



Financial Assistance

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I. PURPOSE

- A. To define the forms of Financial Assistance available to patients.
- B. To describe the eligibility criteria for each form of Financial Assistance.
- C. To establish the procedure that patients must follow in applying for Financial Assistance.
- D. To establish the process the hospital will follow in reviewing applications for Financial Assistance.
- E. To provide a means of review in the event of a dispute over a Financial Assistance determination.
- F. To provide administrative and accounting guidelines to assist with identifying, classifying and reporting Financial Assistance.
- G. To establish the process that patients must follow to request an estimate of their financial responsibility for services, and the process the hospital shall follow to provide patients with these estimates.

II. DEFINITIONS

1. **Financial Assistance:** The term Financial Assistance refers to Full Charity Care, Partial Charity Care, High Medical Cost Charity Care, and Special Circumstances Charity Care. Guidelines for determining when Financial Assistance should be provided to patients are set forth in this policy.
2. **Uninsured Patients:** 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.
3. **Insured Patients:** An Insured Patient is a patient who has a third-party source of payment for a portion of their medical expenses.
4. **Covered Service(s):** Covered Services for Full Charity Care, Partial Charity Care, High Medical Cost Charity Care, and Special Circumstances Charity Care are emergency care and other medically necessary care provided by Community Medical Centers (CMC). Goods and services for cosmetic, elective, or experimental medical treatment are not eligible for Financial Assistance under this policy.
5. **Full Charity Care:** Full Charity Care is a complete write-off of CMC's undiscounted charges for Covered Services. Full Charity Care is available to patients:
 1. Who have a Family Income at or below 400% of the most recent Federal Poverty Level ("FLP"); and
 2. Who are Uninsured, as defined above.
- F. **Partial Charity Care:** Partial Charity Care is a partial write-off of CMC's undiscounted charges for Covered Services available to patients:
 1. Who have a Family Income between 351-400% of the FPL.
 2. Who are Uninsured, as defined above.
 3. And to whom the CFO, or his/her designee, has determined the discount should be applied.
 4. CMC shall limit the expected payments for inpatient service to the Medicare inpatient Diagnosis-Related Group ("DRG") for the Covered Service(s) provided (or the highest rate CMC would expect in good faith to be paid by a government program in which CMC participates), or for services where there is no established Medicare DRG, an appropriated discounted amount, provided the services are not already discounted.

5. For outpatient services, CMC shall limit expected payments to the Medicare fee schedule, or where there is no Medicare fee schedule rate, CMC's undiscounted charges multiplied by CMC's Medicare to cost charge ratio for outpatient services.

G. **Special Circumstances Charity Care:** Special Circumstances Charity Care allows Uninsured Patients who do not meet the Financial Assistance Criteria, or who are unable to follow specified hospital procedures to receive a full or partial write-off of the hospital's undiscounted charges for Covered Services, with the approval of CMC's Chief Financial Officer, or his/her designee. The hospital must document the decision, including the reasons why the patient did not meet the regular Financial Assistance criteria. The following is a non-exhaustive list of some situations that may qualify for Special Circumstances Charity Care:

1. **Bankruptcy:** Patients who are in bankruptcy or recently completed bankruptcy.
2. **Homeless Patients:** Emergency room patients without a payment source if they do not have a job, mailing address, residence, or insurance.
3. **Deceased Patients:** Deceased patients without insurance, an estate, or third party coverage.
4. **Medicare Denied Services:** Income-eligible Medicare patients may apply for Financial Assistance for denied stays, denied days of care, and non-covered services. Patients may not receive Financial Assistance for Medicare share of cost.
5. **Medi-Cal Denied Services:** Income-eligible Medi-Cal patients may apply for Financial Assistance for denied stays, denied days of care, and non-covered services. 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.

H. **High Medical Costs for Insured Patients Charity Care ("High Medical Costs Charity Care"):** High Medical Cost Charity Care is a complete write-off of the Patient Responsibility Amount for Covered Services. This discount is available to patients who meet the following criteria:

1. The patient is an Insured Patient.
2. The patient's Family Income is less than 350% of the FPL; and
3. The patient's, or the patient's family's medical expenses for Covered Services (incurred at CMC or other providers in the past twelve (12) months, exceed 10% of the patient's Family Income.

I. **Emergency Physician:** An Emergency Physician is a physician who provides emergency medical services in a hospital.

J. **Federal Poverty Level ("FPL"):** FPL means the measure of income level that is published annually by the United States Department of Health and Human Services ("HHS") and is used by CMC for determining eligibility for Financial Assistance.

