



## **HEALTHCARE ACCESS PROGRAM**

### **POLICY SUMMARY:**

The County of Santa Clara Health System (County) supports enhancing access to affordable healthcare for all County residents. The County therefore offers discounted Medically Necessary Services or Supplies to low-income and moderate-income Self-Pay and High Medical Cost patients who are County residents through this Healthcare Access Program (also known as the Patient Financial Assistance Policy). A short overview of the policy follows. Patients should review the full policy or speak with a County Financial Assistance Counselor for complete program information.

- Self-Pay patients are patients who do not have health insurance (or another third-party source of payment for Medically Necessary Services or Supplies) and who have demonstrated that they are not eligible for employer-sponsored health insurance or government-sponsored health insurance programs, such as Medi-Cal or Covered California.
- High Medical Cost patients are patients who either themselves incurred healthcare expenses from the County, or whose Family paid any medical provider for healthcare expenses, that exceed 10% of the Patient's Family Income in the past twelve (12) months.
- Self-Pay and High Medical Cost patients who are County residents and who have incomes below 400% of the Federal Poverty Level are eligible for 100% discounted Medically Necessary Services or Supplies from County healthcare providers.
- Self-Pay and High Medical Cost patients who are County residents and who have incomes above 400% but below 450%, 550%, or 650% of the Federal Poverty Level are eligible for discounts for Medically Necessary Services or Supplies from County healthcare providers of 70%, 50%, or 25%, respectively.
- Eligible patients qualify for Financial Assistance for a one-year period, except if the patient qualifies for a third-party source of coverage for health insurance before then. Patients must notify the County of material changes to their eligibility (such as changes to their income, access to coverage for healthcare services, family composition, or medical expenses). The County reserves the right to reverify a patient's eligibility at any time.
- The Federal Poverty Levels change annually. The 2020 Federal Poverty Levels referenced in this policy are listed in Attachment A.
- Eligible patients must submit a completed Financial Assistance Application or qualify as Presumptively Enrolled for Discount Care in compliance with this policy within 149 days of receiving the first statement.
- Generally, Self-Pay and High Medical Cost patients who are Non-County Residents are not eligible for nonemergency healthcare services in Santa Clara County facilities. In

those facilities where there is excess capacity, Non-County Residents may receive nonemergency healthcare services. Non-County Residents who do receive Medically Necessary Services or Supplies at County facilities and who are Self-Pay and High Medical Cost patients are eligible to receive a 100% discount for that specific episode of care if they have incomes below 400% of the Federal Poverty Level.

## DEFINITIONS:

1. **Patient's Family or Family:** For patients age eighteen (18) and older, the Patient's Family includes the patient's spouse or domestic partner and dependent children under age twenty-one (21), whether living at home or not. For patients under age eighteen (18), the Patient's Family includes the patient's parents or caretaker relatives, and other children of the parents or caretaker relatives under age twenty-one (21).
2. **County Resident:** A County Resident is a person who lives in Santa Clara County.
3. **Non-County Resident:** A Non-County Resident is a person who does not live in Santa Clara County.
4. **Family Income:** Family Income includes the annual earnings of all members of the Patient's Family from the prior twelve (12) months or from the prior tax year, minus any payments made for alimony or child support.
5. **Self-Pay Patient:** A Self-Pay Patient is a patient who does not have health insurance (or another third-party source of payment for Medically Necessary Services or Supplies) and who is not eligible for health insurance or another third-party source of payment for healthcare services. Self-Pay Patients include, without limitation: (i) patients who qualify for a government insurance program but receive services that are not covered under such program and (ii) patients whose benefits are exhausted prior to or during the provision of services.
6. **High Medical Cost Patient:** A High Medical Cost Patient is a patient who:
  - a. Has a third-party source of payment for healthcare services (i.e., is not a Self-Pay Patient), and
  - b. Either:
    - i. Owes the County for healthcare expenses for themselves that exceed 10% of Patient's Family Income in the prior twelve (12) months, or
    - ii. Paid Family healthcare expenses to any healthcare provider that exceed 10% of the Patient's Family Income in the prior twelve (12) months.

These healthcare expenses may include a copayment, coinsurance, deductible, or other amount due from an insured patient under the patient's health insurance plan.

