

NORTHERN INYO HOSPITAL POLICY AND PROCEDURE

Title: CHARITY CARE PROGRAM	
Scope: Departmental	Department: Fiscal Services
Source: Business Office Manager	Effective Date: 01/01/2007

PURPOSE:

To define the parameters of eligibility and the process of access to the charity care program mandated by AB 774.

POLICY:

1. Northern Inyo Hospital will provide healthcare access at no cost to individuals who are uninsured or under insured, or to individuals with high medical costs.
2. Poverty income will be the basis of eligibility of Northern Inyo Hospital's Charity Care Program.
3. Eligibility criteria will be the applicant's and family's or entire household gross income and household size, including alimony, child support- whether ordered or not- and financial support of absent parent.
4. Income to be considered will be the applicant's or family's gross income of the last 12 months preceding the application or gross income of the last three months preceding the application multiplied by four.
5. 350 percent of the government poverty income levels will be recognized as the standard for determination of Northern Inyo Hospital's Charity Care Program poverty income guideline.
6. Verification of the family's household income may consist of the following applicable documents determined to be sufficient based upon the applicant's current circumstances:
 - a. Paycheck stubs for current three months
 - b. Unemployment payment stubs
 - c. Disability payment stubs
 - d. Bank statements for current three months
 - e. Copy of current local social service assistance program (MediCal/CMSP) application determination
 - f. Copy of current or previous year income tax return, or W2.
7. Should the applicant have no source of income, verification of support means or family support may be requested.
8. All other resources of payment must first be sought, including any available local social service assistance program such as MediCal, CMSP and CCS, Medicare, Insurance, and other available third party sources.
9. Written denial is required for applicants not eligible for assistance through their local department of social services.
10. Should an applicant be eligible for MediCal or CMSP with a Share of Cost, the applicant may still be entitled to the Charity Care Program while the Share of Cost remains unmet.
11. Once their Share of Cost is satisfied, the applicant's MediCal or CMSP will be accepted as payment for covered services.
12. Failure to comply with timely application for local social service assistance programs, or failure to complete application for available local social service assistance programs may be a basis for denial of the Northern Inyo Hospital Charity Care Program.

13. To sustain eligibility, Northern Inyo Hospital Charity Care recipients will be required to submit a new Charity Care application every six months, including new application to available local social service assistance programs.
14. If any information given proves to be untrue, Northern Inyo Hospital may re-evaluate the application and take whatever action becomes appropriate.
15. Effort to identify patient's qualification for Northern Inyo Hospital Charity Care Program will be initiated as early as possible but will not be criteria of determination.
16. Conditional qualification may be made in cases where eligibility for other available assistance programs such as MediCal or CMSP has not yet been determined.
17. Individuals who do not respond to notices of Charity or Discount services, and who do not respond to billings and collection efforts and are subsequently assigned to an outside collection agency may not be considered for Northern Inyo Hospital's Charity Care program.
18. Patients who are denied Charity Care based upon their income may become subsequently approved should their income change following their original determination.
19. Subsequent determinations will not result in a refund of prior payments.
20. Effect of the determination of eligibility will not be open-ended, but may remain in effect to cover future scheduled services.
21. Upon discharge of service, uninsured patients will be offered the local county application for medical assistance program(s) and an application for the Healthy Families Program.
22. Included in the initial billing of the uninsured individuals will be the NORTHERN INYO HOSPITAL REQUEST FOR HEALTH COVERAGE INFORMATION; the NORTHERN INYO HOSPITAL NOTICE OF OTHER COVERAGE PROGRAMS; and the NORTHERN INYO HOSPITAL NOTICE OF AVAILABLE CHARITY/DISCOUNT SERVICES.
23. Notices of Northern Inyo Hospital's Charity Care & Discount Payment Program will be posted in all patient care areas, waiting rooms and reception areas as well as the Credit (payment) and Insurance Information Office.
24. Applications for the Northern Inyo Hospital Charity Care Services will be available through Northern Inyo Hospital Administration, Social Services Department, and the Credit and Insurance Information Office.
25. The application will include the patient's or applicant's complete name; address; telephone number; social security number; employer; family size; income as described above; service rendered/requested; date of service; applicant's signature; and space for eligibility determination.
26. The Business Office Manager or designee will process applications within five (5) business days.
27. The applicant will be sent a final determination by the US mail.

REQUEST FOR HEALTH COVERAGE INFORMATION

NOTICE OF OTHER COVERAGE PROGRAMS

NOTICE OF AVAILABLE CHARITY/DISCOUNT SERVICES

When you presented for your recent services, it appeared that you did not have health insurance or other coverage. If this is incorrect, please contact our Credit and Billing Information office at (760) 873-2190 immediately to provide us with your coverage information.

If you do not have health insurance coverage, or other coverage, you may be eligible for Medicare, Healthy Families, MediCal, CMSP, or CCS.

