

Marshall Medical Center

- ◆ *Home Care*
- ◆ *Hospital*
- ◆ *Medical Foundation Services*

Procedure Guidelines

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Financial Assistance Program
Discount Payment and Charity Care Policy

POLICIES:

Marshall Medical Center’s (“Marshall’s”) mission statement, “To improve the health of our community and offer health services of superior value and quality, centered on the goals and needs of our patients”, reflects Marshall’s social accountability to the community residents of our service area in which we are located. Providing discounted payment, as well as charity care, along with other community benefit services is important evidence of Marshall’s mission fulfillment.

It is Marshall’s intention to ensure that every patient of Marshall will be presented before discharge and at time of billing with written notice that includes information regarding the availability of Marshall Financial Assistance Program, including information about eligibility, as well as contact information for a hospital office from which the person may obtain further information about these policies. An emergency physician who provides emergency medical services at Marshall is required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 350 percent of the Federal poverty level.

Marshall is committed to providing, without discrimination, care for emergency medical conditions to our patients regardless of their eligibility under this Financial Assistance Policy.

Discounted payment and full charity care will each be based on the individual's ability to pay as defined by AB774 and SB1276, the Federal Poverty Family Income Guidelines, and the attached sliding scale. Following a determination of financial assistance eligibility, an eligible individual will not be charged more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance covering such care.

Confidentiality of information and individual dignity will be maintained for all that seek discounted payment or charity care under these policies. The handling of personal health information will meet all HIPAA requirements.

PURPOSE:

The purpose of this policy is to define the eligibility criteria for discounted payment and charity care services, administrative, and accounting guidelines for the identification, classification, and reporting of patient accounts as discounted payment or charity care.

DEFINITIONS:

Charity Care (no charge to the patient):

Is defined as health care services provided at no charge to the Patient. Patients without insurance coverage or the inability to obtain insurance coverage and the inability to pay are eligible for this discount.

Charity Care Limited Scope (based on emergency and medical necessary care vs. non-emergency non-medically necessary care):

Is defined as health care services provided at no or reduced charge to the Patient. Patients must have "limited scope Medi-Cal benefits" and the inability to pay to be eligible for this discount.

Deceased Patients:

A patient that has expired and has no living spouse / guardian, and does not have an estate that a creditor's claim filed against will be considered automatically covered as Charity Care. Validation will be secured through verification of marital status and court research of estate notices.

Discounted Payment:

Is defined as health care services provided as a reduced charge, based on the patient's financial situation, under this policy, and has an inability to pay the total liability.

Eligible Balance:

The balance stated on the appropriate patient billing system as the patients' responsibility at the time of application. Approved discount payment or charity care will not reduce an amount previously paid by the patient or their designee on behalf of the patients' debt.

When any patient's single visit responsibility exceeds \$50,000.00 the balance above \$50,000.00 will be discounted by 50% as catastrophic adjustment automatically by the Financial Counselor upon final bill. Patients are not required to apply for this program to be entitled to this 50% over \$50,000.00 discount. If the patient applies and qualifies for the Financial Assistance Program, the remaining balance will receive the appropriate reduction in addition to the catastrophic adjustment.

Emergency Medical Care:

Refers to Emergency Services and Care required to stabilize a patient's medical condition initially provided in the emergency department or otherwise classified as "emergency services" under the federal EMTALA Law or Section 1317.1 et.seq of the California, Health & Safety Code, and continuing until the patient is medically stable and discharged, transferred, or otherwise released from treatment.

Essential Living Expenses: (See Attachment C)

Are defined as rent or house payment and maintenance; food and household supplies; utilities and telephone; clothing; medical and dental payments; insurance; school or child care; child or spousal support; transportation and auto expenses, including insurance, gas, and repairs; installment payments; laundry and cleaning; and other extraordinary expenses.

Federal Poverty Level: (See Attachment A)

The poverty guidelines for families updated periodically in the Federal Register by the United States Department of Health and Human Services under the authority of subsection (2) of Section 9902 of Title 42 of the United States Code.

Financially Qualified Resident Patients:

Applies to a patient who is a resident of Marshall Medical Center's service area (see service area definition) and has a family income that does not exceed 350 percent of the federal poverty level and has completed and submitted an application, and review of the application by Marshall shows that the individual qualifies for either Charity or Financial Assistance.

Financially Qualified Non-resident Patient:

Applies to a patient who is not a resident of Marshall Medical Center's service area and has a family income that does not exceed 350 percent of the federal poverty level and has completed and submitted an application, and review of the application by Marshall shows that the individual qualifies for either Charity or Financial Assistance will be granted for emergency and medically necessary services only.

High Medical Cost:

Applies to patient whose family income does not exceed 350 percent of the federal poverty level. For these purposes "high medical costs" is defined to mean any of the following:

- Annual out-of-pocket costs that have already been paid at this facility exceed 10% of such patients' family gross income and essential living expenses in the prior 12 months;
- Annual out-of-pocket expenses that exceed 10% percent of such patient's family gross income and essential living expenses, 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;
- This shall not include out of pocket expenses for insurance premiums

Interest:

Marshall Medical Center shall reimburse the patient any amount actually paid in excess of the amount due under this policy, including interest. Interest owed by the Marshall Medical Center to the patient shall accrue at the rate set forth in Section 685.010 <http://www.leginfo.ca.gov/cgi-bin/calawquery?codesection=ccp&codebody=685.010&hits=20> of the Code of Civil Procedure, beginning on the date payment by the patient is received by the facility. However, Marshall Medical Center is not required to reimburse the patient or pay interest if the amount due is less than five dollars (\$5.00). Marshall Medical Center shall give the patient a credit for the amount due for at least 60 days from the date the amount is due.

