

**DIGNITY HEALTH GOVERNANCE POLICY
AND PROCEDURE**

FROM: Dignity Board of Directors

SUBJECT: **Patient Payment Assistance Policy**

EFFECTIVE DATE: January 17, 2012

REVISED: November 14, 2006; June 27, 2006; June 2, 2005; May 18, 2004; January 27, 2004

REVIEWED WITH NO CHANGES: November 16, 2009

ORIGINAL EFFECTIVE DATE: January 27, 2004

REPLACES: Governance Policy 4.50, Charity Care/Financial Assistance Policy, January 27, 2004;
Governance Policy 4.50, Patient Financial Assistance Policy, May 18, 2004;
Governance Policy 4.50, Patient Payment Assistance Policy, June 2, 2005;
June 27, 2006; November 14, 2006

I. POLICY

Dignity Health is committed to providing payment assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program and are otherwise unable to pay, for medically necessary care based on their individual financial situations. Consistent with its mission to deliver compassionate, high quality, affordable health care services and to advocate for those who are poor and disenfranchised, Dignity Health strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Payment assistance is not considered to be a substitute for personal responsibility and patients are expected to cooperate with Dignity Health's procedures for obtaining payment assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health and protection of their individual assets.

In order to manage its resources responsibly and to allow Dignity Health facilities to provide the maximum level of assistance to the greatest number of persons in need, the Board of Directors of Dignity Health establishes the following guidelines for the provision of patient payment assistance. Each Dignity Health facility shall implement

this Policy in accordance with procedures established by applicable Dignity Health system departments.

II. PROCEDURES

- A. Services Eligible Under this Policy. For purposes of this policy, “payment assistance” refers to health care services provided without charge or at a discount to qualifying patients. The following health care services are eligible for payment assistance:
1. emergency medical services provided in an emergency room setting;
 2. services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
 3. non-elective services provided in response to life-threatening circumstances in a non-emergency room setting;
 4. medically necessary services provided to Medicaid beneficiaries that are not covered by their respective Medicaid programs;
 5. any other medically necessary services, evaluated on a case by case basis at the Dignity Health Facility’s discretion.
- B. Eligibility for Patient Payment Assistance. Eligibility for payment assistance will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of payment assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.
- C. Determination of Financial Need.
1. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may (a) include an application process, in which the patient or the patient’s guarantor are required to cooperate and supply personal, financial, and other information and documentation relevant to making a determination of financial need; (b) include reasonable efforts by the Dignity Health Facility to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs; (c) take into account the patient’s available assets, and all other financial resources available to the patient; and (d) include a review of the patient’s outstanding accounts receivables for prior services rendered and the patient’s payment history.

2. It is preferred but not required that a request for payment assistance and a determination of financial need occur prior to rendering of services. The need for payment assistance shall be re-evaluated at each subsequent rendering of services, if the last financial evaluation was completed more than a year prior, and at any time additional information relevant to the eligibility of the patient for payment assistance becomes known.
 3. Dignity Health's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of payment assistance. Requests for payment assistance shall be processed promptly, and the Dignity Health Facility shall notify the patient or applicant in writing within 30 days of receipt of a completed application.
- D. Patient Payment Assistance Guidelines. Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination, as follows:
1. Patients whose income is at or below 200% of the FPL are eligible to receive free care;
 2. Patients whose income is above 200% but not more than 350% of the FPL are eligible to receive services at the average rates of payment the Dignity Health facility would receive for providing services from Medicare, Medi-Cal, Healthy Families, or any other government-sponsored health program of health benefits in which the hospital participates, whichever is greater;
 3. Patients whose income is above 350% but not more than 500% of the FPL are eligible to receive services at 135% of the average rates of payment the Dignity Health facility would receive for providing services from Medicare, Medi-Cal, Healthy Families, or any other government-sponsored health program of health benefits in which the hospital participates, whichever is greater;
 4. Patients whose income exceeds 500% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the Dignity Health Facility.
- E. Communication of the Payment Assistance Program to Patients and the Public. Information about patient payment assistance available from Dignity Health, which shall include a toll free contact number, shall be disseminated by the Dignity Health Facility by various means, including, without limitation, the publication of notices in patient bills and by posting notices in emergency rooms,

urgent care centers, admitting and registration departments, hospital business offices and patient financial services offices that are located on facility campuses, and at other public places as the Dignity Health Facility may elect. Information shall also be included on facility websites and in the Conditions of Admission form. Such information shall be provided in the primary languages spoken by the populations served by the Dignity Health Facility. Referral of patients for payment assistance may be made by any member of the Dignity Health Facility staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for payment assistance may be made by the patient, or a family member, a close friend or associate of the patient, subject to applicable privacy laws.

