ATTACHMENT D
SAN MATEO COUNTY HEALTHCARE FOR THE MEDICALLY INDIGENT POLICY (WELL PROGRAM-SECTION 17000 OF THE WELFARE AND INSTITUTIONS CODE)

PURPOSE:

The purpose of this policy is, in part, to set forth the County's program to address its legal obligations pursuant to Welfare and Institutions Code section 17000, *et seq.*, to "relieve and support" the County's medically indigent population. The County refers to this program as the Wellness, Education, Linkages, Low-Cost (WELL) Program. This policy outlines the specifics of the WELL program, including scope of services, eligibility requirements, verification, enrollment, appeals and waiver process.

POLICY:

It is the policy of the County to provide health care to its incompetent, poor and indigent residents. The objectives of this program are to optimize community health by focusing on prevention and proactive health management, provide an equitable and uniform method of payment for health services, and empower patients to take an active role in their own care.

PROCEDURE:

A. Notice of the Right to Apply for WELL Program

Individuals who receive medical care at the San Mateo Medical Center shall be provided a brochure detailing their right to apply for various financial assistance programs, including the WELL Program, and shall be provided with information on who to contact for an application. Copies of this policy and other financial assistance policies shall be available for review.

B. Populations Eligible for WELL Scope of Services

1. County residents who have been screened and enrolled in the following public assistance programs are eligible for the WELL Program.
   - Persons receiving General Assistance in San Mateo County who are ineligible for Medi-Cal or other public or private health coverage
   - Persons receiving services through the County's contracted Alcohol and Other Drug programs who are ineligible for Medi-Cal or other public or private health coverage

These eligible populations shall receive a WELL Program enrollment form and brochure explaining that they are not required to pay the Program's annual fee, co-pays, or charges.

2. County resident adults who are not eligible for full-scope or share-of-cost Medi-Cal coverage, Medicare or other public coverage programs, and who do not have private

health coverage and have not voluntarily dropped private health coverage, such as that provided by an employer, in the last three months immediately prior to application for WELL Program enrollment, and who meet the income and asset criteria for WELL enrollment described in the next section.

C. WELL Program Eligibility Criteria

1. Applicants must declare under penalty of perjury that they meet the requirements for eligibility as defined below. Applicants have the ability to appeal a denial or disenrollment decision pursuant to the Appeal Process set forth in section M below.

   a. Residency Requirement

      Applicants must be residents of San Mateo County. Residency is based on an applicant's actual place of residence and demonstrable intent to reside in the County.

   b. Income Criteria

      1) Income must be equal to or lower than 200% of the Federal Poverty Level (FPL). This level is updated annually. Community Health Advocates (CHAs) are vested with the authority to place patients who have incomes up to 210% of the FPL on the WELL Program in cases where the patients have established that denial of such relief would give rise to hardship for the patient. Further, CHAs may consider the presence of chronic medical conditions for which regular, recurring medical treatment is needed in making such determinations. CHA Supervisors/Managers may exercise the same discretion with respect to patients with incomes up to 225% of the FPL. The Chief of the San Mateo County Health System or his or her designee shall develop and implement a process for CHAs and CHA Supervisors/Managers to apply in considering whether to place individuals with incomes between 200% and 225% of FPL on the WELL Program. Said process shall be set forth in writing and made available to all WELL Program applicants, and shall include, among other factors deemed appropriate by the Chief of the San Mateo County Health System, a consideration of the patient's income and expenses, as well as the presence of chronic conditions for which regular, recurring medical treatment is needed.

      2) Income is defined as total or gross cash receipts, wages and salaries, before taxes and from all sources. It also includes regular payments from Public Assistance, Social Security, Unemployment and Workers' Compensation, strike benefits, training stipends, alimony, child support, military family allotments or other regular support from an absent family member or someone not living in the household, pensions, insurance or annuity payments, dividend income, interest, rents, royalties, estates, and trusts. The following Social Security income will be counted: Survivor's, Retirement Survivor's Disability Income (RSDI), Federal Retirement, Federal Disability, and State Disability Insurance (SDI). The

following Social Security income **will not be** counted: Supplemental Security Income (SSI) and State Supplemental Payment (SSP).

3) Income may be offset with deductions for business or farming expenses and should not include food or rent received in lieu of wages.

c. Assets Criteria

1) Applicants who meet the residency and income requirements above and who have assets equal to or below $2,000 per family unit member are eligible for coverage. A family unit refers to a married couple or domestic partners living together and their minor children or to a single parent living with minor children. For example, a married couple living together and having two minor children would count as a (4) member family unit. A relative who is living in the household but is not part of the family unit is counted as a separate family unit.

