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**Policy:**


Encino Hospital Medical Center will offer a charity care program for those patients who meet the eligibility tests described below and comply with the requirements of Health & Safety Code sections 127400 to 127446.

A significant component of Encino Hospital Medical Center is to provide care for patients in times of need. Encino Hospital Medical Center provides charity care as a benefit to the community we serve as a not-for-profit hospital. To this end, Encino Hospital Medical Center is 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.

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**Procedure:**

**1. Eligibility for Participation In Charity Care Program**


**A. Self-Pay Patients**

A patient qualifies for the Charity Care Program if all of the following conditions are met: (1) the patient does not have third party coverage from a health insurer, health care service plan, union trust plan, Medicare, or Medi-Cal as determined and documented by the hospital; (2) the patient's injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital; (3) the patient's family income does not exceed 350% of the Federal Poverty Level; **and** (4) the patient has monetary assets of less than \$10,000.00.

**B. Insured Patients**

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 does not qualify for the Charity Care Program, but may qualify for the Discount Payment Program if certain conditions are met.

Hospital staff shall make reasonable efforts to obtain from the patient, or his or her representative, information about whether private or public health insurance, including eligibility for the California Health Benefit Exchange, may fully or partially cover the charges for care.

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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 Charity Care Program or 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.

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(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;


(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. 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 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).


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**E. Federal Poverty Levels**

The measure of 350% of the Federal Poverty Level shall be made by reference to the most up to date Health and Human Services Poverty Guidelines for the number of persons in the patient's family or household. The current Federal Poverty Levels are as follows:

**The 2015 Poverty Guidelines for the 48 Contiguous States and the District of Columbia**

<b>Persons in family</b>	<b>Poverty guideline</b>	<b>350% of Poverty Level</b>
1	\$11,770	\$41,195
2	\$15,930	\$55,755
3	\$20,090	\$70,315
4	\$24,250	\$84,875
5	\$28,410	\$99,435
6	\$32,570	\$113,995
7	\$36,730	\$128,555
8	\$40,890	\$143,115
<b>For families with more than 8 persons, add \$4,060 for each additional person.</b>		

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**SOURCE:** *Federal Register*, Vol. 80, No. 14, January 22, 2015 pp. 3236-3237

## **2. 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.

## **3. 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.

## **4. Notices**

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

### **A. Written Notice to Patients**

Each patient who is seen at Encino Hospital Medical Center, 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.

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**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; and (4) Other Outpatient Settings.


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.

**5. Efforts to Information Regarding Coverage & Applications for Medi-Cal and Health Families**

Encino Hospital Medical Center shall 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, the following:

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- (1) private health insurance; (2) Medicare; and/or (3) the Medi-Cal program, the Healthy Families 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, the Healthy Families Program, or other governmental program prior to discharge.

**6. Collection Activities**

Encino Hospital Medical Center 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. Encino Hospital Medical Center 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 Encino Hospital Medical Center nor any collection agency utilized by Encino Hospital Medical Center shall report adverse information to a consumer credit reporting agency or commence civil action against the patient for nonpayment at any time prior to 150 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.



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In addition, if a patient is attempting to qualify for eligibility under Encino Hospital Medical Center 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, Encino Hospital Medical Center 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.


Encino Hospital Medical Center 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

### 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. Encino Hospital Medical Center PFS Designee, at the Hospital may be contacted at **818-501-0434** 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 **626-447-0296** for further information.

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**Exhibit 2**

**CHARITY CARE & DISCOUNTED PAYMENT PROGRAM**

PATIENTS WHO LACK INSURANCE OR HAS INADEQUATE INSURANCE AND MEET CERTAIN LOW- AND MODERATE-INCOME REQUIREMENTS MAY QUALIFY FOR DISCOUNTED PAYMENTS OR CHARITY CARE. PATIENTS SHOULD CONTACT ENCINO HOSPITAL MEDICAL CENTER PFS DESIGNEE, at **818-501-0434** 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 **626-447-0296** FOR FURTHER INFORAMTION.

