

SUBJECT: PROCEDURE: Self Pay and Charity Care Policy Overview		PROCEDURE NO. 107.018	PAGE 1 OF 3
DEPARTMENT:	AFFECTS: ALL DEPARTMENTS	EFFECTIVE DATE: 03/93	REVISION DATES ; 02/04,07/08,4/10
APPROVED BY:		REVIEW DATES:	

VCMC has had a Self Pay and Charity Care Policy since March 1993. VCMC's mission to meet the needs of the underserved of our community, which includes the uninsured and underinsured, has always supported the discounting of charges based on ability to pay.

In alignment with the introduction of the Coverage Initiative program and in order to meet AB774 and OSHPD requirements, this policy has been revised. This overview details specific issues and details regarding the Self Pay Discount and Charity Care Policy and how it meets these requirements.

ELIGIBILITY PROCESS:

- Patient must complete Application available at registration locations and/or Patient Accounting Department which can be contacted at (805) 648-9553.
 - Includes:
 - Financial Statement and proof of residency in Ventura County or of employment in Ventura County.
 - Medi-Cal Denial
- Patient must provide required documentation
 - Recent Pay Stub or
 - Most current Tax Return or
 - Most recent W-2
- Patient's income and family Size will be used to determine eligible discount level (Attachment A based on FPL).

COVERED SERVICES:

- The Self Pay Discount Policy only covers medically necessary services currently available and standard at VCMC.
- 5% discount of charges will be used for indicated cosmetic and/or patient comfort services.
- Purchased Services, or those services available at other facilities that VCMC may have a contractual arrangement with to provide medically indicated services, can be provided to eligible patients. However, those services will not be discounted but provided at VCMC's cost. This includes but is not limited to; DME equipment, implants, Injections and/or medications, Heart Caths and Lithotripsy.
- Non-covered services per insurance coverage. If a patient requests a non covered service that their third party payor does not cover, which is medically indicated and approved by the VCMC Medical Director, the patient will be given the third party payor contractual discount for that service, and is not required to apply for the self pay discount.
- Patients providing documentation and validation of below 100% FPL may qualify for Charity Care adjustment. Charity Care is not available for elective or cosmetic procedures. Patients must be Ventura County Residents for Charity Care.
- Patients providing documentation and validation of below 100% FPL, and Homeless may qualify for charity care with the validation of income, credit reporting information and or proof of living arrangement.

REVIEW PROCESS:

- The application will be processed within 15 (fifteen) days from date of receipt of complete application and required documents. Under AB 774 Sec. 127405 (e), "A patient requesting discounted payment, charity care, or other assistance in meeting their financial obligation to the hospital shall make every reasonable effort to provide the hospital with documentation of income and health benefits coverage. If the person requests charity care or discounted payment and fails to provide information that is reasonable and necessary for the hospital to make a determination, the hospital may consider that failure in making its determination". If patient qualifies, an eligibility card will be sent to the patient. The patient can also apply at the clinics, and any point of registration, and receive a card immediately upon confirmation and validation of documents.
- If the application is denied, however, notification will be sent in the form of letter directly to the patient with instructions on how to appeal the decision.
- The patient can appeal the denial or discount payment eligibility level, within forty-five (45) days from date of notification of determination. This will be reviewed by the Chief of Hospital Operations Billing within ten (10) days of receipt. The final determination will be made in writing.
- Once the determination of a discount payment eligibility level is made, all claims for services within thirty (30) days from the date of receipt of the application for that patient, will be adjusted accordingly. Payment arrangements or payment plans can be established at this time. This includes the ability for extended payment arrangements, with a requested minimum payment of \$25.00 per month. Upon default of non-payment of required minimum for a period of ninety days, the account shall be assigned to a collection agency at the full discounted rate under the authority of the Chief Hospital Operations Billing.

VENTURA COUNTY MEDICAL CENTER**ADMINISTRATIVE POLICY**

Associated with the UCLA School of Medicine

SUBJECT: PROCEDURE: Self Pay Policy - Hospital Services including All Ancillary Services		PROCEDURE NO. 107.018	PAGE 2 OF 3
DEPARTMENT:	AFFECTS: ALL DEPARTMENTS	EFFECTIVE DATE: 03/93	REVISION DATES ; 02/04,07/08,04/10
APPROVED BY:		REVIEW DATES:	

I. Purpose/Objective:

A. To establish a policy and procedure for patients who have no payor source for their healthcare.

1. Patients who have no payor source frequently utilize the emergency room when they need medical care. Emergency Room visits incur a higher cost per visit than an office visit, and the patients wait until their condition is exacerbated, and in a costlier state.
2. VCMC has developed this Policy and Procedure to meet the needs of improved access to healthcare for this growing population.
3. Excluded programs are: Share-of-Cost MediCal and Copays and deductibles of Third Party Payors and those services that are not standard within the VCMC system.

II. Process:

A. If a patient presents for a Hospital Services (Inpatient, Outpatient and Same Day Surgery), with no third party payor, the patient will be notified of VCMC's Self Pay Policy and the ability to obtain a discount on the charges for services (within 30 days of date of service).

