

<b>SAN JOAQUIN  GENERAL HOSPITAL</b>	<b>Department of Administration / Patient Financial Services / Patient Access Services</b>		Page 1 of 15
	Policy/Procedure	Effective Date	Date Replaces
		01-01-2015	03-12-14
Title of Policy/Procedure <b>SAN JOAQUIN GENERAL HOSPITAL CHARITY AND DISCOUNT POLICY</b>			

**POLICY:** To provide comprehensive financial screening for all San Joaquin General Hospital patients who are unfunded, under-insured and do not qualify in the Patient Financial Responsibility Policy for possible reductions to their Hospital Charges.

**PURPOSE:** To ensure qualified patients who fall at or below the 350% of the Federal Poverty Guidelines have Fair Pricing of their Hospital Charges.

**PROCEDURE:**

**SECTION I: DEFINITIONS, INCLUDING MEANING OF WORDS, AND EFFECT OF SECTION HEADINGS**

**A.** As used in this policy, unless otherwise apparent from the context:

1. “Beneficiaries” means those persons certified eligible for services.
2. “Board of Supervisors” means the Board of Supervisors of the County of San Joaquin.
3. “California Healthcare Indigent Program” (CHIP) refers to those individuals that reside in San Joaquin County, who lack other health care coverage, and have virtually no income or assets.
4. “Charity” patients are those patients who are uninsured or underinsured and who would experience financial hardship if required to pay the bill, or a portion of the bill.
5. “County Medical Indigent Program” (CMIP) and Medical Assistance Program (MAP), mean the health care program providing coverage for eligible MIA and CHIP patients, as required by §17000 of the W&I Code.
6. “Discounts” means the reduction of billed charges to the amount of the highest government payer.
7. “Emergency Services” means any service required for the alleviation of severe pain or the immediate diagnosis and treatment of severe medical conditions, which, if not immediately diagnosed and treated, would lead to disability or death.
8. “Hospital” means San Joaquin General Hospital (SJGH).
9. “Medically Indigent Adult” (MIA) refers to those individuals that reside in San Joaquin County, who lack other health care coverage, and meet certain financial criteria.

<b>SAN JOAQUIN  GENERAL HOSPITAL</b>	<b>Department of Administration / Patient Financial Services / Patient Access Services</b>		Page 2 of 15
	Policy/Procedure	Effective Date  01-01-2015	Date Replaces  03-12-14
Title of Policy/Procedure <b>SAN JOAQUIN GENERAL HOSPITAL CHARITY AND DISCOUNT POLICY</b>			

10. “Medically Necessary” or “Medical Necessity” means a service which is reasonable and necessary to protect life, to prevent significant illness or significant disability or to alleviate severe pain.
11. “Monetary Assets” refers to resources owned and controlled by the applicant and his/her family, which are convertible to cash or held as cash as defined by the State of California in AB774 – Fair Pricing Policy.
12. “Provider” refers to any individual, group, business, or institution that delivers health care service or supplies.
13. “Self Pay” refers to those patients that are uninsured and not covered by any government or commercial insurance and are responsible for their own medical expenses.
14. “Service Area” means the area surrounding SJGH where the primary patient population resides. This area will be considered when pre-determining eligibility for adjustments under this Policy. The service area will not be considered when reviewing eligibility for adjustments in this Policy when Emergency Services have been provided.
15. “Spend Down” means the procedure by which a beneficiary reduces his/her liquid resources (assets) to below guideline limitations. Any voluntary transfer of assets for the purpose of qualifying does not meet spend-down criteria.
16. “Underinsured” patients have medical coverage, but are responsible for a significant part of their expenses and their payer is not contracted with SJGH.
17. Articles and section headings, when contained herein, shall not be deemed to govern or modify or in any manner affect the scope, meaning or intent of the provisions of any article or section.