- F. Budgeting and Reporting. Specific dollar amounts and annual plans for patient payment assistance will be included within the Social Accountability Budget of the Dignity Health Facility. Dignity Health Facilities will report patient payment assistance calculated at cost in the annual Social Accountability Report (see Dignity Health Governance Policy 3.45) and may voluntarily report such information as deemed appropriate. Patient payment assistance statistics shall be disclosed in annual financial statements but shall not include amounts that are properly considered to be bad debt or contractual discounts.

- G. Relationship to Collection Policies. Dignity Health system management shall develop policies and procedures for internal and external collection practices by Dignity Health Facilities that take into account the extent to which the patient qualifies for payment assistance, a patient's good faith effort to apply for a governmental program or for payment assistance from Dignity Health, and a patient's good faith effort to comply with his or her payment agreements with the Dignity Health Facility. For patients who qualify for payment assistance and who are cooperating in good faith to resolve their hospital bills, Dignity Health Facilities will offer interest-free extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences, and will not send unpaid bills to outside collection agencies.

- H. Regulatory Requirements. In implementing this Policy, Dignity Health management and Dignity Health Facilities shall comply with all other federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this Policy.

**DIGNITY HEALTH ADMINISTRATIVE POLICY AND
PROCEDURE**

FROM: Dignity Health Revenue Services

SUBJECT: Eligibility & Application Policy and Procedures for Payment Assistance

EFFECTIVE DATE: April 8, 2013

REVISED: January 17, 2012; February 8, 2011; February 17, 2010; June 1, 2009;
February 17, 2009; December 19, 2007; May 31, 2007

ORIGINAL EFFECTIVE DATE: May 31, 2007

REPLACES:

APPLIES TO: System Offices
Acute Care Entities: X Non-
acute Care Entities:

I. POLICY:

In order to manage its resources responsibly, to meet the requirements of California Assembly Bill 774, to comply with the terms of the class action settlement agreement, and to allow Dignity Health facilities to provide the maximum level of assistance to the greatest number of persons in need, Dignity Health system administration establishes the following eligibility and application guidelines for the provision of patient financial assistance as outlined in Dignity Health 's Patient Payment Assistance Policy § 4.50.

Each Dignity Health facility shall implement this Policy in accordance with procedures established by applicable Dignity Health system departments.

II. PURPOSE:

The purpose of this policy is to establish financial criteria and the process to be used by hospitals to determine patient eligibility for financial assistance through Dignity Health's Patient Payment Assistance Program.

III. DEFINITIONS:

Eligible Hospital Services: Hospital services eligible for the Payment Assistance discount include the following goods and services provided in the Dignity Health facilities:

- (a) emergency medical services provided in an emergency room setting;
- (b) services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
- (c) non-elective services provided in response to life-threatening circumstances in a non-emergency room setting;
- (d) medically necessary services provided to Medicaid beneficiaries that are not covered by their respective Medicaid programs; and
- (e) any other medically necessary services not contemplated in (a) – (d) above, evaluated on a case-by-case basis at the Dignity Health facility's discretion.

Those goods and services that are not Hospital Services and therefore not eligible for the Payment Assistance discount, include the following:

- (a) goods or services provided principally for cosmetic purposes;
- (b) elective goods or services not necessary to treat an illness or injury;
- (c) experimental goods or services (including, but not limited to, those provided to a patient as part of a clinical trial or research program);
- (d) physician services, treatments or procedures; and
- (e) goods or services covered by any Third-Party Payor.

Federal Poverty Level (FPL): The poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current FPL guidelines can be referenced at <http://aspe.hhs.gov/POVERTY/>.

Financially Qualified Patient: A patient who is self-pay, or has high medical costs as defined in California State Assembly Bill 774 (see Article 3, 127400(g)).

Income: The Payment Assistance application requires the requestor to submit information pertaining to gross income (i.e., annualized before-tax amounts).

- (a) Sources of gross income include but are not limited to: wages, salaries, payments from Social Security, public assistance, unemployment and worker's compensation, veterans benefits, child support, alimony, pensions, regular insurance and annuity payments, income from estates and trusts, assets drawn down as withdrawals from a bank, sale of property or liquid assets and one-time insurance or compensation payments.