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### Exhibit 3

Our records indicate that you do not have health insurance coverage or coverage under Medicare, Medi-Cal, Healthy Families, or other similar programs. If you have such coverage, please contact our office at **818-501-0434** 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, Healthy Families, Encino Hospital Medical Center's Discounted Payment Program, or Charity Care. For more information about how to apply for Medicare, Medi-Cal, Healthy Families, or other similar programs, please contact Encino Hospital Medical Center PFS Designee at **818-501-0434** who will be able to answer questions and provide you with applications for these programs.

Patients who lack insurance or have inadequate insurance and meet certain low- and moderate-income requirements may qualify for discounted payments or charity care. Patients should contact Encino Hospital Medical Center or PFS Designee, at **818-501-0434** 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 626-**447-0296** for further information.

Policy:

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Encino Hospital Medical Center will offer a discount payment program for financially qualified patients who meet the eligibility tests described below and comply with the requirements of Health & Safety Code sections 127400 to 127446.

A significant component of Encino Hospital Medical Center is to provide care for patients in times of need. Encino Hospital Medical Center provides a Discount payment program as a benefit to the community we serve as a not-for-profit hospital. To this end, Encino Hospital Medical Center is 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.

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Procedure:

7. Eligibility for Participation In Discount Payment Program


F. Self-Pay Patients

A patient who 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 whose family income does not exceed 450% of the Federal Poverty Level shall be eligible for the Discount Payment Program.

G. Insured Patients

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 Discount Payment 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 at


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Encino Hospital Medical Center that exceed 10% of the patient's family income in the prior 12 months or the patient has annual out of pocket expenses that exceed 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 or her representative, information about whether private or public health insurance, including eligibility for the California Health Benefit Exchange, 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 Discount Payment Program.

#### H. Other Circumstances

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


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- a. 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.
- b. The patient qualifies for a Medically Indigent Adult Program offered by a county other than the one in which the Hospital is located.
- c. Reasonable efforts have been made to locate and contact the patient, such efforts have been unsuccessful, and the Hospital’s PFS Director has reason to believe that the patient would qualify for charity or a discount, i.e., homeless;
- d. 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.

I. 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. The patient’s assets or the assets of the patient’s family may not be considered.




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J. Federal Poverty Levels

The measure of 450% of the Federal Poverty Level shall be made by reference to the most up to date Health and Human Services Poverty Guidelines for the number of persons in the patient's family or household. The current Federal Poverty Levels are as follows:

**The 2015 Poverty Guidelines for the 48 Contiguous States and the District of Columbia**

Persons in family	Poverty guideline	450% of Poverty Level
1	\$11,770	\$52,965
2	\$15,930	\$71,685
3	\$20,090	\$90,405
4	\$24,250	\$109,125
5	\$28,410	\$127,845
6	\$32,570	\$146,565
7	\$36,730	\$165,285
8	\$40,890	\$184,005
For families with more than 8 persons, add \$4,060 for each additional person.		

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**SOURCE:** *Federal Register*, Vol. 80, No. 14, January 22, 2015, pp. 3236-3237

Discount Rates

For those patients who do not qualify for charity care but qualify to participate in the Discount Payment Program, the amount of discount shall be left to the discretion of the Hospital PFS Director provided however that the expected payment for services the hospital provides to any patient who is eligible under the Discount Payment Policy shall not exceed 115% of the amount of payment the hospital would receive for providing the services from Medicare, Medi-Cal, Health Families, or any other government sponsored health program of health benefits in which the hospital participates, whichever is greater – based on the current fee schedule of such payor. This will be determined on a case by case basis.

