

Number: MA1023	Title: Patient Financial Assistance/Charity Care	Page 2 of
		18

Assistance policy does not cover any charges that are considered unrelated business income to the hospital.

POLICY:

UAH will make every reasonable effort to identify and assist eligible patients in meeting their financial obligation to pay for hospital services. Financial assistance is designed to aid patients with demonstrated financial need and is not intended to supplement or circumvent third party coverage, including Medicare and/or Medical. Financial assistance information for UAH is widely publicized, both to the community at large and to UAH population. Review can be facilitated through the use of interpreters (language, vision, and hearing) or written materials as requested by the individual. UAH will respect the dignity and privacy of any patient who requires assistance in meeting their financial obligation as described in the procedural sections below.

DEFINITIONS

For the purposes of this policy the following definitions and requirements apply:

Charity Care That portion of care provided by a hospital to a patient for

which a third-party payer is not responsible, and the patient is unable to pay, and for which the hospital has no

expectation of payment.

Discounted Payment Limited, expected payment for emergency and medically

necessary services to a discounted rate for financially qualified patients whose income is between 201 and

400%, inclusive, of the Federal Poverty Level.

Extraordinary Collection Action Any action against an Individual(s) responsible for a

bill related to obtaining payment of a Self-Pay Account that requires a legal or judicial process. ECAs also includes transferring of a Self-Pay Account to another party for purposes of collection without the use of legal or judicial process or the reporting of adverse information to

credit agencies/bureaus.

and maintenance; food and household supplies; utilities and telephone; clothing; medical and dental payments; insurance; school or childcare; child and spousal support;

Number: MA1023	Title: Patient Financial Assistance/Charity Care	Page 3 of
		18

transportation and auto expenses, including insurance, gas and repairs; installment payments; laundry and cleaning; and other extraordinary expenses

Established Cash Price

The expected payment amount after the application of a discount from its full charges for services offered to patients who have no insurance or qualify under the

Federal Poverty Level

The most recent poverty guidelines periodically adopted by the federal Department of Health and Human Services for determining financial eligibility for participation in various programs based upon family size as applicable to California.

Homeless

A person is Homeless if he/she lives:

- 1. In a place not meant for human habitation such as: streets, cars, abandoned buildings, parks.
- 2. In emergency shelters.
- 3. In transitional or supportive housing (for people coming from the street or a shelter) and.
- 4. In any of the above places but is in a hospital/institution short-term (30 days or less).
- 5. In a private dwelling but will be evicted within a week.
- 6. In an institution but will be discharged within a week and the discharging institution does not provide housing as part of discharge planning.
- 7. Without a secure living environment because the patient is a victim of domestic violence.
- 8. Without any possible residence having been identified and with no resources nor support networks to assist with obtaining housing.

Source: www.HUD.gov offices

Number: MA1023	Title: Patient Financial Assistance/Charity Care Page 4 of 18
	http://www.dmh.co.la.ca.us/Hah/documents/COUNTRYS 3 %20Homelessness %20Eligibility %20Doc Guide.pdf#search=%22defining%20homelessness%22
Income	Includes, but is not limited to, wages, salaries, Social Security payments, public assistance, unemployment and
	alimony, pensions, regular insurance and annuity payments, income from estates and trusts, assets drawn down as withdrawals from a bank, sale of property and one-time insurance or compensation payments.
Medically Necessary S	Services A medically necessary service or treatment is one that is absolutely necessary to treat or diagnose a patient and
	illness, or injury if it were omitted, and is not considered an elective or cosmetic surgery or treatment.

Patient

For the purpose of this Policy, Patient refers to the individual seeking services or the individual responsible financially for services UAH defines the guarantor as the patient unless mentally incapacitated or a minor.

Patient with High Medical Costs Patient who meets all of the following requirements:

1. A patient with third party coverage (i.e., not a Self

Number: MA1023	Title: Patient Financial Assistance/Charity Care	Page 5 of
		18

UAH utilizes an automated, predictive scoring tool to qualify patients for Charity Care. The PARO tool predicts the likelihood of a patient to qualify for Charity Care based on publicly available data sources. PARO provides estimates of the patient's likely socio-economic standing, as well as the patient's household income and size.

