

COUNTY OF SAN MATEO
FINANCIAL ASSISTANCE PROGRAMS
October 2010 update



Attachment A – Eligibility Summary Table

Attachment B – Overview of Financial Assistance Programs

Attachment D – Medically Indigent Healthcare – Access and Care for Everyone (ACE) -
Program

Attachment A

Eligibility Criteria	COUNTY FINANCIAL ASSISTANCE PROGRAMS FOR UNINSURED *				
	Charity Care	ACE Fee Waiver	ACE Indigent Programs	Discounted Health Care (DHC)	Self-Pay
Resident of San Mateo County	No	Yes **	Yes	Not required	Not required
Income Limit – Federal Poverty Level (FPL)	At or below 100% FPL	At or below 133% FPL	At or below 200% FPL***	At or below 400% FPL	No income limit
Asset Limit	\$250 of monetary assets per patient, calculated per AB 774) ¹	\$2,000 per family member, excluding one vehicle per adult	\$2,000 per family member, excluding one vehicle per adult****	No asset limit	No asset limit
Annual Fee	None	Waived	\$240 annual fee, payable in installments	None	Deposit required before receiving non-emergency services
Payment for Outpatient (Clinic) Visits	Care limited to emergency care, urgent care, inpatient care, and ambulatory surgery transfers from SMMC ED	All charges waived	Co-pays; \$1,200 per year annual cap for each individual on annual fees and co-pays for services	Not to exceed the highest amount SMMC receives for medical services from Medicare, Medi-Cal, Healthy Families or other government-sponsored program	Deposit required before receiving non-emergency services; 30% discount if bill is paid within 30 days; must pay 100% after 30 days
Payment for Inpatient (Hospital) Stays and Same Day Surgeries	All charges waived	Co-pay waived; Estate recovery on all charges (Best government payer discount rate, adjusted annually)	\$300 co-pay + Estate recovery on the balance of charges (Best government payer discount rate, adjusted annually)	Will not exceed the highest amount that SMMC receives for medical services from Medicare, Medi-Cal, Healthy Families or other government-sponsored program	Deposit required before receiving non-emergency services; 30% discount if bill is paid within 30 days; must pay 100% after 30 days
Availability of Extended Repayment Plan	All charges waived	All charges waived	Yes, interest-free Based on ability to pay (Will review assets, income, expenses, other relevant information)		
Eligibility Redetermination Period	Annually, and before inpatient stays and surgeries (County to explore shorter eligibility periods)			Applicant will be re-screened upon request	
Third Party Verification of Eligibility	10% of eligible applicants and After 6 months of eligibility			None	
Appeals Process if Denied or Disenrolled	<p>Applicant/patient will be given 10 days notice prior to disenrollment from ACE and DHC programs.</p> <p>Two-step appeals process. Appeals must be filed within 60 days of notification of denial or disenrollment. A written response will be provided regarding the disposition of the appeal within 30 days of receipt.</p> <p>First Step – Request for Individual Eligibility Review</p> <p>Second Step – Appeal to Eligibility and Financial Review Committee</p>				

* Uninsured applicants will be screened for Medi-Cal and other state and federal programs prior to being screened for the County's financial assistance programs

** Waiver also applies to San Mateo County residents who are ineligible for Medi-Cal and are receiving other County public assistance, such as General Assistance and services through the County's Alcohol and Other Drug programs and Teen Centers.

*** Community Health Advocates (CHAs) have authority to place patients on ACE program if income is up to 210% of FPL where patient shows existence of hardship and/or chronic condition requiring regular, recurring medical treatment; CHA Supervisors/Managers have authority to place patients on ACE program if income is up to 225% of FPL.

****ACE (Coverage Initiative) does not have an asset limit, as required by the terms established by the Federal and State governments

¹ See Attachment C, *Charity Care Policy*, for definition of “monetary assets.”

ATTACHMENT B
OVERVIEW - FINANCIAL ASSISTANCE PROGRAMS

PURPOSE:

The purpose of this policy is to provide an overview of the Financial Assistance programs available to patients of San Mateo Medical Center (SMMC) and served through the County's ACE program. The following areas are covered in this policy:

- Application Process and Eligibility Criteria for Obtaining Financial Assistance
- Overview of Financial Assistance Programs
- Billing and Collection Practices for Patients Receiving Financial Assistance
- Appeals Process
- Notification and Posting of Financial Assistance Programs

POLICY:

SMMC's "safety net" mission is to provide a basic level of health care coverage to low-income and uninsured patients of San Mateo County regardless of ability to pay. The policy demonstrates the Board of Supervisors' strong commitment to fulfill the County's safety net mission, to treat patients fairly and with respect, and to ensure equal and appropriate medical care for all patients. San Mateo County Health System's mission to build a healthy community recognizes its responsibilities to assure the availability of healthcare for the medically indigent, as articulated in Welfare and Institutions Code Section 17000. In addition, this policy reflects the goal of establishing a financial relationship with each patient, which is built on trust, confidentiality and compassion, and that carefully balances the patient's need for financial assistance with SMMC's fiduciary responsibilities.

