



Community Health Partners Financial Assistance Policy

I. PURPOSE

- A. To define the forms of Financial Assistance available to patients.
- B. To describe the eligibility criteria for each form of Financial Assistance.
- C. To establish the procedure that patients must follow in applying for Financial Assistance.
- D. To establish the process Community Health Partner (CHP) will follow in reviewing applications for Financial Assistance at its clinic locations (CHP Clinics).
- E. To provide a means of review in the event of a dispute over a Financial Assistance determination.
- F. To provide administrative and accounting guidelines to assist with identifying, classifying and reporting Financial Assistance.
- G. To establish the process that patients must follow to request an estimate of their financial responsibility for services, and the process the CHP Clinics shall follow to provide patients with these estimates.

II. DEFINITIONS

- A. **Financial Assistance:** The term Financial Assistance refers to Full Charity Care, Partial Charity Care, High Medical Cost Charity Care, and Special Circumstances Charity Care. Guidelines for determining when Financial Assistance should be provided to patients are set forth in this policy.
- B. **Uninsured Patients:** An Uninsured Patient is a patient who has no source of payment for any portion of their medical expenses, including without limitation, commercial or other insurance, government sponsored healthcare benefit programs or third party liability, or whose benefits under insurance have been exhausted prior to the admission.
- C. **Insured Patients:** An Insured Patient is a patient who has a third-party source of payment for a portion of their medical expenses.
- D. **Covered Service(s):** Covered Services for Full Charity Care, Partial Charity Care, High Medical Cost Charity Care, and Special Circumstances Charity Care are medically necessary care provided by CHP. Goods and services for cosmetic, elective, or experimental medical treatment are not eligible for Financial Assistance under this policy.
- E. **Full Charity Care:** Full Charity Care is a complete write-off of CHP Clinics undiscounted charges for Covered Services. Full Charity Care is available to patients:
 - a. Who have a Family Income at or below 350% of the most recent Federal Poverty Level ("FPL"); and
 - b. Who are Uninsured, as defined above.
- F. **Partial Charity Care:** Partial Charity Care is a partial write-off of CHP Clinics undiscounted charges for Covered Services available to patients:
 - a. Who have a Family Income between 351-400% of the FPL.
 - b. Who are Uninsured, as defined above.
 - c. And to whom the CFO, or his/her designee, has determined the discount should be applied.
 - d. For clinical services, CHP shall limit expected payments to the Medicare fee schedule, or where there is no Medicare fee schedule rate, CHP undiscounted charges multiplied by CHP Medicare to cost charge ratio for clinical services.

G. **Special Circumstances Charity Care**: Special Circumstances Charity Care allows Uninsured Patients who do not meet the Financial Assistance Criteria, or who are unable to follow specified CHP procedures to receive a full or partial write-off of the CHP Clinic's undiscounted charges for Covered Services, with the approval of CHP Chief Financial Officer, or his/her designee. CHP must document the decision, including the reasons why the patient did not meet the regular Financial Assistance criteria. The following is a non-exhaustive list of some situations that may qualify for Special Circumstances Charity Care:

1. **Bankruptcy**: Patients who are in bankruptcy or recently completed bankruptcy.
0. **Homeless Patients**: Is determined to be homeless and without a payment source if they do not have a job, mailing address, residence, or insurance.
2. **Deceased Patients**: Deceased patients without insurance, an estate, or third party coverage.
3. **Medicare Denied Services**: Income-eligible Medicare patients may apply for Financial Assistance for non-covered services. Patients may not receive Financial Assistance for Medicare share of cost.
4. **Medi-Cal Denied Services**: Income-eligible Medi-Cal patients may apply for Financial Assistance for non-covered services. Patients may not receive Financial Assistance for the Medi-Cal share of cost. Persons eligible for programs such as Medi-Cal but whose eligibility status is not established for the period during which the medical services were rendered may apply for Financial Assistance.

