

# Patient Assistance / Charity Care Program Policy

John Muir Health is committed to a fair and equitable process for providing financial assistance to patients who have sought medically necessary care at John Muir Medical Centers, but have limited or no means to pay for that care. We hope that patients work with us in determining their qualification for financial assistance under this Policy, and to pay for their care to the extent of their ability to pay.

## Services Eligible Under This Policy

This Policy applies to any emergent or trauma services resulting in either outpatient treatment in an emergency room setting or an inpatient admission following emergent or trauma services in an emergency room setting.

This Policy does not apply to any medical or ancillary health care services provided by physicians or any other provider other than the Medical Centers. In addition, John Muir Health does not pay for or reimburse services performed by physicians or any services rendered by any other provider.

## Financially Qualified Patients

A patient shall qualify for financial assistance under this Policy if:

1. His or her gross income before taxes, including wages and salary, welfare payments, social security payments, strike benefits, unemployment benefits, child support and alimony, dividends and interest, rental payments and other direct sources of income ("Family Income") is no greater than 400% of the Federal Poverty Guidelines ("FPG").

AND

He or she does not have third-party insurance coverage from HMO, PPO, EPO, Medicare, Medicaid or any other commercial third-party payor, and his or her injury is not a compensable injury for purposes of workers' compensation, automobile insurance or other insurance.

— OR —

2. He or she has some form of third-party insurance coverage, but does not receive a discounted rate from John Muir Health as a result of such coverage

AND

His or her annual out-of-pocket costs for medical expenses exceed 10% of his or her family Income in the prior 12 months.



## Patient Responsibility for Financial Assistance

In order to qualify for financial assistance under this Policy, a patient (or his or her guardian or family member) must:

- i. Cooperate with John Muir Health in identifying and determining alternative sources of payment or coverage from public and private payment programs
- ii. Submit a true, accurate and complete application for financial assistance
- iii. Provide a copy of his or her most recent pay stubs (or certify that he or she is currently unemployed)
- iv. Provide a copy of his or her most recent federal income tax return (including all schedules)
- v. If the patient is applying for charity (i.e., free) care, provide such documents and information regarding his or her monetary assets as may be reasonably requested by John Muir Health

Information provided by the patient regarding the patient's monetary assets will only be used for the determination of whether or not such patient qualifies for financial assistance under this Policy. It will in no way play a role the medical care that the patient receives.

## Qualification for Charity Care

Financially Qualified Patients who have the following are eligible to receive free care on a case-by-case basis based on their specific circumstances:

- Family Income is at or below 200% of the federal poverty guidelines
- Qualifying Assets do not exceed an amount

equal to 200% of his or her billed charges for services rendered at the Medical Centers

For purposes of this Policy, "Qualifying Assets" mean 50% of the patient's monetary assets in excess of \$10,000, including cash, stocks, bonds, savings accounts or other bank accounts, but excluding IRS qualified retirement plans, deferred-compensation plans and any real property or tangible assets (residences, automobiles, etc.).

## Qualification for Discounted Care

Financial Qualified Patients whose Family Income is not more than 400% of the federal poverty guidelines, and who otherwise do not qualify for free care (as described in Qualification for Charity Care section above), are eligible to receive services at the average rates for which the Medicare program would make payment for similar services. This qualification is determined on a case-by-case basis based on the patient's specific circumstances.

In the event there is no established payment amount by the Medicare program for services received by a Financially Qualified Patient, the PAC shall establish an appropriate discounted rate that is consistent with the rates generally paid by the Medicare program for similar services.

## Refund of Amounts Previously Paid

In the event a patient or any member of the patient's immediate family pays all or part of his or her bill for services rendered at the Medical Centers, and is subsequently determined to qualify for free or discounted care under this Policy, John Muir Health shall promptly refund the amount of the overpayment.

## Extended Payment Plan

John Muir Health offers an extended payment plan, at no interest, to permit Qualifying Patients to

pay their financial responsibility under this Policy in no less than 12 monthly payments. When determining an appropriate payment plan for Qualifying Patients, financial responsibilities and family income are taken into consideration along with other relevant factors.

### Appeal Regarding Application of this Policy

In the event that a patient believes their application was not properly considered, they may submit a written request for reconsideration to the Chief Financial Officer of John Muir Health.

### Non-Discriminatory Application of this Policy

Any decisions made, including the decision to grant or deny financial assistance under this Policy, shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

## Procedures

### Finding out about the Policy:

1. If a patient's financial circumstances are revealed during an interview with a Financial Counselor, then the patient will be advised about the availability of financial assistance under this Policy.
2. Patients will be informed of available assistance through a standard message placed on the patient's bill, as well as either a handout available at the Medical Centers and through the Business Office.

3. The Patient Assistance Program's availability and referral number(s) will be placed within any notification on the patient's bill.
4. Information and instructions for enrollment in this policy are also posted in the emergency room, and the main Admitting Department.

### Application Process:

5. A patient, or a patient's guardian or legal conservator, may apply to the Patient Assistance Program by calling the Patient Accounting Office and requesting an application from a program representative, or by requesting an application from a financial counselor on site at the Medical Centers.
6. A patient may apply for multiple outstanding balances on the same Application.
7. Applications to the program for outstanding balances less than \$1,000, will be first examined and approved by the assigned program representative to ensure the patients are Financially Qualified Patients for the program and then have a second approval signature from the Associate Director of Patient Accounting.
8. Applications to the program for outstanding balances in excess of \$1,000 will be prepared by the Patient Account Representative for presentation to the Patient Assistance Committee (PAC) for approval.

### Decision and Result Process:

9. The Patient Assistance Committee will meet once every month at a set time and place, to consider the submitted completed applications for the program. The committee is chaired by the Chief Financial Officer or designated representative. The voting membership of the PAC includes the chair, one member of the Senior or Director management staff from each medical

center, the Controller, the Director of Patient Financial Services and the VP/Executive Director of the Community Health Alliance.

10. The decision of the committee will be sent, in writing, to the patient by the program representative in Patient Accounting.
11. Balances approved by the committee will be submitted for write-off to a transaction code assigned to Patient Assistance, and will follow the signature authority of the John Muir Health Write-Off Guidelines.
12. Any recoveries to an account which has qualified and was absorbed under the Health System's Patient Assistance Program will have the amount of the recovery reversed from the Patient Assistance adjustment code to ensure the diminished Charity Care is reflected appropriately in the general ledger.

#### **Contact Patient Financial Services**

Monday - Friday, 8:00 a.m. - 5:00 p.m.

**(925) 947-3336**

#### **Contact a Financial Counselor**

Monday - Friday, 8:00 a.m. - 4:30 p.m.

John Muir Medical Center, Concord:

**(925) 674-2425**

John Muir Medical Center, Walnut Creek:

**(925) 947-5352**