You may contact our Credit and Billing Information office at (760) 873-2190 or your local Social Services office for an application for MediCal, CMSP, or the Healthy Families Program.

You may obtain information from the Social Security Office regarding Medicare benefits or your local county Health Department regarding CCS benefits.

It is the policy of the Northern Inyo County Local Hospital District to provide a reasonable amount of care without, or below charge to people who are uninsured or under insured, or an individual with high medical costs. Individuals within the annual income requirements established below may be eligible to receive free medical care.

Size of Family Unit	Poverty Income Guidelines
1	\$ 34,300
2	\$ 46,200
3	\$ 58,100
4	\$ 70,000
5	\$ 81,900
6	\$ 93,800
7	\$105,700
8	\$117,600

For family units with more than eight members, add \$11,900 for each additional member.

If you believe you may be eligible to receive charity care, or would like an application, you should contact the Credit and Billing Information Office at (760) 873-2190.

Approval	Date
Administrator: <i>John Halfen</i>	12/28/06
Business Office Manager: <i>Mary Ellen Tillemans</i>	12/28/06

Revised
Reviewed 12/31/07
Supercedes

NORTHERN INYO HOSPITAL POLICY AND PROCEDURE

Title: CHARITY CARE/DISCOUNT PAYMENT ELIGIBILITY PROCEDURE	
Scope: Departmental	Department: Fiscal Services
Source: Business Office Manager	Effective Date: 01/01/2007

PROCEDURE:

Notices of Northern Inyo Hospital's Charity Care and Discount Payment Programs will be posted in all patient care areas, and in waiting rooms and reception areas, as well as the Credit (payment) and Insurance Information Office.

Upon discharge of service, uninsured patients will be offered the local county application for medical assistance program(s) and an application for the Healthy Families Program.

In the initial billing of the uninsured individual, the NORTHERN INYO HOSPITAL REQUEST FOR HEALTH COVERAGE INFORMATION; the NORTHERN INYO HOSPITAL NOTICE OF OTHER COVERAGE PROGRAMS; and the NORTHERN INYO HOSPITAL NOTICE OF AVAILABLE CHARITY/DISCOUNT SERVICES will be included.

During the collection efforts associated to the uninsured or underinsured individual, assistance will be provided towards application to all programs or insurances available, and or local social service programs available as well as the Northern Inyo Hospital Charity Care and Discount Payment Program. This assistance will include mailing of the Charity Care and Discount Payment application to the individual. Should patients become subsequently unable to afford their medical costs, or later incur high medical costs, they will be provided the same assistance regardless of the phase of their billing status.

Notations of offered assistance will be recorded in the patient's "patient account billing record". Effort will be made to follow up with the patient regarding outcome/eligibility of applications to other possible assistance programs.

Accounts assigned to an outside agency with no evidence of inability to pay, and lacking response/communication on behalf of the patient, may not be subsequently eligible for the Northern Inyo Hospital Charity Care or Discount Payment Program.

All applications for the Charity Care and Discount Payment Program will be forwarded to the Business Office. The application will be reviewed by the Business Office Manager or designee for completeness of the following:

- Existing third party coverage and payments of such party
- Application determination/denial of local assistance program(s)
- Verification of applicant's income-one of or combination of the following:
 - a. Paycheck stubs for current three months
 - b. Unemployment payment stubs
 - c. Disability payment stubs
 - d. Bank statements for current three months
 - e. Current or previous year tax return

During time necessary to process application, applicant's accounts will be put on hold with notation in "patient account billing record" of pending Charity Care or Discount Payment application.

Upon approval of Charity Care or Discount Payment, the applicant's applicable accounts' insurance record will be updated to reflect "Charity Care" as the insurance, thus ceasing all bills to the patient. Once approved, the account is then forwarded to the Business Office Manager or designee for appropriate account write-off/disposition.

Approval	Date
Administrator: <i>John Halfen</i>	12/28/06
Business Office Manager: <i>Mary Ellen Tillemans</i>	12/28/06

Revised
Reviewed 12/31/07
Supersedes

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: CHARITY CARE/DISCOUNT PAYMENT REVIEW PROCESS	
Scope: Departmental	Department: Fiscal Services
Source: Business Office Manager	Effective Date: 01/01/2007

PROCEDURE:

If for any reason, a patient or applicant believes they have been inappropriately denied the Northern Inyo Hospital Charity Care/Discount Payment Program, or have been misled, they may have their application or case reviewed.

To have one's application or case reviewed, they should contact the Business Office Manager at (760) 873-2185 or the Hospital Administrator at (760) 873-5811.

All facts contained and supported in the original application will be reviewed and considered as well as any additional documents of supporting facts the applicant may present to support there case. Applicant is notified of the final decision concerning their review and it's findings in writing.

Should applicant still desire further review, they may take there case to the Northern Inyo Hospital Board of Directors by requesting with the Hospital Administrator to be put on a scheduled upcoming board meeting.

Approval	Date
Administrator: <i>John Halfen</i>	12/28/06
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