H. **High Medical Costs for Insured Patients Charity Care ("High Medical Costs Charity Care")**: High Medical Cost Charity Care is a complete write-off of the Patient Responsibility Amount for Covered Services. This discount is available to patients who meet the following criteria:

- a. The patient is an Insured Patient.
- b. The patient's Family Income is less than 350% of the FPL; and
- c. The patient's, or the patient's family's medical expenses for Covered Services (incurred at CHP Clinics, CMC or other providers) in the past twelve (12) months, exceed 10% of the patient's Family Income.

I. **Federal Poverty Level ("FPL")**: FPL means the measure of income level that is published annually by the United States Department of Health and Human Services ("HHS") and is used by CHP for determining eligibility for Financial Assistance.

J. **Patient Responsibility Amount**: The amount that an Insured Patient is responsible to pay out-of-pocket after the patient's third-party coverage has determined the amount of the patient's benefits.

K. **Patient's Family**: The Patient's Family shall be determined as follows:

- a. **Adult Patients**: For patients 18 years of age or older, the Patient's Family includes their spouse, domestic partner, and dependent children less than 21 years of age, whether living at home or not.
- b. **Minor Patients**: For patients under 18 years of age, the Patient's Family includes their parents, caretaker relatives, and other children less than 21 years of age of the parent(s) or caretaker relatives.

L. **Tortfeasor**: A tortfeasor is a person who commits a tort (civil wrong), intentionally or through negligence.

III. POLICY

1. CHP shall provide Financial Assistance, consistent with this policy, in the form of discounted or free medical care, to eligible CHP patients who are:

1. Low-income Uninsured Patients.
2. Low-income Insured patients with high medical costs.
3. Patients with Special Circumstances.

2. CHP shall provide low-income Uninsured Patients and low-income Insured Patients with high medical costs information required by law regarding their estimated financial responsibility for services and the availability of Financial Assistance and discounts, consistent with this policy.

3. This policy applies to CHP Clinics. Unless otherwise specified, this policy does not apply to physicians or other medical providers whose services are not included in the CHP bill.

IV. PROCEDURE

A. Eligibility

1. **Eligibility Criteria:** During the application process, CHP shall apply the following eligibility criteria for Financial Assistance:

Financial Assistance Category	Patient Eligibility Criteria	Available Discount
<p align="center">Full Charity Care</p>	<ul style="list-style-type: none"> a. Patient is an Uninsured Patient; b. Patient has a Family Income at or below 350% of the most recent FPL. 	<p>Complete write-off of CHP's undiscounted charges for Covered Services.</p>
<p align="center">Partial Charity Care</p>	<ul style="list-style-type: none"> a. Patient is an Uninsured Patient; b. Patient has a Family Income between 351% - 400% of the most recent FPL. 	<p>Partial write-off of CHP's undiscounted charges for Covered Services.</p> <p>Clinical Services: CHP shall limit expected payments to the Medicare fee schedule, or where there is no Medicare fee schedule rate, CHP's Medicare cost to charge ratio for Clinical Services.</p>
<p align="center">High Medical Cost Charity Care (for Insured Patients)</p>	<ul style="list-style-type: none"> a. Patient is an Insured Patient; b. Patient's Family Income is at or below 350% of the most recent FPL; c. Medical expenses for patient or their family (incurred at CHP, CMC or other providers in the past 12 months) exceeds 10% of the patient's Family Income. 	<p>Complete write-off of the Patient Responsibility Amount for Covered Services.</p>
<p align="center">Special Circumstances Charity Care</p>	<ul style="list-style-type: none"> a. Patient is an Uninsured Patient or Under-Insured Patient; b. Does not meet the Financial Assistance Criteria; c. A special circumstance exists; d. The Chief Financial Officer or his/her designee has approved the discount; e. CHP documents the decision, including the reason why the patient did not meet the regular Financial Assistance criteria. 	<p>Full or partial write-off of CHP's undiscounted charges for Covered Services.</p>