PROCEDURE:

A. Notice of the Right to Apply for Financial Assistance

Individuals who receive medical care at the San Mateo Medical Center or are served through the County's ACE program shall be provided a brochure detailing their right to apply for various financial assistance programs, and shall be provided with information on who to contact for an application. Copies of financial assistance policies shall be available for review.

B. Notice of the Determination of Eligibility

Individuals who apply for financial assistance will be informed in writing whether they qualify, and the basis for the determination if they are found ineligible. The document will provide information about the right to an individual eligibility review and the right to appeal a denial or discontinuance of coverage.

C. Application Process and Eligibility Criteria for Obtaining Financial Assistance

1. Financial assistance will be considered for any patient who indicates an inability to pay for medical services. An application for financial assistance will be initiated to assess the extent of financial need. The Health System and SMMC will make every effort to match the appropriate source of payment and coverage from public and private programs to help cover the patient's medical care. Whenever possible, patients should apply for financial assistance prior to the first day of service.
2. Patients seeking financial assistance from SMMC are expected to provide personal and financial information that is complete and accurate. This may include current health care benefits coverage, financial status, residency, asset ownership and any other information necessary for the Health System/ SMMC to make a determination regarding the patient's eligibility for financial assistance. Patients must declare, under penalty of perjury that the information provided is true and correct. Patients applying for financial assistance must consent to verification and investigation of eligibility by County personnel, agents or contractors. This 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 Support Services.
3. The Health System/ SMMC will make available a Community Health Advocate (CHA) or Financial Counselor for patients seeking financial assistance. The CHA or Financial Counselor's mission is to match the patient with the appropriate form of financial assistance based on the patient's unique financial situation. The patient may be referred to a Benefits Analyst, or other outside contractors, for assistance in applying for Medi-Cal or other health coverage. The County will provide assistance in the primary language of the patient or patient's guarantor for, at a minimum, Limited English Proficient (LEP) clients who fall within one of the County's threshold language groups.
4. In general, patients must meet certain eligibility criteria, including residency, income and assets tests, to qualify for financial assistance. Assistance is normally not available for elective or medically unnecessary cases, experimental procedures and highly specialized services given that these services are typically covered by other federal and state programs. A patient's unique circumstances may be taken into consideration when determining coverage for such services.
5. At a minimum, an application for financial assistance must be renewed and updated annually and prior to inpatient stays and same-day surgeries. 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 the 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.
6. All uninsured patients who present for financial screening with incomplete verifications will be entered into One-e-App. One-E-App will retain the screening date as the date of application. The patient has 45 days from this date to provide their verifications. The patient will receive written notification in advance of their application expiration date to notify them of the date at which their application will expire and the information needed to complete the application process. If they do not bring their verifications by day 45, the

Attachment D

application will expire and the patient will need to reapply if he/she is seeking coverage. If the patient provides their verifications within the 45 days, the retroactive coverage period for previous visits will be three complete months prior to the date of application.

7. It is desirable to determine the kind of financial assistance for which a patient is eligible as close to the time of service as possible. In some cases, it may take a substantial amount of time to investigate the patient's eligibility criteria due to the patient's limited ability or willingness to provide required information. Patient accounts which have been turned over to a collection agency and later meet the criteria for financial assistance, will be returned to SMMC's Patient Billing and Collections office.
8. The financial assistance policies do not apply to services provided by physicians or other medical providers practicing at SMMC, unless contractually obligated through a third party billing arrangement with SMMC.

D. Scope of Services

The Chief of the Health System or her/his designee shall have the authority to develop and implement policies and procedures necessary to clarify and/or adjust scope of coverage and benefits and administrative practices of the County's medical Financial Assistance Policies to track or conform with changes to State and/or federal law.

B. Populations Eligible for ACE Scope of Services

1. County residents who have been screened and enrolled in the following public assistance programs are eligible for the ACE 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 Alcohol and Other Drug programs who are ineligible for Medi-Cal or other public or private health coverage
 - Persons under 19 years of age who are receiving services at a San Mateo County Teen Center and who are ineligible for PACT or Medi-Cal Minor Consent coverage

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

2. County resident adults who are not eligible for full-scope or share-of-cost Medi-Cal coverage, Medicare or other public or private health coverage and who meet the income and asset criteria for ACE enrollment described in the next section.
3. County resident adults who are not eligible for full-scope or share-of-cost Medi-Cal coverage, Medicare or other public or private health coverage, who meet clinical criteria to receive services through the County’s Behavioral Health and Recovery Services programs, and have income or assets that are above the thresholds described in the next section. The Chief of the Health System or her/his designee shall develop guidelines for establishing the client’s financial responsibilities for participation in the ACE program.

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L Waiver of Co-Pays and Annual Fees and Annual Out-of-Pocket Cap

1. The ACE Program's annual processing fee, co-pays and charges will be waived (except as described in #2 below) for the following San Mateo County residents:
 - a. Patients with income at or below 133% 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 Alcohol and Other Drug programs not eligible for Medi-Cal.
 - d. Persons receiving services at a San Mateo County Teen Center who are ineligible for PACT or Medi-Cal Minor Consent coverage.
 - e. Persons for whom payment of the ACE 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.
 - f. Persons who are unable to pay as determined through the appeals process set forth in Section M of this Policy.*