K. **Patient Responsibility Amount:** The amount that an Insured Patient is responsible to pay out-of-pocket after the patient's third-party coverage has determined the amount of the patient's benefits.

L. **Patient's Family:** The Patient's Family shall be determined as follows:

1. **Adult Patients:** For patients 18 years of age or older, the Patient's Family includes their spouse, domestic partner, and dependent children less than 21 years of age, whether living at home or not.
2. **Minor Patients:** For patients under 18 years of age, the Patient's Family includes their parents, caretaker relatives, and other children less than 21 years of age of the parent(s) or caretaker relatives.

M. **Tortfeasor:** A tortfeasor is a person who commits a tort (civil wrong), intentionally or through negligence.

III. POLICY

A. CMC shall provide Financial Assistance, consistent with this policy, in the form of discounted or free medical care, to eligible CMC patients who are:

1. Low-income Uninsured Patients.
2. Low-income Insured patients with high medical costs.
3. Patients with Special Circumstances.

B. CMC shall provide low-income Uninsured Patients and low-income Insured Patients with high medical costs information required by law regarding their estimated financial responsibility for services and the availability of Financial Assistance and discounts, consistent with this policy.

C. This policy applies to CMC licensed hospital facilities. Unless otherwise specified, this policy does not apply to physicians or other medical providers whose services are not included in CMC's bill. In California, an Emergency Physician who provides emergency services in a hospital is required to provide discounts to uninsured patients or

patients with high medical costs who are at or below 350% of the FPL. Physician specialists who are called to CMC's Emergency Department or who have privileges with CMC outside of the Emergency Department are not Emergency Physicians.

IV. PROCEDURE

A. Eligibility

1. Eligibility Criteria: During the application process, CMC shall apply the following eligibility criteria for Financial Assistance:

Financial Assistance Category	Patient Eligibility Criteria	Available Discount
Full Charity Care	<ol style="list-style-type: none"> 1. Patient is an Uninsured Patient; 2. Patient has a Family Income at or below 350% of the most recent FPL. 	Complete write-off of CMC's undiscounted charges for Covered Services.
Partial Charity Care	<ol style="list-style-type: none"> 1. Patient is an Uninsured Patient; 2. Patient has a Family Income between 351-400% of the most recent FPL. 	<p>Partial write-off of CMC's undiscounted charges for Covered Services.</p> <p>Inpatient Services: CMC shall limit expected payments for inpatient services to the Medicare inpatient Diagnosis-Related Group ("DRG") for the Covered Service(s) provided (or the highest rate CMC would expect in good faith to be paid by a government program in which CMC participates), or for services where there is no established Medicare DRM, an appropriate discounted amount.</p> <p>Outpatient Services: CMC shall limit expected payments to the Medicare fee schedule, or where there is no Medicare fee schedule rate, CMC's Medicare cost to charge ratio for outpatient services.</p>
High Medical Cost Charity Care (for Insured Patients)	<ol style="list-style-type: none"> 1. Patient is an Insured Patient; 	Complete write-off of the Patient Responsibility Amount for Covered Services.

	<ol style="list-style-type: none"> 2. Patient's Family Income is at or below 350% of the most recent FPL; 3. Medical expenses for patient or their family (incurred at CMC or other providers in the past 12 months) exceeds 10% of the patient's Family Income. 	
<p style="text-align: center;">Special Circumstances Charity Care</p>	<ol style="list-style-type: none"> 1. Patient is an Uninsured Patient or Under-Insured Patient; 2. Does not meet the Financial Assistance Criteria; 3. A special circumstance exists; 4. The Chief Financial Officer or his/her designee has approved the discount; 5. CMC documents the decision, including the reasons why the patient did not meet the regular Financial Assistance criteria. 	<p style="text-align: center;">Full or partial write-off of the hospital's undiscounted charges for Covered Services.</p>