- (b) The ability to borrow against assets, e.g., a life insurance policy, should also be considered as another source of income. The ability to borrow against a primary home shall not be considered.
- (c) Food or rent in lieu of wages will also be considered as a source of gross income if appropriate documentation is provided.
- (d) A portion of the Qualified Monetary Assets (as defined below) are to be included in determining gross income with the exception of those patients applying for Payment Assistance who meet criteria of a Person with High Medical Costs as defined below. The amount to be included is based on the following:
 - 1. The first ten thousand dollars (\$10,000) of a patient's monetary assets shall not be counted in determining eligibility
 - 2. Only 50 percent of a patient's monetary assets over the first ten thousand dollars (\$10,000) will be counted in determining income and eligibility.
- (e) Sources of income for patients at or below 350% of FPL applying for discounted care under the discount policy provision under the Hospital Fair Pricing Act – California Health and Safety Code §127400 and therefore not seeking discounts through Payment Assistance shall be limited to income tax returns. Pay stubs may be provided to support the income tax return provided.

Payment Assistance Rank Ordering (PARO) Score: PARO is a patient account scoring mechanism which uses patient demographic data to estimate the financial status of patients by accessing numerous publicly available databases. PARO provides an estimate of the patient's household income and size thus allowing Dignity Health to estimate the patient's FPL. As this amount is only an estimate, it is not to be used as the sole data source in determination of an appropriate level of consideration for payment assistance and would require other information or circumstances to support determination. Additionally, PARO may be used to validate financial and demographic information provided by the patient during the Payment Assistance eligibility process.

Patient with high medical costs: An under-insured person whose household income does not exceed 350% of the federal poverty level, who does not receive a discounted rate from the hospital as a result of his or her third-party coverage and meets one of the 3 criteria listed below:

- (a) Annual out-of-pocket costs incurred by the individual at the hospital exceed 10% of the patient's household income in the prior 12 months;
or
- (b) Annual out-of-pocket medical expenses exceed 10% of the patient's household income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's household in the prior 12 months; or

- (c) Meets a lower level determined by the hospital in accordance with the hospital's payment assistance policy.

People in Household/Patient's Household: The Payment Assistance application form requests specific information about people in the guarantor's (i.e., the applicant) household including name, date of birth, income, employer and employer phone number. Consistent with Medicaid and California state guidelines, the applicant may only include people who meet the following criteria as part of their household:

- (a) The applicant
- (b) Dependent child(ren) under 21 years of age, whether living at home or not;
- (c) The parents and/or stepparents, married or unmarried, of the child(ren) if living in the home;
- (d) Caretakers and second parents of children who meet the guidelines outlined in the Aid to Families with Dependent Children Act;
- (e) If there are no children, family member means a spouse or domestic partner.

Qualified Monetary Assets: The Payment Assistance application form requests specific information regarding Qualified Monetary Assets. For purposes of the application, qualified monetary assets would include the following:

- (a) Savings - For purposes of the application, qualified savings would include any cash or cash equivalents held by a member of the household excluding any amounts held in a tax exempt accounts, retirement, deferred-compensation plans qualified under the Internal Revenue Code, or nonqualified deferred-compensation plans such as a 401K savings account, 403B savings account or IRA savings account.
- (b) Other Monetary Asset(s) – This amount would be the estimated fair market value of any other “real” assets that are readily convertible to cash held by a member of the household
- (c) Monetary assets, excluding income demonstrated by income tax returns, are not required for patients at or below 350% of the FPL who are applying for discounts under the discount policy provision under the Hospital Fair Pricing Act – California Health and Safety Code § 127400.

IV. PRINCIPALLY AFFECTED DEPARTMENTS:

- (a) Dignity Health Facilities including all acute care entities that provide Services Eligible under this policy.

V. GUIDELINES/PROCEDURES:

A. Eligibility Criteria:

Dignity Health is committed to providing financial assistance for hospital services to those deemed eligible. Dignity Health will assess patients prior to services being rendered, when possible, and after services are rendered, if not already done so, to determine eligibility for financial assistance. The process for screening shall reflect Dignity Health's values of human dignity and stewardship. It is an expectation that the patient/guarantor will cooperate and supply all necessary information required to make a determination for financial assistance eligibility. Applicants are required to fully cooperate by applying for any public or private assistance program for which they may be eligible prior to their evaluation for Payment Assistance.

