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**Policy**

Prime Healthcare For-profit Facilities will offer a charity care program for those patients who meet the eligibility tests described below and comply with the requirements of the Health & Safety Code sections 127400 - 127446.

A significant component of Prime Healthcare For-profit Facilities is to provide care for patients in times of need. Prime Healthcare For-profit Facilities provides charity care as a benefit to the community we serve as a not-for-profit hospital. To this end, Prime Healthcare For-profit Facilities are committed to assisting low-income and/or uninsured eligible patients with appropriate discount payment and charity care programs. All patients will be treated fairly, with compassion and respect.

Financial assistance policies must balance a patient’s need for financial assistance with the hospital’s broader fiscal stewardship.

Outside debt collection agencies and the hospital’s internal collection practices will reflect the mission and vision of the hospital.

Financial assistance through discount payment and charity care programs is not a substitute for personal responsibility. It is the patients’ responsibility to actively participate in the financial assistance screening process and where applicable, contribute to the cost of their care based upon their ability to pay.

**Procedure:**

- 1. Eligibility for Participation in Charity Care Program**
  - A. Self-Pay Patients**

A patient is eligible for the Charity Care Program under this policy if (1)The patient does not have third party coverage from a health insurer, health care service plan, union trust plan, Medicare, or Medi-Cal or whose injury is not a compensable injury for purposes of workers’ compensation, automobile insurance, or other insurance as determined and documented by the hospital and (2) whose family income does not exceed 450% of the Federal Poverty Level and (3) the patient is either an uninsured patient or a patient with a high Medical cost.

Eligibility alone is not an entitlement to financial assistance qualification under this Policy. The patient must complete the Financial Assistance Application and provide all required documentation and the Facility must complete a process of applicant evaluation and determine qualification before charity care or a discount payment may be extended to the patient.



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**B. Insured Patients with high medical costs**

A patient who has third party coverage or whose injury is a compensable injury for purposes of workers’ compensation, automobile insurance, or other insurance as determined and documented by the hospital may qualify for the Charity Care Program if all of the following conditions are met: (1) the patient has a family income of less than 450% of the Federal Poverty Level; (2) the patient does not receive a discount rate from the hospital as a result of his or her third party coverage; and (3) the patient has annual out-of-pocket costs incurred by that individual:

**(a) at a Prime Healthcare Facility that exceeds the lesser of:**

- (i) 10% of the patient’s current family income; or
- (ii) 10% of the patient’s family income in the prior 12 months

**(b) the patient has annual out of pocket expenses that exceeds 10% of the patient’s family income if the patient provides documentation of the patient’s medical expenses paid by the patient or the patient’s family in the prior 12 months.**

Hospital staff shall make reasonable efforts to obtain from the patient, or his/ her representative, information about whether patient has coverage through a private or public health insurance plan that may fully or partially cover the charges for care. If the patient does not have proof of third party coverage, Hospital staff shall provide the patient with information that the patient may be eligible for specified health coverage programs, including, but not limited to, Medi-Cal, California Children’s Services, the California Health Benefit Exchange or other county-funded health care programs.

The fact that a patient is applying for any of the above described health care coverage shall not preclude such patient from qualifying for the Charity program or the Discount Payment Program.

**C. Other Circumstances**

The Director of the Hospital’s Patient Financial Services, (PFS) Department shall also have the discretion to extend charity care or a discount to patients under the following circumstances:

- (i) The patient qualifies for limited benefits under the State’s Medi-Cal Program, i.e., limited pregnancy or emergency benefits, but does not have benefits for other services provided at the Hospital.
- (ii) The patient qualifies for a Medically Indigent Adult Program offered by a county other than the one in which the Hospital is located.
- (iii) Reasonable efforts have been made to locate and contact the patient, such efforts have been unsuccessful, and the PFS Director has reason to believe that the patient would qualify for charity or a discount, i.e., homeless;



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(iv) A Third-Party Collection Agency has made efforts to collect the outstanding balance and has recommended to the Hospital's PFS Director that charity care or a discount be offered.