B. The patient will be asked to complete a VCMC "Financial Statement".

1. If the patient is eligible for any other Low Income Medical Assistance (LIMA) program, including but not limited to ACE, Healthy Family's, MediCal, Medicare, CCS and Family Pact. Patient will not be eligible for the Self Pay Discount Program (SPDP). The patient will be assisted in completing the application while in house and referred to the appropriate eligibility office for follow up upon discharge.
2. If the patient is not eligible for any other LIMA program as identified above, the patient's income and family size on the "Financial Statement", as well as other documentation, will be used to determine their discount payment eligibility level.
3. Under AB774 Sec. 127405 (e), a patient requesting charity care, discounted care, or other financial assistance, must make reasonable effort to provide documentation of income and health benefits coverage. The failure to provide information that is reasonable and necessary to make a determination concerning charity care or discounted care may be considered by VCMC in making the determination.
4. If the service the patient is seeking is determined by VCMC's Case Management to be a cosmetic procedure and/or a personal comfort service, the patient will only be eligible for a discount of 5% of charges.

C. If the patient is eligible for Program 1 (under 200% of FPL), the patient will need to provide a copy of a pay stub or tax return to confirm eligibility, and proof of residency or employment in Ventura County.

1. Prior to the rendering of services, the patient will be provided with an estimate of their cost for the service they are seeking or have received, and (if applicable) the patient must attempt to make a 50% deposit towards the payment for services.
2. The "Financial Statement" will be placed in the patient's financial jacket. This statement is good for 12 months. The patient must complete a "Financial Statement" every 6 months to remain eligible for the Self Pay Program.

D. If the patient is eligible for the Program 2 & 3 (above 200% of FPL) the patient must provide proof of income (a copy of their W2, tax return or payroll check stubs), proof of residency in Ventura County or proof of employment in Ventura County and a completed "Financial Statement."

1. A copy of their required data with the "Financial Statement" will be placed in the patient's financial jacket. This statement is good for 12 months. The patient must complete a "Financial Statement" and provide additional data every 365 days to remain eligible for Programs 2 & 3.

E. Based on the patient's representation of their income and family size, and the "Financial Statement" process, the Self Pay Program will be identified and noted in the billing system for the statement period.

F. During the evaluation process, the patients' accounts will not be referred or assigned to any outside collection agency.

SUBJECT: PROCEDURE: Self Pay Policy Professional Services Inpatient and Outpatient, and all Ancillary Services provided in a Clinic setting. (Applicable for VCMC Providers only)		PROCEDURE NO. 107.018	PAGE 3 OF 3
DEPARTMENT: Ambulatory Care AFFECTS: ALL DEPARTMENTS	EFFECTIVE DATE: 03/93	REVISION DATES ; 02/04, 03/08,4/10	
APPROVED BY:		REVIEW DATES:	

I. Purpose/Objective:

A. To establish a policy and procedure for patients who have no payor source for their healthcare.

1. Patients who have no payor source frequently utilize the emergency room when they need medical care. Emergency Room visits incur a higher cost per visit than an office visit, and the patients wait until their condition is exacerbated, and in a costlier state.
2. VCMC has developed this Policy and Procedure to meet the needs of improved access to healthcare for this growing population.
3. Excluded programs are: Share-of-Cost MediCal and Co pays and deductibles of Third Party Payors and services not standard within the VCMC system.

II. Process:

A. If a patient presents to a clinic with no third party payor, the patient will be notified of VCMC's Self Pay Policy and the ability to obtain a discount on the charges for services (within 30 days of date of service). If the patient presents at an Urgent Care Clinic the patient will be advised of the Cash Pay where no application is necessary. (This excludes lab and radiology services). There is no screening process for Cash Pay at time of service at Urgent Care(s).

1. The patient will be asked to complete a VCMC "Financial Statement".
2. If the patient is eligible for any other Low Income Medical Assistance (LIMA) program, including but not limited to ACE, Healthy Family's, MediCal, Medicare and Family Pact. Patient will not be eligible for the Self Pay Discount Program (SPDP). The patient will be referred to the single point of entry office for assistance in processing LIMA program applications.
3. If the patient is not eligible for any other LIMA program as identified above, the patient's income and family size on the "Financial Statement", as well as other documentation, will be used to determine their discount payment eligibility level.
4. Under AB774 Sec. 127405 (e), a patient requesting charity care, discounted care, or other financial assistance, must make reasonable effort to provide documentation of income and health benefits coverage. The failure to provide information that is reasonable and necessary to make a determination concerning charity care or discounted care may be considered by VCMC in making the determination.
5. If the service the patient is seeking is determined by VCMC's Case Management to be a cosmetic procedure and/or a personal comfort service, the patient will only be eligible for a 5% discount of charges.

B. If the patient is eligible for Program 1 (under 200% of FPL), the patient will need to provide a copy of a pay stub or tax return to confirm eligibility, and proof of residency or employment in Ventura County.

1. Prior to the rendering of services, the patient will be provided with an estimate of their cost for the service they are seeking or have received, and (if applicable) the patient must make a 50% deposit towards the payment for services
2. The "Financial Statement" will be placed in the patient's financial jacket. This statement is good for 12 months. The patient must complete a "Financial Statement" every 12 months to remain eligible for the Self Pay Program.

C. If the patient is eligible for the Programs 2 & 3 (above 200% of FPL) the patient must provide proof of income (a copy of their W2, tax return or payroll check stubs), proof of residency in Ventura County or proof of employment in Ventura County and a completed "Financial Statement."

1. A copy of their required data with the "Financial Statement" will be placed in the patient's financial jacket. This statement is good for 365 days. The patient must complete a "Financial Statement" and provide additional data every 365 days to remain eligible for Programs 2 & 3.

D. Based on the patient's representation of their income and family size, and the "Financial Statement" process, the Self Pay Program (attachment B) will be identified and noted in the billing system for the statement period.