. *Deceased:* Deceased patients without insurance, an estate or third party coverage.

d. *Medicare:* Income-eligible Medicare patients may apply for Financial Assistance for denied stays, denied days of care, non-covered services and Medicare cost shares;

e. *Medi-Cal*: Income-eligible Medi-Cal patients may apply for Financial Assistance for denied stays, denied days of care, and non-covered services; however, patients may not receive Financial Assistance for the Medi-Cal share of cost. Persons eligible for programs such as Medi-Cal but whose eligibility status is not established for the period during which the medical services were rendered may apply for Financial Assistance.

4. **Catastrophic Charity Care**: Catastrophic Charity Care is a partial write-off of an Uninsured Patient's financial responsibility for Covered Services that is applied when an Uninsured Patient's financial responsibility exceeds 30% of their Family Income. Patients eligible for Catastrophic Charity Care will receive a full write-off of their undiscounted charges for Covered Services that exceed 30% of their Family Income. *[Uninsured Patient's financial responsibility for undiscounted charges for Covered Services] – [Family Income * 30%] = Catastrophic Charity Care write-off.*

5. **High Medical Cost Charity Care (for Insured Patients)**: High Medical Cost Charity Care for Insured Patients ("High Medical Cost Charity Care") is a partial write-off of the hospital's undiscounted charges for Covered Services. High Medical Cost Charity Care is not available for patients receiving services that are already discounted (e.g., package discounts for cosmetic services). For inpatient services provided to patients who qualify for High Medical Cost Charity Care, SMHD shall limit expected payments for inpatient services to the highest rate the hospital would expect in good faith to be paid by a government program in which the hospital participates. This discount is available to insured patients who meet the following criteria:

- a. The patient's Family Income is less than 450% of the Family Federal Poverty Income guidelines;
- b. The patient's or the patient's family's medical expenses for Covered Services (incurred within a SMHD facility or paid to other providers in the past 12 months) exceed 10% of the patient's Family Income; and
- c. The patient's insurer has not provided a discount off the patient's bill (i.e., the patient is responsible to pay undiscounted charges).

6. **Uninsured Patient Discount**: The Uninsured Patient Discount is a write-off of a portion of the undiscounted charges for Covered Services taken at the time an Uninsured Patient is billed for the services rendered. SMHD's **Uninsured Discount for hospital services is 35% and physician clinic visits is 20%**. The Uninsured Patient Discount does not apply to patients who qualify for charity care or receive services that are already discounted (i.e., package discounts for cosmetic services). Case rate and package rate pricing should not result in expected payment that is less than what the facility would expect had the Uninsured Patient Discount been applied to undiscounted charges for the services. Patients who are responsible for a bill not covered or discounted by any type of insurance or governmental program, or whose benefits under insurance have been exhausted prior to admission are eligible for an Uninsured Discount if the patient or the patient's guarantor verifies that he or she is not aware of any right to insurance or government program benefits that would cover or discount the bill. Insurance in this case includes but is not limited to any HMO, PPO, indemnity coverage, or consumer-directed health plan. Patient's eligibility for discount payment will pay no amount greater than the SMHD would receive from Medicare, Medi-Cal, or other government sponsored programs.

7. **Prompt Payment Discount**: Mammoth offers a (25%) discount of the amount owed by the patient that is applied after all other discounts are applied if the patient submits

payment at time of service or within 30 calendar days of the date that SMHD mails the final bills and/or itemized statement.

8. Extended Payment Plan: On any Partial Charity care or Patient Uninsured Discounts the hospital must allow payments of the discounted price over time. The hospital and the patient may negotiate the terms of the payment plan and take into consideration the patient's family income and essential living expenses. If the hospital and the patient cannot agree on the payment plan, the hospital must use the statutory formula to create a reasonable payment plane, defined as monthly payments that are not more than 10 percent of a patient's family income for a month, excluding deductions for essential living expenses.

Consistent with our mission, SMHD strives to ensure that the financial capacity of families who need healthcare services does not prevent them from seeking or receiving care. SMHD is committed to serving its community and its needs. In addition, this policy complies with the required State and Federal requirements, in particular AB774SB 1276 and IRS 501r.

Responsible Department

Implementation, training, and monitoring compliance with this policy and procedure are the responsibilities of Patient Financial Services.

Sanctions

Violations of this policy and procedure may result in disciplinary measures for the involved employee, up to and including dismissal.

