Foothill Regional Medical Center		**Manual**: Patient Access Policies and Procedures
Title: PA.36 Low Income Financial Assistance 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:		

Low Income Financial Assistance

I. POLICY PURPOSE

To establish a Foothill Regional Medical Center policy for care that is rendered at a reduced fee for those who qualify for Low Income Financial Assistance (LIFA).

II. SCOPE

This policy applies to Patient Access

III. POLICY

Foothill Regional Medical Center is committed to providing high quality, affordable healthcare services to patients that are uninsured/underinsured. This policy establishes the guidelines for each campus to follow to communicate our policy, qualify patients for low-income financial assistance 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 Charity Care 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:

Low Income Financial Assistance

The term "Low Income Financial Assistance" means the providing of care at a reduced fee to those patients who qualify under the low-income financial assistance criteria established by Foothill Regional Medical Center.

Low Income Financial Assistance Patient

A patient whose family income is above the Charity Care threshold but equal to or below 400% of the Federal Poverty Level (FPL) available at: https://aspe.hhs.gov/topics/poverty-economic mobility/poverty-guidelines or by calling Patient Financial Services at 562-293-3200. Or a patient with whose family income is at or below 400% of the Federal Poverty Level with High Medical Costs. High Medical Costs are defined as Annual out-of-pocket medical expenses that exceed the lesser of 10% of the patient's current family income or family income in the prior 12 months. Or annual out-of-pocket expense that exceeds 10% of the patient's family income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's family in the prior 12 months. Out of pocket costs and medical expense mean any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing.

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.

V. PROCEDURES:

Notice of Hospitals' Discount Payment 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 Centerto assist/direct patients to the appropriate resources for government-sponsored health coverage before applying for LIFA. A Medi-Cal application (SAWS1) form will be distributed to patients who do not indicate coverage by a third-party payer, or who request a Low-Income Financial Assistance application. Foothill Regional Medical Centerdoes not require a patient to apply for Medicare, Medi-Cal, or other coverage before the patient is screened, or provided, a financial discount. However, Foothill Regional Medical Center may require patients to participate in screening for Medi-Cal eligibility.

Financial information required of the patient:

It is the policy of Foothill Regional Medical Centerto assist/direct patients to the appropriate resources for government-sponsored health coverage before applying for LIFA. The information described below assists in that process.

1. A completed financial assistance application (Mandatory with limited exceptions as described in the Presumptive Charity section of this policy)
2. Proof of Income:
    a. 3 months' pay stub within date of service.
    or
    b. 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.

Uninsured Adjustments to Accounts

Qualified patients WITHOUT INSURANCE receiving LIFA will be billed at 100% of the Medicare DRG for inpatient and OPPS rate for outpatient services provided. The facility's Low-Income Financial Assistance Transaction Code will be used to adjust the remaining balance.

Underinsured Adjustments to Accounts

Qualified patients WITH INSURANCE receiving LIFA will have 100% of their patient responsibility above the Medicare allowed written off to the facility's Low Income Financial Assistance Transaction Code. Eligibility is determined according to the patient's family income at or below 400% of the Federal Poverty Level, available at: https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines or by calling Patient Financial Services at 562-293-3200.

LIFA for Insured Patients: Financial Assistance may be applied to uninsured 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 hospital services.

Determination Process

Once all required documentation is received, every reasonable effort will be made to make a determination of financial 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. The failure to provide information that is reasonable and necessary to make a determination concerning financial assistance may be considered by Foothill Regional Medical Center in making its determination. Financial assistance eligibility shall be determined at any time. Foothill Regional Medical Center shall not impose time limits for applying for charity care or discounted payments, nor deny eligibility based on the timing of a patient's application.

Collection Requirements

Patient accounts may not be sent to a collection agency if the patient is attempting to qualify for financial assistance 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.

Foothill Regional Medical Center will not report adverse information about a patient's hospital debt to a consumer credit reporting agency. Per AB 2297 and SB 1061, Foothill Regional Medical Center also recognizes the sale of a patient's primary residence have been removed, and liens on any real property owned by the patient are prohibited.

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. Should the patient default on the discounted fee arrangement, the patient's financial responsibility is capped at the discounted amount previously determined. Any payments already made under the extended payment plan are credited towards the discounted balance. Foothill Regional Medical Center is not required to reimburse a patient if: (1) it has been five years or more since the

patient's last payment to hospital/debt buyer, or (2) the patient's debt was sold before January 1, 2022, in accordance with the law at the time. if the hospital and patient cannot agree on the payment plan, the hospital shall create a reasonable payment plan, where monthly payments are not more than 10% of the patient's monthly family income, excluding deductions for essential living expenses.

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.

Eligibility Procedures

Charity and Low-Income Financial Assistance Application

- A notice regarding financial assistance is included in all patient packets.
- A charity application is distributed to all uninsured patients at registration.
- Uninsured patients will be provided with an application for Medi-Cal, Healthy Families, or other governmental programs.
- Uninsured patients whose total family income at or below 400% of the federal poverty level will be eligible for charity care or low-income financial assistance.
- For persons 18 years of age and older, spouse, domestic partner For persons under 18 years of age or for a dependent child 18 to 20 years of age, inclusive, parent, caretaker relatives, and parent's or caretaker relatives' other dependent children under 21 years of age, or any age if disabled.
- A complete application must be submitted (limited exceptions as disclosed in the Presumptive Charity Section of this policy).
- Proof of income is required for validation, if no income patient must sign an attestation of

unemployment.

Guidelines for Reviewing Low Income Financial Assistance Applications:

- Upon receipt of the application, the application is reviewed by staff at the CBO to determine if the application has been completed and the supportive documents are attached.
- The patient will continue to receive statements but will not be sent to a collection agency during the review process.
- If the application is incomplete, the patient is sent a letter requesting the missing information.
- Once the application is complete, the application is forwarded to the CBO Director for determination.
- Once the application is approved, the patient will be sent an approval letter.
- The financial class will be updated, and adjustment form submitted.
- If the application is denied, the patient will be sent a denial letter with explanation.
- The CBO will make every reasonable effort to make the charity/low-income financial assistance determination as soon as possible.

VI. RELATED FORMS (when applicable)

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VII. RELATED POLICIES AND PROCEDURES (when applicable)

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VIII. REFERENCES

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IX. POLICY APPROVAL HISTORY

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

Director of Patient Access