1. Eligibility for Payment Assistance will be considered for those individuals who are uninsured or underinsured, ineligible for any government program, have high medical costs as defined above in Section III, and are unable to pay for their care.
2. For all persons presenting to the hospital for emergency services, payment assistance will be considered after the rendering of service if there is a documented need. Future consideration will also be given if, after billing, patients are unable to pay.
3. The hospital will make all reasonable efforts to explain the benefits of Medicaid and other public and private programs to all uninsured patients at the time of registration. Potentially eligible patients will be asked to apply for such programs and the hospital will provide the applications.
4. If a patient is unable to provide all required documentation for obvious reasons (e.g., homeless), the facility may categorize write-offs associated with the patient's account(s) as charity consistent with internal facility procedures (i.e., local Authorization Policy) and must document the rationale for the decision.
5. In cases where the patient is non-responsive and/or other sources of information are readily available to perform an individual assessment of financial need, i.e., existing eligibility for Medicaid or PARO score, these sources of information can be used to support and/or validate the decision for qualifying a patient for a full or partial Payment Assistance discount.
6. Eligibility for Payment Assistance for non-residents of the hospital's service area shall be evaluated by the facility on a case by case basis

based upon approved hospital services needed and financial need of patient.

B. Discount Calculation Process

1. The sliding scale for Payment Assistance, as outlined in the Dignity Health Payment Assistance Policy § 4.50, is used in analyzing a patient's financial assistance allowance. All discounts referenced below and patient responsibilities are based upon total charges and are calculated independently of the Uninsured Patient Discount.
 - (a) Patients whose household income is at or below 200% of the FPL are eligible to receive a 100% discount off of the remaining account balance.
 - (b) Patients whose household income is above 200% but no more than 350% of the FPL are eligible to receive services at the highest average rate the hospital would receive for providing services from Medicare, Medicaid, or any other government-sponsored health program of health benefits in which the hospital participates, whichever is greater.
 - (c) Patients whose household income is above 350% but no more than 500% of the FPL are eligible to receive services at 135% of the highest average rate the hospital would receive for providing services from Medicare, Medicaid, or any other government-sponsored health program of health benefits in which the hospital participates.
 - (d) Patients whose income exceeds 500% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the Dignity Health Facility.
 - (e) The FPL guidelines published in the Federal Register at the time a Payment Assistance application is submitted to Dignity Health will be referenced when determining a patient's household income. The existing guidelines can be found at <http://aspe.hhs.gov/POVERTY/>.
2. Patients who are applying for discounts under the discount provision of Hospital Fair Pricing Act – California Health and Safety Code § 127400 whose household income is at or below 350% of the FPL are eligible to receive services at the highest average rate the hospital would receive for providing services from Medicare, Medicaid, or any other government-sponsored health program of health benefits in which the hospital participates, whichever is greater.

3. Additional discounts may be available for patients meeting Hardship Criteria and patients with high medical costs.
 - (a) Hardship Criteria: In addition to the payment assistance discounts based upon the sliding scale described above, those patients whose liability after the initial discount is in excess of 15% of their annual income, including excess of qualified monetary assets, shall be given an additional discount for all amounts over the 15% threshold.
 - (b) Patient with high medical costs: If a patient meets all of the criteria as defined in Section III above for a patient with high medical costs, the maximum allowable payment for the service, including the amount paid by insurance, is limited to the estimated amount that the highest government payer would have paid for the services.
 - i. If insurance has paid more than the estimated payment rate of the highest government payer, than the entire amount of the patient responsibility would be classified as a charity adjustment and no additional collections would occur.
 - ii. If the insurance has paid less than the amount from the highest government payer, the amount of the patient responsibility that is over the estimated highest government rate would be classified as a charity care adjustment and the facility would be allowed to collect on the remaining balance.
4. Patients will be allowed to settle their accounts through a schedule of regular payments up to 30 months if they have applied for and are granted payment assistance. Such payment plan schedules shall be interest free. Extended interest free payment plans may be offered to patients not qualified for payment assistance on a case-by-case basis at the Dignity Health Facility's discretion.
5. The Dignity Health Facility maintains the discretion to increase the amount of the payment assistance discount above and beyond the calculated amounts outlined in section 1 through 3 above. For these cases, the Dignity Health Facility must document the circumstances and/or rationale used to justify additional discounts.
6. Documentation to support Payment Assistance adjustments and applicable calculations must be maintained by the Dignity Health Facility.

C. Payment Assistance Program Application Process

1. Government Program Eligibility Screening Process

- (a) Each hospital shall first make all reasonable efforts to obtain from the patient or his or 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, any of the following:
 - i. Private health insurance,
 - ii. Medicare,
 - iii. The Medicaid/Medi-Cal program, the Healthy Families Program, the California Children's Services Program, or other state-funded programs designed to provide health coverage.
- (b) If the uninsured patient does not indicate coverage by a third-party, or requests a discounted price or charity care then the hospital shall provide an application for the Medicaid/Medi-Cal program, the Healthy Families Program or other governmental program to the patient and explain the benefits of the program(s). This application shall be provided prior to discharge if the patient has been admitted and within a reasonable amount of time to patients receiving emergency or outpatient care.

