

Financial Assistance Policy

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Regulatory Requirement/References:

This Policy is in compliance with Internal Revenue Code Section 501(r) and related Treasury Regulations.

Financial Assistance Policy

California Rehabilitation Institute's policy is to provide Medically Necessary Care to patients without regard to race, creed, or ability to pay. Patients who do not have the means to pay for services provided at California Rehabilitation Institute may request financial assistance, which will be awarded subject to the terms and conditions set forth below.

I. Background

- A. California Rehabilitation Institute is an inpatient rehabilitation hospital that is operated and managed in a manner that is generally consistent with the requirements of section 501(c)(3) of the Internal Revenue Code and charitable institutions under state law.
- B. California Rehabilitation Institute is committed to providing Medically Necessary Care. "Medically Necessary Care" is provided to patients without regard to race, creed, or ability to pay.
- C. The principal beneficiaries of the Financial Assistance Policy are intended to be uninsured patients or high medical cost patients who reside within the service area of California Rehabilitation Institute (defined by a 50 mile radius around the facility), and whose Annual Family Income does not exceed 350% of the Federal Poverty Income Guidelines (the FPG) published from time to time by the U.S. Department of Health and Human Services and in effect at the date of service for awards of financial assistance under this Policy. Patients experiencing financial or personal hardship or special medical circumstances also may qualify for assistance. Under no circumstances will a patient eligible for financial assistance under this Policy be charged more than amounts generally billed for such care.

- D. Patients are expected to cooperate with California Rehabilitation Institute's procedures for obtaining Financial Assistance or other forms of payment, and to contribute to the costs of their care based on their individual ability to pay.

II. Definitions

- A. "Annual Family Income" is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:
- Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.
 - Noncash benefits (such as food stamps and housing subsidies) do not count.
 - Income is determined on a before-tax basis.
 - If a person lives with their immediate family, "Annual Family Income", includes the income of all family members.
- B. "Application" means the process of applying under this Policy, including either (a) by completing the California Rehabilitation Institute financial assistance application in person, online, or over the phone with a representative, or (b) by mailing or delivering a completed paper copy of the application to California Rehabilitation Institute.
- C. "CBO" means Central Billing and Collections Office.
- D. "Family" shall mean for patients 18 years of age and older, their spouse, domestic partner, as defined in Section 297 of the Family Code, and dependent children under 21 years of age, whether living at home or not. For patients under 18 years of age, Family means a parent, caretaker relatives, and other children under 21 years of age of the parent or caretaker relative.
- E. "FPG" shall mean the Federal Poverty Income Guidelines that are published from time to time by the U.S. Department of Health and Human Services and in effect at the date of service.
- F. "High Medical Cost Patient" is defined as follows:
- i. Not Self-Pay (has third party coverage)
 - ii. Patient's Family Income at or below 350% of the Federal Poverty Level (FPL)
 - iii. Out-of-pocket medical expenses in prior twelve (12) months (whether incurred in or out of any hospital) exceeds 10% of Patient's Family income

- G. "Insured Patients" are individuals who have any governmental or private health insurance.
- H. "Medically Necessary Care" shall mean those services, as defined by Medicare, that are reasonable and necessary to diagnose and provide preventive, palliative, curative or restorative treatment for physical or mental conditions in accordance with professionally recognized standards of health care generally accepted at the time services are provided. Medically necessary care does not include outpatient prescription medications.
- I. "Policy" shall mean this Financial Assistance Policy as currently in effect.
- J. "Reasonable payment plan" involves monthly payments that are not more than 10 percent of a patient's Family income for a month, excluding deductions for essential living expenses. "Essential living expenses" means, for purposes of this subdivision, expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.
- K. "Uninsured Patients" are individuals: (i) who do not have governmental or private health insurance; (ii) whose insurance benefits have been exhausted; or (iii) whose insurance benefits do not cover the Medically Necessary Care the patient is seeking.
- L. "Self-Pay Patients" are individuals who do not have third-party coverage from a health insurer, health care service plan, Medicare, or Medicaid, and whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital. Self-pay patients may include charity care patients.
- M. "Charity Care patient" – A Charity Care patient is a financially eligible Self –Pay Patient or a High Medical Cost Patient.

