

UC San Diego Health

Policy Name and Number	MCP 750.3, Charity Care
Effective Date	August 8, 2017
Original Approved Date	January 13, 2015
Revised Date(s)	July 5, 2017

ABSTRACT:

UC San Diego Health (UCSDH) strives to provide quality patient care and high standards for the communities we serve. This policy demonstrates UCSDH's commitment to our mission and vision by helping to meet the needs of the low income, uninsured patients and the underinsured patients in our community. This policy is not intended to waive or alter any contractual provisions or rates negotiated by and between UCSDH and a third party payer nor is the policy intended to provide discounts to a non-contracted third party payer or other entities that are legally responsible to make payment on behalf of a beneficiary, covered person or insured.

This policy is intended to comply with Section 501(r) of the Internal Revenue Code (IRC) as well as California Health & Safety Code section 127400 *et seq.* (AB 774), Hospital Fair Pricing Policies, effective January 1, 2007, and Office of Inspector General, Department of Health and Human Services ("OIG") guidance regarding financial assistance to uninsured and underinsured patients. Additionally, this policy provides guidelines for identifying and handling patients who may qualify for financial assistance. This policy also establishes the financial screening criteria to determine which patients qualify for Charity Care. The financial screening criteria provided for in this policy are based primarily on the Federal Poverty Level (FPL) guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services. Uninsured patients who do not meet the criteria for Charity Care under this policy may be referred to MCP 750.5, Uninsured Patient Discount Policy.

RELATED POLICIES:

UCSDH [MCP 301.4](#), "Patient Admission and Discharge"
UCSDH [MCP 301.7](#), "Transfer and Compliance with EMTALA"
UCSDH [MCP 750.5](#), "Uninsured Patient Discount"
UCSDH [MCP 750.4](#), "Debt Collection "

REGULATORY REFERENCE:

California Health & Safety Code section 127400 *et seq*

UCSDH defines its primary service area as all zip codes in the State of California.

****Max income ranges based on 2017 Federal Poverty Guidelines***

I. DEFINITIONS

- A. **“Bad Debt”** – A bad debt results from services rendered to a patient who is determined by the medical center, following a reasonable collection effort, to be able but unwilling to pay all or part of the bill.
- B. **“Charity Care Patient”** – A Charity Care Patient is a financially qualified self-pay patient, or a low income patient with high medical cost.
- C. **“Clinical Override”** – The review process whereas the treating physician determines that the services requested are medically necessary and cannot be deferred. The clinical override is completed by the treating physician and must receive approval by the Dean of Clinical Affairs or Designee, prior to treatment.
- D. **“Emergent Medical Condition Service”** – A medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:
1. Placing the patient's health in serious jeopardy;
 2. Serious impairment to bodily functions;
 3. Serious dysfunctions of any bodily organ or part.
- E. **Extraordinary Collection Action (ECA)** – A list of collection activities, as defined by the IRS and Treasury, that healthcare organizations may only take against an individual to obtain payment for care after reasonable efforts have been made to determine whether the individual is eligible for financial assistance.
1. Placing a lien on an individual's property;
 2. Foreclosing on real property;
 3. Attaching or seizing an individual's bank account or other personal property;
 4. Commencing a civil action against an individual or writ of body attachment for civil contempt;
 5. Causing an individual's arrest;
 6. Garnishing wages;
 7. Reporting adverse information to a credit agency
 8. Deferring or denying medical necessary care because of nonpayment of a bill for previously provided care under UCSDH's Financial Assistance and Charity Care Policy;
 9. Requiring a payment before providing medical necessary care because of outstanding bills for previously provided care

- F. **“Federal Poverty Level (FPL)”** – Poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services, published at <http://aspe.hhs.gov/poverty>. (*Reference Section*)
- G. **“Financially Qualified”** – A Financially Qualified patient is defined as follows:
1. Uninsured patient with Family income at or below 400% of the FPL; or
 2. Insured patient with High Medical Costs and a Family income at or below 400% of the FPL; or
 3. Insured patient with non-covered charges and a Family income at or below 400% of the FPL; or
 4. A patient, whether uninsured or insured, who has High Medical Costs.
- H. **“High Medical Cost Patient”** – A Financially Qualified High Medical Cost patient is defined as follows:
1. Not Self-Pay (has third party coverage);
 2. Family income at or below 400% of the Federal Poverty Level (FPL);
 3. Out-of-pocket medical expenses in prior twelve (12) months (whether incurred in or out of any hospital) exceeds 10% of family income
- I. **“Medically Necessary Service”** – A medically necessary service or treatment is one that is absolutely necessary to treat or diagnose a patient and could adversely affect the patient’s condition, illness or injury if it were omitted, and is not considered an elective or cosmetic surgery or treatment.
- J. **“Patient’s Family”** – For patients 18 years of age and older, patient’s family is defined as their spouse, domestic partner, dependent children under 21 years of age, whether living at home or not, and patient’s parent(s) or other adult who claims the patient as a dependent for tax filing purposes. For persons under 18 years of age, patient’s family includes a parent, caretaker relatives and other children under 21 years of age of the parent or caretaker relative.
- K. **“Reasonable Payment Plan”** – 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” for purposes of this subdivision, expenses for any of the following:
1. Rent of house payment and maintenance;