8. Extended Payment Plans

Patients who are eligible to participate in the Discount Payment Program shall be permitted to make payments of the discounted amount over an extended period of time with no interest accruing or being charged. . Monthly payments pursuant to any repayment plan negotiated with a patient pursuant to the Discount Payment Program shall not exceed ten percent (10%) of the patient’s essential living expenses.

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“Essential living expenses” shall mean expenses incurred by the patient for any of the following: rent or house payments (including maintenance expenses), food and household supplies, utilities and phone, clothing, medical and dental payments, insurance, school and 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. Hospital staff shall request the patient to provide details supporting the essential living expenses that should be considered in determining a reasonable payment plan for the patient.

9. Resolution of Disputes


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

10. Notices

In order to ensure that patients are aware of the existence of the Discount Payment Program, the following actions shall be taken:

D. Written Notice to Patients

Each patient who is seen at Encino Hospital Medical Center, 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.

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E. 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; and (4) Other Outpatient Settings. The notice shall be provided in non-English languages spoken by a substantial number of the patients served by the hospital.

F. 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.

11. Efforts to Information Regarding Coverage & Applications for Medi-Cal and Health Families

Encino Hospital Medical Center shall 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, the following:

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(1) Private health insurance; (2) Medicare; and/or (3) the Medi-Cal program, the Healthy Families 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, the Healthy Families Program, or other governmental program prior to discharge.

12. Collection Activities

Encino Hospital Medical Center 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 PFS or his/her designee has reviewed the account and approved the advancement of the debt to collection. Encino Hospital Medical Center 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 Encino Hospital Medical Center nor any collection agency utilized by Encino Hospital Medical Center shall report adverse information to a consumer credit reporting agency or commence civil action against the patient for nonpayment at any time prior to 150 days after the initial billing if the patient lacks third party coverage or for a patient that provides information that he or she may be a patient with high medical costs.

In addition, if a patient is attempting to qualify for eligibility under Encino Hospital Medical Center’s Charity Care Policy or the Discount Payment Policy and is attempting in good faith to


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settle an outstanding bill with the hospital by negotiating a reasonable payment plan or making regular partial payments of a reasonable amount, Encino Hospital Medical Center 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.

Encino Hospital Medical Center shall not, in dealing with patients eligible under the Charity Care Policy or the Discount Payment Policy, use wage garnishments or liens on primary residences as a means of collecting unpaid hospital bills.

### 13. Refunds

See Hospital's Refund Policy

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## EXHIBIT 1

### 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. Patients should contact Encino Hospital Medical Center, PFS Designee at the Hospital at **818-501-0434** 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 **626-447-0296** for further information.



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Exhibit 2

CHARITY CARE & DISCOUNTED PAYMENT PROGRAM

PATIENTS WHO LACK INSURANCE OR HAS INADEQUATE INSURANCE AND MEET CERTAIN LOW- AND MODERATE-INCOME REQUIREMENTS MAY QUALIFY FOR DISCOUNTED PAYMENTS OR CHARITY CARE. PATIENTS SHOULD CONTACT ENCINO HOSPITAL MEDICAL CENTER PFS DESIGNEE, AT THE HOSPITAL AT **818-501-0434** 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: **626-447-0296** FOR FURTHER INFORMATION.



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### Exhibit 3

Our records indicate that you do not have health insurance coverage or coverage under Medicare, Medi-Cal, Healthy Families, or other similar programs. If you have such coverage, please contact our office at **818-501-0434** 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, Healthy Families Encino Hospital Medical Center's Discounted Payment Program, or Charity Care. For more information about how to apply for Medicare, Medi-Cal, Healthy Families, or other similar programs, please contact Encino Hospital Medical Center, PFS Designee at **818-501-0434** who will be able to answer questions and provide you with applications for these programs.

Patients who lack insurance or have inadequate insurance and meet certain low- and moderate-income requirements may qualify for discounted payments or charity care. Patients should contact Encino Hospital Medical Center, PFS Designee, at the Hospital at **818-501-0434** 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 **626-447-0296** for further information.