2) Assets include the applicant's equity interest in real property, other than real property that is an applicant's primary residence.

3) Assets also include property that is available and easily liquidated, including, but not limited to, checking and savings accounts, stocks, bonds, retirement accounts (IRAs, 401K, 403B, etc.) and the surrender value of life insurance policies.

4) One vehicle per adult is exempt from the assets limit.

2. Patients who are recipients of third party liability payment funding (e.g., Medicare, full-scope Medi-Cal, share-of-cost responsibility while covered under the Medi-Cal program, private insurance, or any other state, federal public or private health care coverage) are not eligible for the WELL Program.

3. Every individual who has been disenrolled, or has been denied eligibility, or who wishes to request a waiver or reduction of co-pays, fees or charges shall have the right to an appeals process that allows the individual to present evidence of eligibility or argue special circumstances based on inability to pay. This appeals process is more fully described in section N of this Policy.

   Every individual who has been disenrolled, or has been denied eligibility, or who is assessed co-pays, fees or charges shall receive written notice of (1) the denial, discontinuance or charges; (2) the right to have the denial, discontinuance, or fees, co-pays and charges reviewed through the appeals process based on ability to pay; and (3) a specific description of the appeals process and timelines. An individual who can demonstrate inability to pay shall be entitled to a reversal of the County's initial determination on eligibility, fees, co-pays or charges.

4. Patients may be ineligible for or lose coverage for the WELL Program for the following reasons:

- Patients who were denied Medi-Cal or other benefits due to lack of reasonable cooperation.
- Patients who fail to apply for Medi-Cal or any other third party coverage when requested to do so.
- Patients holding current non-resident visas of any type.
- Patients who fail to provide requested information.
- Patients who fail to cooperate with a WELL audit.
- Patients providing materially incorrect or false eligibility information. In such cases, the patient my be terminated immediately from the WELL Program and billed retroactively for all WELL Program services during the period of time in which the information was incorrect or false.
- Patients who fail to pay WELL fees, co-pays and charges and who did not apply for a waiver.
- Patients who enter the United States for the purpose of obtaining medical care.
- Patients who have voluntarily dropped employer-sponsored private health insurance within three months prior to the date of the WELL application.

D. Verification Process

1. In order to qualify for the WELL Program, patients must satisfy eligibility requirements including family income, assets, and residency. The patient must declare, under penalty of perjury, that the information provided is true and correct. Patients applying for the WELL Program must consent to verification and/or investigation of eligibility by County personnel, agents or contractors. Such investigation/verification may include the obtaining and use of information and documents possessed by other public and private agencies, including but not limited to records of the Department of Child Services.

2. San Mateo Medical Center will request proof of income, assets, and residence. Proof must be timely and dated within the last 45 days. This requirement can be satisfied in the following ways:

   a. Proof of Residency

      1) Car registration
      2) Voter registration
      3) California driver's license or ID card
      4) Employment record including offer letter, pay stubs, lay-off notice, employment or registration contract with an employment service, employer affidavit
      5) Rent or mortgage receipt. If the receipt is from a relative, the applicant must have that relative complete and sign the form, *Statement of Rent Receipt,* from a relative.
      6) Utilities bill – if not in patient's name, the bill should be accompanied by a signed statement from a relative or non-relative landlord
      7) Listing in the city directory or phone book that can be verified
      8) Principal property ownership document or property tax bill

9) Membership record in a religious institution
10) Student identification
11) School records
12) Recent marriage, divorce, or evidence of domestic partnership issued in the State of California (within the last three months)
13) Recent court documents showing the applicant's current address (within the last three months)
14) Insurance documents
15) Police record from a California law enforcement agency (within the last three months)
16) Documents from a homeless shelter or other public or community service agency indicating that the applicant is receiving services from the agency
17) Adoption record (within the last three months)
18) Medical record except San Mateo Medical Center (within the last three months)
19) Voided personal check with pre-printed address
20) Other proof of residency – other third party documents verifying residency of applicant can be provided