2. Food and household supplies;
3. Utilities and telephone;
4. Clothing;
5. Medical and dental payments;
6. Insurance;
7. School or child care;
8. Child or spousal support;
9. Transportation and auto expenses, including insurance, gas, and repairs;
10. Installment payments;
11. Laundry and cleaning;
12. And other extraordinary expenses

L. **“Self-Pay Patient”** – A financially eligible Self-Pay patient is defined as follows:

1. No third party coverage;
2. No Medi-Cal/Medicaid coverage, or patients who qualify but who do not receive coverage for all services or for the entire stay;
 - i. This includes charges for non-covered services, denied days or denied stays. Treatment Authorization Requests (TAR) denials and any lack of payment for non-covered services provided to Medi-Cal patients are also included. In addition, Medicare patients who have Medi-Cal coverage of their co-insurance and/or deductibles, for which Medi-Cal does not make payment and Medicare does not ultimately provide bad debt reimbursement are also included
3. No compensable injury for purposes of government programs, workers' compensation, automobile insurance, other insurance, or third party liability as determined and documented by UCSDH;
4. Family income is at or below 400 % of the Federal Poverty Level (FPL).

II. POLICY

- A. It is the policy of UCSDH to provide assistance to Financially Qualified Patients who require medically necessary services, are uninsured, ineligible for third party assistance or have low income with high medical costs, and reside in UCSDH primary service area as defined under (*References section*). Patients are granted assistance from unfunded charity, State funded California Healthcare for Indigent Program (CHIP), county programs, or grant programs for some or all of their financial responsibility depending upon their specific circumstances.
- B. UCSDH is committed to providing emergency services to all individuals based solely on the individual's medical need in accordance with the Emergency Medical Treatment and Labor Act (EMTALA) legislation.
- C. Charges will be limited to the Medicare health program in which UCSDH participates. If UCSDH provides a service for which there is no established payment by Medicare or any other government-sponsored program of health benefits in which UCSDH participates, UCSDH shall establish an appropriate discounted payment.
- D. Patients with demonstrated financial need may be eligible if they satisfy the definition of a Charity Care patient or High Medical Cost patient as defined in section I above.
- E. Undocumented patients that do not reside in California and/or non-US citizens residing in California in an undocumented status and demonstrate financial need are eligible for a charity care discount for **Emergent Medical Condition Services** only.
- F. Requests for Charity Care may be made at any point before, during, or for a minimum of 240 days from the first post-discharge billing statement after the provision of care. For non-urgent care patients are required to apply prior to receiving services.
- G. The approved Charity Care level may be effective for a period of up to three months.
- H. Financially Qualified Patients will require periodic screening for changes in eligibility.
- I. This policy permits non-routine waiver of a patient's out-of-pocket medical costs based on an individual determination of financial need in accordance with the criteria set forth below.
- J. This policy excludes routine waiver of deductibles, co-payments and/or co-insurance imposed by insurance companies for patients whose family income is greater than 400 % of the federal poverty level.
- K. This policy excludes services which are not medically necessary.

- L. In rare situations where a physician considers an excluded service to be medically necessary, such services may be eligible for a Charity Care discount upon review and approval by the Dean of Clinical Affairs or designee.
- M. This policy will not apply if the patient/responsible party provides false information about financial eligibility or if the patient/responsible party fails to make every reasonable effort to apply for and receive government sponsored insurance benefits for which they may be eligible
- N. This policy and the financial screening criteria will be consistently applied to all cases throughout UCSDH. If application of this policy conflicts with payer contracting or coverage requirements, consult with UCSDH legal counsel.
- O. This policy applies to hospital inpatient, outpatient departments, and UCSDH Physicians who are contracted with UCSDH Medical Group. UCSDH maintains a list of UCSDH Medical Group physicians at <http://www.ucsd.edu>.
- P. Excluded services include but are not limited to:
 - 1. Services considered non-covered or not medically necessary;
 - 2. Services provided to a patient who comes to UCSDH out of their insurance plan network;
 - 3. Patients who have insurance but choose not to utilize coverage;
 - 4. Elective cosmetic surgery procedures;
 - 5. Other elective procedures (e.g., include but are not limited to infertility services, andrology services, transplants, sterilization, reversal of sterilization, circumcision, certain eye surgeries, and routine vision exams).
 - 6. Medical equipment. (E.g.), eyeglasses, contact lenses, hearing aids.
- Q. Emergency Physicians rendering health care services at UCSDH are excluded from this policy. Discounts can be requested directly from the Emergency Physician's billing Group.