2. **Calculating Family Income:** To determine a patient's eligibility for Financial Assistance, CMC shall first calculate the Patient's Family income, as follows:
 - a. **Proof of Family Income:** Patients shall only be required to provide recent pay stubs or tax returns as proof of income. Patient's Family income is the annual earnings of all members of the Patient Family from the prior twelve (12) months or prior tax year as shown by the recent pay stubs or income tax returns, less payments made for alimony and child support.
 - b. **Calculating Family Income for Expired Patients:** Expired patients with no surviving spouse, may be deemed to have no income for purposes of calculation of Patient's Family income. Documentation of income is not required for expired patients; however, documentation of estate assets may be required. The surviving spouse of an expired patient may apply for Financial Assistance.
3. **Calculating Patient's Family Income as a Percentage of FPL:** After determining a Patient's Family income, CMC shall calculate the Patient's Family income level in comparison to the FPL, expressed as a percentage of the FPL. For example, if the FPL for a family of three is \$20,000, and a Patient's Family income is \$60,000, CMC shall calculate the Patient's Family income to be 300% of the FPL. This calculation shall be used to determine whether a patient meets the criteria for Financial Assistance.
4. **Financial Assistance Exclusions/Disqualification:** The following are circumstances in which Financial Assistance is not available under this policy:
 - a. **Medi-Cal Patients with Share of Cost:** Medi-Cal patients who are responsible to pay share of cost are not eligible to apply for Financial Assistance to reduce the amount of Share of Cost owed. CMC shall seek to collect these amounts from patients.
 - b. **Patient Declines Covered Services:** An Insured Patient who elects to seek services that are not covered under the patient's benefit agreement (such as an HMO patient who seeks out-of-network services from CMC, or a patient who refuses transfer from CMC to an in-network facility) is not eligible for Financial Assistance.
 - c. **Insured Patient Does Not Cooperate with Third-Party Payer:** An Insured Patient who is insured by a third-party payer that refuses to pay for services because the patient failed to provide information

to the third-party payer necessary to determine the third-party payer's liability is not eligible for Financial Assistance.

- d. Payer Pays Patient Directly: If a patient receives payment for services directly from an indemnity, Medicare Supplement, or other payer, the patient is not eligible for Financial Assistance.
- e. Information Falsification: CMC may refuse to award Financial Assistance to patients who falsify information regarding income, household size, or other information in their eligibility application.
- f. Third Party Recoveries: If the patient receives a financial settlement or judgment from a third-party tortfeasor that caused the patient's injury, the patient must use the settlement or judgment amount to satisfy any patient account balances, and is not eligible for Financial Assistance.
- g. Professional (Physician) Services: Services of physicians such as anesthesiologists, radiologists, hospitalists, pathologists, etc. are not covered under this policy. Any exceptions are set forth in Exhibit A. Many physicians have charity care policies that allow patients to apply for free or discounted care. Patients should obtain information about a physician's charity care policy directly from their physician.

B. Application Process

1. CMC shall make all reasonable efforts to obtain from the patient or his or her representative, information about whether private or public health insurance may fully or partially cover the charges for care rendered by CMC to patient. A patient who indicates at any time the financial inability to pay a bill for hospital services 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. All patients should be encouraged to investigate their potential eligibility for government program assistance if they have not already done so. CMC will provide an application for the Medi-Cal program or other government funded programs if the patient indicates they do not have coverage by a third-party payer or requests Financial Assistance.
3. Patients are required to make every reasonable effort in providing CMC with documentation of income and health benefits coverage.
4. Patients who wish to apply for Financial Assistance shall use the CMC standardized application form "[Application for Financial Assistance](#)".
5. Patients may request assistance with completing the Application for Financial Assistance in person at the [CMC locations](#) listed on Exhibit C or over the phone by contacting Admitting at (559) 459-2998.
6. Copies of the Application for Financial Assistance may also be found by visiting the CMC locations listed on Exhibit C, through the mail, or via the CMC website (www.communitymedical.org).
7. Patients should complete the Application for Financial Assistance as soon as possible after receiving treatment at CMC. Failure to complete and return the application within 180 days of the patient's discharge date may result in the denial of Financial Assistance.
8. Patients should mail Applications for Financial Assistance to: Community Medical Centers, Patient Financial Services Department, P.O. Box 1232, Fresno, CA 93715, Attn: Financial Assistance Application. Applications received later than 180 days may still be considered for acceptance.

C. Financial Assistance Determination

1. CMC will consider each application for Financial Assistance and grant Financial Assistance when the patient meets the eligibility criteria set forth above.
2. Information concerning income or assets obtained as part of the eligibility process should be maintained separately from the files used to collect the debt, and should not be reviewed in the debt collection process.
3. If the patient fails to return documentation of income and/or health benefits coverage, and CMC can reasonably make a determination in the absence of the requested documentation, CMC should make the determination based on the information known. If the patient fails to provide reasonable and necessary information such as documentation of income and/or health benefits coverage, CMC may consider that failure in determining eligibility for Financial Assistance.
4. Patients may also apply for governmental program assistance.
 - a. CMC should assist patients in determining if they are eligible for any governmental or other assistance, or if a patient is eligible to enroll with plans in the California Health Benefit Exchange (i.e., Covered California).
 - b. If a patient applies, or has a pending application for another health coverage program at the same time that he or she applies for Financial Assistance, the application for coverage under another health coverage program shall not preclude the patient's eligibility for Financial Assistance.

