Foothill Regional Medical Center		**Manual**: Patient Access Policies and Procedures
Title: PA.35 Charity Care Policy		Page 1 of 6
Owner: Director of Patient Access		Original Policy Effective Date: 11/01/2012
APPROVALS:	**Dates:**	Date Revised: 09/02/2026
Policy & Procedure Committee:	10/31/2022	
Medical Staff Committee (is applicable)		
Medical Executive Committee:		Date Reviewed: 09/02/2026
Governing Board:		

Charity Care

I. POLICY PURPOSE

To establish a policy for care that is rendered free of charge to individuals who, because of their financial status, are unable to pay for services provided. This policy extends to all patients accepted by Foothill Regional Medical Center.

II. SCOPE

This policy applies to Patient Access.

III. POLICY

Foothill Regional Medical Center is committed to providing high quality, affordable hospital services to patients that are uninsured/underinsured. This policy establishes the guidelines for each campus to follow to communicate our policy, qualify patients for charity care and properly account for the revenue associated with providing this care.

COMPANION POLICIES AND PROCEDURES

This policy is a companion policy and procedure to the Low-Income Financial Assistance (LIFA) P&P and the Self-Pay P&P. Employees should be aware of all three policies to ensure the correct process is followed when serving our patients.

DETERMINATION/REVOKABILITY

Charity Care eligibility can be determined, or revoked, at any point in the preadmission, billing or collection process should any significant changes occur in the patient's financial status or third-party coverage. Any disputes on eligibility will be addressed and resolved by the Chief Financial Officer.

IV. DEFINITIONS:

Charity Care

The term "Charity Care" means the providing of care, free of patient responsibility, to those patients who qualify under the Charity Care Criteria established by Foothill Regional Medical Center.

Discount Payment

The term "Discount Payment" means any charge for care that is reduced but not free, to those patients who qualify under the Self-Pay Discount Criteria.

Additionally, other uninsured patients may be eligible for a discount payment (a.k.a. self-pay discount) . This determination is made by Foothill Regional Medical Center on a case-by-case basis, after evaluating potential insurance options for the patient.

Charity Care Patient

Patients may be eligible for Charity Care if their household income is no more than 250% of the Federal Poverty Level based on family size (FPL). FPL guidelines are available at: https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines or by calling Patient Financial Services at 562-293-3200. Financial Assistance is available to uninsured and underinsured patients, as well as the patient liability for patients with insurance, including charges determined uninsured for the hospital stay, coinsurance, copayment, deductible amounts, and other liabilities for medically necessary[1] hospital services.

V. SCOPE AND RESPONSIBILITIES

It is the responsibility of the VP of Patient Financial Services and Admitting Director to ensure that appropriate procedures, as described below, are in place to ensure appropriate action is taken.

VI. PROCEDURES:

Notice of Hospitals Charity Care Policy

The policy will be communicated in a manner consistent with applicable state and federal laws, to any patient who requests assistance in paying their portion of their bill. It is the policy of Foothill Regional Medical Center to assist/direct patients to the appropriate resources for government-sponsored health coverage before applying for Charity Care. A Medi-Cal application (SAWS1) form will be distributed to patients who do not indicate coverage by a third-party payer, or who requests a Charity Care application.

Financial information required of the patient to determine Charity Care eligibility:

The information described below assists in that process.

a. A completed financial assistance application (Mandatory)
b. Proof of Income:
    i. 3 months' pay stubs within date of service
    or
    ii. Federal Income Tax Return

For purposes of determining eligibility for discount payment, recent tax returns are tax returns which document a patient's income for the year in which the patient was first billed or 12 months prior to when the patient was first billed and recent paystubs are paystubs within a 3-month period before or after the patient is first billed by the hospital, or in the case of preservice, when the application is submitted.

If verification is either impossible or impractical a delegated Manager may complete the information with information received through interviews with those who know the patient's financial status.

Determination Process

Once all required documentation is received, every reasonable effort will be made to make a determination of charity assistance as soon as possible. A letter will be sent to the patient notifying him/her of the determination within 45 days after all documentation is received.

Collection Requirements

Patient accounts may not be sent to a collection agency if the patient is attempting to qualify for charity or is attempting in good faith to settle the account by negotiating a payment plan or is making regular partial payments. The account may be assigned to a collection agency so long as the agency agrees to comply with this provision by merely managing the payment plan, negotiating the payment arrangement with the patient, or taking no action pending the outcome of the patient's application.