III. PROCEDURES AND RESPONSIBILITIES

A. Communication Of Charity Care and Discount Policies

- 1. Patients will be provided a written notice with their bill that contains information regarding UCSDH's charity care policy, including information about eligibility, as well as contact information for a UCSDH employee or office from which the

patient may obtain further information about these policies. At the time of service, notices are to be given to patients that do not appear to have third party coverage, in the Admitting Department, Emergency Room and other outpatient hospital settings. Notices should be provided in English and in languages as determined by UCSDH's geographical area.

2. The Charity Care Policy will be posted on UC San Diego Health's website in languages as determined by UCDH's geographical area.
3. UCSDH Patient Access department shall publish policies and train staff regarding the availability of procedures related to patient financial assistance.
4. Notice of this Charity Care Policy will be posted in conspicuous places throughout UCSDH including the Emergency Department, Admissions Offices, Outpatient settings and the Customer Service Area, in languages as determined by UCSDH's geographical area.

B. Eligibility Procedures

1. Patients without third party coverage will be screened by a Financial Counselor in Patient Access for potential eligibility for state and federal governmental programs as well as charity care funding at the time of service or as near to the time of service as possible. If the patient does not indicate coverage by a third-party payer, or requests a discounted price or charity care, the patient should be provided with an application for the Medi-Cal program, the Healthy Families program, coverage offered through the California Health Benefits Exchange, California Children's Services CCS, or other state-or county-funded health coverage program before the patient leaves the hospital, emergency department or other outpatient setting.
2. Low income patients with third party coverage with high medical costs will be screened by a Financial Counselor in Patient Access to determine whether they qualify as a High Medical Cost patient. Upon patient request for a charity care discount, the patient will be informed of the criteria to qualify as a High Medical Cost patient and the need to provide receipts if claiming services rendered at other providers in the past twelve months. It is the patient's decision as to whether they believe that they may be eligible for charity and to apply. However, UCSDH must insure that all information pertaining to the Charity Care Policy was provided to the patient.
3. All potentially eligible patients must apply for assistance through State, County and other programs before charity care funds are considered. If denied, UCSDH must receive a copy of denial. Failure to comply with the application process or provide required documents may be considered in the determination. Willful

failure by the patient to cooperate may result in UCSDHG's inability to provide financial assistance.

4. The financial Screening Form (151-026) is used to determine a patient's ability to pay for services at UCSDH and/or to determine a patient's possible eligibility for public assistance.
5. All uninsured patients will be offered an opportunity to complete a Financial Screening Form (151-026). The form is available in English and in languages as determined by UCSDH's geographical area.
6. The Charity Care financial screening and means testing will be performed by the financial counselors in the Patient Access department and/or by Patient Customer Service. It is the patient's responsibility to cooperate with the information gathering process.
7. Patient-specific information will be provided to the County and State in accordance with County and State guidelines for eligibility determinations.

C. Eligibility for 100% Charity Care

1. Patients without third party coverage and income at or below 200% of the FPL will be extended a 100% charity care discount on services rendered.
2. Means testing consists of review of patient's income. Family income will be verified with either the most recent filed federal tax return or recent paycheck stubs. Additional information regarding liquid assets may be required based on review of the tax return.
3. The Financial Screening Form (151-026) should be completed for all patients requesting a charity care discount.
4. Criteria and process to determine a patient's eligibility for a 100% charity care discount are as follows:
 - a) Patient's family income is verified not to exceed 200% of FPL with the most recent filed Federal tax return or recent paycheck stubs.
5. High Medical Cost patient with third party coverage who are below 200% of the FPL with medical costs in excess of 10% of the patient's family annual income will be extended a 100% charity care discount on services rendered.
6. 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 (12) months of service.

7. The Patient Access Director and/or the Customer Service Director may – under unusual circumstances-extend charity care funding to individuals who would not otherwise qualify for Charity Care under this policy. When such an award is made, the patient’s account will be clearly document the unusual circumstances justifying the award of Charity Care.