Self-Pay Patient

A patient who meets the following criteria:

- 1. No third-party insurance.
- 2. No Medi-Cal or other government-sponsored program; and
- 3. No coverage under Workers Compensation, automobile insurance, or other insurance as determined and documented by UAH.

PROCEDURE

A. COMMUNICATION AND PATIENT/ACCOUNT IDENTIFICATION

1. UAH

Number:

Number: MA1023	Title: Patient Financial Assistance/Charity Care	Page 7 of
		18

Number: MA1023	Title: Patient Financial Assistance/Charity Care	Page 8 of
		18

- b. If it is determined that the family income is above 400% of the Federal Poverty Level (FPL), UAH may still consider the patient eligible for financial assistance, but the following information may be required:
 - i. Employment status will be considered in the context of whether the likelihood of future earnings will be sufficient to meet the cost of paying for healthcare services within a reasonable period of time.
 - ii. Unusual expenses or liabilities.
 - iii. Additional information as required for special circumstances.
- 2.0 Eligibility for financial assistance may be determined at any time UAH is in receipt of qualifying information. This includes pre-qualificat 3 12 T e 12 Tf1 0 0 1 360.292 recail

Number: MA1023 Title:

Number: MA1023	Title: Patient Financial Assistance/Charity Care	Page 12 of
		18

- 5.4 Each patient billing statement will include a prominent statement indicating the availability of financial assistance. The bill will also indicate the dates of hospital services and if a third party has been billed.
- 5.5 Patient bills will include information about a UAH contact, including an address and telephone number patients may call when they have questions about their bill. Patient billing questions will be responded to promptly by telephone or in writing.
- 5.6 If the patient fails to engage in the collections cycle, and formal collections are required, UAH will follow all fair debt and collections practices according to this Policy and will act in a manner that treats patients with dignity, respect, and compassion. Prior to formal collections, UAH will provide written notice containing:
 - 5.6.1 Nonprofit credit counseling services that may be available in the area.
 - 5.6.2 California Health and Safety Code Section 127430(a).
 - 5.6.3 Patients will be sent a notice of the following information: (1) date of service; (2) name of entity to whom debt is being assigned; (3) how to get an itemized bill; (4) and an app/F3 1 79 ann Financiaw

Number: MA1023	Title: Patient Financial Assistance/Charity Care	Page 13 of
		18

5.9 Financial Assistance determination will be made only by approved Hospital personnel. In the event of a dispute, a patient or guarantor may seek review

Number: MA1023 Title: Patient Financial Assistance/Charity Care Page 14 of 18

Number: MA1023	Title: Patient Financial Assistance/Charity Care	Page 15 of
		18

È

u quý v c n tr giúp b μ ng ngôn ng c a mình, vui lòng g i 626-574-3594 b nh nhân có th l y thêm thông tin ho p nh n c a b nh vi l c a t 8 gi n 5 gi chi u, t Th n Th Sáu và n m

Number: MA1023	Title: Patient Financial Assistance/Charity Care	Page 16 of
		10

626-574-3594

Number: MA1023	Title: Patient Financial Assistance/Charity Care	Page 17 of
		18

CEEB TOOM: Yog koj xav tau kev pab ua koj hom lus, thov hu rau 626-574-3594 uas yog qhov chaw cov neeg mob mus muab tau ntaub ntawv ntxiv los sis mus rau nram tsev kho mob qhov chaw ua hauj lwm rau npe kho mob uas yog qhov chaw cov neeg mob mus muab tau ntaub ntawv ntxiv. Qhov chaw ua hauj lwm qhib 8am-5pm Monday txog Friday thiab nyob ntawm lub qhov rooj loj ntawm peb cov tsev kho mob. Muaj cov kev pab thiab kev pab cuam rau cov neeg xiam oob qhab, xws li cov ntaub ntawv ua braille, ntawv loj, suab kaw mloog, thiab lwm hom ntaub ntawv mus muab tau siv tshuab hluav taws xob kuj muaj. Cov kev pab no pub dawb xwb.

; , 626-574-3594

8 5

, and the second se