5. Applications should be reviewed promptly. CMC shall complete its determination of eligibility within 45 days of receipt of the application. An application will not be considered complete if insurance or other sources of payment are still pending.
6. Once a Full Charity Care, Partial Charity Care, High Medical Cost Charity Care, or Special Circumstances Charity Care determination has been made, a Notification Form will be sent to each applicant advising them of CMC's decision.
7. If a patient is approved under this policy, but after the initial application and approval process it is determined that patient is ineligible due to a third-party payer, the charges shall be reinstated and CMC shall pursue the third-party payer to obtain payment on the patient's account. If it is later determined that the third-party payer is not responsible for payment of the patient's charges, the patient's eligibility shall be reinstated without requirement a new financial evaluation form.
8. Once a determination is made that a patient is eligible for Financial Assistance, the patient is presumed eligible for a period of six months after the Hospital issues the Notification Form to the patient. After one year, patients must re-apply for Financial Assistance.
9. If the Financial Assistance determination creates a credit balance in favor of the patient, the refund of the credit balance shall include interest on the amount of the overpayment from the date of the patient's payment at the statutory rate (10% per annum) pursuant to Health and Safety Code section 127400, provided that CMC is not required to refund a credit balance that is, together with interest, less than five dollars (\$5.00).

D. Disputes

1. A patient may seek review of any decision by CMC to deny Financial Assistance by notifying Patient Financial Services of the basis for the dispute and the desired relief within thirty (30) days of the patient receiving the notice of the circumstances giving rise to the dispute. Patients may submit the dispute orally by calling Patient Financial Services at (559) 459-3939, or in writing by mailing the above information to Community Medical Centers, Patient Financial Services Department, P.O. Box. 1232, Fresno, CA 93715. Patient Financial Services shall review the patient's dispute as soon as possible and inform the patient of any decision in writing.

E. Availability of Financial Assistance Information

1. Languages: This policy shall be available in the primary language(s) of CMC's Service Area. In addition, all notices/communications provided in this section shall be available in primary language(s) of hospital's service area and in a manner consistent with all applicable federal and state laws and regulations. Primary Language(s) of CMC's Service Area is a language used by the lesser of 1,000 people or 5% of the community served by CMC or the population likely to be affected or encountered by CMC. CMC may determine the percentage or number of limited English proficiency individuals in the CMC's community or likely to be affected or encountered by CMC using any reasonable method.
2. Information Provided to Patients During the Provision of Hospital Services:
 - a. Preadmission or Registration: During preadmission or registration (or as soon thereafter as practicable) CMC shall provide all patients with a copy of a [plain language summary of the Financial Assistance Policy](#) which contains information regarding their right to request an estimate of their financial responsibility for services, as well as the locations where patients can go to get assistance applying for Financial Assistance.
 - b. Emergency Services: In the case of emergency services, CMC shall provide all patients a plain language summary of the Financial Assistance Policy as soon as practicable after stabilization of the patient's emergency medical condition or upon discharge.
 - c. Applications Provided at Discharge: At the time of discharge, CMC shall provide all patients with a copy of a plain language summary of the Financial Assistance Policy, and all Uninsured Patients with applications for Medi-Cal and California Children's Services or any other potentially applicable government program.
3. Information Provided to Patients at Other Times:
 - a. Contact Information: Patients may contact CMC's Admitting Department by phone at (559) 459-2998 or in person at the locations listed on [Financial Assistance - Locations](#) document, to obtain additional information about Financial Assistance and to receive assistance with the application process.
 - b. Billing Statements: CMC shall bill patients in accordance with CMC's Billing and Collections Policy. Billing statements to patients shall include a plain language summary of the Financial Assistance Policy entitled "[Financial Assistance - Simplified Language](#) and a phone number for patients to call

- with questions about Financial Assistance, and the website address where patients can obtain additional information about Financial Assistance including the Financial Assistance Policy, a plain language summary of the policy, and the Application for Financial Assistance. A [summary of the patient's legal rights](#) shall also be included on the patient's final billing statement.
- c. Upon Request: CMC shall provide patients with paper copies of the Financial Assistance Policy, the Application for Financial Assistance, and the plain language summary of the Financial Assistance Policy upon request and without charge.