D. Eligibility for Partial Charity Care Discount for Patients with No third Party Coverage (Self-Pay)

1. Patients with no third party coverage with family income between 201% and 400% of FPL are eligible for a partial charity care discount.
2. Means testing consists of review of patient’s income. Family income will be verified with either the most recent filed federal tax return or recent paycheck stubs. Additional information regarding liquid assets may be required based on review of the tax return.
3. The Financial Screening Form (151-026) should be completed for all patients requesting a charity care discount.
4. Criteria and process to determine a patient’s eligibility for a Partial Charity Care discount are as follows:
 - a) Patient’s family income is verified to be between 201% and 400% of FPL with the most recent filed Federal tax return or recent paycheck stubs.
 - b) UCSDH will use a sliding scale approach to determine the charity care discount depending on patient/Family Income. This may result in a different charity care discount for the same service depending on income level.
5. Patients can be offered an extended payment plan. The terms of the payment plan can be negotiated by UCSDH and the patient, and shall take into consideration the Patient’s Family income and essential living expenses. If UCSDH and the patient cannot agree on the payment plan, UCSDH shall use the formula described in the definition of “Reasonable Payment Plan,” in section III above.

E. 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 family incomes are between 201% and 400% of FPL with high medical costs are eligible for a partial

charity care discount. High medical costs are 10% of annual family income paid for medical costs in the last twelve months.

2. Patient is required to provide proof of payment of medical costs. Proof of payment may be verified
3. The Financial Screening Form (151-026) should be completed for all patients requesting a charity care discount.
4. Criteria and process to determine a patient's eligibility for Partial Charity Care Discount for High Medical Costs are as follows:
 - a) Patient's family income is verified to be between 201% and 400% of FPL with the most recent filed Federal tax return or recent paycheck stubs.
5. High Medical Cost patients need to be evaluated monthly to accurately account for medical cost for the last twelve (12) months, and their status will be valid for the current month or most current service month retroactive to twelve (12) months of service.
6. If a third-party payer has paid an amount equal to or more than the maximum governmental program payment, UCSDH would consider the difference as a partial charity care discount, and write off the balance.
7. If payment received is less than the maximum governmental program payment, UCSDH can collect from the patient the difference between the third-party payment and the acceptable governmental program payment. However, this policy does not waive or alter any contractual provisions or rates negotiated by and between UCSDH and a third party payer, and will not provide discounts to a non-contracted third party payer or other entities that are legally responsible to make payment on behalf of a beneficiary, covered person or insured.
8. Patients can be offered an extended payment plan. The terms of the payment plan can be negotiated by UCSDH and the patient, and shall take into consideration the Patient's Family income and essential living expenses. If UCSDH and the patient cannot agree on the payment plan, UCSDH shall use the formula described in the definition of "Reasonable Payment Plan," in section III above.

F. Review Process

1. Responsibility: Director of Patient Access and/or Director, Patient Customer Service or their designees

2. Requirements above will be reviewed and consistently applied throughout UCSDH in making a determination on each patient case.
3. Information collected in the Financial Screening form (151-026) may be verified by UCSDH. The patient's signature on the Financial Screening Form (151-026) will certify that the information contained in the form is accurate and complete.
4. Any patient, or patient's legal representative, who requests a charity care discount under this policy shall make every reasonable effort to provide UCSDH with documentation of income and all health benefits coverage.
5. Failure to provide information would result in denial of charity care discount.
6. Eligibility will be determined based on patient's family income and liquid assets.
7. Requests for Charity Care may be made at any point before, during, or after the provision of care. For non-urgent care patients are required to apply prior to receiving services.
8. The approved Charity Care level may be effective for a period of up to three months.
9. Financially Qualified Patients will require periodic screening for changes in eligibility.
10. Patients who are homeless or expire while admitted to UCSDH and have no source of funding or responsible party or estate may be eligible for charity care even if a financial assistance application has not been completed. All such cases must be approved by the Patient Access Director the Patient Customer Service Director or their designees.
11. Patients will be notified in writing of approval or reason for denial of charity care eligibility in languages as determined by UCSDH's geographical area pursuant to federal and state laws and regulations within 20 days of receiving a completed Financial Screening Form (151-026) and all required documentation.
12. Specific payment liability for partial charity care discounts will require the episode of care or treatment plan to be determined and priced to enable accuracy of federal healthcare program reimbursement reporting. For patients with third party coverage with high medical costs, it may be necessary to wait until a payer has adjudicated the claim to determine patient financial liability.
13. See Section V.H below for Appeals/Reporting Procedures