III. Relationship to Other Policies

- A. Policy Relating to Emergency Medical Services - Emergency services are not provided at California Rehabilitation Institute.
- B. Prescription Drug Coverage - Patients in need of assistance with the costs of their prescription medications may qualify for one of the patient assistance programs offered by pharmaceutical companies.

IV. Eligibility Criteria for Financial Assistance

Patients seeking care at California Rehabilitation Institute who meet the qualifications below are eligible for the assistance described in Section VII under this Policy.

A. Income Based Financial Assistance -

1. Patients who are Uninsured and whose Annual Family Income does not exceed 350% of the FPG,
2. Who are seeking Medically Necessary Care for inpatient hospital services, and
3. Who live in the California Rehabilitation Institute service area (defined by a 50 mile radius around the facility).

B. Additional Ways to Qualify for Assistance - A patient who does not otherwise qualify for financial assistance under this Policy but is unable to pay for the cost of Medically Necessary Care may seek assistance in the following circumstances:

1. Exceptional Circumstances - Patients who relay that they are undergoing an extreme personal or financial hardship (including a terminal illness or other catastrophic medical condition).
2. Special Medical Circumstances - Patients who are seeking treatment that can only be provided by California Rehabilitation Institute medical staff or who would benefit from continued medical services from California Rehabilitation Institute for continuity of care.

Requests for assistance due to Exceptional Circumstances or Special Medical Circumstances will be evaluated on a case-by-case basis with a determination made by the CBO Manager.

C. Medicaid Screening - Uninsured Patients seeking care at California Rehabilitation Institute may be contacted by a representative to determine whether they may qualify for Medicaid or other state healthcare programs. Uninsured Patients must cooperate with the Medicaid eligibility process to be eligible for financial assistance under this Policy.

V. Method of Applying

A. Income Based Financial Assistance

1. Any patient seeking income-based financial assistance at any time in the scheduling or billing process may complete the financial assistance application and will be asked to provide information on Annual Family Income for the three-month or twelve-month period immediately preceding the date of eligibility review. Third party income verification services may be used as evidence of Annual Family Income. The financial assistance application may be

found in our admissions areas, online at www.californiarehabinstitute.com or from a representative at our facility admissions office.

2. If there is a discrepancy between two sources of information, a California Rehabilitation Institute representative may request additional information to support Annual Family Income.

B. Exceptional Circumstances

California Rehabilitation Institute personnel will initiate an Application for any patient identified as having incurred or being at risk to incur a high balance or as reporting an extreme personal or financial hardship. California Rehabilitation Institute personnel will gather information on financial circumstances and personal hardships from the patient.

C. Special Medical Circumstances

California Rehabilitation Institute Personnel will initiate an Application for any patient identified during the scheduling or admission process as having potential special medical circumstances and a representative will solicit a recommendation from the physician who is or would be providing the treatment or care as to whether the patient needs treatment that can only be provided by California Rehabilitation Institute medical staff, or would benefit from continued medical services from California Rehabilitation Institute for continuity of care. Determinations on special medical circumstances are made by the treating physician under the direction of the Medical Director.

D. Incomplete or Missing Applications

Patients will be notified of information missing from the Application and given a reasonable opportunity to supply it.

VI. Eligibility Determination Process

- A. Financial Interview - A California Rehabilitation Institute representative will attempt to contact by telephone all Uninsured Patients for financial assistance at the time of scheduling for a financial interview. The representative will ask for information, including family size, sources of family income and any other financial or extenuating circumstances that support eligibility under this Policy and will aid in completion of an Application. At the time of the appointment or upon admission, patients will be asked to visit the California Rehabilitation Institute representative and sign the Application.
- B. Applications Received - Any Application, whether completed in person, online, delivered or mailed in, will be forwarded to a California Rehabilitation Institute representative for evaluation and processing.

- C. Determination of Eligibility - A California Rehabilitation Institute representative will evaluate and process all Financial Assistance Applications. The patient will be notified by letter of the eligibility determination.
- Failure to comply with California Rehabilitation Institute’s Medicaid Coverage and Financial Assistance screening process will exclude patients from Financial Assistance eligibility.
 - Modifications to previously awarded discounts shall be made if subsequent information indicates the information provided to California Rehabilitation Institute was inaccurate.