**SECTION II: COUNTY POLICY**

It is the intent and purpose of the Board of Supervisors:

- A. To organize and administer this Policy of Fair Pricing for San Joaquin General Hospital patients.
- B. Provide Discounted, Medically Necessary outpatient and inpatient services to those lawful residents of the eligible service area pursuant to California AB774, and subject to the requirements of this policy.

<b>SAN JOAQUIN  GENERAL HOSPITAL</b>	<b>Department of Administration / Patient Financial Services / Patient Access Services</b>		Page 3 of 15
	Policy/Procedure	Effective Date  01-01-2015	Date Replaces  03-12-14
Title of Policy/Procedure <b>SAN JOAQUIN GENERAL HOSPITAL CHARITY AND DISCOUNT POLICY</b>			

- C. No requirement in this section or of any other section of this policy shall in any way prevent the receipt of acutely and Medically Necessary services to individuals.
- D. To reduce charges for only those medical services not provided by other entities and / or programs for which the individual is eligible.
- E. To provide that responsible parties shall reimburse the County for their health care services to the fullest extent possible, provided that reimbursement does not jeopardize their future minimum self-maintenance or security.
- F. To prioritize the provision of inpatient hospital services at San Joaquin General Hospital according to medical need.
- G. To provide Medically Necessary services at San Joaquin General Hospital to the fullest extent practical and consistent with good practice.
- H. Provide charity and discounted adjustments to financially qualified low income, uninsured, and underinsured patients who meet specified criteria.

**SECTION III: GENERAL ELIGIBILITY PROVISIONS**

- A. This policy does not apply to cash assistance, burials, or grave maintenance.
- B. Names, addresses and all other information concerning the circumstances of any Individual for whom or about whom information is obtained are confidential and shall be safeguarded as required by applicable state and federal law. No disclosure of any information obtained by a representative, agent or employee of the County in the course of discharging his or her duties shall be made, directly or indirectly, except as required by law.
- C. An eligible person is entitled to receive benefits without regard to age, race, color, religion, political affiliation, national origin, marital status, or sexual orientation.
- D. It is the intent of this program not to duplicate medical services that may be available elsewhere, for which an individual applicant is eligible. Services that are covered by other federal and/ or other funding sources for which an individual applicant is eligible, such as, but not limited to Medicare, Medi-Cal (including those with a share of cost), Worker’s Compensation, third party liability plans, contracted commercial insurances, and other State/Federal funding programs will not be eligible for discounts under this policy.

<b>SAN JOAQUIN  GENERAL HOSPITAL</b>	<b>Department of Administration / Patient Financial Services / Patient Access Services</b>		Page 4 of 15
	Policy/Procedure	Effective Date  01-01-2015	Date Replaces  03-12-14
Title of Policy/Procedure <b>SAN JOAQUIN GENERAL HOSPITAL CHARITY AND DISCOUNT POLICY</b>			

- E. Persons will be screened for eligibility to the CMIP program outlined in the Patient Financial Responsibility Policy. Applicants who are not eligible for MAP or CMIP programs will then be screened for eligibility to participate in this Policy.
- F. Applicants or recipients subject to an adverse decision regarding eligibility of medical benefits shall have an appeal process available (See Attachment 3).

**SECTION IV: ELIGIBILITY REQUIREMENTS**

To qualify for this program, the patient must:

- A. Legally reside in the Hospital’s service area. Except for those patients who receive Emergency Services starting from or through the Emergency Department will be deemed to have satisfied the residence requirement.
- B. Income and Resource:
  1. Individuals whose monetary assets as defined in AB774 ~~Chan~~Chan that exceed \$5,000 of a qualified amount, will not be eligible for a Charity adjustment, but may qualify for a Discount adjustment. Individuals may reapply in subsequent months and gain access to benefits if, in the interim period, they have “spent-down” to within the asset limits.
  2. Family Income, as determined by current pay stubs and/or the most recent Income Tax return(s) will not exceed 350% of FPL.
  3. Utilization of other healthcare coverage – Each eligible beneficiary must agree to take all actions necessary to obtain any other available health care coverage for which he/she may be eligible including, but not limited to, Medi-Cal, Limited Services Medi-Cal, Medicare, CHAMPUS, Victims of Crime, and/or other State funded programs.
  4. If available, person must apply for Employer sponsored insurance plans; provided that the premium expense to the beneficiary does not exceed 20% of their monthly gross income.
  5. Each eligible person shall make a written statement of all money and income which he/she receives or is entitled to receive and estimated incomes of all his/her kindred of the degree of spouse, child or parent in order to compute the Family Income.