2. **Calculating Family Income:** To determine a patient's eligibility for Financial Assistance, CHP shall first calculate the Patient's Family income, as follows:
 - a. **Proof of Family Income:** Patients shall only be required to provide recent pay stubs or tax returns as proof of income. Patient's Family income is the annual earnings of all members of the Patient Family from the prior twelve (12) months or prior tax year as shown by the recent pay stubs or income tax returns, less payments made for alimony and child support.
 - b. **Calculating Family Income for Expired Patients:** Expired patients with no surviving spouse, may be deemed to have no income for purposes of calculation of Patient's Family income. Documentation of income is not required for expired patients; however, documentation of estate assets may be required. The surviving spouse of an expired patient may apply for Financial Assistance.
3. **Calculating Patient's Family Income as a Percentage of FPL:** After determining a Patient's Family income, CHP shall calculate the Patient's Family income level in comparison to the FPL, expressed as a percentage of the FPL. For example, if the FPL for a family of three is \$20,000, and a Patient's Family income is \$60,000, CHP shall calculate the Patient's Family income to be 300% of the FPL. This calculation shall be used to determine whether a patient meets the criteria for Financial Assistance.
4. **Financial Assistance Exclusions/Disqualification:** The following are circumstances in which Financial Assistance is not available under this policy:
 - a. **Medi-Cal Patients with Share of Cost:** Medi-Cal patients who are responsible to pay share of cost are not eligible to apply for Financial Assistance to reduce the amount of Share of Cost owed. CHP shall seek to collect these amounts from patients.
 - b. **Patient Declines Covered Services:** An Insured Patient who elects to seek services that are not covered under the patient's benefit agreement (such as an HMO patient who seeks out-of-network services from CHP) is not eligible for Financial Assistance.
 - c. **Insured Patient Does Not Cooperate with Third-Party Payer:** An Insured Patient who is insured by a third-party payer that refuses to pay for services because the patient failed to provide information to the third-party payer necessary to determine the third-party payer's liability is not eligible for Financial Assistance.
 - d. **Payer Pays Patient Directly:** If a patient receives payment for services directly from an indemnity, Medicare Supplement, or other payer, the patient is not eligible for Financial Assistance.
 - e. **Information Falsification:** CHP may refuse to award Financial Assistance to patients who falsify information regarding income, household size, or other information in their eligibility application.
 - f. **Third Party Recoveries:** If the patient receives a financial settlement or judgment from a third-party tortfeasor that caused the patient's injury, the patient must use the settlement or judgment amount to satisfy any patient account balances, and is not eligible for Financial Assistance.
 - g. **Professional (Physician) Services:** Services of physicians such as anesthesiologists, radiologists, hospitalists, pathologists, etc. are not covered under this policy.

B. Application Process

1. CHP shall make all reasonable efforts to obtain from the patient or his or her representative, information about whether private or public health insurance may fully or partially cover the charges for care rendered by CHP to patient. A patient who indicates at any time the financial inability to pay a bill for clinical services shall be evaluated for Financial Assistance. In order to qualify as an Uninsured Patient, the patient or the patient's guarantor must verify that he or she is not aware of any right to insurance or government program benefits that would cover or discount the bill.
2. All patients should be encouraged to investigate their potential eligibility for government program assistance if they have not already done so.
3. Patients are required to make every reasonable effort in providing CHP with documentation of income and health benefits coverage.
4. Patients who wish to apply for Financial Assistance shall use the CHP standardized application form "[Application for Financial Assistance](#)".
5. Patients may request assistance with completing the Application for Financial Assistance over the phone by contacting CHP Patient Financial Services at (559) 459-2998.
6. Copies of the Application for Financial Assistance may also be found by visiting the CHP locations listed on Exhibit A or through the mail.
7. Patients should complete the Application for Financial Assistance as soon as possible after receiving treatment at a CHP Clinic. Failure to complete and return the application within 180 days of the patient's appointment date may result in the denial of Financial Assistance.

8. Patients should mail Applications for Financial Assistance to: Community Health Partners, Patient Financial Services Department, P.O. Box 1232, Fresno, CA 93715, Attn: Financial Assistance Application. Applications received later than 180 days may still be considered for acceptance.