Renewal/Review

This policy and procedure is to be reviewed annually to determine if it complies with current recommendations, guidelines, mandates, statutes, practices, and Mammoth Hospital operations. In the event that changes are required, the policy and procedure will be updated as needed.

PROCEDURES

A. Applying for Financial Assistance:

1. An Uninsured Patient who indicates the financial inability to pay a bill for Covered Service shall be evaluated for Financial Assistance. In order to qualify as an Uninsured Patient, the patient or the patient's guarantor must verify that he or she is not aware of any right to insurance or government program benefits that would cover or discount the bill.
2. The SMHD standardized application form, "**Financial Assistance Application**", will be used to document each patient's overall financial situation. This application shall be available in the primary language(s) of the SMHD service area. Documents and information required to consider eligibility are: Income tax returns, W-2, bank statements, pay check stubs or unemployment/disability payment stubs, employment verification. A credit report may be pulled to further assist in the eligibility process.
3. If an Uninsured Patient does not complete the application form within 30 days of delivery/receipt, the hospital will notify the patient that the application has not been received and will provide the patient reminders monthly until the timely filing/deadline is reached.
4. Charity Application Timely Filing/Deadline: Guarantor/Patient must apply/file for Charity within 240 calendar days from the first date a statement is mailed to patient/guarantor requesting payment for services rendered. Request for Charity consideration will be denied if period exceeds 240 days from initial Self Pay statement.

B. Financial Assistance Determination and Notice:

1. Determination:

- a. SMHD will consider each applicant's Financial Assistance Application and grant financial assistance where the patient meets eligibility requirements and has received (or will receive) Covered Service(s).
- b. SMHD may make financial assistance approval contingent upon a patient applying for governmental program assistance or through Covered California, which may be prudent if the particular patient requires ongoing services.
- c. In determining whether each individual qualifies for financial assistance, other county or governmental assistance programs should also be considered. Many applicants are not aware that they may be eligible for assistance such as Medi-Cal, the Healthy Families Program, Victims of Crime, California Children Services or Covered California.
- d. SMHD should assist the individual in determining if they are eligible for any governmental or other assistance.
- e. Where administrative approval is required, the hospital will consider the request for service in a timely fashion and provide a response to the request in writing.

2. Uncooperative Patients and Non-Compliant Patients:

- a. Uncooperative patients are defined as unwilling to disclose any financial information as requested for Medi-cal and/or charity care determination during the screening process. In these cases, the account will not be processed as charity care. The patient will be advised that unless they comply and provide the information, no further consideration will be given for charity care processing, and standard accounts receivable follow-up will begin (Based on the Patient Billing and Collection Policy).

b. Non-compliant patients are defined as not meeting all required documentation for Medi-Cal screening, but qualifying for charity care. In these cases, the Financial Counselor may process the account for charity care, and the account will remain in the charity-pending financial class until the facility processes a charity write-off adjustment.

3. Abbreviated Application Process:

The hospital may establish an abbreviated application and verification process for low cost services. For these services, the registration department or the Financial Counselor must at a minimum document the family size and the total family gross income in order to determine the level of charity discount, if any. In lieu of income documentation, the hospital must, at minimum, pull a credit report to be certain that the patient or the patient's guarantor seem to have a credit standing in line with their reported income. For example, if the patient reports \$1,000 of gross income per month but is making a large mortgage payment along with several credit card payments, the hospital should require further income verification. If a credit report is not available, document that fact in the patient notes. No further effort is required.

4. Procedure for the use of Passport Health Payment Navigator

Payment Navigator is an automated financial screening tool that produces a fair and balanced,

real time determination of a patient's charity potential and propensity to pay.

At Mammoth Hospital the financial counselor will have access to this service with credit information pulled from Experian to be used to help determine if a patient is eligible for charity care/financial assistance.

The financial counselor is authorized to access the patient's credit information for the sole purpose

of determining eligibility for charity care/financial assistance. This information is strictly confidential and is to be used only by financial counselor, PFS manager and CFO in conjunction with the charity care/financial assistance policy of Mammoth Hospital to determine eligibility. Each credit report pulled along with other pertinent information for a specific patient will be shredded after review by financial counselor.