<b>SAN JOAQUIN  GENERAL HOSPITAL</b>	<b>Department of Administration / Patient Financial Services / Patient Access Services</b>		Page 5 of 15
	Policy/Procedure	Effective Date  01-01-2015	Date Replaces  03-12-14
Title of Policy/Procedure <b>SAN JOAQUIN GENERAL HOSPITAL CHARITY AND DISCOUNT POLICY</b>			

6. Each eligible person shall make a written statement to all money that could qualify as a **M**onetary asset, i.e. Savings Accounts, Bonds, Stocks that he/she has in their name when consideration is being made for a Charity adjustment.
- C. Applications for eligibility will be considered up to 150 days following the month of service or discharge for dates of service after 1/1/07.
- D. No requirement of this section or of any other section of this Policy shall in any way prevent the receipt of acute, Medically Necessary services.
- E. Each eligible beneficiary will be subject to a periodic review of their income and resources, at least every 90 days, to determine continuing discounts under this policy.
- F. Any individual who is discovered to have willfully misrepresented his/her assets, income or residency for the purpose of becoming eligible for Charity or Discounted services will be denied eligibility for the period in question, and will be liable for all charges billed by SJGH, and may not reapply for 90 days.
- G. Any person who transfers their monetary assets up to six (6) months of the date of service in order to qualify for a Charity adjustment, will only be considered for the adjustments listed under the Discount portion of this policy (Attachment 2).
- H. A patient who is uninsured, and who does not have third party coverage from a health insurance service plan, Medicare, or Medi-Cal and whose injury is not a compensable injury for purposes of workman's compensation, an automobile insurance, or other insurance and who is at or below 350% of the Federal Poverty Level, (FPL) is eligible to apply for the hospital's Charity Care and Discount Payment adjustment. The Federal Poverty Level is outlined in Attachment 1 & 2.
- H. A patient who is insured but has high medical costs, as defined in AB774 Chan, and who is at or below 350% of the Federal Poverty Level, (FPL) may also be eligible and can apply for the hospital's Discount- Payment Plan. High medical costs shall include all charges to patients covered by third party insurance, including those charges that were discounted by the third party insurance. High medical costs also include any annual out-of-pocket costs incurred by the individual at the hospital that exceed 10 percent of the patient's family income in the prior 12 months. This would also apply to the portion of the bill that is the patient's responsibility, including co-payments, deductibles and non covered services by the non-contracted insurance carrier.

<b>SAN JOAQUIN  GENERAL HOSPITAL</b>	<b>Department of Administration / Patient Financial Services / Patient Access Services</b>		Page 6 of 15
	Policy/Procedure	Effective Date  01-01-2015	Date Replaces  03-12-14
Title of Policy/Procedure <b>SAN JOAQUIN GENERAL HOSPITAL CHARITY AND DISCOUNT POLICY</b>			