4. Publicity of Financial Assistance Information:

- a. Patients Provided Copies: CMC shall offer a paper copy of the plain language summary of the Financial Assistance Policy to patients as part of the admission or discharge process.
- b. Billing Statement Notice: CMC shall include a conspicuous written notice on billing statement that notifies and informs recipients about the availability of Financial Assistance under CMC's Financial Assistance Policy and includes: the direct web site address where copies of the Financial Assistance Policy, plain language summary of the Financial Assistance policy, and Financial Assistance Policy Application Form may be obtained, as well as the telephone number of the Admitting Department, which is available to provide information about the Financial Assistance Policy and assistance with the application process.
- c. Public Displays: CMC shall set up conspicuous public displays (or other measures reasonably calculated to attract patients' attention) that notify and inform patients about this policy in public locations at CMC including, at a minimum, the emergency room and admissions areas.
- d. Website: The Financial Assistance Policy, Application for Financial Assistance, and plain language summary of the Financial Assistance Policy shall be available in a prominent place on CMC's website (www.communitymedical.org). Persons seeking information about Financial Assistance shall not be required to create an account or provide any personal information before receiving information about Financial Assistance.
- e. Mail: Patients may request a free copy of the Financial Assistance Policy, Application for Financial Assistance and plain language summary of the Financial Assistance Policy be sent by mail.
- f. Advertisements/Press Releases: As necessary, CMC will place an advertisement regarding the availability of Financial Assistance at CMC in the principal newspaper(s) in the communities served by CMC, and when doing so is not practical, CMC will issue a Press Release containing this information, or use other means that CMC concludes will widely publicize the availability of the policy to affected patients in our communities.

F. Miscellaneous

1. Recordkeeping: Records relating to Financial Assistance must be readily accessible. CMC must maintain information regarding the number of Uninsured Patients who have received services from CMC, the number of Applications for Financial Assistance completed, the number approved, the estimated dollar value of the benefits provided, the number of applications denied, and the reasons for denial. In addition, notes relating to a patient's approval or denial for Financial Assistance should be entered into the patient's account.
2. Payment Plans: Patients may be eligible for a payment plan. Payment plans shall be offered and negotiated per CMC's Billing and Collections Policy.
3. Billing and Collections: CMC may employ reasonable collection efforts to obtain payment from patients. Information obtained during the application process for Financial Assistance may not be used in the collection process, either by CMC, or by any collection agency engaged by CMC. General collection activities may include issuing patients statements, phone calls, and referral of statements that have been sent to the patient or guarantor. Affiliates and Revenue Cycle departments must develop procedures to ensure that patient questions and complaints about bills are researched and corrected where appropriate, with timely follow up with the patient. Neither CMC, nor any collection agency engaged by CMC, will engage in any extraordinary collection actions (as defined by CMC's Billing and Collection Policy). Copies of CMC's Billing and Collection policy may be obtained free of charge on CMC's website at www.communitymedical.org.
4. Submission to OSHPD: CMC will submit Financial Assistance policies to the Office of Statewide Planning and Healthcare Development ("OSHPD"). Policies can be located on the OSHPD website located here: <https://syfphr.oshpd.ca.gov/>.

G. Amounts Generally Billed

1. In accordance with the Internal Revenue Code Section 1.501(r)(5), CMC adopts the prospective Medicare methods for amounts generally billed. Patients who are eligible for Financial Assistance are not financially

responsible for more than the amounts generally billed.

V. REFERENCES

Internal Revenue Code section 501(r)

26 Code of Federal Regulations 1.501(r)

California Health and Safety Code sections 124700-127446

References

Reference Type	Title	Notes
Documents referenced by this document		
Referenced Documents	Financial Assistance (Locations)	
Referenced Documents	Financial Assistance Policy Notice of Rights	
Referenced Documents	Application for Financial Assistance	
Referenced Documents	Financial Assistance - Simplified Language	
Referenced Documents	Notification Form	
Referenced Documents	www.communitymedical.org	
Referenced Documents	https://syfphr.oshpd.ca.gov/	
Applicable Documents	Financial Assistance (Provider List)	

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at

<https://www.lucidoc.com/cgi/doc-gw.pl?ref=communitymc:24817>.