Notice:

a. **Timeline for determining eligibility:** While it is desirable to determine the amount of financial assistance for which a patient is eligible as close to the time of service as possible, there is no rigid limit on the time when the determination is made. In some cases, eligibility is readily apparent while in other cases further investigation is required to determine eligibility. In some cases, a patient eligible for Financial Assistance may not have been identified prior to initiating external collection action. SMHD's external collection agency shall be made aware of this policy so that the agency knows to refer back to the hospital patient accounts that may be eligible for Charity Care.

b. **Notification Letter:** Once a Full or Partial Charity Care, Catastrophic Charity Care, or High Medical Cost Charity Care determination has been made, a "Charity Notification Letter" will be sent to each applicant advising them of the SMHD decision.

c. **Dispute Resolution:** In the event of a dispute over the application of this policy, a patient may seek review from the hospital by notifying the SMHD Chief Financial Officer (CFO), or designee, of the basis of any dispute and the desired relief. Written communication should be submitted within thirty (30) days of the patient's notice of the circumstances giving rise to the dispute. The CFO or designee shall review the concerns and inform the patient of any decision in writing.

d. **Recordkeeping:** Records relating to financial assistance must be readily accessible. SMHD must maintain information regarding the number of uninsured patients who have received service, the number of financial assistance applications completed, the number

approved, the estimated dollar value of the benefits provided, the number denied and the reasons for denial. In addition, notes relating to each financial assistance application and approval or denial should be entered on the patient's account.

e. **No Misrepresentation:** SMHD or their agents shall not misrepresent this policy to its patients or its patients' guarantors in any way.

Submission to OSHPD: On January 1st of each year SMHD shall forward copies of their Charity Care and Discount Care Policy to the Office of Statewide Health Planning and Development (“OSHPD”). Submission of the policy shall be done consistent with the manner prescribed by OSHPD.

COMMUNICATION OF FINANCIAL ASSISTANCE AVAILABILITY:

A. Information Provided to Patients: During preadmission or registration (or as soon thereafter as practicable) SMHD shall offer:

1. Patients information regarding the charity care and discount policy.
2. Patients who the hospital identifies may be uninsured with a financial assistance application

substantially similar to the SMHD standardized financial assistance application, “Financial Assistance Application”. Any and all applications for Coverage that the patient may qualify for such as Medi-Cal, the Healthy Families Program, Victims of Crime, California Children Services or Covered California.

B. Postings and Other Notices: Information about Financial Assistance shall also be provided as follows:

1. By posting notices in a visible manner in locations where there is a high volume of inpatient or outpatient admitting/registration, including but not limited to the emergency department, billing

offices, admitting office, and other hospital outpatient service settings.

C. Applications Provided at Discharge: If not previously provided, SMHD shall provide

uninsured Patients with applications for Medi-Cal, California Children’s Services, and or Covered California.

D. Languages: All notices/communications provided in this section shall be available in English and other language’s representative of 5% of the service population and in a manner consistent with all applicable federal and state laws and regulations.

E. Notification to Uninsured Patients of Estimated Financial Responsibility: By law, uninsured patients are entitled to receive an estimate of their financial responsibility for hospital services. Except in the case of emergency services, SMHD shall notify patients who the hospital identifies may be uninsured patients that they may obtain an estimate of their financial responsibility for hospital services, and provide estimates to those patients upon request. Estimates shall be written, and be provided during normal business hours. Estimates shall provide the patient with an estimate of the amount the SMHD will require the patient to pay for the health

care services, procedures, and supplies that are reasonably expected to be provided to the patient by the hospital, based upon the average length of stay and services provided for the patient's diagnosis.

F. No More Than Amount Generally Billed (AGB)

A patient determined to be eligible for financial assistance may not be charged more than amounts generally billed for emergency or other medically necessary care to patients who have insurance for such care.

Mammoth hospitals uses the look-back method to determine the amounts generally billed to individuals who have insurance covering emergency or other medically necessary care (AGB). The AGB percentage is calculated using all claims allowed by government payers, **for hospital and physician clinic services**. Total expected payment from allowed claims is divided by the total billed charges for the same claims. The AGB percentages will be updated annually.

Patients determined to be eligible for financial assistance will not be charged more than AGB for emergency or other medically necessary care. Eligible patients with insurance coverage will not be personally responsible to pay more than AGB after all payments by the health insurer have been applied.

G. Patient Confidentiality: All patient financial information obtained for the purposes of determining charity care, patient discounts, and billing and/or collections are required to be kept in strict confidence. Disclosure of such information is limited those participating in the evaluation of a patient's eligibility for financial assistance. Unauthorized disclosure of a patient's confidential financial information is strictly prohibited and subject to disciplinary action to be determined by the CFO.