C. Financial Assistance Determination

1. CHP will consider each application for Financial Assistance and grant Financial Assistance when the patient meets the eligibility criteria set forth above.
2. Information concerning income or assets obtained as part of the eligibility process should be maintained separately from the files used to collect the debt, and should not be reviewed in the debt collection process.
3. If the patient fails to return documentation of income and/or health benefits coverage, and CHP can reasonably make a determination in the absence of the requested documentation, CHP should make the determination based on the information known. If the patient fails to provide reasonable and necessary information such as documentation of income and/or health benefits coverage, CHP may consider that failure in determining eligibility for Financial Assistance.
4. Patients may also apply for governmental program assistance.
 - a. CHP should assist patients in determining if they are eligible for any governmental or other assistance, or if a patient is eligible to enroll with plans in the California Health Benefit Exchange (i.e., Covered California).
 - b. If a patient applies, or has a pending application for another health coverage program at the same time that he or she applies for Financial Assistance, the application for coverage under another health coverage program shall not preclude the patient's eligibility for Financial Assistance.
5. Applications should be reviewed promptly. CHP shall complete its determination of eligibility within 45 days of receipt of the application. An application will not be considered complete if insurance or other sources of payment are still pending.
6. Once a Full Charity Care, Partial Charity Care, High Medical Cost Charity Care, or Special Circumstances Charity Care determination has been made, a Notification Form will be sent to each applicant advising them of CHP's decision.
7. If a patient is approved under this policy, but after the initial application and approval process it is determined that patient is ineligible due to a third-party payer, the charges shall be reinstated and CHP shall pursue the third-party payer to obtain payment on the patient's account. If it is later determined that the third-party payer is not responsible for payment of the patient's charges, the patient's eligibility shall be reinstated without requirement a new financial evaluation form.
8. Once a determination is made that a patient is eligible for Financial Assistance, the patient is presumed eligible for a period of six months after CHP issues the Notification Form to the patient. After one year, patients must re-apply for Financial Assistance.
9. If the Financial Assistance determination creates a credit balance in favor of the patient, the refund of the credit balance shall include interest on the amount of the overpayment from the date of the patient's payment at the statutory rate (10% per annum) pursuant to Health and Safety Code section 127400, provided that CHP is not required to refund a credit balance that is, together with interest, less than five dollars (\$5.00).

D. Disputes

1. patient may seek review of any decision by CHP to deny Financial Assistance by notifying CHP Patient Financial Services of the basis for the dispute and the desired relief within thirty (30) days of the patient receiving the notice of the circumstances giving rise to the dispute. Patients may submit the dispute orally by calling CHP Patient Financial Services at (559) 459-3939, or in writing by mailing the above information to Community Health Partners, Patient Financial Services Department, P.O. Box. 1232, Fresno, CA 93715. Patient Financial Services shall review the patient's dispute as soon as possible and inform the patient of any decision in writing.

E. Availability of Financial Assistance Information

1. **Languages:** This policy shall be available in the primary language(s) of CHP Service Area. In addition, all notices/communications provided in this section shall be available in primary language(s) of CHP Clinic service area and in a manner consistent with all applicable federal and state laws and regulations. Primary Language(s) of CHP Service Area is a language used by the lesser of 1,000 people or 5% of the community served by CHP or the population likely to be affected or encountered by CHP. CHP may determine the percentage or number of limited English proficiency individuals in the CHP community or likely to be affected or encountered by CHP using any reasonable method.

2. Information Provided to Patients During the Provision of Clinical Services:

- a. **Registration:** During registration CHP shall provide all patients with a copy of a [plain language summary of the Financial Assistance Policy](#) which contains information regarding their right to request an estimate of their financial responsibility for services, as well as the locations where patients can go to get assistance applying for Financial Assistance.