Medically Necessary Services:

Hospital-based medical services determined based upon a medical evaluation, to be necessary to preserve a patient's life, to prevent significant illness or significant disability, or to alleviate severe pain.

Monetary Assets:

Assets include all liquid assets, including bank accounts and publicly traded stocks, but will not include retirement, deferred-compensation plans qualified under the Internal Revenue Code, no-qualified deferred-compensation plan, or assets that are not readily convertible to cash, such as real property. In reviewing monetary assets Marshall Medical Center may require a waiver or release from the patient or the patient's family authorizing the facility to obtain account information from the financial or commercial institution, or other entities that hold or maintain the monetary assets to verify their value. Monetary Assets may be considered in connection with eligibility under the charity care policy only and not for eligibility under the discounted payment policy. In determining eligibility under the charity care policy, the first \$10,000 of a patient's monetary assets shall not be counted, nor shall Marshall count 50% of the patient's monetary assets above \$10,000. The monetary assets that exceed the preceding criteria will be divided by 12 and added to the monthly patient family income.

Information obtained shall not be used for collections activities. This paragraph does not prohibit the use of information obtained by the hospital, collection agency, or assignee independently of the eligibility process for charity care or discounted payment.

Non-emergency Services:

Medically necessary services and are not Emergency Services.

Non-medically Necessary Services:

- For persons 18 years of age and older, spouse, domestic partner, as defined in Section 297 of the Family Code, and dependent children under 21 years of age, whether living at home or not .
- For persons under 18 years of age, parent, caretaker relatives and other children under the age of 21 years of age of the parent or caretaker relative.

Payment Plan:

Marshall is committed to work with the patient or guarantor to allow for the successful payment of the outstanding debt taking into consideration the patient's family income and essential living expenses. Payment plans where the monthly payment is less than 10% of the families monthly income after essential living expenses will be flagged to be revisited with the patient or guarantor every 6 (six) months for ability to increase monthly payments. All payment plans will be executed in written document signed by the patient or guarantor.

If Marshall and the patient or their guarantor cannot agree on the payment plan, Marshall shall set the payment plan as defined in SB1276 SEC 5 Section 127454(k) of the Health and Safety Code means “reasonable payment formula” which means monthly payments that are not more than ten (10) percent of a patient’s family income for a month, excluding deductions for the essential living expenses. “Essential living expenses” means, for the purpose of this subdivision, expenses for all of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

Proof of Income:

As defined under the “Fair Pricing Law”: Health & Safety Code Section 127400et.seq. proof of income is one of the following:

- Latest Income Tax Return
- 3 of the most recent pay stubs
- Financial Profit and Loss as prepared by accountant
- Seasonal works must supply last Income Tax Return

Self-Pay Patient:

A patient who does not have third-party coverage from a health insurer, health care service plan, Medicare, or Medicaid and whose injury is not a compensable injury for purposes of workers’ compensation, automobile insurance, or other insurance as determined and documented by Marshall Medical Center. Self-pay patients may include charity care patients.

Service Area:

Marshall Medical Center’s service area is defined as the geographic area (by zip code) from which the facility receives it top 80% of discharges.

Zip Code	Community	Zip Code	Community
95614	Cool	95667	Placerville
95619	Diamond Springs	95672	Rescue
95623	Kingsville/Nashville	95675	River Pines
95633	Garden Valley	95682	Shingle Springs/ Cameron Park
95634	Georgetown	95684	Somerset
95635	Greenwood	95709	Camino
95636	Grizzly Flats	95726	Pollock Pines
95651	Lotus	95762	El Dorado Hills
95664	Pilot Hill		

EXCLUSIONS:

Cosmetic Procedures:

These services are defined as procedures that modify or improve the appearance of the physical features, irregularity, or defect that is requested by the patient or their guarantor as an elective service. Any cosmetic procedure will not be considered as an eligible service under either the discount payment or charity care policy.

Elective Services – Physician Clinic Services:

Those services that are considered not a benefit of the Medi-Cal program will not be considered as eligible under this program.

Hearing Aids and Accessories:

Hearing aids and accessories are not considered a service eligible under this Financial Assistance Program.

Excluded Providers: (See Attachment I)

These individual providers, practice groups or any other entities that are providing emergency or medical necessary care in the hospital will bill their services separately and do not qualify under Marshalls Financial Assistance policy.

Included Providers: (See Attachment I.1)

The Marshall Medical Center Clinic Providers whether providing emergency or medically necessary care in the hospital or clinic setting are qualified services and covered under this policy.

Ineligible Balance:

A patient who had coverage through and HMO or qualified under a Medi-Cal program will not be eligible for Charity Care of Financial Assistance when not electing to adhere to the guidance or care protocols of said insurer.

Non-Compliance:

Patient or guarantors failure to cooperate with the screening and application processes for alternative means of funding to cover the costs of services will preclude the patient from eligibility under the Financial Assistance program. Exceptions to this exclusion may be placed in writing to the following department:

Hospital Patient Billing Attention: Customer Service
PO Box 872
Placerville, CA 95667
Phone: 530-626-2618 – Fax: 530-626-2631

PROCEDURES:

Eligibility Criteria:

A. Application: (See Attachment B)

1. Only services provided at Marshall Medical Center will be considered eligible for Charity or Discounted Payment Assistance. These services will include hospital services, professional services provided by Marshall Medical Foundation providers and Marshall HomeCare.
2. Alternative means of funding to cover the cost of services will be explored before Charity or Financial Assistance is approved. Patients approved for assistance under this policy may need to agree to cooperate in the process needed to obtain reimbursement for Marshall services from third party sources such as California Victims of Crime funds.
3. Marshall will make appropriate referrals to local county agencies Medi-Cal or other programs to determine potential eligibility. Currently Marshall utilizes The Gardner Group as assignee to assist in this aspect of patient support.
4. Charity Care will be determined on the basis of the following:
 - a. A Self-Pay Patient whose family income is at or below 138 percent of the Federal Poverty Level.
 - b. Validated proof of income
 - c. Monetary Assets those that are readily convertible to cash, including bank accounts, and publically traded stocks.
 - d. Essential living expenses
5. Financial Assistance will be determined on the basis of the following:
 - a. Has a validated proof of family income between 139 and 350 percent of the Federal Poverty Level
 - b. Assets will not be considered
6. The absence of financial data does not preclude eligibility for Charity or Financial Assistance. Marshall may, in meeting its charitable mission, provide services to patients for whom Marshall is unable to obtain personal financial data. In evaluating all factors pertaining to the patient's personal and demographic situation, Marshall may grant Charity or Financial Assistance eligibility in the absence of requested documents or suggest alternative documents that may be available to the patient.
7. The Marshall Medical standardized application form will be used to document each patient's overall financial situation. This application will be available in the primary language(s) of the service area. Marshall Medical Center will accept a copy of the completed DHCS SAWS-1 as a substitute of the Statement of Financial Condition
8. A patient or patient's legal representative requesting charity care, discounted care, or other financial assistance must make every reasonable effort to provide Marshall with documentation of income, essential living expenses, and health benefits coverage within the requested time frame. The failure to make a reasonable effort to provide information that is reasonable and necessary to make a determination concerning charity care or discounted care may be considered by Marshall in making its determination.

9. Once a determination has been made, a notification form will be sent to each applicant, advising him or her of the decision. **(See Attachment D)**
10. The data used in making a determination concerning eligibility for discount payment or charity care should be verified to the extent practical in relation to the amount involved. The information used will not be shared or used in any collection efforts related to the patients' family debt.

Charity and Discounted Services Level Determination	
Charity Care	138% Federal Poverty Level and below
Charity Care Limited Scope	138% Federal Poverty Level and below
Level 1 Financial Assistance	139% to 238% Federal Poverty Level
Level 2 Financial Assistance	239% to 300% Federal Poverty Level
Level 3 Financial Assistance	301% to 350% Federal Poverty Level

Patients have the ability to submit an application the following ways:

- Paper Application
 - Mail to Hospital Patient Billing
 - Submit by applicant at any Marshall Medical Center Location
- Online
 - www.marshallmedical.org
 - Patients & Visitors at the top of page
 - Financial Assistance
 - Charity Care Link
 - OR**
 - Online Bill Payment
 - Right side bar- Financial Assistance
 - Charity Care Link
 - OR**
 - Insurance & Billing Information
 - Business Office
 - Financial Assistance
 - Charity Care Link
 - Financial Assistance at bottom of page
 - Charity Care Link

B. Eligibility Period:

Financially Qualified Resident Patient:

The initial Charity and Discounted Payment for financially qualified patients' approval is valid for six (6) months from the date approved, or the first day of open enrollment for the California Health Benefit Exchange whichever comes first.

After six (6) months, a new application must be completed and the patient must screen for alternative funding sources through California Health Benefit Exchange, Medi- Cal, or other state – county funded coverage programs.

Financially Qualified Non-resident Patient:

The Charity and Discounted Payment for financially qualified non-resident patients' approval is valid for the emergency and medical necessary dates of service only and will terminate immediately thereafter.

Financially Qualified Non-resident Marshall Medical Center Employees:

The initial Charity and Discounted Payment for financially qualified patients' approval is valid for six (6) months from the date approved, or the first day of open enrollment for the California Health Benefit Exchange whichever comes first.

After six (6) months, a new application must be completed and the patient must screen for alternative funding sources through California Health Benefit Exchange, Medi-Cal, or other state – county funded coverage programs.

Homeless Patients – Charity Care:

Patients without a payment source are automatically classified as charity if they do not have a job, mailing address, residence, or insurance. Consideration must also be given to classifying emergency room only patients who do not provide adequate information as to their financial status. In many instances, these patients are homeless and have few resources to cover the cost of their care. Certification of Homelessness must be signed. **(See Attachment F)**

C. Collection Agency or Assignee:

If a collection agency or other assignee identifies that a patient meeting the hospital's discount payment or charity care eligibility criteria, their patient account may be considered charity care or eligible for discounted payment, even if they were originally classified as a bad debt or otherwise failed to apply for charity care or discounted payment within the specified eligibility period. Collection agency patient accounts meeting Financial Assistance Program criteria will be referred to the hospital billing office and reviewed for eligibility.

D. Special Circumstances:

1. Deceased patients without an estate or third party coverage will be automatically eligible for charity care.
2. In rare occasions, a patient's individual circumstances may be such that while they do not meet the regular charity care or discounted payment criteria in these policies, they do not have the ability to pay their hospital bill. In these situations, with the approval of the CFO or designee, part or all of their cost of care may be written off as discounted payment or charity care. There must be complete documentation of why the decision was made to do so and why the patient did not meet the regular criteria.
3. Minors seeking care for services deemed "protected" by Federal and State agencies are automatically qualified for charity care.
4. Medi-Cal patients are automatically eligible for charity care write-offs related to:
 - a. Non-benefit non-elective services.
 - b. Denied days
 - c. Unbillable services as defined by Medi-Cal Billing manual
 - d. Patients deemed eligible for Medi-Cal and Ineligible services prior to establishment of eligibility will be deemed Charity Care eligible. An application is not required for these services.