2. Payment Assistance Application Process

- (a) At the time of registration, if appropriate or when possible, an authorized facility or vendor representative shall explain the Payment Assistance program eligibility requirements to uninsured patients and ask potentially eligible patients/guarantors to apply.
- (b) Dignity Health shall provide a Payment Assistance Application to any interested patient and any patient that may meet the criteria either at the point of service or during the collection process.
- (c) If an Uninsured Patient does not complete the application within 30 days of sending the application, Dignity Health shall issue a standard form letter with the application attached and make one phone call over a one month period following delivery of the application notifying the patient that the application has not been received and that the failure to provide the executed application will result in no financial assistance to the patient and that collection action may result.
- (d) Dignity Health will require applicants to provide documentation to substantiate the information included in the application. In the

event that the patient or guarantor can not provide any or all of these documents, the authorized hospital designee may waive some or all of the documentation requirements. Rationale for this waiver must be documented in the patient accounting system comments.

- (e) The patient/guarantor will be asked to return the completed form within thirty (30) days of receipt for financial assistance consideration.
- (f) At minimum, the need for Payment Assistance shall be re-evaluated if the last financial evaluation was completed more than 12 months prior. However, the facility retains the discretion to require patient to complete a new application at any time additional information relevant to the eligibility of the patient for Payment Assistance becomes known.
- (g) Obtained documentation may not be used for collection activities.
- (h) A facility may require waivers or releases from the patient or the patient's family authorizing the hospital to obtain account information from financial or commercial institutions, or other entities that hold or maintain the monetary assets to verify their value.
- (i) Dignity Health personnel will also offer potentially eligible patients a summary document explaining both the Dignity Health's Uninsured Patient Discount Policy and the Patient Payment Assistance Policy. They will also provide the patient with a Payment Assistance application and instructions for completing it. These documents will be provided in the primary language of the patient.
- (j) Delivery of the summary and application should occur at the earliest point that patients are identified as Uninsured. Timing will depend upon whether or not identification is made at the time of service, during the billing process, or during the collection process.
 - i. It is preferred, but not required, that a request for Payment Assistance and a determination of financial need occur prior to rendering of services. In accordance with EMTALA regulations, patients will be screened for potential Payment Assistance referral following rendering of services in emergency situations.
- (k) A household member, close friend or associate of the patient may request consideration for Payment Assistance. A referral may also be initiated by any member of the medical or facility staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, religious sponsors, vendors, or others

who may be aware of the potential need for financial assistance consideration.

- (l) To apply, a Payment Assistance Application (Attachment B) should be given to a patient by a member of the Patient Financial Services Department (Admitting/Registration, Financial Counseling, Insurance Verification, etc.) or associated vendors once a patient is identified as uninsured or eligible for Payment Assistance.

3. Payment Assistance Review Process

- (a) Information supplied on the completed application will be used by authorized representatives of Patient Financial Services in the evaluation of the patient's financial situation.
- (b) A decision shall be made regarding the patient's ability to pay for services provided which may result in full or partial waiver of payment.
- (c) The patient/guarantor will be notified in writing of approval/denial of the payment assistance request within 30 days of receipt of completed application.
- (d) If a patient/guarantor feels that a denial for payment assistance was made in error, he/she will be instructed to provide additional information that may assist Dignity Health in reconsidering the request. Sample letters are included in Attachment C & D.
- (e) All outside collection agencies working accounts will be notified of partial and full payment assistance adjustments given to patients. All statements and applicable notifications to consumer credit bureau will be given to reflect the applicable discount.

D. Implications for other Discounts

1. Dignity Health provides other discounts as described below:

- (a) **Prompt Pay** - Uninsured patients who choose to receive the prompt pay discounts shall not be eligible for additional discounts available under this Policy, as long as such prompt pay discounts are equal to or greater than the amount contained within this policy.
- (b) **Uninsured Patient Discount** – Uninsured patients who elect to apply for discounts under the Payment Assistance Policy may do so at any time. The Uninsured Patient Discount does not limit a patient's ability to obtain further discounts based upon their financial need and desire to provide the additional information required for such discounts. In cases where a patient applies for

and is granted a discount under both the Payment Assistance Policy and Uninsured Discount Policy, the discount given under the Payment Assistance Policy shall supersede the Uninsured Discount policy and at times may require additional accounting entries to reflect this.