- J. Patients who are covered by an insurance that is a contracted plan with San Joaquin General Hospital, including Medi-Cal, will not qualify for further discounted services under this Policy.
- K. This Policy will also provide consideration to those patients that do not qualify for CMIP, but are responsible for a significant portion of their hospital bill, as a result of a catastrophic medical event, and are lawful residents of the Hospital's service area.
- L. Utilization of other healthcare coverage: Each eligible beneficiary must agree to take all actions necessary to obtain any other available health care coverage for which he/she may be eligible including, but not limited to, Medi-Cal, Limited Services Medi-Cal, Medicare, CHAMPUS, Victims of Crime, and/or employer sponsored health insurance plans.
- M. In determining eligibility for a Charity Care Adjustment, the hospital will review the patient's family income and monetary assets excluding a patient's retirement or deferred compensation plan(s). The first \$10,000 of a patient's monetary asset shall not be counted, nor shall 50% of the patient's monetary assets over the first \$10,000 for the purposes of determining eligibility. A sliding fee schedule will be used to determine the patient's portion of their billing, using as a guideline the rate paid by the highest Government pay (e.g. Medicare or Medi-Cal).
- N. In determining eligibility for a Discounted Adjustment, the hospital will review the patient's family income only. The hospital shall limit expected payment for services it provides to the patient to the highest rate paid by a Government payer (e.g. Medicare or Medi-Cal). The hospital shall establish and negotiate a payment plan with the patients.
- O. Individuals who do not qualify under this Policy may apply for a Catastrophic Adjustment as described in the Patient Financial Responsibility Policy.

**SECTION V: PATIENT RESPONSIBILITY PAYMENTS**

- A. Once qualified for a Charity or Discount adjustment, the patient or his/her guarantor will pay the agreed upon portion of their charges within a mutually agreed upon time frame.

- B. The hospital will negotiate a “reasonable payment plan” with each patient who qualifies for a Charity or Discount Adjustment.

<b>SAN JOAQUIN  GENERAL HOSPITAL</b>	<b>Department of Administration / Patient Financial Services / Patient Access Services</b>		Page 7 of 15
	Policy/Procedure	Effective Date  01-01-2015	Date Replaces  03-12-14
Title of Policy/Procedure <b>SAN JOAQUIN GENERAL HOSPITAL CHARITY AND DISCOUNT POLICY</b>			

- C. The payment plan agreed to may include a deposit amount and then regular monthly payments that are reasonable and within the means of the patient/guarantor.
- D. Agreed upon payments must be made as scheduled for the account to remain in good standing with the County.
- E. If a “reasonable payment plan” cannot be reached, the patient will be assigned a payment plan in accordance with AB774. The payment plan will include a monthly payment that does not exceed 10% of the patient’s familial income for one month excluding deductions for “essential living expenses”. “Essential living expenses” are defined as expenses for any of the following: rent or house payments (including maintenance expenses), food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child and spousal support, transportation and automobile expenses (including insurance, fuel, and repairs), installment payments, laundry and cleaning expenses, and other extraordinary expenses. The minimal payment plan assigned to a patient who is approved for a Charity or Discount adjustment is \$10.00 per month.

**SECTION VI: CHARGES**

- A. All charges for care at SJGH shall be in accordance with a schedule of charges adopted and/or amended from time to time by the Board of Supervisors.
- B. No person shall be entitled to medical care and treatment as an inpatient or outpatient, except to the extent entitled by virtue of this policy or by law. Financial screening must occur prior to determining eligibility for this program.
- C. The time, manner, source and amount of payments due from each eligible beneficiary or family seeking aid shall be established prior to receiving care, when applicable.

**SECTION VII: BILLING**

- A. A written bill or statement will be made available to each beneficiary or his/ her legally responsible relative or legal representative or other person for whom financial responsibility has been established for services rendered at SJGH. The statement will be mailed monthly to the patient/guarantor with the current balance due noted.

<b>SAN JOAQUIN  GENERAL HOSPITAL</b>	<b>Department of Administration / Patient Financial Services / Patient Access Services</b>		Page 8 of 15
	Policy/Procedure	Effective Date  01-01-2015	Date Replaces  03-12-14
Title of Policy/Procedure <b>SAN JOAQUIN GENERAL HOSPITAL CHARITY AND DISCOUNT POLICY</b>			

- B. Patients having third party insurance coverage will be required to assign benefits to the County of San Joaquin, SJGH. The third party carriers will be billed to the full extent of their liability. Co-pays as directed by their insurance coverage are due at the time of service. Patients who qualify for a charity or discount adjustment are required to pay the agreed amount on a regular payment schedule.
- C. The liability indicated on the patient’s statement shall be due on a regular basis- to SJGH from the patient or responsible party.