E. Governmental Assistance:

1. **Charity Care and Discounted Payment.** In determining whether each individual qualifies for discounted payment or charity care, other county or governmental assistance programs, as well as California Health Benefit Exchange, will be considered. All applications approved at 350% or lower of the federal poverty level will be required to apply for Governmental Assistance. Initial and continued eligibility under the Financial Assistance Program require proof of denial for Medi-Cal. Acceptance by Governmental Assistance will result in exclusion from the Discount Payment or Charity Care Program except as described in E.4. Individuals will be informed of any governmental or other assistance that may be available to them.
2. **Charity Care.** Persons eligible for programs such as Medi-Cal, or other government-subsidized insurance through California Health Benefit Exchange, but whose eligibility status is not established for the period during which the medical services were rendered, may be granted charity care for those services. The eligibility period will be for six (6) months or until first day of California Health Benefit Exchange open enrollment whichever comes first. Marshall Medical Center will make the granting of charity contingent upon applying for governmental program assistance and patient providing proof of denial of benefits.

F. Time Requirements for Determination:

1. While it is desirable to determine the amount of discount payment or charity care for which a patient is eligible as close to the time of service as possible, there is no rigid limit on the time when the determination is made. In some cases, eligibility is readily apparent and a determination can be made before, on, or soon after the date of service. In other cases, it can take investigation to determine eligibility, particularly when the patient has limited ability or willingness to provide needed information. Marshall Medical Center is committed to work with a patient and any point in the process beginning at or before the time of service.
2. Every effort will be made to determine a patient's eligibility for Financial Assistance. In some cases, a patient eligibility for either the discount payment or charity care may not have been identified prior to initiating external collection action. Upon request of the patient for consideration of either the discount payment or charity care, all collection efforts will halt until determination can be made. If a patient is determined to be eligible for discounted payment or charity care, the account will be returned to Marshall Medical Center to restart billing process.

G. Matrix for authorized adjustment amount for Charity Care and Discount Payment:

Position	Approval limit
Staff (trained), Financial Counselor, Supervisor	Up to \$20,000
Department Director or designee	\$20,001.00 - \$59,999.99
CFO, CEO, COO or designee	\$60,000 and greater

H. Accounting for Charity Care and Discount Payment:

To allow the appropriate tracking and monitoring the amount of Charity Care and the amount of Discount Payment being granted, each affiliate will account for the financial assistance write-offs in separate Deduction from Revenue general ledger accounts as follows:

GL ACCT	ADJUSTMENT CODE	ADJUSTMENT GUIDANCE		PATIENT PAYS	ELIGIBILITY TYPES
5870-	86050	100%		0%	<ul style="list-style-type: none"> Charity Care Adjustment
5870-	86050	100%		0%	<ul style="list-style-type: none"> Charity Care Limited Scope
5870	86073 Level 1	Make visit owe 25% of	Medicare Facility Fee Schedule	25%	<ul style="list-style-type: none"> Non-emergency, Non-medically necessary Discount Payment Adjustment
5780	86074 Level 2	Make visit owe 50% of	Medicare Facility Fee Schedule	50%	<ul style="list-style-type: none"> Discount Payment Adjustment
5870-	86075 Level 3	Make visit owe 100% of	Medicare Facility Fee Schedule	100%	<ul style="list-style-type: none"> Discount Payment Adjustment
5870-	86071	IS A 50% ADJUSTMENT OF ANY PATIENT BALANCE ABOVE 50,000.00		THE ENTIRE BALANCE UP TO 50,000 AND THEN 50% OF THE BALANCE OVER 50,000.00	<ul style="list-style-type: none"> Catastrophic Adjustment

HOSP = Hospital
MMF = Marshall Medical Foundation includes : Marshall Center for Primary Care, Pediatrics, Divide Wellness Center, Specialty Care
HC = Home Care
MCR = Medicare

*In rare cases where the Medicare rate is more than billed charges, the discount will be based on the Medi-Cal payment rate at the time of service.

The transaction codes used for accounting of the discount payment and charity care and their mapping to the General Ledger will be reviewed periodically to ensure accuracy by the Director of Finance.

I. Roles and Responsibilities:

At the time of service or prior to discharge any patient that has indicated they are self-pay or expresses concern regarding their ability to pay will be provided the following packet of materials:

1. Cash Patient Handout **(See Attachment E)**
2. Application for Medi-Cal / California Health Benefits Exchange
3. Any patient, or patients' legal representative, who requests a discounted payment, charity care, or other assistance in meeting their financial obligation to this organization shall make every reasonable effort to provide the organization with documentation of income and health benefits coverage. If the person requests discounted payment or charity care and fails to provide information that is reasonable and necessary for the organization to make a determination, the organization will consider that failure in making its determination.

Eligibility Determinations will be made in accordance with the guidelines as outlined in A, B, C, D, E & F Above.

Determination Notification will be sent by US mail to the patients within 48 hours of determination and recorded according to the recordkeeping outline in section L.

Unpaid discount payment accounts will be reviewed by Customer Service.

Will review each account to ensure

1. 150 days since determination notification was sent to the patient
2. The patient has not made reasonable attempts to make payments
3. The patient has not made contact by letter or phone regarding the outstanding debt

If the patient has made any contact or reasonable attempt to reduce the debt, the patient will be contacted to establish a consistent payment arrangement agreement.

Unpaid Payment Plans

In addition to the review stated above in unpaid discount payment accounts payment plans will be deemed defaulted when the following have occurred:

- Failure to make consecutive payments during a 90-day period
- Before declaring the account no longer operative the Marshall, assignee, or collection agency shall make a reasonable attempt to contact the patient by:
 - Telephone as indicated on the records and
 - To give notice in writing to last known address on record
 - The payment plan may become inoperative, and will offer the opportunity to renegotiate the payment plan

Marshall Medical Center, its collection agencies or assignees, in good faith, will not report adverse information to a consumer credit reporting agency or commence a civil action against the patient or responsible party for nonpayment prior to effective date of the cancellation of the payment plan.