7. **Presumptive Enrollment for Discount Care:** A patient may be determined eligible for the Healthcare Access Program based upon patient-specific socio-economic information gathered from market sources.
8. **Medically Necessary Service or Supply:** A Medically Necessary Service or Supply is a medical service and/or supply that is necessary to treat or diagnose a medical condition, the omission of which could adversely affect the health of the patient. The following services are not generally considered to be Medically Necessary Services or Supplies and therefore are not generally covered by this policy:
  - a. Reproductive endocrinology and infertility services;
  - b. Cosmetic services or plastic surgery services;
  - c. Vision correction services, including LASEK, PRK, conductive keratoplasty, Intac's corneal ring segments, custom contoured C-CAP;

- d. Patient-initiated ambulance transportation; and
- e. Lifestyle medications, as defined by the Santa Clara Valley Medical Center (SCVMC) Pharmacy and Therapeutics Committee.

The County reserves the right to change this list of generally non-covered services and/or supplies. In rare situations, for example, upon the recommendation of a physician or participating provider, the Enterprise Chief Medical Officer or designee may approve one of these services or supplies as a Medically Necessary Service or Supply for a specific patient. The decision of the County Chief Medical Officer or designee is final.

**PROCEDURE:**

**A. Eligibility for Financial Assistance**

1. To receive Financial Assistance under this policy, a patient must apply for Financial Assistance by either submitting a complete Financial Assistance Application or qualifying as Presumptively Enrolled for Discount Care.<sup>1</sup>
2. Patients must provide true, accurate, and complete information when applying for Financial Assistance, including necessary supporting documentation, as requested by the County. Patients may be determined ineligible for Financial Assistance if they provide false or incomplete information during the application process.
3. Different levels of Financial Assistance are available to eligible patients based on the Patient’s Family Income.

**Amount of Financial Assistance Available to County Residents Who Are Either Self-Pay Patients or High Medical Cost Patients Based on Family Income**

Family Income	Amount of Write Off of Amounts Due From Patient For Medically Necessary Services or Supplies
Family Income below <b>400%</b> of the Federal Poverty Level	<b>100%</b> Charity Care write off
Family Income between <b>400-449%</b> of the Federal Poverty Level	<b>70%</b> Charity Care write off

For patients who are not able

to complete an application or to provide all necessary documentation, the Health System may develop and rely on a tool to presumptively enroll patients into the Healthcare Access Program

<sup>1</sup> Patients who are homeless or who expire while receiving services and who have neither a source of funding nor a responsible party or estate may be eligible for Financial Assistance even if they did not complete a Financial Assistance Application or qualify as Presumptively Enrolled for Discount Care. The Patient Access Director or the Revenue Cycle Director or their designee(s) will review such cases individually on a case-by-case basis.

based on existing

Family Income between <b>450-549%</b> of the Federal Poverty Level	<b>50%</b> Charity Care write off
Family Income between <b>550-649%</b> of the Federal Poverty Level	<b>25%</b> Charity Care write off

enrollment in programs such as homeless services, the Women, Infants and Children (WIC) program, the Supplemental Nutrition Assistance Program (SNAP also commonly known as food stamps), and certain subsidized housing.

The 2020 Federal Poverty Levels are listed in Attachment A.

4. Patients who do not have health insurance (or another third-party source of payment for Medically Necessary Services or Supplies) will be screened to determine if they are eligible for any state or federal health programs or any other third-party source of payment.
5. Patients seeking Financial Assistance must apply for all health insurance (or other third-party sources of payment for Medically Necessary Services or Supplies) for which they are eligible, unless the County Revenue Cycle Director exempts the patient from the requirement, as described below.
6. A patient's failure to make every reasonable effort to obtain health insurance (or another third-party source of payment for Medically Necessary Services or Supplies) may be grounds for denial of Financial Assistance.
7. The Revenue Cycle Director may exempt from this requirement patients who could reasonably suffer negative immigration consequences under the final rule on "Inadmissibility on Public Charge Grounds," 84 Fed. Reg. 41,292 (Aug. 14, 2019). For example, adult patients age 21 and over who are seeking lawful permanent residence and who have the following immigration statuses may not be required to apply for federally-funded health insurance: (1) patients granted parole into the United States for at least one year, (2) patients granted withholding of deportation or removal, (3) patients granted conditional entry prior to April 1, 1980, (4) Cuban-Haitian entrants, or (5) patients with SSI-linked Medi-Cal since before August 22, 1996.
8. Patients applying for Financial Assistance must provide proof of their eligibility. The accepted forms of proof are described in Checklist for Financial Assistance Application.