**SECTION VIII: COLLECTIONS**

- A. All obligations established pursuant to this policy shall become delinquent if not paid when due, and appropriate action shall be taken for their collection.
- B. Collection practices to recover liabilities due to SJGH from patients who have been granted a Charity or Discount adjustment shall be consistent pursuant to California AB774.

**SECTION IX: CLAIMS AGAINST THE ESTATE OF DECEDENT FOR REIMBURSEMENT FOR CARE**

- A. SJGH may assert a claim against the estate of the decedent or against any recipient of the property of that decedent by distribution or survival, if; (a) the patient did not qualify for a Charity or Discounted Adjustment, and/or (b) if a judgment by a court of law has been granted for approved discounted claims as described under California AB774.
- B. SJGH may not assert a claim where there is a surviving spouse, or where there is a surviving child who is under the age of 21 or who is blind or permanently and totally disabled, within the meaning of the Social Security Act. SJGH may waive its claim, in whole or in part, if it determines that enforcement of the claim would result in



substantial hardship to other dependents of the deceased individual against whose estate the claim exists.

<b>SAN JOAQUIN  GENERAL HOSPITAL</b>	<b>Department of Administration / Patient Financial Services / Patient Access Services</b>		Page 9 of 15
	Policy/Procedure	Effective Date	Date Replaces
			01-01-2015
			03-12-14
Title of Policy/Procedure <b>SAN JOAQUIN GENERAL HOSPITAL CHARITY AND DISCOUNT POLICY</b>			

**SECTION X: REIMBURSEMENT FOR APPROVED CLAIMS**

- A. Approved rate schedules will be kept on file and made available to the Public upon request.
  
- C. Providers, in accepting adjustments under this Policy, shall agree to accept the adjusted amount as a payment in full and will not attempt to collect from the beneficiary for the difference, if any, between the charged amount and the discounted amount.

**SECTION XI: ELIGIBILITY APPEALS**

Individuals subject to an adverse decision affecting eligibility shall have available an appeal process to afford them due process in seeking relief from such decisions. (See Attachment 4)

**SECTION XII: REFUNDS**

Refunds to patients for payments or co-payments shall be made with a 7.0% interest on overpayments made by a patient who qualified for a charitable or discount adjustment pursuant to the refund policy set forth in California AB774. (See Attachment 5)

<b>SAN JOAQUIN  GENERAL HOSPITAL</b>	<b>Department of Administration / Patient Financial Services / Patient Access Services</b>		Page 10 of 15
	Policy/Procedure	Effective Date  01-01-2015	Date Replaces  03-12-14
Title of Policy/Procedure <b>SAN JOAQUIN GENERAL HOSPITAL CHARITY AND DISCOUNT POLICY</b>			

**ATTACHMENT 1**

**CHARITY ADJUSTMENT CRITERIA**

A. Eligibility for the Charity Adjustment will be based on Medical Necessity, lawful residence to the service area (excluding Emergency services), Family Income up to 350% of the current Federal Poverty Level guidelines, posted annually to the Federal Register, and liquid assets up to \$5,000 of the qualifying amounts.

B. Adjustment to Charges:

≤ 200% of the current FPL:	50% of Government Reimbursement Rate*
200 – 300% of the current FPL:	65% of Government Reimbursement Rate*
300 – 350% of the current FPL:	100% of Government Reimbursement Rate*

(\* The greater of Medicare or Medi-Cal reimbursement for the services being considered.)

<b>SAN JOAQUIN  GENERAL HOSPITAL</b>	<b>Department of Administration / Patient Financial Services / Patient Access Services</b>		Page 11 of 15
	Policy/Procedure	Effective Date  01-01-2015	Date Replaces  03-12-14
Title of Policy/Procedure <b>SAN JOAQUIN GENERAL HOSPITAL CHARITY AND DISCOUNT POLICY</b>			

**ATTACHMENT 2**

**DISCOUNT ADUSMENT CRITERIA**

- A. Family Income, along with lawful residence to the service area (excluding Emergency services), and medical necessity in determining the adjustment amount for services.
  