J. Collections efforts:

The following address the timing and under whose authority patient debt is advanced for collection. Any collection activity shall only be conducted by Marshall Medical Center external collection agency.

1. Each external collection agency shall agree in writing that it will adhere to Marshall's standards and scope of practices with regards to collection activities, including, without limitations, the Payment Plan provisions of the policy.
2. Marshall and its assignees shall not, in dealing with patients eligible under this policy use wage garnishments or liens on primary residence as a means of collecting unpaid Marshall bills.
3. Marshall collection agencies or other assignees shall not, in dealing with any patient, use any of the following as a means of collection unpaid Marshall bills:
 - a. A wage garnishment, except by order of the court upon noticed motion, supported by a declaration filed by the movant identifying the basis for which it believes that the patient has the ability to make payments on the judgment under wage garnishment, which the court shall consider in light of the size of the judgment and additional information provided by the patient prior to, or at, the hearing concerning the patient's ability to pay, including information about probable future medical expenses based on current condition of the patient and other obligations of the patient
 - b. Notice or conduct a sale of the patient's primary residence during the life of the patient or his or her spouse, or during the period a child of the patient is a minor, or a child of the patient who has attained the age of majority is unable to take care of him/herself and resides in the dwelling as his or her primary residence. In the event a person protected by this paragraph owns more than one dwelling, the primary residence shall be the dwelling that is the patient's current homestead, as defined in Section 704.710 of the California Code of Civil Procedure, or was the patient's homestead at the time of the death of a person other than the patient who is asserting the protections of the paragraph.
 - c. This requirement does not preclude a Marshall collection agency, or other assignee from pursuing reimbursement and any enforcement remedy or remedies from third-party liability settlements, tortfeasors, or other legally responsible parties.
4. Marshall and its agents shall not report adverse information to a consumer credit reporting agency or commence a civil action against a patient or responsible party for nonpayment prior to the time a payment plan is declared to be no longer operative or 180 days have elapsed from first statement to the patient or responsible party.

K. Recordkeeping:

The patients' record will have the following updates:

1. Have an alert or its equivalent created on the person to notify staff of the determination and the start and end date.
2. Assign a plan code appropriate level of discount payment or charity care with the appropriate effective and end date of the patient discount payment of charity care coverage.
3. All records pertaining to the application, documentation, and final determination will be scanned and available for audit and review. In addition, notes relating to discount payment or charity application and approval or denial will be entered on the patient's account by the credit notes function.

L. Application of these Policies:

The charity care and discount payment policies described herein do not create an obligation on the part of Marshall Medical Center to pay for any charges or services not included in the Hospital, Physician Clinic Services, or Home Care bill at the time of service. These charity care and discount payment policies do not apply to services provided within the hospital by physicians or other medical providers including Anesthesiologists, Radiologists, Pathologist, and El Dorado Surgery Center, etc.

M. Public Notice of Posting:

1. Public notice of the availability of assistance through these policies will be posted in the following areas:
 - Emergency department
 - Solution Station
 - Admissions office
 - All Outpatient service areas
2. Signage will include the following:

**Notice of Availability of Marshall Medical Center's
Discount Payment and Charity Care Policies**

In accordance with California Health and Safety Code Sections 127400 et seq., Marshall Medical Center discounts payment or provides charity care to financially qualified patients. Patients who qualify for these discounts or charity care under our policies included patients who meet both of the following qualifications:

1. The patient either is a self-pay patient or had high medical costs, as defined in our discount payment and charity care policies, AND
2. The patient had a family income (as defined in the policies) that does not exceed 350% of the federal property level

TO RECEIVE A COPY OF OUR DISCOUNT PAYMENT AND CHARITY CARE POLICIES OR TO APPLY FOR A DISCOUNTED PAYMENT OR CHARITY CARE, PLEASE CONTACT OUR FINANCIAL COUNSELORS AT 530-626-2618.

3. Self-pay patient billings will include the following: **(See Attachment G)**
 - A statement of charges for services rendered
 - A request that the patient inform the facility if they have private health insurance, Medicare, Med-Cal, California Children Services or other coverage.
 - A statement that if the patient does not have insurance coverage, they may be eligible for a government-subsidized insurance through Covered CA (California Health Benefits Exchange), Medicare, Medi-Cal, California Children Services Program, discount program or charity care.
 - A statement that Marshall Medical Center can and will provide applications for Medi-Cal, and the organizations discount payment and charity care along with contact information.

- Information regarding the financially qualified patient and charity care application, including (a) a statement that, if the patient lacks, or has inadequate, insurance, and meets certain low-and moderate-income requirements, the patient may qualify for a discounted payment or charity care; and (b) a statement that the patient may obtain information about the hospital's discount payment and charity care policies, and how to apply for that assistance by contacting the hospital's customer service office at (530) 626-2618.

RIGHT TO APPEAL:

Each patient or their representative may request an appeal of the decision made by contacting the Customer Service Office at (530) 626-2618, and request an appeal form.

(See Attachment H)

Laurie E Eldridge

Approval Signature(s)

Chief Financial Officer

Date: 11.22.2019

ATTACHMENT A:

HHS POVERTY GUIDELINES FOR 2019

The 2019 poverty guidelines are in effect as of January 11, 2019.

The [Federal Register notice for the 2019 Poverty Guidelines](#) was published February 1, 2019.