**D. Completion of a Financial Assistance Application**

1. The Financial Assistance Application should be completed as soon as there is an indication the patient may be in need of financial assistance. The application form may be completed during a patient stay, or after services are completed and the patient has been discharged.
2. The Financial Assistance Application provides:
  - a. Information necessary for the Facility to determine if the patient has income sufficient to pay for services.
  - b. Documentation useful in determining qualification for financial assistance; and
  - c. An audit trail documenting the Facility's commitment to providing financial assistance.
3. In certain circumstances, a completed Financial Assistance Application may not be required if the Facility, in its sole discretion, determines it has sufficient patient financial information from which to make a financial assistance qualification decision.
4. If a patient applies or has a pending application for another health coverage program at the same time he or she applies for financial assistance under this Policy, neither application shall prevent the patient from establishing eligibility under the other program.

**E. Determination Based On Ability to Pay**

Qualification for charity care shall be determined solely based on the patient's and/or patient family representative's ability to pay. Qualification for financial assistance shall not be based in any way on age, gender, sexual orientation, gender identity, ethnicity, national origin, veteran status, disability or religion. While financial assistance shall not be provided on a discriminatory or arbitrary basis, the Facility retains full discretion, consistent with laws and regulations, to establish eligibility criteria and determine when a patient has provided sufficient evidence of qualification for financial assistance.

**F. Asset/Income Qualification**

1. For Charity Care: Family size and documentation of family income in the form of federal income tax returns and recent pay stubs.
  - a. Family size and documentation of income and assets including information on all monetary assets including, without limitation, federal income tax returns, recent pay stubs, and/or other relevant information, but not including statements on retirement or deferred compensation plans qualified under the Internal Revenue Code, or nonqualified



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deferred compensation plans. The Facility may require waivers or releases from the patient or patient’s family, authorizing the Facility to obtain account information from financial commercial institutions, or other entities that hold or maintain the monetary assets, to verify their value.

- b. A patient’s family assets may be evaluated to determine if sufficient patient household resources exist to satisfy the Facility’s bill for services rendered. Evaluation of patient assets will consider both the asset value and amounts owed against the asset to determine if potential net worth is available to satisfy the patient payment obligation. Recognizing the need to protect basic household assets, each patient family unit evaluated will be allowed the following asset exemptions:
  - i. Primary residence;
  - ii. One vehicle per patient or two vehicles per family unit;
  - iii. The first \$10,000 of monetary assets, and 50% of monetary assets after the first \$10,000; and
  - iv. Retirement or deferred compensation plans qualified under the Internal Revenue Code, or nonqualified deferred compensation plans.

Patients who have assets beyond those specifically exempted will be expected to leverage the assets through independent financing in order to satisfy the patient account.

**G. Catastrophic Medical Event**

Any patient who experiences a catastrophic medical event may be deemed eligible for financial assistance as determined in the Facility’s sole discretion. The determination of a catastrophic medical event shall be based upon the amount of the patient’s family income and assets as reported at the time of occurrence. As a general guideline, any account with a patient liability for services rendered that exceeds \$100,000 may be considered for eligibility as a catastrophic medical event

**H. Definition of Patient’s Family & Determination of Family Income**

The “patient’s family” means the following: (1) for persons 18 years of age and older, spouse, domestic partner and dependent children under 21 years of age, whether living at home or not; and (2) for persons under 18 years of age, parent, caretaker, relatives, and other children under 21 years of age of the parent or caretaker relative.

Documentation of family income shall be limited to recent pay stubs or tax returns.

In determining a patient’s monetary assets, the hospital shall not consider retirement or deferred compensation plans qualified under the Internal Revenue Code, non-qualified deferred



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compensation plans, the first ten thousand dollars (\$10,000.00) of monetary assets, and fifty percent (50%) of the patient’s monetary assets over the first ten thousand dollars (\$10,000.00).

**I. Federal Poverty Levels**

\*For households with more than 8, add \$4,540 for each additional person

**SOURCE:** *Federal Register*, Vol. 86, No. 19, February 1, 2021, pp. 7732-7734.

Household Size	100%	400%	450%	600%
1	\$12,880	\$51,520	\$57,960	\$77,280
2	\$17,420	\$69,680	\$78,390	\$104,520
3	\$21,960	\$87,840	\$98,820	\$131,760
4	\$26,500	\$106,000	\$119,250	\$159,000
5	\$31,040	\$124,160	\$139,680	\$186,240
6	\$35,580	\$142,320	\$160,110	\$213,480
7	\$40,120	\$160,480	\$180,540	\$240,720
8	\$44,660	\$178,640	\$200,970	\$267,960

**Charity Care**

The patient balances for those patients who qualify to participate in the Charity Care Program, as determined by the hospital, shall be reduced to a sum equal to \$0 with the remaining balance eliminated and classified as charity care.