**B. Scope of Financial Assistance**

1. Financial Assistance generally extends for a one-year period, except if the patient qualifies for a third-party source of coverage for health insurance before then.
2. Financial Assistance generally begins on the first day of the month in which the patient submitted his or her completed Financial Assistance Application or Presumptive Enrollment for Discount Care. If a patient received prior Medically Necessary Services or Supplies, Financial Assistance may begin three months before

- that date. The Revenue Cycle Director also has discretion to provide additional discounts upon a showing of good cause.
3. Patients must reapply for Financial Assistance annually as appropriate, either by submitting a Financial Assistance Renewal Application or by requalifying for Presumptive Enrollment for Discount Care.
  4. Patients must notify the County of material changes to their eligibility (such as changes to their income, access to coverage for healthcare services, family composition, or medical expenses) within sixty (60) days or at the next point of service, whichever is earlier. The County reserves the right to reverify a patient's eligibility at any time.
  5. Patients may be determined ineligible for Financial Assistance if they fail to notify the County of material changes to their eligibility.
  6. Eligible patients may receive Financial Assistance for Medically Necessary Services or Supplies from County healthcare providers. Patients are not entitled to Financial Assistance for services that are not Medically Necessary Services or Supplies or for separately billed physician professional fees or ambulance transportation not requested by the County. In those rare circumstances when referral outside of the County health system is necessary, the Enterprise Chief Medical Officer or designee may approve Financial Assistance for Medically Necessary Services and Supplies secured from outside of the County health system.
  7. If the patient does not enroll in the Healthcare Access Program and does not pay their bill, the account may be transferred to the Department of Taxation and Collection. In certain cases, further investigation is required to determine eligibility for this program. If it is discovered a patient may qualify for a financial discount, and the patient's balance is in billing/collections, the patient's account will be returned from billing/collections. If it is determined the account is eligible for financial assistance, the County of Santa Clara Health System will reverse the account out of bad debt and document the associated charges as a patient financial discount.

### **C. Non-County Residents**

1. Self-Pay and High Medical Cost patients who are Non-County Residents are generally not eligible for nonemergency healthcare services in Santa Clara County facilities. In those facilities where there is excess capacity, Non-County Residents may receive nonemergency healthcare services.
2. Non-County Residents who do receive Medically Necessary Services or Supplies at County facilities and who are Self-Pay and High Medical Cost patients are eligible to receive a 100% write-off on those services if their incomes are below 400% of the Federal Poverty Level.
3. Qualifying Non-County Residents may receive episodic Financial Assistance and not ongoing Financial Assistance.

### **D. Appeals**

1. The County will issue a decision within 30 days of receiving a patient's completed Financial Assistance Application.
2. A patient who is denied financial assistance may appeal the denial in writing. An appeal must contain the basis for the appeal and the requested relief. Appeal forms are available by contacting Patient Access at (877) 967-4677.
3. Appeals must be received at the address below within thirty (30) days of the denial:

County of Santa Clara Health System Patient Business Services  
2325 Enborg Lane, Suite 440  
San José, CA 95128  
Attention: Revenue Cycle Director

4. The Revenue Cycle Director will decide all initial appeals within thirty (30) days.
5. If the Revenue Cycle Director affirms the initial denial, a patient may submit a second written appeal. Any secondary appeal must be received by the County Health System Chief Financial Officer at the address listed below within thirty (30) days of the initial appeal denial:  
County of Santa Clara Health System Finance Department  
2325 Enborg Lane, Suite 360  
San José, CA 95128  
Attention: Chief Financial Officer
6. The Chief Financial Officer will decide all secondary appeals within thirty (30) days.
7. The decision on any second appeal will be final.

#### **E. Reporting Procedures**

1. The Financial Assistance policy and attachments shall be provided to the Office of Statewide Health Planning and Development (OSHPD) at least biennially on January 1, or whenever a significant revision is made. If no significant revision is made since these documents were previously submitted, OSHPD will be notified that no significant revision occurred.

