

Policy for Charity Care Program

POLICY STATEMENT

This policy defines the process for determining when qualified low income uninsured and underinsured patients of the Contra Costa Regional Medical Center (CCRMC) and Health Centers (HCs) are eligible to receive fully discounted (free) medical care.

GUIDELINES

A. Policy

1. Contra Costa Health operates a number of programs and services to help qualifying individuals minimize the financial burden associated with the cost of obtaining medical treatment. Patients will be screened and not required to apply for these programs prior to being determined for eligibility for the Charity Care Program.
2. The Financial Counseling Department helps eligible patients gain access to government sources of medical assistance including Medi-Cal, Family PACT, or other health coverage programs including health insurance through Covered California.
3. The Basic Health Care Program is temporary health coverage program for low-income, uninsured United States citizens or legal permanent residents of Contra Costa County whose household financial resources and/or income does not exceed 300% of the federal poverty level.
4. The Sliding Fee Scale Program allows patients to share in the cost of services based on their ability to pay. This program is offered to uninsured patients whose household income does not exceed 200% of the federal poverty level.
5. Patients who are not eligible for any of these health coverage programs may financially qualify for fully discounted medical care under the Charity Care Program. This policy outlines the process used by Contra Costa Health to determine a patient's eligibility for the Charity Care Program.

B. Definitions:

1. Uninsured patients are individuals who do not have third-party coverage from a health insurer, health care service plan, Medicare, Medi-Cal, or Basic Health Care and whose injury is not compensated under a Worker's Compensation plan, automobile insurance, or other insurance as determined and documented by CCRMC and HCs. Patients who have reached a lifetime limit on their insurance benefits will be considered uninsured for services in excess of that limit.
2. Underinsured patients are patients who have third party insurance coverage but are considered to have high medical costs because they have annual out-of-pocket medical expenses that exceed the lesser of 10% of the patient's current family income or family income in the prior twelve months and their family income does not exceed 400% of the federal poverty level.

C. Procedure:

1. Uninsured or underinsured individuals who do not qualify for government sponsored health benefits, or Basic Health Care may qualify for fully discounted medical care under the Charity Care Program. Eligibility for this program is based on family income limitations and high out-of-pocket medical expenses.
2. Determining Patient Eligibility:
 - a. The Financial Counseling Department will determine an applicant's eligibility for the Charity Care Program based on a review of the patient's family income. Documentation of income is limited to recent pay stubs or a written self-attestation of earned income if self-employed.
 - b. Uninsured patients are financially qualified to obtain fully discounted medical care when their family income is at or below 400% of the federal poverty level.
 - c. Monetary assets are assets that are readily convertible to cash, such as bank accounts and publicly traded stock and may not be considered to determine eligibility. Additionally, retirement plans, deferred compensation plans qualified

under the Internal Revenue Code, and nonqualified deferred compensation may not be considered, nor can an individual's primary residence.

- d. Underinsured patients are financially qualified to obtain fully discounted medical care if they do not receive a discounted rate on their medical bill as a result of third-party coverage, if their family income is at or below 400% of the federal poverty level, and if they have out-of-pocket medical expenses in the prior 12 months (whether or not at CCRMC and HCs that exceeds 10% of the family's income. Underinsured individuals may be asked to provide documentation for expenses incurred outside of CCRMC and HCs the prior twelve months.
 - e. Patients may apply for Charity Care eligibility at any time after initial billing. If the patient is unable to submit an application and supporting documentation through no fault of his/her own, an attempt will be made to make a presumptive eligibility determination without such documentation.
 - f. Applicants will be allowed to appeal any denial of eligibility to the Director of Patient Financial Services.
3. Limitations on Patient Liability:
- a. Once CCRMC and HCs accepts a patient, all services furnished to that patient during a particular hospital stay or outpatient visit are subject to the fully discounted medical care policy. This includes emergency services provided by an emergency physician and medically unnecessary services or procedures.
4. Patients may apply for Charity Care eligibility at any time after initial billing.
- a. Ineligible uninsured patients will be billed for the cost of all medical care received from CCRMC and HCs.
 - b. Ineligible underinsured patients will be billed for any unpaid balance after their third party insurance payment has been received.
 - c. Eligibility for fully discounted medical care will be denied if the applicant does not financially qualify.
 - d. Applicants will be allowed to appeal any denial of eligibility to the Director of Patient Financial Services.
5. Providing Notices
- a. Written Notice to Patients: The initial billing to a patient classified as uninsured or underinsured will be accompanied by:
 - a. A statement of charges.
 - b. A request that the patient inform the Patient Accounting Department if he/she has health insurance coverage or other coverage
 - c. A statement that the individual may be eligible for Medicare, Healthy Families, Medi-Cal, Family PACT, Basic Health Care or Covered California.
 - d. Information advising the patient that he/she may qualify for fully discounted medical care or a partial discount on their medical bill based on family income limitations and high out-of-pocket medical expenses.
 - e. Information advising the patient on where to call to obtain assistance in applying for these programs.
 - f. Patients are classified as uninsured if they do not have third-party coverage or have not provided evidence of third-party coverage at the time of service. A patient with third-party coverage will be considered underinsured for billing purposes after the insurance has paid or been denied and the balance becomes the responsibility of the patient.
 - b. Posted Notices: Information about the availability of financial assistance for financially qualified patients of CCRMC and HCs will be posted in locations visible to the public including, but not limited to:
 - a. The CCRMC Emergency Department.
 - b. The Patient Financial Services Office.
 - c. The CCRMC Admissions Office.
 - d. Outpatient settings including the Health Centers and ancillary departments furnishing services to outpatients.

6. Limits on Debt Collection

- a. Neither CCRMC and HCs, the assignee of an account, nor a collection agency may, within 180 days of initial billing, report adverse information to a consumer credit reporting agency concerning, or commence a civil action against, a patient who lacks coverage or provides information that he or she may be a patient with high medical costs.
- b. Unpaid bills will not be sent to a collection agency while the patient is attempting to qualify for eligibility in the Charity Care Program.
- c. Qualifying uninsured patients will not be billed for the cost of any medical care received from CCRMC and HCs.
- d. Qualifying underinsured patients will not be billed for any unpaid balance after their third-party insurance payment is received.
- e. CCRMC and HCs will provide written notice to a patient deemed ineligible for the Charity Care Program before beginning collection activity. The assignee of the debt, such as a collection agency, must also provide written notice before it begins collection activity. The notice must include information about debt collection activities including the patient's rights, and a statement about the availability of nonprofit credit counseling services in the area.
- f. Income information obtained during the eligibility determination process may not be used for collection activities.

7. Reimbursing Overcharges to Patients:

Any amount collected from a qualified patient in excess of the amount due under the terms of the Charity Care Policy will be refunded with interest at the rate provided in Section 685.010 of the California Code of Civil Procedure, currently set at 10 percent annually.

RELATED LINKS:

- [CCRMC & HCs Program Eligibility Review Process](#)
- [Notice to Patients](#)

REFERENCES:

- A. California Assembly Bill AB 774 – Hospital Fair Pricing Policies
- B. California Assembly Bill AB 532 – Fair Billing Policies
- C. California Code of Civil Procedure, Section 685.010
- D. California Health and Safety Code, Sections 127400-127455
- E. California Constitution, Article XV, Section 1