

**COMMUNITY OUTREACH MEDICAL SERVICES
POLICY AND PROCEDURE
CHARITY CARE POLICY**

PURPOSE:

This Policy and Procedure is to define the eligibility criteria for charity care services and to provide the operational guidelines to identify patients who may qualify for charity care or financial assistance.

POLICY:

Community Outreach Medical Services (COMS) strives to ensure that the financial capacity of families who require medically necessary services does not prevent them from seeking or receiving care. COMS is committed to providing financial assistance to persons who have medically necessary healthcare needs and are low-income, uninsured, underinsured, and ineligible for a government program and are unable to pay for care based on their individual family financial situations. In the case of emergencies, there will be no delay in providing required screening or stabilization services in order to inquire about an individual's payment method or insurance status pursuant to the Emergency Medical Treatment and Active Labor Act (EMTALA).

Patient Responsibility

Financial assistance is not considered to be a substitute for personal responsibility, and patients' families are expected to cooperate by providing complete and accurate information so that COMS can determine a patient's/guarantor's eligibility for our financial assistance program, and to contribute to the cost of their care based on individual ability to pay. Individuals who are eligible to apply for public assistance as well as individuals with the capacity to purchase health insurance will be encouraged to do so as a means of assuring access to healthcare services.

PROCEDURE:

1. Charity Care and Financial Assistance Program. Patients who meet the established charity care or financial assistance criteria may be eligible to receive funding to cover all or portions of the patient's healthcare costs. Charity care is that portion of patient care services provided for which a third-party payer is not responsible and a patient/guarantor has the inability to pay, including unpaid coinsurance, deductibles, and non-covered services.

2. Application for Charity Care and Financial Assistance. COMS will request that each patient/guarantor applying for charity care or financial assistance complete the Financial Assistance Application ("Assistance Application"), in addition to providing the necessary copies of financial documentation. If adequate financial documents are not provided, COMS will contact the patient's family to request additional information. If the patient's family does not comply with the request within 14 calendar days from the date of the request, such non-compliance will be considered an automatic denial for financial assistance. A note will be put in COMS' computer system and any and all paperwork that was completed will be filed according to the date of the denial note. No further actions will be taken by COMS' personnel. If the requested documentation is later obtained, all filed documentation (if maintained pursuant to COMS' Records Retention Policy) will be pulled and the patient will be reconsidered for financial assistance.

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3. Government Assistance. In determining whether each individual qualifies for charity care, other county or governmental assistance programs should also be considered. Many applicants are not aware that they may be eligible for assistance such as Medi-Cal, the Healthy Families Program, Victims of Crime, or California Children Services.

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 be granted charity care for those services. COMS may make the granting of charity contingent upon applying for governmental program assistance.

4. Uninsured Patient/Guarantor Discount. Financial Assistance Eligibility Guidelines are based on the Federal Poverty Guidelines effective April 2011. Exhibit A delineates the household income thresholds according to the 2011 Federal Poverty Income Guidelines (FPL) as well as the applicable charity care or financial discount.

5. Catastrophic Eligibility. COMS will provide catastrophic eligibility financial assistance when the patient's/guarantor's medical expense liability exceeds a substantial portion of the patient's/guarantor's income ("Catastrophic Eligibility"). To qualify for Catastrophic Eligibility, the low income, uninsured patient/guarantor must have (i) an annual household income that is equal to or less than 500% of the FPL and (ii) the patient's/guarantor's medical liability must exceed 30% of their annual household income.

6. Discounted Private Pay Fee Schedule. COMS shall provide all self-pay patients a discount based on our sliding fee scale policy. Self-pay patients are those patients who are financially responsible for the entire cost of the services rendered (i.e. no insurance coverage). For self-pay patients not eligible for charity, all families must sign a pricing commitment and pay 50% of the discounted charges prior to service, if the charge can be determined prior to the service being rendered. These patients do not need to complete a financial assistance application. However, of note, no patient will be denied services due to an inability to pay for those services.

7. Ineligibility for Financial Assistance. If COMS determines that the patient/guarantor is not eligible for financial assistance under this Policy, it will notify the patient/guarantor of this denial in writing. COMS will then bill the patient and follow its normal collection procedures.

8. Exceptions to Policy. Charity care and financial assistance provided by this Policy are generally not available for elective procedures or specialized, high-cost services or for international patients; however, in certain cases, an exception may be made. This Policy does not apply to those services provided by the hospital or non-COMS physicians.

9. Liens on Primary Residences. COMS shall not, in dealing with patients who qualify for financial assistance under this Policy, place or foreclose liens on primary residences as a means of collecting unpaid COMS bills.

10. Regulatory Requirements. In implementing this Policy, COMS shall comply with all federal, state and local laws, rules and regulations.

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Exhibit A

COMS FINANCIAL ASSISTANCE ELIGIBILITY GUIDELINES

The following Financial Assistance Eligibility Guidelines are based on the Federal Poverty Income Guidelines (FPL) effective April 2011. Schedule A delineates the household income thresholds according to the 2010 FPL.

SEE ATTACHMENT