#### **POLICY BACKGROUND:**

This policy is intended to comply with the following laws:

- California Hospital Fair Pricing Policies (HFFP) law, Cal. Health & Saf. Code § 127400 *et seq.*
- California Emergency Physician Fair Pricing Policies (EPFPP) law, Cal. Health & Saf. Code § 127450 *et seq.*
- Patient Protection and Affordable Care Act (ACA) of 2010, Internal Revenue Code (IRC) § 501(r)
- 26 C.F.R. parts 1, 53

This policy constitutes the County's Charity Care program. This policy will be consistently applied to all County patients.

This policy applies only to Medically Necessary Services or Supplies from County healthcare providers. A current list of County medical healthcare providers is available through the "Find A Provider" page: <https://www.scvmc.org/Find-A-Provider/Pages/Find-A-Provider.aspx>. A list of the County hospitals and clinics is available at: <https://www.scvmc.org/Pages/home.aspx>.

Patients are hereby notified that emergency physicians, as defined in California Health and Safety Code section 127450, who provide emergency medical services at County facilities, are required by law to provide discounts to Self-Pay Patients and High Medical Cost Patients who are below 350% of the Federal Poverty Level.

This policy does not waive or alter any contractual provisions or rates negotiated by and between the County and a third-party payer, nor does it provide discounts to non-contracted third-party payers or other entities that are legally responsible to make payment on behalf of a beneficiary, covered person, or insured. It does not permit the routine waiver of deductibles, co-payments, and/or co-insurance imposed by insurance companies for patients who do not qualify for Financial Assistance.

**RESPONSIBILITY:**

Questions about the implementation of this policy should be directed to the Patient Access Director at: 770 South Bascom Avenue, San José, CA 95128 or (866) 967-4677.

This Financial Assistance policy supersedes the following now-null policies: VMC#924.0 Sliding Scale; HHS#735.0 Ability to Pay Determination (APD) Program; O'Connor Hospital #4765025 Financial Assistance Policy; and St. Louise Regional Hospital #5424657 Financial Assistance Policy.

Attachment A

2020 Federal Poverty Levels Chart

2020 FEDERAL POVERTY LEVELS									
Size of Household	Medi-Cal Eligible	100% Discount		70% Discount		50% Discount		25% Discount	
	138%	139%	399%	400%	449%	450%	549%	550%	649%
1	\$1,467	\$1,478	\$4,243	\$4,253	\$4,774	\$4,785	\$5,838	\$5,848	\$6,901
	\$17,609	\$17,736	\$50,912	\$51,040	\$57,292	\$57,420	\$70,052	\$70,180	\$82,812
2	\$1,983	\$1,997	\$5,732	\$5,747	\$6,451	\$6,465	\$7,887	\$7,902	\$9,324
	\$23,791	\$23,964	\$68,788	\$68,960	\$77,408	\$77,580	\$94,648	\$94,820	\$111,888
3	\$2,498	\$2,516	\$7,222	\$7,240	\$8,127	\$8,145	\$9,937	\$9,955	\$11,747
	\$29,974	\$30,191	\$86,663	\$86,880	\$97,523	\$97,740	\$119,243	\$119,460	\$140,963
4	\$3,013	\$3,035	\$8,712	\$8,733	\$9,803	\$9,825	\$11,987	\$12,008	\$14,170
	\$36,156	\$36,418	\$104,538	\$104,800	\$117,638	\$117,900	\$143,838	\$144,100	\$170,038
5	\$3,528	\$3,554	\$10,201	\$10,227	\$11,479	\$11,505	\$14,036	\$14,062	\$16,593
	\$42,338	\$42,645	\$122,413	\$122,720	\$137,753	\$138,060	\$168,433	\$168,740	\$199,113
6	\$4,043	\$4,073	\$11,691	\$11,720	\$13,156	\$13,185	\$16,086	\$16,115	\$19,016
	\$48,521	\$48,872	\$140,288	\$140,640	\$157,868	\$158,220	\$193,028	\$193,380	\$228,188
7	\$4,559	\$4,592	\$13,180	\$13,213	\$14,832	\$14,865	\$18,135	\$18,168	\$21,439
	\$54,703	\$55,100	\$158,164	\$158,560	\$177,984	\$178,380	\$217,624	\$218,020	\$257,264
8	\$5,074	\$5,111	\$14,670	\$14,707	\$16,508	\$16,545	\$20,185	\$20,222	\$23,866
	\$60,886	\$61,327	\$176,039	\$176,480	\$198,099	\$198,540	\$242,219	\$242,660	\$286,389