**1. Resolution of Disputes**

Any disputes regarding a patient’s eligibility to participate in the Charity Care Program shall be directed and resolved by the Hospital’s Chief Financial Officer.

**2. Notices**

To ensure that patients are aware of the existence of the Charity Care Program, the following actions shall be taken:



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**A. Written Notice to Patients**

Each patient who is seen at Prime Healthcare For-profit Facilities, whether admitted or not, shall receive the notice attached hereto as Exhibit 1. The notice shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital. . The notice shall be provided at the time of service, discharge, or when the patient leaves the facility. If the patient leaves the facility without receiving notice, the Hospital shall mail the notice to the patient within 72 hours of providing service.

**B. Posting of Notices**

The notice attached hereto as Exhibit 2 shall be clearly and conspicuously posted in locations that are visible to the patients in the following areas: (1) Emergency Department; (2) Billing Office; (3) Admissions Office; (4) Other Outpatient Settings, including observation units; and (5) Prominently displayed on the hospital’s internet website, with a link to the policy itself. The notice shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital.

**C. Notice to Accompany Bills To Potentially Eligible Patients**

Each bill that is sent to a patient who has not provided proof of coverage by a third party at the time care is provided or upon discharge must include a statement of charges for services rendered by the hospital and the notice attached hereto as Exhibit 3. The notice shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital.

**Efforts to Obtain Information Regarding Coverage & Applications for Medi-Cal**

Prime Healthcare For-profit Facilities shall make all reasonable efforts to obtain from the patient and/or his/her representative information about whether private or public health insurance or sponsorship may fully or partially cover the charges for care rendered by the hospital to a patient including, but not limited to, the following:

- (1) Private health insurance; (2) Medicare; and/or (3) the Medi-Cal program, the California Children’s Services Program or other state-funded programs designed to provide health coverage.

If a patient does not indicate that he/she has coverage by a third-party payor or requests a discounted price or charity care then the patient shall be provided with an application for the Medi-Cal program, or other governmental program prior to discharge.



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**Collection Activities**


Prime Healthcare for profit Facilities may use the services of an external collection agency for the collection of patient debt. No debt shall be advanced for collection until the Director of the Hospital PFS or his/her designee has reviewed the account and approved the advancement of the debt to collection. Prime Healthcare for-profit Facilities shall obtain an agreement from each collection agency that it utilizes to collect patient debt that the agency will comply with the requirements of AB 774 and SB1276.

Neither Prime Healthcare for-profit Facilities nor any collection agency utilized by Prime Healthcare for-profit Facilities shall report adverse information to a consumer credit reporting agency or commence civil action against the patient for nonpayment at any time prior to 180 days after the initial billing if the patient lacks third party coverage or for a patient that provides information that he or she may qualify for the Charity Care Program.

Prior to assigning a bill to collections, the Hospital or its agent shall provide the patient notice (i) that financial assistance is available for eligible patients, (ii) the dates of service of the bill that are being assigned to collections or sold; (iii) the name of the entity the bill is being assigned or sold to; (iv) information on how the patient can obtain an itemized bill from the hospital; (v) the name and plan type of the health coverage for the patient on record with the hospital at the time of services, or a statement that the hospital does not have that information; (vi) the date the patient was originally sent a notice of financial assistance application, (vii) the date or dates the patient was sent a financial assistance application, and if applicable, the date a decision was made. The Hospital must include with the Notice an application for the hospital’s charity care and financial assistance. This notice is attached hereto as Exhibit 4.

In addition, if a patient is attempting to qualify for eligibility under Prime Healthcare for-profit Facilities Charity Care Program or the Discount Payment Policy and is attempting in good faith to settle an outstanding bill with the hospital by negotiating a reasonable payment plan or making regular partial payments of a reasonable amount, Prime Healthcare for-profit Facilities shall not send the unpaid bill to any collection agency unless that entity has agreed to comply with AB 774 and SB1276. Any collection agency shall comply with any payment plan entered into by a patient.