2. The emergency physician who provides emergency medical care in a hospital that provides emergency care is also required by California law to provide discounts to uninsured patients or patients with high medical costs who are at or below 350% of the federal poverty level.
 - (a) Emergency physician is defined as a physician or surgeon licensed and credentialed by a hospital and either employed or contracted by the hospital to provide emergency medical services in the emergency department of the hospital, except “emergency physician” shall not include a physician specialist who is called into the emergency department or who is on staff or has privileges at the hospital outside of the emergency department.
 - (b) The processing, determination and application of discounts for emergency physician services is the sole responsibility of the providing emergency physician and shall not be construed to impose any additional responsibilities upon the hospital.

E. Signage and Written Communication

All Dignity Health hospitals will comply with the following signage and written communication requirements (see Attachment A: Facility Signage Instruction):

1. Post in patient admitting areas a summary of its Payment Assistance Policy, including a simple statement that Uninsured Patients with annual household income of less than \$250,000 will be expected to pay at a reduced rate and that they may qualify for free or further reduced cost medical care by filling out an application for Payment Assistance.
2. Provide brochures explaining the Payment Assistance policy in registration, admitting, emergency and urgent care areas and in patient financial services offices located on Dignity Health hospital campuses.
3. Ensure that signs posted in the admitting areas and brochures are printed in appropriate languages as may be required under applicable law.
4. Insert terms in its agreements with every collection agency to which Dignity Health refers accounts to require the agency to provide a telephone number uninsured patients can call to request Payment Assistance, and offer customer service telephone numbers with a voicemail option for callbacks and bilingual customer service

representatives available to communicate in languages other than English as may be required under applicable law.

F. Training

Dignity Health Facilities shall provide training to relevant hospital personnel regarding Payment Assistance availability and how to sufficiently communicate that availability to patients. The following are the guidelines for the required training for both new and existing staff:

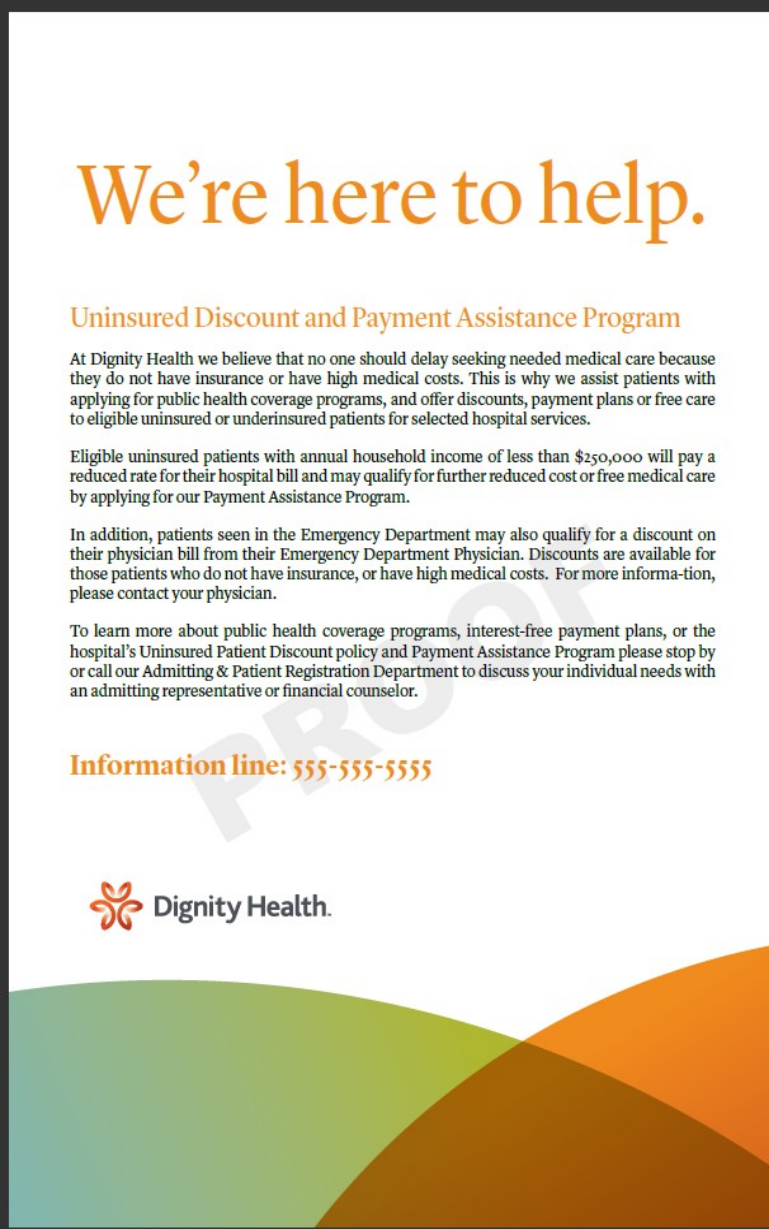
1. Dignity Health Facilities will designate appropriate staff and provide them with sufficient training to conduct the following:
 - (a) Refer accounts to external agencies and/or third party vendors that provide Payment Assistance for medical care through various government programs.
 - (b) Distribute information and assist patients with their obligations for fully completing required applications.
 - (c) Provide information on how to apply for Payment Assistance and government assistance programs, including local, state, and federal health care programs such as Medicaid/Medi-Cal.
 - (d) Assist patients as they complete eligibility documentation for assistance, including providing all required residency, household income, and qualified assets verification; providing all necessary documentation relating to Medicaid/Medi-Cal enrollment or the denial of Medicaid/Medi-Cal enrollment; and informing the hospital of changes in household income and/or insurance status.
 - (e) Assist eligible patients with settling their accounts through a schedule of regular payments if determined eligible to do so by Dignity Health's Patient Payment Assistance Policy.
2. All new hire training for admitting and registration staff shall contain information on the availability, eligibility and application process for Payment Assistance.