b. Proof of Income

1) Unemployment – employer's records; EDD records; UIB check; layoff notice; training program records; training stipends; union records.
2) Earnings – pay stubs; employer's wage record; state and/or federal income tax return; EDD records; employee W-2 form; farm business records; an employer statement, preferably on the employer's letterhead, or name of company stated on letter, including name of person employed, signature of employer, date of letter, pay frequency and gross amount.
3) Person receiving income can write an affidavit if there is no alternative manner to document income. This letter should include: claimant's name and signature; date of letter; how much employee is paid; date, frequency and source of payment; declarations that (1) the information provided is true and correct (2) there is no other form of income documentation available, and (3) the employee understands the county/state may verify the information provided.
4) Self-Employment – recent tax returns/business records; receipts for goods and services; last year's federal income tax return including Schedule C; last three months net profit and loss statement; beneficiary's statement when expenses cannot be verified; signed statement from business associates; statement from institutions where checks are deposited/cashed.
5) Unearned Income – Social Security Administration (SSA) award letter, official correspondence from SSA, bank statement showing SSA deposit, Veterans Administration (VA) check, VA award letter; public assistance; worker's compensation award notice; workers' compensation check; alimony; child support check; itemized statement from child support agency; SDI check; government and private pension checks; insurance/annuities checks, correspondence; bank statements verifying interest income; rents; dividends; royalties; estates and trusts;

military and child support allotment or other regular support from an absent family member or someone not living in the household.

6) Other proof of income – other third party documents verifying income of applicant can be provided

c. Proof of Assets

1) Tax records
2) Bank Accounts – bank statement dated the month or prior month of application; written statement from the bank on bank stationery; current teller verification.
3) Life Insurance –written statement from the insurance company dated within the last 45 days of the application date showing the cash surrender value of the policy and the name of the policy owner.
4) Property including principal residence – current year's property tax statement; loan payment; receipts for expenses or insurance
5) Vehicle registration or proof of ownership (one vehicle per adult is exempt)
6) Other insurance cash surrender value – written statement from the insurance company dated within the last 45 days of the application date showing the cash surrender value of the policy and the name of the policy owner.
7) Other assets – stock certificates; letter from broker; other property of value
8) Other proof of assets – other third party documents verifying assets of applicant can be provided

3. San Mateo Medical Center may utilize third party verification services including the use of credit reports, IEVS, State Income Tax Bureau, MEDS, CDS/CalWIN, DMV and property clearances.

4. Patient eligibility for the WELL Program will be reviewed, at a minimum, annually and prior to inpatient stays and same-day surgeries. In case of emergency admission, eligibility may be screened while in hospital to determine if there is linkage to a State/Federal health program. This is required in order to incorporate any changes to a patient's financial status. The County shall determine and may modify the period of eligibility for any individual entitled to receive services covered under financial assistance programs. Re-screening of a patient will not take place if the patient has been screened for eligibility within 90 days prior to a scheduled surgery or inpatient stay unless there is a significant change in the patient's financial situation.

E. Notice of the Determination of Eligibility

Individuals who apply for the WELL Program will be informed in writing if they qualify. The letter will be provided to the applicant within 15 days after receipt by the County of a complete applicant and it shall provide information about the right to an individual eligibility review, the right to appeal a denial or discontinuance of coverage, and the bases upon which an individual eligibility review and/or an appeal can be based.

F. Scope of Services

1. The WELL Program scope of services is similar to those covered by Medi-Cal except that inpatient and outpatient care, pharmaceuticals and supplies are provided at San Mateo Medical Center or, at a pre-approved outside contracted provider site.

2. The WELL Program does not cover cosmetic surgery, pregnancy-related services, Family Planning, impotence/infertility, non-medically necessary services, mental health services other than limited outpatient mental health services provided within primary care settings, emergency medical transport, emergency care and treatment at other facilities, unauthorized care or services received at other facilities, long term care, experimental or investigational treatments or therapies, non-emergent dental, and certain prescriptions such as vitamins, some pain medications and tranquilizers, etc. Notwithstanding the foregoing limitations, the Chief of the San Mateo County Health System or his or her designee shall develop and implement a process for SMMC personnel to apply in considering whether to cover otherwise non-covered services in cases where the WELL Program beneficiary can establish by appropriate evidence that the service in question is medically necessary. Said process shall be set forth in writing and made available to all WELL Program applicants and beneficiaries.

3. Certain state programs, such as Family PACT (Family Planning), Cancer Detection Program and IMPACT (Prostate Cancer services), provide specific coverage and have the same income eligibility criteria as the WELL Program. If the patient meets the specific program eligibility criteria, these programs will be used to cover patients for specific covered services (e.g., mammography, family planning, etc.).