- B. Family Income may not exceed 350% of the current Federal Poverty Guidelines, as posted annually on the Federal Register.
  
- C. Any person whose income for family size is as stated in B above, will be required to pay either the Medi-Cal or Medicare reimbursement rate, which ever is greater, for the approved services.

<b>SAN JOAQUIN  GENERAL HOSPITAL</b>	<b>Department of Administration / Patient Financial Services / Patient Access Services</b>		Page 12 of 15
	Policy/Procedure	Effective Date  01-01-2015	Date Replaces  03-12-14
Title of Policy/Procedure <b>SAN JOAQUIN GENERAL HOSPITAL CHARITY AND DISCOUNT POLICY</b>			

**ATTACHMENT 3**

**APPEAL PROCESS**

Eligibility Appeal

A. The first appeal for Charity or Discounted adjustment is to be directed to the Admitting Management Analyst II or -Patient Access Manager. The appeal shall be oral and informal and the respective decision(s) of the reviewing person shall be rendered as promptly as possible.

i. Approval Levels for Charity or Discounted Adjustments are as follows:

Supervisor	\$5,000
Manager	\$100,000

ii. If the approval level exceeds the Supervisor amount, above, then the first level appeal will be to the Revenue Cycle Director. The next level would be the Administrative offices of San Joaquin General Hospital.

B. If the appellant is dissatisfied with the decision of the Management Analyst II/ Admitting Manager, he/she may file a formal appeal letter in writing to the Revenue Cycle Director within 15 days from the date after the decision of the Management Analyst II/Patient Access Manager. The Revenue Cycle Director will hold a hearing within 15 days after the filing of such an appeal, and shall promptly notify the appellant of the time and place in which to meet. Within 15 days after the conclusion of the hearing, the Revenue Cycle Director will prepare written findings of fact, which shall constitute his/her decision. A copy of the decision will promptly be mailed or otherwise delivered to the appellant.

If the appeal to the Revenue Cycle Director involves the suspension or termination of the adjustment or an increase in the payment liability, the person's eligibility and/or co-payment liability shall remain the same pending disposition of his/her appeal.

Note: Patients "pending" an appeal will not be denied Medically Necessary services.

C. If dissatisfied with the Revenue Cycle Director’s decision, whether at the first level or the formal appeal, a patient may file a final appeal by writing to the Administrative Offices at P.O. Box 1020, French Camp CA 95231 within 15 days of the denial.

<b>SAN JOAQUIN  GENERAL HOSPITAL</b>	<b>Department of Administration / Patient Financial Services / Patient Access Services</b>		Page 13 of 15
	Policy/Procedure	Effective Date  01-01-2015	Date Replaces  03-12-14
Title of Policy/Procedure <b>SAN JOAQUIN GENERAL HOSPITAL CHARITY AND DISCOUNT POLICY</b>			