G. Appeal/Dispute Process

Communication to all patients who are denied Payment Assistance must be in writing (See Attachment D for example). The communication must contain the reason for the denial and a contact name and number at the Dignity Health Facility.

Attachment A
Facility Signage Instruction

Notices regarding the Payment Assistance Program, written in the primary languages spoken by the residents of the community served by the facility, will be posted in the Emergency, main Patient Registration / Admitting Departments, Billing Office, Other outpatient settings where Registration occurs and may also be posted in other strategic locations in Dignity Health facilities.

A graphic for facility signage with a white background and a black border. At the top, the text "We're here to help." is written in a large, orange, sans-serif font. Below this, the section title "Uninsured Discount and Payment Assistance Program" is in a smaller orange font. The main body of text is in a small, black, sans-serif font, explaining the program's purpose and eligibility criteria. At the bottom, the contact information "Information line: 555-555-5555" is in orange, followed by the Dignity Health logo (a stylized orange flower) and the text "Dignity Health." in black. The bottom of the graphic features a decorative footer with overlapping green, orange, and brown curved shapes.

We're here to help.

Uninsured Discount and Payment Assistance Program


At Dignity Health we believe that no one should delay seeking needed medical care because they do not have insurance or have high medical costs. This is why we assist patients with applying for public health coverage programs, and offer discounts, payment plans or free care to eligible uninsured or underinsured patients for selected hospital services.

Eligible uninsured patients with annual household income of less than \$250,000 will pay a reduced rate for their hospital bill and may qualify for further reduced cost or free medical care by applying for our Payment Assistance Program.

In addition, patients seen in the Emergency Department may also qualify for a discount on their physician bill from their Emergency Department Physician. Discounts are available for those patients who do not have insurance, or have high medical costs. For more information, please contact your physician.

To learn more about public health coverage programs, interest-free payment plans, or the hospital's Uninsured Patient Discount policy and Payment Assistance Program please stop by or call our Admitting & Patient Registration Department to discuss your individual needs with an admitting representative or financial counselor.

Information line: 555-555-5555

 **Dignity Health.**

Attachment B - Payment Assistance Application (front)



Payment Assistance Application				
Patient Account Number _____				
Patient Last Name _____	Patient First Name _____	Patient Social Security # _____	Patient Date of Birth _____	
Guarantor Last Name (If Different) _____	First Name _____	Guarantor Social Security # _____	Date of Birth _____	
Guarantor Home Address _____			Home Telephone Number () _____	
City _____	State _____	Zip Code _____		
Guarantor's Employer Name _____	Guarantor's Annual Income \$ _____	Guarantor Job Function/Department _____		
Guarantor's Employer Address _____			Guarantor's Employer Telephone () _____	
City _____	State _____	Zip Code _____		
Spouse's Employer Name _____	Spouses Annual Income \$ _____	Spouse's Job Function/Department _____		
Spouse's Employer Address _____			Spouse's Employer Telephone () _____	
City _____	State _____	Zip Code _____		
People In Household				
Name	Relationship to Patient	Date of Birth	Employer	Employer Telephone
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				

Attachment B - Payment Assistance Application (back)