Any extended payment plans negotiated with a qualified patient under a discounted fee arrangement must be provided without interest so long as the patient does not default on their payment arrangement.

Any account assigned for collection may not be reported against the patient's credit record. Additionally, wage garnishments and liens or allowing the sale on real property may not be used by the assignee in collections, as described in SB 2297 and AB 1061.

A health savings account held by the patient or the patient's family may be considered when negotiating payment plans. Foothill Regional Medical Center may require a patient or guarantor to pay the hospital any amount sent directly to the patient by third-party payors, including from legal settlements, judgements, or awards. Foothill Regional Medical Center may waive or reduce Medi-Cal and Medicare cost-sharing amounts as part of its charity care program or discount payment program.

Discovery of Patient Financial Assistance Eligibility During Collections

While Foothill Regional Medical Center strives to determine patient financial assistance as close to the time of service as possible, in some cases further investigation is required to determine eligibility. Some patients eligible for financial assistance may not have been identified prior to initiating external collection action. Foothill Regional Medical Center collection agencies shall be made aware of this possibility and are requested to refer-back patient accounts that may be eligible for financial assistance. When it is discovered that an account is eligible for financial assistance, Foothill Regional Medical Center will reverse the account out of bad debt and document the respective discount in charges as charity care.

Charity Write-off Account

Qualified patients receiving Charity Care will have 100% of their bill written off to the facility's Charity Care Transaction Code.

Presumptive Charity

Financial assistance may be granted in the absence of a completed application in situations where the patient does not apply but other available information substantiates a financial hardship. Foothill Regional Medical Center may presumptively determine that a patient is eligible for charity care or discounted payment based on information other than that provided by the patient or based on a prior eligibility determination. The reason for presumptive eligibility may be reflected in the transaction code used to adjudicate the patient's claim. Additional patient notes may also be included. Examples of exceptions where documentation requirements are waived include, but are not limited to:

- An independent credit-based financial assessment tool indicates indigence.
- An automatic financial assistance determination of 100% assistance is applied in the following situations provided other eligibility criteria are met:
    - Patient has an active Medicaid plan
    - Patient is eligible for Medicaid
    - Patients with current active Medicaid coverage will have assistance applied for past dates of service
    - Patient is deceased

- Determination of patient financial assistance eligibility by the Vice President of Revenue Cycle
- Presumptive eligibility tools may not be used for Medicare Fee for Service patients (as required by Centers for Medicare and Medicaid Services' bad debt.

Non-Covered/Denied Medicaid or Indigent Care Program Services

Non-covered and denied services provided to Medicaid or other indigent care program eligible beneficiaries are considered a form of charity care. Medicaid beneficiaries are not responsible for any forms of patient financial liability and all charges related to services not covered, including all denials, are charity care. Examples may include, but are not limited to:

- Services provided to Medicaid beneficiaries with restricted Medicaid (i.e., patients that may only have pregnancy or emergency benefits, but receive other hospital care)
- Medicaid-pending accounts
- Medicaid or other indigent care program denials
- Charges related to days exceeding a length-of-stay limit
- claims (including out of state Medicaid claims) with "no payment"
- Any service provided to a Medicaid eligible patient with no coverage and no payment

Access to Healthcare During a Public Health Emergency

An Access to Healthcare Crisis must be proclaimed by executive management at Foothill Regional Medical Center and attached to this patient financial assistance document as an addendum. An Access to Healthcare Crisis may be related to an emergent situation whereby state / federal regulations are modified to meet the immediate healthcare needs of Foothill Regional Medical Center community during the Access to Healthcare Crisis. During an Access to Healthcare Crisis Foothill Regional Medical Center may "flex" its patient financial assistance policy to meet the needs of the community in crisis. These changes will be included in the patient financial assistance policy as included as an addendum. Patient discounts related to an Access to Healthcare Crisis may be provided at the time of the crisis, regardless of the date of this policy (as hospital leadership may not be able to react quickly enough to update policy language in order to meet more pressing needs during the Access to Healthcare Crisis)

Emergency Physician

An emergency physician, as defined in Section 127450, who provides emergency medical services in a hospital that provides emergency care, is also required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level. This statement shall not be construed to impose any additional responsibilities upon the hospital.

VII. RELATED FORMS (when applicable)

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VIII. RELATED POLICIES AND PROCEDURES (when applicable)

IX. REFERENCES

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X. POLICY APPROVAL HISTORY

Owner **Date Approved: 09/02/2026**

A. Director of Patient Access