3. Information Provided to Patients at Other Times:

- a. **Contact Information:** Patients may contact CHP Patient Financial Services by phone at (559) 4592998 to obtain additional information about Financial Assistance and to receive assistance with the application process.
- f. **Billing Statements:** CHP shall bill patients in accordance with CHP Billing and Collections Policy. Billing statements to patients shall include a plain language summary of the Financial Assistance Policy entitled "[Financial Assistance - Simplified Language](#)" and a phone number for patients to call with questions about Financial Assistance, and the website address where patients can obtain additional information about Financial Assistance including the Financial Assistance Policy, a plain language summary of the policy, and the Application for Financial Assistance. A [summary of the patient's legal rights](#) shall also be included on the patient's final billing statement.
- g. **Upon Request:** CHP shall provide patients with paper copies of the Financial Assistance Policy, the Application for Financial Assistance, and the plain language summary of the Financial Assistance Policy upon request and without charge.

4. Publicity of Financial Assistance Information:

- a. **Patients Provided Copies:** CHP shall offer a paper copy of the plain language summary of the Financial Assistance Policy to patients as part of the registration process.
- b. **Billing Statement Notice:** CHP shall include a conspicuous written notice on billing statement that notifies and informs recipients about the availability of Financial Assistance under CHP's Financial Assistance Policy and shall include a plain language summary of the Financial Assistance policy.
- c. **Public Displays:** CHP shall set up conspicuous public displays (or other measures reasonably calculated to attract patients' attention) that notify and inform patients about this policy in public locations at CPH, such as the waiting room.
- d. **Mail:** Patients may request a free copy of the Financial Assistance Policy, Application for Financial Assistance and plain language summary of the Financial Assistance Policy be sent by mail.

F. Miscellaneous

1. **Recordkeeping:** Records relating to Financial Assistance must be readily accessible. CHP must maintain information regarding the number of Uninsured Patients who have received services from CHP, the number of Applications for Financial Assistance completed, the number approved, the estimated dollar value of the benefits provided, the number of applications denied, and the reasons for denial. In addition, notes relating to a patient's approval or denial for Financial Assistance should be entered into the patient's account.
2. **Payment Plans:** Patients may be eligible for a payment plan. Payment plans shall be offered and negotiated per CHP [Billing and Collections](#) Policy.
3. **Billing and Collections:** CHP may employ reasonable collection efforts to obtain payment from patients. Information obtained during the application process for Financial Assistance may not be used in the collection process, either by CHP, or by any collection agency engaged by CHP. General collection activities may include issuing patients statements, phone calls, and referral of statements that have been sent to the patient or guarantor. Affiliates and Revenue Cycle departments must develop procedures to ensure that patient questions and complaints about bills are researched and corrected where appropriate, with timely follow up with the patient. Neither CHP, nor any collection agency engaged by CHP, will engage in any extraordinary collection actions (as defined by CHP Billing and Collection Policy).

G. Amounts Generally Billed

1. In accordance with the Internal Revenue Code Section 1.501(r)(5), CHP adopts the prospective Medicare methods for amounts generally billed. Patients who are eligible for Financial Assistance are not financially responsible for more than the amounts generally billed.

V. REFERENCES

Internal Revenue Code section 501(r)

26 Code of Federal Regulations 1.501(r)

California Health and Safety Code sections 124700-127446

References

Reference Type	Title	Notes
Documents referenced by this document		
Referenced Documents	Financial Assistance Policy Notice of Rights	
Referenced Documents	Application for Financial Assistance	
Referenced Documents	Financial Assistance - Simplified Language	
Referenced Documents	Notification Form	
Referenced Documents	Billing and Collections	

EXHIBIT A

Physical Locations for Receiving a Copy of the Application for Financial Assistance