Dignity Health Payment Assistance Application (Continued)			
Please complete the table below as completely as possible:			
Income Analysis	Qualified Monetary Asset Analysis		
<i>In order to determine your eligibility for the Dignity Health Payment Assistance Program please provide us with information about your annual before-tax household income.</i>	<i>Please do not include any funds held in tax exempt/deferred accounts such as 401K savings accounts, 403B savings accounts, and IRA savings accounts.</i>		
Job Income	\$	Checking Account(s)	\$
Spouse Job Income	\$	Savings Account(s)	\$
Business Income	\$	Stocks, Bonds & CDs	
\$ Rental Income	\$	Other:	_____
\$ Interest/Dividend Income	\$	Other:	_____
\$ Social Security Income	\$	Other:	_____
\$ Alimony or Support Payments	\$	Other:	_____
\$ Other Income	\$	Other:	_____
\$			
Total Income	\$	Total Qualified Monetary Assets	\$
<p>In order to determine who truly needs financial assistance, we must require the submission of information to demonstrate financial hardship. Please complete the attached application and return it with all of the following items. If you are unable to supply one of the documents or there are additional factors that may influence the evaluation, please submit a written statement explaining your situation.</p>			
<p>1) Proof of Identity - One of the following:</p> <ul style="list-style-type: none"> - Copy of Social Security Card - Copy of state issued driver's license - Copy of other photo ID 		<p>2) Proof of Monetary Assets - All of the following (if applicable):</p> <ul style="list-style-type: none"> - Last three months checking <u>and</u> savings account statements - Documentation about stocks, bonds, and/or CDs 	
<p>3) Verification of Current Address - One of the following:</p> <ul style="list-style-type: none"> - Rent receipt or Utility Bill 		<p>4) A copy of a state Medicaid/Medi-Cal/AHCCCS decision/denial notice (if applicable)</p>	
<p>5) Proof of Income:</p> <ul style="list-style-type: none"> - <u>If employed</u>, include a copy of prior year tax return <u>and</u> W-2 (earnings statement provided by your employer) <u>and</u> checkstubs from the most recent prior three months. - <u>If receiving public assistance</u>, include copies of public assistance checks from each of the prior three months <u>or</u> award letter (i.e. disability, unemployment pay stubs, or social security benefits.) - <u>If employment income is received in cash</u>, include a written statement from your employer stating your monthly income for the last three months. - <u>If self-employed</u>, include Schedule C of prior year tax return <u>and</u> a quarterly accountant report with a written statement declaring gross income received during the last three months. - <u>If not receiving a consistent income</u>, write a brief paragraph on a separate paper stating your financial situation over the last three months. Explain how or from what source you are receiving monies to pay for your basic living expenses such as food and housing. - <u>If dependent upon another individual's financial support</u>, include a "letter of financial support." 			
<p>By signing below you agree to be considered for Payment Assistance. Additionally, you certify that all the statements made on this application are true and complete to the best of your knowledge. Should it be determined that the information you provided is incomplete or false, any discount on your bill may be reversed and payment in full may be expected from you. By signing below, you authorize Dignity Health to check references and credit history in order to evaluate this application for financial assistance consideration.</p>			
<p>If you receive payment from an insurance company, workers' compensation plan, or any other third party, you agree to inform the hospital of any such payment. The hospital retains its right to collect the original, full billed charges should a third party provide you with payment for the hospital's services.</p>			

Signature of Person Responsible For Bill (Guarantor)

Date

Effective March 2012

Attachment C
Sample Payment Assistance Approval Letter



Date:

Account Number:

Date(s) of Service:

Patient Name:

Balance Due:

Dear _____:

Upon careful review of your Payment Assistance application we have approved the request to provide payment assistance to cover facility charges. Please note that this decision in no way obligates Dignity Health to provide payment assistance in the future.

You will be responsible for the amount indicated below:

Total Account Balance	\$ _____
Less Payment Assistance	\$ _____
Amount Owed by Patient/Guarantor	\$ _____

Important Note: Only facility services are included in this account and the total account balance does not reflect any physician charges.

If you have any questions regarding your account, please direct them to _____
at _____.

Sincerely,

Facility Designee, Title

Attachment D
Sample Payment Assistance Denial Letter



Date:

Account Number:

Patient Name:

Date(s) of Service:

Balance Due:

Dear _____:

Your Payment Assistance application and the information you have provided have been carefully evaluated. Regretfully, we have determined that you are not eligible for payment assistance based on the Facility's Payment Assistance Policy and criteria.

Should you feel that this decision was made in error, and you have additional information that may assist us in reconsidering your request, or if you have any questions regarding your account, please contact _____ at _____.

If your financial information changes in the future you may reapply for financial assistance.

The current balance on your account is \$_____.

Sincerely,

Facility Designee, Title