2019 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$4,420 for each additional person.	
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430

ATTACHEMENT B:

Marshall Medical Center
Attention: Financial Counselors
PO BOX 872
Placerville CA 95667



Statement of Financial Condition

Section 1, Instructions:

In order to process your application, please make sure that you have completed **ALL** sections of this application, including the signature page and provide any proof of income that pertains to you.

Acceptable proof of income is as follows:

- Three most recent paycheck stubs
- Most current Tax Return Form
- Most current Schedule C Tax Form (for self-employed patients)
- Current Social Security Summary
- Current Unemployment Summary
- Current Disability Summary

An incomplete application will be returned and will not be processed until **all** required documents are received. Normal billing procedures will continue during this time.

Section 2, Applicant(s):

Applicant

Name: _____
Address: _____
DOB: _____
SSN: _____
Phone: _____

Spouse / Significant Other

Name: _____
Address: _____
DOB: _____
SSN: _____

Section 3, Dependents:

****List ONLY those dependents that are claimed on your Federal Income Tax return. For dependents over the age of 18, please provide your most recent tax return showing proof of dependency.****

Name	Date of Birth	Relationship	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MARSHALL MEDICAL CENTER
STATEMENT OF FINANCIAL CONDITION

Section 4, Family Income: If no income, see section 5.

Current Monthly Income	Patient	Spouse	Joint
Gross Pay	\$	\$	\$
Income from Business (if self-employed)	\$	\$	\$
Interests and Dividends	\$	\$	\$
From Real Estate and Personal Property	\$	\$	\$
Social Security/Retirement Income	\$	\$	\$
From Alimony, support payments	\$	\$	\$
Other Income	\$	\$	\$
Total Monthly Income	\$	\$	\$

Assets (if applicable)	Patient	Spouse	Joint
Stocks and Bonds	\$	\$	\$
Money Market Accounts	\$	\$	\$
Brokerage Accounts	\$	\$	\$
Certificates of Deposit/Savings Accounts	\$	\$	\$
Total Assets	\$	\$	\$

Section 5, Additional Information/ Means of support

Please use this section to provide additional information that may be pertinent to your eligibility for a discount. If you do not receive any income please explain your means of support. Example: How are you paying for food, rent, or other bills?

Section 6, Insurance Information:

Do you currently have health insurance coverage?

Dependent Insurance if it differs:

If yes, name of Insurance/Health Plan: _____
Identification Number: _____
Subscriber/Policy Holder Name: _____

If yes, name of Insurance/Health Plan: _____
Identification Number: _____
Subscriber/Policy Holder Name: _____

If you do not have active insurance, per Marshall Medical Center's policy, we require you to apply for Medi-cal and provide us with a determination letter. You can apply at www.coveredca.com or by calling the local Medi-cal office at 530-642-7300. If Medi-cal denies you, please pursue coverage through Covered California.

Section 7, Financial Assistance Application Checklist/Signatures

In order to prevent your application from being returned due to missing information, please review the checklist below.

Check all that you have completed.

If you require assistance in completing this application, please call our Financial Counselors at 530-626-2618. Our representative is available to assist you Monday through Friday between the hours of 8:00AM and 4:00PM.

- Completed sections 1-7 on this application.
- Included acceptable proof of income, refer to section 1 if you have any questions.
- Included Medi-cal determination letter. (If applicable)
- Signature and date for applicant.
- Signature and date for spouse and significant other. (If applicable)
- Signature for dependent over the age of 18. (If applicable)
- Federal Tax Income form if you have dependents over the age of 18.

Signature of Applicant

Date

Signature of Spouse/Significant Other

Date

Signature of Dependent over the age of 18

Date

*If you are over the age of 18 and being claimed on this application, we require your signature stating that you give permission to include you and any outstanding balances with Marshall Medical Center for this discount as well as on the Financial Assistance determination letter that will be sent out once the application is complete. If you decline to sign you will not be eligible for this discount.

MARSHALL MEDICAL CENTER
STATEMENT OF FINANCIAL CONDITION

ATTACHMENT C:

Marshall Medical Center
Attention: Financial Counselors
PO BOX 872
Placerville CA 95667



Essential Living Expenses

For use in calculating Financial Assistance discounts

Expenditure	Patient	Spouse	Joint
Rent or Mortgage			
Real Estate Taxes			
Utilities			
Alimony/Support Paid			
Auto Loan/Lease Payment			
Education			
Food			
Payroll Deductions			
Medical, Dental, Medicines			
Other Expenses			
Total Monthly Expenses			
Net Monthly Income after expenses			

By signing this form you agree that the above expenses are true.

Signature of Applicant

Date

Signature of Spouse/Significant other

Date

ATTACHMENT D:



DATE THE LETTER IS PRINTED

LAST NAME, FIRST NAME
ADDRESS
CITY, STATE, ZIP

ELIGIBILITY DETERMINATION FOR DISCOUNT MR#

Marshall Medical Center has reviewed your completed Statement of Financial Condition. Our determination is in accordance with Assembly Bill 774 which directs hospitals to offer financial assistance to patients who are at or below 350% of the Federal Poverty level or who have out-of-pocket medical costs exceeding 10% of their annual income. Based on our review we have made the following determination:

Determination date: _____ and expires on: _____
Financial Responsibility will be based on: full charity discount; you have no financial responsibility

The actual discount amount will vary based on the service provided. Refer to your individual billing statements for the discount applied.

- Discount applies to the following members of your household:

- Discount is applicable to bills for services rendered at all Marshall Medical Center facilities including Marshall Medical Physician Clinic Service and Home Care. This does not apply to services obtained at Marshall Surgery Center, or services provided by other physicians/providers in conjunction with services obtained at a Marshall Medical Center facility.
- Discount does not apply to elective services.
- During the discount period your statements should reflect your discount. If for any reason it does not appear please contact the customer service number noted on your statement.
- Please contact our Financial Counselors directly to set up a payment plan at (530)626-2618. Be sure to inform them that you have been approved for a discount.