4. The WELL Program will not cover outpatient procedures or admissions deemed not medically necessary. The patient may elect to have the procedure, but will be billed in full for services provided. An advance deposit will be required.

G. Pre-Authorization

Pre-authorization is required for outside specialty care, scheduled admissions, ambulatory surgeries, and certain outpatient procedures. Without pre-authorization, the patient may be liable for payment.

H. Co-pays

Co-pays will be charged for outpatient, inpatient stays and same day surgeries, including services pre-authorized at outside contracted provider sites. The co-pay amounts for such services shall be described in the WELL Program brochure provided to each eligible patient and are subject to change from time to time, as determined by the San Mateo County Board of Supervisors.

I. Charges and Estate Recovery for Inpatient Stays and Same Day Surgeries

In addition to co-pays of $300[1], the County shall pursue estate recovery from patients' estates for the balance of the cost for inpatient care, which shall be billed at thirty-five percent (35%) of the Medicare Discount Rate for WELL patients' inpatient care. Patients who wish to avoid estate recovery may arrange a payment plan with the County for the balance of these costs.

The Chief of the San Mateo County Health System or his or her designee shall develop and implement a policy for recovery from the estates of WELL Program patients the full outstanding balance of billed costs (or any amounts otherwise recoverable) for inpatient and/or same day surgery services provided under the WELL Program. This policy shall be in writing and shall be made available to all WELL Program applicants and participants.

J. Annual Processing Fee, Co-Pays and Charges

1. Each patient enrolled in the WELL Program pays an annual processing fee of $240.[2] However, the payment of the annual fee shall not be a condition precedent to medical services. In accordance with Welfare and Institutions Code section 16804.1(a), no patient shall be denied medical services for non-payment of the annual fee. The annual fee will be refunded when no services have been provided since the date of enrollment. There will be no cancellation fee. Patients who are able and willing to pay the entire $240 annual fee at the time of enrollment will receive two "WELL Bucks." Each WELL Buck can be redeemed in lieu of one outpatient visit copayment at SMMC during the patient's program year. Patients who are unable to pay the entire $240 annual fee at the time of enrollment will be offered the opportunity to pay this amount in installments over the course of the program year. The Chief of the San Mateo County Health System or his/her designee shall have the authority to develop and implement installment payment plans for the annual WELL processing fee. The annual WELL processing fee may be fully or partially waived where the patient can show that payment of the fee would constitute a hardship. The Chief of the San Mateo County Health System or his or her designee shall develop and implement a process for consideration of applications to waive, as a hardship, a patient's WELL Program annual processing fee. Said process shall be set forth in writing and made available to all WELL Program applicants, and shall include, among other factors deemed appropriate by the Chief of the San Mateo County Health System, a consideration of the patient's income and expenses, as well as the presence of chronic conditions for which regular, recurring medical treatment is needed.

2. Patients are responsible for co-payments for selected services, and discounted charges for inpatient stays and same day surgeries, payable at the time of service.

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[1] This is the co-payment amount as of October 1, 2008 and it is subject to change in the future by action of the County Board of Supervisors.

[2] This is the WELL Program annual processing fee amount as of October 1, 2008, and it is subject to change in the future by action of the County Board of Supervisors.

3. An interest-free extended repayment plan will be made available by the San Mateo Medical Center to all patients based on each individual's ability to pay. The Chief of the San Mateo Health System shall develop a policy to ensure that Health System staff take affirmative steps to inquire of patients whether they require extended repayment plans, based on individuals' ability to pay, to develop repayment agreements consistent with individuals' ability to pay, and to ensure that accounts are not referred to Revenue Services unless the patients fail to comply with a repayment agreement and fail to contact the County within 30 days of such failure to discuss and arrange alternative arrangements that are reasonably satisfactory to the County.

K. Notification of Enrollment, Denial of Enrollment or Disenrollment

1. Patients will receive a program brochure informing them of the WELL Program's annual processing fee, co-payments, payment requirements for inpatient stays and same day surgeries, scope of services and San Mateo County Clinic site locations.

2. Patients will be informed of a denial of enrollment in the WELL Program within 15 days of submission of a complete application for enrollment. Patients shall be informed of disenrollment in the WELL Program in person or by mail at least 15 days prior to disenrollment, unless it is due to fraud or misrepresentation which will result in immediate disenrollment. Denial of enrollment or disenrollment can be due to failure to meet or prove eligibility requirements, change of circumstances, or the patient's request for disenrollment.