**ATTACHMENT 4**

**SAN JOAQUIN COUNTY MEDICAL CHARITY & DISCOUNT PROGRAM  
RESIDENCY POLICY**

- A. It is the policy of the County of San Joaquin and San Joaquin General Hospital as a Public Hospital that all applicants must meet the residency requirements established herein to be eligible for Program participation.
- B. Lawful residence in the SJGH service area is a requirement for eligibility. Each applicant will be asked to provide evidence that he/she is a lawful resident of the service area. Documentation/verification of information given by the applicant may be requested. Those persons determined to have lawful residence in another service area will be referred back to that location to receive their medical services.
- C. Residence is the place where one remains when not called elsewhere for labor or other special or temporary purpose, and to which he/she returns in seasons of repose. It can be established by physical presence and intent to reside in the service area. Intent to reside will be evaluated according to but not limited to the following criteria:
- Applicant’s last out of county address
  - Length of time lived at last out-of-county address
  - Arrival date of applicant to California
  - Arrival date of applicant in service area
  - Reason for the applicant’s presence in service area
  - Length of time applicant expects to live in San Joaquin County
  - Living arrangements in San Joaquin County
  - Has applicant sought or obtained employment locally
  - Location of applicant’s personal property
  - Whether applicant owns, rents or maintains a place of residence outside of San Joaquin County.
  - Whether applicant has a spouse or dependent children residing outside of San Joaquin County
  - Whether applicant is registered to vote in San Joaquin County
  - Whether applicant received aid from another county in the month of application

<b>SAN JOAQUIN  GENERAL HOSPITAL</b>	<b>Department of Administration / Patient Financial Services / Patient Access Services</b>		Page 14 of 15
	Policy/Procedure	Effective Date  01-01-2015	Date Replaces  03-12-14
<b>Title of Policy/Procedure SAN JOAQUIN GENERAL HOSPITAL CHARITY AND DISCOUNT POLICY</b>			

- D. Severity of medical need shall not be a consideration in determining County of residency.
- E. Decisions regarding residency claims of applicants will be based on the responses to questions derived from the above criteria and satisfactory proof of lawful residence in the County. Other pertinent information will also be evaluated.
- F. Adverse residency decisions will be rendered when the responses do not support a reasonable expectation that the applicant is legally present and intends to permanently reside in San Joaquin County. Where it is clear that an applicant is not lawfully resident in the County, and/or is attempting to establish residency for the purpose of obtaining free or reduced cost medical care for medical conditions that predate the claim of residency in San Joaquin County, the applicant will not be granted eligibility.
- G. Applicants will be advised of their appeal rights. Applicants denied on the basis of non-resident status are ineligible for the entire month of application. Assistance will be provided to those who do not qualify under this policy to locate/be directed to facilities in their lawful place of residence, including other countries.
- H. Eligible recipients of San Joaquin County's General Assistance Program shall generally be presumed to have met the residency requirements of CMIP. However, this in no way prevents the eligibility clerk from requesting documentation of residency, as deemed necessary.
- I. Regardless of place of residency, no patient who has received Emergency care, whether in the Emergency Department, or in the Hospital, if admitted through the Emergency Department, will be denied access to adjustments listed in the policy.

<b>SAN JOAQUIN  GENERAL HOSPITAL</b>	<b>Department of Administration / Patient Financial Services / Patient Access Services</b>		Page 15 of 15
	Policy/Procedure	Effective Date  01-01-2015	Date Replaces  03-12-14
Title of Policy/Procedure <b>SAN JOAQUIN GENERAL HOSPITAL CHARITY AND DISCOUNT POLICY</b>			

**ATTACHMENT 5**

**REFUND POLICY**

Payments and co-payments will only be refunded when:

- A. The patient has paid the full estimated payment liability amount and due to a change in financial status during the eligible months, the revised payment liability is less than the estimated amount. The program will refund the difference between the estimated amount and the revised amount.
- B. The patient has paid the full estimated payment amount and then due to a change in program eligibility (e.g., patient becomes eligible for Medi-Cal), the patient's liability is less. In this case, the program will refund the patient's full liability, except for any co-payments or share of cost.
- C. In all cases any patient's account with a possible refund due will be screened for balances owed to the Hospital on other accounts, as well as accounts belonging to family members. If any account exists with a balance owed, the refundable amount will be applied first to those accounts, prior to making any refund to the patient.
- D. Patients who are deemed eligible for a Charity or Discounted adjustment and who made an over-payment, and have no previous balances as described in (c) above, will be refunded with a added 7% interest rate in accordance to California AB774.

Author: Patient Financial Services, Patient Access Services

References: California AB774, 2014 Federal Poverty Guidelines, California Hospital Association

Approval:

(Revised 01/01/2015 ~~03/12/2014~~ amc)