1. 119 South Locust Street, Suite A, Visalia, CA 93291, 559-451-3631
2. 1570 East Herndon Avenue, Fresno, CA 93720, 559-603-7241
3. 205 East River Park Circle, Suite 460, Fresno, CA 93720, 559-261-4500
4. 255 West Bullard Ave Suite 124, Clovis, CA 93612, 559-297-1300
5. 2066 East Copper Avenue, Suite 101, Fresno, CA 93730, 559-299-2997
6. 2066 East Copper Avenue, Suite 102, Fresno, CA 93730, 559-299-2997
7. 2066 East Copper Avenue, Suite 104, Fresno, CA 93730, 559-299-2997
8. 2066 East Copper Avenue, Suite 105, Fresno, CA 93730, 559-299-2997
9. 2086 Shaw Avenue, Clovis, CA 93611, 559-603-7265
10. 2335 East Kashian Lane, Suite 220, Fresno, CA 93701, 559-435-6600
11. 2335 East Kashian Lane, Suite 270, Fresno, CA 93701, 559-445-1251
12. 2335 East Kashian Lane, Suite 301, Fresno, CA 93701, 559-459-5660
13. 2335 East Kashian Lane, Suite 450, Fresno, CA 93701, 559-233-7700
14. 245 West Herndon Avenue, Clovis, CA 93612, 559-299-1178
15. 2471 East Fir Avenue, Fresno, CA 93720, 559-603-7516
16. 2473 East Fir Avenue, Fresno, CA 93720, 559-603-7400
17. 2479 East Fir Avenue, Fresno, CA 93720, 559-603-7501
18. 4005 North Fresno Street, Suite 104, Fresno, CA 93726, 559-603-7450
19. 45 River Park Place West, Suite 104, Fresno, CA 93720, 559-320-0530
20. 540 East Herndon Avenue, Suite 102, Fresno, CA 93720, 559-261-9320
21. 585 North Halifax Avenue, Suite 101, Clovis, CA 93611, 559-603-7420
22. 585 North Halifax Avenue, Suite 102, Clovis, CA 93611, 559-603-7415
23. 6107 North Fresno Street, Suite 103, Fresno, CA 93710, 559-603-7700
24. 650 West Alluvial Avenue, Suite 101, Fresno, CA 93711, 559-603-7430
25. 7005 North Milburn Avenue, Suite 101, Fresno, CA 93722, 559-603-7400
26. 7035 North Maple Avenue, Suite 102A, Fresno, CA 93720, 559-299-2997
27. 7035 North Maple Avenue, Suite 102B, Fresno, CA 93720, 559-299-2997
28. 7145 North Chestnut Avenue, Suite 101, Fresno, CA 93720, 559-299-1178
29. 7230 North Millbrook Avenue, Fresno, CA 93720, 559-431-6197
30. 724 North Medical Center Drive East, Suite 106, Clovis, CA 93611, 559-387-2090
31. 7257 North Fresno Street, First Floor, Fresno, CA 93720, 559-227-7463
32. 726 North Medical Center Drive East, Suite 209, Clovis, CA 93611, 559-325-5656
33. 726 North Medical Center Drive East, Suite 223, Clovis, CA 93611, 559-472-4255
34. 729 North Medical Center Drive West, Suite 221, Clovis, CA 93611, 559-299-6600
35. 7565 North Cedar Avenue, Suite 101, Fresno, CA 93720, 559-438-8888
36. 782 North Medical Center Drive East, Suite 101, Clovis, CA 93611, 559-256-4111
37. 782 North Medical Center Drive East, Suite 205, Clovis, CA 93611, 559-387-3300
38. 782 North Medical Center Drive East, Suite 211, Clovis, CA 93611, 559-451-3676
39. 782 North Medical Center Drive East, Suite 212, Clovis, CA 93611, 559-603-7400
40. 782 North Medical Center Drive East, Suite 301, Clovis, CA 93611, 559-387-2120
41. 782 North Medical Center Drive East, Suite 305, Clovis, CA 93611, 559-387-2140
42. 782 North Medical Center Drive East, Suite 309, Clovis, CA 93611, 559-387-2150
43. 785 North Medical Center Drive West, Suite 106, Clovis, CA 93611, 559-387-1600
44. 785 North Medical Center Drive West, Suite 203, Clovis, CA 93611, 559-387-1900
45. 805 West Acequia Avenue, Suite 2D, Visalia, CA 93291, 559-451-3630
46. 8570 South Cedar Avenue, Fresno, CA 93725, 559-813-3322