As used herein, the "amount generally billed" has the meaning set forth in IRC §501(r)(5) and any regulations or other guidance issued by the United States Department of Treasury or the Internal Revenue Service defining that term. See Appendix A for a detailed explanation of how the “amount generally billed” is calculated. Appendix A is updated annually and is also available online at www.californiarehabinstitute.com in our admissions areas, and upon request by asking a California Rehabilitation Institute representative.

Once California Rehabilitation Institute has determined that a patient is eligible for income-based financial assistance, that determination is valid for ninety (90) days from the date of eligibility review. After ninety (90) days, the patient may complete a new Application to seek additional financial assistance.

VII. Basis for Calculating Amounts Charged to Patients, Scope, and Duration of Financial Assistance

Patients eligible for awards of income-based financial assistance under the Policy will receive assistance according to the following income criteria.

Eligibility for 100% Charity Care Discount for Patient with No Third Party Coverage

- A. If patient’s annual family income is up to 200% of the FPG, you will receive free care or 100% write off of patient liability for services rendered. Criteria and process to determine a patient’s eligibility for charity care are as follows:
1. Patient’s Family income is verified not to exceed 200% of FPL with the most recent filed Federal tax return or recent paycheck stubs.
 2. The first \$10,000 of monetary assets (liquid assets) is not counted in determining eligibility.
 3. Only 50% of a patient’s monetary assets (liquid assets) above the first \$10,000 is counted in determining eligibility.

4. Retirement accounts and IRS-defined deferred-compensation plans (both qualified and non-qualified) are not considered monetary assets and are excluded from consideration.
5. Assets above the statutorily excluded amounts will be considered exceeding allowable assets and may result in denial of charity care discounts.
6. High Medical Cost patients with no third party coverage whose patient's Family incomes are at or below 200% of the FPL will qualify for 100 % of charity care.
7. High Medical Cost patients will be evaluated monthly for eligibility determination, and their status will be valid for the current month or most current service month retroactive to twelve months of service.

Eligibility for Partial Charity Care Discount for Patient with No Third Party Coverage

1. If patient is uninsured, and patient's annual family income is above 200% but less than 350% of the FPG, a partial write off of eligible billed charges may be available. Patient may also be eligible to receive discounted rates on a case-by-case basis based upon specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the California Rehabilitation Institute.
2. The Patient Hardship Disclosure should be completed for all patients requesting a charity care discount.
3. Patient's Family income will be verified with either the most recent filed Federal tax return or recent paycheck stubs.
4. Once it is determined that a patient's Family income is between 201% and 350% of the FPL, monetary assets (assets that are readily convertible to cash, such as bank accounts and publicly traded stock) will be considered in the eligibility determination for a charity care discount.
5. Discounted payments will be limited to the highest of Medicare, Medi-Cal, or any other government-sponsored health program in which the hospital participates.

Eligibility for Partial Charity Care Discount for High Medical Cost Patients with Third Party Coverage

1. High Medical Cost patients with third party coverage whose patient's Family incomes are between 201% and 350% of the FPL.
2. Patient is required to provide proof of payment of medical costs. Proof of payment may be verified.
3. The Patient Financial Information Form should be completed for all patients requesting a charity care discount. High Medical Cost patients need to be evaluated monthly to accurately account for medical costs for the last twelve (12)

months.

4. Patient's Family income will be verified with either the most recent filed Federal tax return or recent paycheck stubs to confirm that the Patient's Family income is between 201% and 350% of FPL.

5. Once it is determined that income is between 201% and 350% of FPL, no assets will be considered in the determination for a charity care discount. Eligibility will be based on the Patient's Family income qualification only.

6. Discounted payments will be limited to the highest of Medicare, Medi-Cal, or any other government-sponsored health program in which the hospital participates.

7. A payment plan shall be negotiated by California Rehabilitation Institute and the patient, and shall take into consideration the Patient's Family income and essential living expenses. If California Rehabilitation Institute and the patient cannot agree on the payment plan, California Rehabilitation shall use the formula described in the definition of "Reasonable Payment Plan," Section II(M). Patients can be offered an extended payment plan. Extended payment plans will be interest-free. Standard payment plan length will be twelve (12) months. Longer payment plans can be provided on an exception basis.