The discount has been applied to the following accounts:

If you have balances with Marshall Home Care or Marshall Medical Physician Clinic Service, please contact them directly to determine your balance

- Discount Denied. Based on our review of your application, you do not meet the income requirements for financial assistance. Please contact our payment processing center for a payment plan (530) 626-2618.
- Discount Denied. In order to extend your discount, we require a valid denial from Medi-cal. To date we have not received that information. If you have completed the eligibility process and been denied on the basis on income or assets, forward the denial to our office for review.
- Discount denied. Failure to comply.
- Additional Instructions:

If you disagree with this determination, would like a copy of our Charity Care/Discount Policy, or have any questions please call our office between the hours of 8:00 AM and 4:30 PM at (530) 626-2618. Thank you for choosing Marshall Medical Center for your healthcare needs.

Sincerely,

Financial Counselors
Marshall Medical Center

ATTACHMENT E:

As part of our mission, Marshall Medical Center is committed to providing access to quality health care for the community, and to treating all patients with dignity, compassion and respect. It is our policy to provide services without charge, or at significantly discounted prices, to eligible patients who cannot afford to pay for part or all of their care. In addition, we offer our patients a variety of payment plan options to meet their financial needs. These financial assistance policies and programs are tailored to balance a patients' need for financial assistance with our responsibility to maintain financial viability so that we may continue to serve the community.

GOVERNMENTAL PROGRAMS

Marshall Medical participants in several governmental assistance programs, such as ACCEL, Medicare, Medi-Cal, California Tobacco Control Program (Prop 99), California Children Services, and Victims of Crime, assistance is available to help patients in identifying eligibility for these programs. Information regarding these programs, please contact our Financial Counselors at 530-626-2618.

MEDI-CAL: State/County funded program that is determined by eligibility. Applications may be obtained at Marshall Medical Center at any registration area or by contacting our in-house eligibility representative at 530-626-2798.

COVERED CA: A marketplace for people to find out if they are eligible for and buy health insurance, including Medi-Cal: individuals may even qualify for low-cost insurance. www.coveredca.com or 1-800-300-1506

FINANCIAL ASSISTANCE PROGRAMS

Financial Assistance is based on the patients' income. This requires completion of a Statement of Financial Condition form and a screening process to determine eligibility for the program. Eligibility is not exceeding 350% of the Federal Poverty Level and dependent on the verification of the family income. Applications and the policy can be obtained in any registration area or please contact our Financial Counselors at 530-626-2618.

EMERGENCY PHYSICIANS SERVICES: For patients that receive emergency physician related services Financial Assistance and Discounted Payment Options are also available to qualified patients. Emergency Medicine Physicians offers no-cost or discounted services. Eligibility is based on the family income not exceeding 350% of the Federal Poverty Level and dependent on verification of the family income. Application and their policy can be obtained by contacting their Call Center Representative at 1-800-982-8177. *No other discounts or payment option listed on this sheet is representation of the options available through Emergency Medicine Physicians.*

SELF-PAY PROMPT PAY DISCOUNT: For patients who do not have third-party coverage from a health insurer, health care service plan, third party liability, Medicare, or Medi-Cal. We offer a 50% reduction at the time of service. Certain exclusions do apply. Please ask any registration area or please contact our Financial Counselor at 530-626-2618.

CREDIT COUNSELING SERVICES

Non-profit Credit Counseling Services available through Legal Services of Northern California at 1-888-354-4474

If you apply or have a pending application for another health care program at the same time that you have applied for our hospital Financial Assistance Program. Neither application shall preclude eligibility for the other program.

We do refer some delinquent accounts to third-party debt collection agencies. State and Federal law requires debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, and making

improper communications with third parties, including your employer. Except under usual circumstances, debt collectors may not contact you before 8:00am or after 9:00pm. In general, a debt collector may not give you information about your debt to another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (1-877-382-4537) or online at www.ftc.gov/os/statutes/fdcpajump.shtm. Additionally, in the event your account is referred to a collection agency and you have Problems with that agency, please contact us immediately at 530-626-2618.

ATTACHMENT F:

CERTIFICATION OF HOMELESSNESS

**and
ELIGIBILITY VERIFICATION**

Marshall Medical Center requires that certain patients asking for forgiveness of debt of services rendered under the criteria of "Homeless". Marshall Medical Center defines the homeless population as those who are:

- 1. Sleeping in shelters or in places not meant for human habitation, such as cars, parks, sidewalks, or abandoned buildings.
- 2. Have no subsequent residences identified
- 3. Lack of resources and support networks needed to obtain access to housing

Patient Information:

Name: _____

Address: _____

City: _____ State: _____

Phone: _____

Date of Birth: _____

CERTIFICATION:

I do hereby certify that I meet one of the above descriptions of "Homelessness" and that all statements made by me in this application are true and correct. I understand that in the event that I have knowingly and willfully made any false statements, I will be liable for all charges incurred

Signed

Dated

ATTACHMENT G:

{GUARANTOR_FIRST_NAME} {GUARANTOR_LAST_NAME}
 {GUAR_ADDR1}
 {GUAR_ADDR2}
 {GUAR_CITY_ST_ZIP}

At the time our records indicate that you do not have any third party insurance coverage, if our records are incorrect please contact us immediately with your insurance coverage information. We want to remind you that you may be eligible for coverage through the following programs.