3. Patients can dispute a denial of enrollment or disenrollment through the Appeal Process set forth in Section M below.

L. Waiver of Co-Pays and Annual Fees

1. The WELL Program's annual processing fee, co-pays and charges will be waived (except as described in Section L.2, below) for the following San Mateo County residents:

    a. Patients with income at or below 100% of the Federal Poverty Level and do not have qualifying assets that exceed $2,000 per family unit member (excluding one vehicle per adult).
    b. Persons receiving General Assistance ineligible for Medi-Cal.
    c. Persons receiving services through the County's contracted Alcohol and Other Drug programs who are not eligible for Medi-Cal.
    d. Persons for whom payment of the WELL Program's annual processing fee is found by the Chief of the San Mateo County Health System to constitute a hardship, as set forth in Section J of this Policy, provided, however, that such waiver shall only fully or partially exempt the patient from paying the annual processing fee and shall not affect the obligation to make co-payments.
    e. Persons who are unable to pay as determined through the appeals process set forth in Section M of this Policy.

2. For the eligible populations outlined in Section L.1., above, patients are responsible for a copayment of $300 for inpatient services, and the County shall pursue estate recovery from patients' estates for the balance of the cost, which shall be billed at the Medicare Discount Rate for WELL patients' inpatient and same day surgery care. Patients who wish to avoid estate recovery may arrange a payment plan with the County for the balance of these costs.

3. The eligibility for this waiver must be reassessed annually, at a minimum. This is required in order to incorporate any changes to a patient's financial status. The County shall determine and may modify the period of eligibility for any individual entitled to receive services covered under financial assistance programs.

4. The eligible populations outlined in section L.1., above shall receive a WELL Program enrollment form and brochure explaining the annual fees, co-pays, charges, and estate recovery program.

M. Appeals Process

1. Notice of the Right to Eligibility Review and Appeal

In addition to the hardship review processes discussed above, every individual who has been disenrolled, or has been denied eligibility, or who wishes to request a waiver or reduction of WELL Program co-pays, fees or charges shall have the right to an appeals process that allows the individual to present evidence of eligibility and/or argue special circumstances based on inability to pay for medical services or WELL Program co-payments or fees.

Every individual who has been disenrolled, or has been denied eligibility, or who is assessed co-pays, fees or charges shall receive written notice of (1) the denial, discontinuance or charges; (2) the right to have the denial, discontinuance, or fees, co-pays and charges reviewed through the appeals process; and (3) a specific description of the appeals process, timelines, and bases for appeal. In particular, individuals will be informed that those who can demonstrate, by a preponderance of the evidence, an inability to pay for medical care, shall be entitled to a reversal of the County's initial determination on eligibility, fees, co-pays or charges, regardless of income level.

2. Delegation to Chief of the San Mateo County Health System to Develop Appeals Process

The Chief of the San Mateo County Health System or his or her designee shall develop and implement procedures for considering appeals and for issuing timely decisions on appeals. Such procedures, which shall be in writing and made available to all WELL Program applicants, shall provide appellants the opportunity to appear in person before the decisionmaker(s) and to provide documentary and testimonial evidence in support of their appeal. Such procedures shall also provide that individuals may appeal a disenrollment or denial decision within 60 days of the receipt of a written notice indicating the disenrollment or denial. They shall also provide that individuals who wish

to request a waiver or reduction of fees, co-pays or charges may do so within 60 days of receipt of a bill for the fees, co-pays or charges. Notice of the right to appeal shall accompany such bills. These procedures shall also clearly identify the various bases for appeal and the documentation and/or information required to be provided in connection with an appeal.

The procedures shall provide that the County shall make a written decision to sustain or deny the appeal within 30 days after receipt of all documents/information required to be submitted in support of the appeal. If the decision is to grant the appeal, then the applicant shall receive specific notice of the decision and information relating to the rights and benefits associated with the decision. If the decision is to deny the appeal, then the written decision shall provide the reason for the decision.

3. Anytime Request for Eligibility and Financial Review

Any individual may request an eligibility and financial review at any time if their circumstances change. If the Chief Financial Officer or his/her designee receives such a request, it shall be processed under the same timelines and rules specified above.

N. Periodic Board Reports

Periodically, program, eligibility and appeal data shall be submitted to the Board of Supervisors for review and consideration.

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