VIII. Determination of Eligibility for Financial Assistance Prior to Action for Non-Payment

A. Billing and Reasonable Efforts to Determine Eligibility of Financial Assistance

California Rehabilitation Institute seeks to determine whether a patient is eligible for assistance under this Policy prior to or at the time of admission or service. If a patient has not been determined eligible for financial assistance prior to discharge or service, California Rehabilitation Institute will bill for care. If the patient is insured, California Rehabilitation Institute will bill the patient's insurer on record for the charges incurred. Upon adjudication from the patient's insurer, any remaining patient liability will be billed directly to the patient. If the patient is uninsured, California Rehabilitation Institute will bill the patient directly for the charges incurred. Patients will receive a series of up to four billing statements over a 120 day period beginning after the patient has been discharged delivered to the address on record for the patient. Only patients with an unpaid balance will receive a billing statement. Billing statements include a plain language summary of this Policy and how to apply for financial assistance. Reasonable efforts to determine eligibility include: notification to the patient of the Policy upon admission and in written and oral communications with the patient regarding the patient's bill, an effort to notify the individual by telephone about the Policy and the process for applying for assistance at least 30 days before taking any extraordinary collection actions, and a written response to any financial assistance application for assistance under this Policy submitted within 240 days of the first billing statement with respect to the

unpaid balance or, if later, the date on which a collection agency working on behalf of California Rehabilitation Institute returns the unpaid balance to the hospital.

B. Collection Actions for Unpaid Balances

If a patient is attempting to qualify for eligibility under the hospital's charity care policy, and is attempting in good faith to settle the outstanding bill, the hospital shall not send the unpaid bill to any collection agency or other assignee unless that entity has agreed to comply with this policy.

If a patient has an outstanding balance after up to four billing statements have been sent during a 150 day period, the patient's balance will be referred to a collection agency representing California Rehabilitation Institute which will pursue payment.

Agencies that assist the hospital must:

- a. Not report adverse information to a consumer credit reporting agency or commence civil action against the patient for nonpayment at any time prior to 150 days after initial billing.
- b. Not use wage garnishments, except by order of the court upon noticed motion, supported by a declaration filed by the movant identifying the basis for which it believes that the patient has the ability to make payments on the judgment under the wage garnishment, which the court shall consider in light of the size of the judgment and additional information provided by the patient prior to, or at, the hearing concerning the patient's ability to pay, including information about probable future medical expenses based on the current condition of the patient and other obligations of the patient.
- c. Not place liens on primary residences.
- d. Comply with the definition and application of a Reasonable Payment Plan, as defined in Section II(M).

Collection agencies representing California Rehabilitation Institute have the ability to pursue collection for up to 18 months from the point when the balance was sent to the collection agency. A patient may apply for financial assistance under this Policy even after the patient's unpaid balance has been referred to a collection agency. After at least 150 days have passed from the first post-discharge billing statement showing charges that remain unpaid, and on a case-by-case basis, California Rehabilitation Institute may pursue collection through a lawsuit when a patient has an unpaid balance and will not cooperate with requests for information or payment from California Rehabilitation Institute or a collection agency working on its behalf.

In no case will Medically Necessary Care be delayed or denied to a patient before reasonable efforts have been made to determine whether the patient may qualify for financial assistance. At California Rehabilitation Institute, an uninsured patient who seeks to schedule new services and has not been presumed eligible for financial assistance will be contacted by a representative who will notify the patient of the

Policy and help the patient initiate an Application for financial assistance if requested.

C. Review and Approval

California Rehabilitation Institute's representative has the authority to review and determine whether reasonable efforts have been made to evaluate whether a Patient is eligible for assistance under the Policy such that extraordinary collection actions may begin for an unpaid balance.

IX. Physicians not covered under the California Rehabilitation Institute Financial Assistance Policy

Certain services are performed at the hospital by physicians who are employed by Cedars-Sinai Medical Center or UCLA Health and, as a result, these services are not covered by the California Rehabilitation Institute financial assistance policy. However, these physician services may be covered by the Cedars-Sinai Medical Center or UCLA Health financial assistance policies.

Physicians working at California Rehabilitation Institute who are not covered under the California Rehabilitation Institute financial assistance policy are identified in the **Appendix B, Provider List**, by name. The list is updated quarterly and is also available online at www.californiarehabinstitute.com, in our admissions areas, and upon request by asking a California Rehabilitation Institute representative.