GOVERNMENTAL PROGRAMS

Marshall Medical participants in several governmental assistance programs, such as ACCEL, Medicare, Medi-Cal, California Tobacco Control Program (Prop 99), California Children Services, and Victims of Crime, assistance is available to help patients in identifying eligibility for these programs by contacting our Financial Counselors at 530-626-2618.

MEDI-CAL: State/County funded program that is determined by eligibility. Applications may be obtained at Marshall Medical Center at any registration area or by contacting our in-house eligibility representative at 530-626-2798.

COVERED CALIFORNIA: A marketplace for people to find out if they are eligible for and buy health insurance, including Medi-Cal: individuals may even qualify for low-cost insurance. www.covered.ca.com or 1-800-300-1506

FINANCIAL ASSISTANCE PROGRAMS

Financial Assistance is based on the patients' income. This requires completion of a Statement of Financial Condition form and a screening process to determine eligibility for the program. Eligibility is not exceeding 350% of the Federal Poverty Level and dependent on the verification of the family income. Applications and the policy can be obtained in any registration area or please contact our Financial Counselors at 530-626-2618.

2019 Federal Poverty Guidelines <small>(source Federal Register published by February each year)</small>		
Family Size	Gross Yearly Income	Gross Monthly Income
1	\$12,490	\$1,041
2	\$16,910	\$1,409
3	\$21,330	\$1,778
4	\$25,750	\$2,146

SELF-PAY PROMPT PAY DISCOUNT: For patients who do not have third-party coverage from a health insurer, health care service plan, third party liability, Medicare, or Medi-Cal. We offer a 50% reduction at the time of hospital services, and 20% for Physician Office visits. Certain exclusions do apply. Please ask any registration area or please contact our Financial Counselor at 530-626-2618.

CREDIT COUNSELING SERVICES

Non-profit Credit Counseling Services available through Legal Services of Northern California at 1-888-354-4474

If you apply or have a pending application for another health care program at the same time that you have applied for our hospital Financial Assistance Program. Neither application shall preclude eligibility for the other program.

ROSENTHAL FAIR DEBT COLLECTION ACT

We do refer some delinquent accounts to third-party debt collection agencies. State and Federal law requires debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under usual circumstances, debt collectors may not contact you before 8:00am or after 9:00pm. In general, a debt collector may not give you information about your debt to another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (1-877-382-4537) or online at www.ftc.gov/os/statutes/fdcpajump.shtm. Additionally, in the event your account is referred to a collection agency and you have Problems with that agency, please contact us immediately at 530-626-2618.

ATTACHMENT H:

FINANCIAL ASSISTANCE APPEAL

Name: _____

Address: _____

City : _____ State: _____

Phone Number: _____

Patient Name: _____

Date of Birth: _____

Account #: _____ Date of Service: _____

Additional information for this appeal:

Signature
Approved by

Date

ATTACHMENT I:

EXCLUDED PROVIDERS:

William Barley, MD	530-626-8003
Keith J. Boston, MD	(530) 622-4884
Judith E. Brandt, DO	530-647-9762
California Kidney Disease Associates	(916) 500-4706
Capitol Endocrinology	916-677-0700
Cedar Eye Center	530-344/2020
Harriet L. Drummer, DO/PhD	530-295-6100
El Dorado Anesthesia Medical Group, Inc.	(775) 747-5050
El Dorado Pathology Medical Group, Inc.	(530) 626-5421
El Dorado Pain Management	530-672-1311
Jeanine M. Ellinwood, MD	(530) 621-7820
Emergency Medicine Physician Partners of El Dorado County, Inc.	(330) 493-4443
Gastroenterology Medical Clinic	(916) 983-4444
Golden Foothill Oral and Facial Surgery	916-941-9860
Raymond W. Larsen, DDS	530-622-3050
Placerville Radiology Medical Group, Inc.	(775) 747-5050
Mark L. Tong, MD	(530) 344-9200
Derald W. Rochat, MD	(530) 622-1283
Kulwant Singh, MD	916-984-6111
Sutter Medical Group	916-454-6600
Victor R. Sucheski, DPM	530-626-5062
The Esthetics Center of El Dorado Hills	916-941-6400
Thomas W. Wolff, DPM	530-387-4975
Terry J. Zimmerman, MD	916-573-1561

ATTACHMENT I.1:

INCLUDED PROVIDERS: Marshall Medical Center Clinic Providers

Marshall Family & Internal Medicine-Cameron Park	530-672-7000
Marshall Family & Internal Medicine – Placerville	530-626-2920
Marshall Cardiology – Cameron Park- Placerville	530-626-9488
Marshall Podiatry – Cameron Park	530-672-7040
Marshall Sierra Primary Medicine – Placerville	530-621-3600
Marshall Orthopedics & Sports Medicine- El Dorado Hills	916-805-2320
Marshall Urology –Placerville	530-626-9488
Marshall OB/GYN – Cameron Park	530-672-7060
Marshall OB/GYN – Placerville	530-344-5470
Marshall ENT & Hearing Center - Placerville	530-344-2010
Marshall Pediatrics	530-626-1144
Marshall Gastroenterology	530-672-7040
Marshall Psychiatry	530-626-2844
Marshall Orthopedics & Sports Medicine-Placerville	530-344-2070
Marshall General Surgery	530-626-3682
Marshall CARES	530-621-7965
Marshall Family Medicine-El Dorado Hills	916-933-8010
Divide Wellness Center	530-333-2548
Marshall Rheumatology	530-672-7040
Marshall Pulmonology	530-626-9488
Marshall Urology – Cameron Park	530-676-6131
Marshall Hospitalists	530-344-5432
Marshall Hematology & Oncology	530-676-6600
Marshall Whole Child	530-344-5400
Marshall Hearing Center-Cameron Park	530-672-1112

Updated 11.22.2019