Prime Healthcare For-profit Facilities shall not, in dealing with patients eligible under the Charity Care Program or the Discount Payment Policy, use wage garnishments or liens on primary residences as a means of collecting unpaid hospital bills.

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**EXHIBIT 1 [Notice to be Provided to Patients]**

**Charity Care & Discounted Payment Program**

Patients who lack insurance or have inadequate insurance and meet certain low- and moderate-income requirements may qualify for discounted payments or charity care. Patient Financial Services representatives at the Hospital may be contacted at **310-900-7421** to obtain further information. The Emergency Department Physicians, who are not employees of the Hospital, may also provide Charity Care or Discounted payment programs. Please contact **800-498-7157** for further information.

Additional Resources: The Health Consumer Alliance (“HCA”) is a resource available to patients to help them understand the billing and payment process, as well as Covered California and Medi-Cal Presumptive Eligibility. HCA offers free assistance over-the-phone or in-person. For more information, visit the Health Consumer Alliance website at <https://healthconsumer.org>.

Shoppable Services: To review this Hospital’s list of shoppable services in accordance with Title 45 section 180.60 of the Code of Federal Regulations, please visit: <https://www.stfrancismedicalcenter.com/patients-visitors/financial-assistance/>.






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**Exhibit 2 [Notice to be posted within hospital and on hospital’s website]**

**CHARITY CARE & DISCOUNTED PAYMENT PROGRAM**

PATIENTS WHO LACK INSURANCE OR HAVE INADEQUATE INSURANCE AND MEET CERTAIN LOW- AND MODERATE-INCOME REQUIREMENTS MAY QUALIFY FOR DISCOUNTED PAYMENTS OR CHARITY CARE. PATIENT FINANCIAL SERVICES REPRESENTATIVES AT THE HOSPITAL MAY BE CONTACTED AT 310-900-7421 TO OBTAIN FURTHER INFORMATION. THE EMERGENCY DEPARTMENT PHYSICIANS, WHO ARE NOT EMPLOYEES OF THE HOSPITAL, MAY ALSO PROVIDE CHARITY CARE OR DISCOUNTED PAYMENT PROGRAMS.

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**Exhibit 3 [Notice to be included in post-discharge billing statements to patients who have not provided proof of insurance]**

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

If you do not have health insurance coverage, you may be eligible for Medicare, Medi-Cal, Prime Healthcare For-profit Facilities Discounted Payment Program, or Charity Care. Patient Financial Services representatives at the Hospital may be contacted at **310-900-7421** to obtain further information.

Patients who lack insurance or have inadequate insurance and meet certain low- and moderate-income requirements may qualify for discounted payments or charity care. Patient Financial Services representatives at the Hospital may be contacted at **310-900-7421** to obtain further information.

The Emergency Department Physicians, who are not employees of the Hospital, may also provide Charity Care or Discounted payment programs. Please contact **800-498-7157** for further information.

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**Exhibit 4 [Notice to Send to Patient Prior to  
Assigning/Selling Debt to Collection Agency]  
\*Include financial assistance application with this notice\***

**Name:** [PATIENT NAME]

**Dates of Service:** [DATES OF SERVICE]

**Health Insurance on File:** [INCLUDE NAME AND PLAN TYPE, IF NONE INCLUDE  
“HOSPITAL DOES NOT HAVE THAT INFORMATION.”]

**Date Patient Originally Sent Notice of Financial Assistance:** [DATE]

**Date Patient Originally Sent Financial Assistance Application:** [DATE]

**Date Decision on Financial Application Rendered (if applicable):** [DATE OR “N/A”]

Our records indicate that you have outstanding patient balances due related to the above dates of services. Patients seeking discounted or free care must fill out and submit the Financial Assistance application, which is included with this notice. No patient eligible for financial assistance will be charged more for emergency or medically necessary care than amounts generally billed to individuals who have insurance covering such care. For more information, to obtain an itemized bill for the services provided on the above dates of service, or for assistance with the application process, please contact the Hospital at 310-900-7421 or you may visit <https://www.stfrancismedicalcenter.com/patients-visitors/financial-assistance/> or 3630 East Imperial Highway, Lynwood, CA 90262.

Despite our efforts to contact you, the patient balance remains unpaid. The Hospital is assigning or selling the outstanding balance due to **[NAME OF COLLECTION AGENCY OR DEBT BUYER]**.

Enclosure: Financial Assistance Application