G. Presumptive Eligibility for Charity Care

1. UCSDH recognizes that not all patients, or patients' guarantors, are able to complete the Financial Screening Form (151-026) or provide required documentation.
2. For patients, or patients' guarantors, who are unable to provide required documentation but meet certain financial need criteria, UCSDH may nevertheless grant a Charity Care discount. In particular, presumptive eligibility may be determined on the basis of individual life circumstances that may include:
 - a) State-funded prescription programs;
 - b) Homeless or one who received care from a homeless clinic;
 - c) Participation in Women, Infants and Children programs (WIC);
 - d) Food stamp eligibility;
 - e) Subsidized school lunch program eligibility;
 - f) Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down)
 - g) Low income/subsidized housing is provided as a valid address; and/or
 - h) Patient is deceased with no know estate.
3. For the purpose of assisting a patient that communicates a financial hardship, UCSDH may utilize a third-party to review a patient's, or the patient's guarantors, information to assess financial need.
4. This review utilizes a health care industry-recognized, predictive model that is based on public record databases. The model incorporates public record data to calculate a socio-economic and financial capacity score. The model's rule set is designed to assess each patient to the same standards and is calibrated against historical Financial Assistance approvals for UCSDH. The predictive model enables UCSDH to assess whether a patient is characteristic of other patients who have historically qualified for financial assistance under the traditional application process.
5. Information from the predictive model may be used by UCSDH to grant presumptive eligibility or to satisfy the documentation requirements for patients or their guarantors. In cases where there is an absence of information provided directly by the patient, and after efforts to confirm coverage availability, the predictive model

provides a systematic method to grant presumptive eligibility to patients in financial need.

6. In the event a patient does not qualify under the presumptive rule set, the patient may still provide required information and be considered under the traditional financial assistance application process set forth above in Section V.
7. Patient accounts granted presumptive eligibility status will be adjusted accordingly. These accounts will be reclassified under the Charity Care Policy. The discount provided will not be sent to collection and will not be included in UCSDH bad debt expense.
8. Presumptive screening provides a community benefit by enabling UCSDH to systematically identify patients in financial need, reduce administrative burdens and provide financial assistance to patients and the Guarantors, some of whom have not been responsive to the financial assistance application process.

H. Patient Billing and Collection Practices

1. Responsibility: Shared Business Office
2. Patients who have not provided proof of coverage by a third party at or before care is provided will receive a statement of charges for services rendered at UCSDH. Included in that statement will be a request to provide UCSDH with health insurance or third party coverage information. Additionally, information will be provided on the bill that informs the patient that if they do not have health insurance coverage, the patient may be eligible for Medi-Cal, coverage offered through the California Health Benefit Exchange, California Children's Services, other state – or county-funded health coverage, or charity care.
3. Patient's Charity Care request can be communicated verbally or in writing and a Financial Screening Form (151-026) will be given/mailed to patient/guarantor address. Written correspondence to the patient shall also be in the languages as determined by UCSDH's geographical area pursuant to federal and state laws and regulations.
4. If a patient is attempting to qualify for eligibility under UCSDH's Charity Care policy, and is attempting in good faith to settle the outstanding bill, UCSDH shall not send the unpaid bill to any collection agency or other assignee unless the entity has agreed to comply with this policy.
5. Patients are required to report to UCSDH any change in their financial information promptly.

6. Bills that are not paid 120 days after the first post-discharge billing statement may be placed with a collection agency. The patient or the patient's guarantor can apply for help with their bill up to 240 days from the first post-discharge billing statement and/or at any time during the collection process.
7. It is the policy of UCSDH to not engage in Extraordinary Collection Action (ECA). If in the future UCSDH were to change its policy, UCSDH will comply with the guidelines under 501(r) that states the patient will receive a 30 day written notification of the ECAs UCSDH intends to take.
8. UCSDH or its contracted collection agencies, will undertake reasonable collection efforts to collect amounts due from patients. These efforts will include assistance with application for possible government program coverage, evaluation for Charity Care, offers of no-interest payment plans, and offers of discounts for prompt payment. Neither UCSDH nor its contracted collection agencies will impose wage garnishments or liens on primary residences except as provided below. This requirement does not preclude UCSDH from pursuing reimbursement from third party liability settlements or other legally responsible parties.
9. Agencies that assist UCSDH and may send a statement to the patient must sign a written agreement that it will adhere to UCSDH's standards and scope of practices. The agency must also agree to:
 - a) Not report adverse information to a consumer credit reporting agency or commence civil action against the patient for nonpayment.
 - b) Not use wage garnishments
 - c) Not place liens on primary residences
 - d) Adhere to all requirements as identified in Health & Safety Code Section 127400 et seq.
 - e) Comply with the definition and application of a Reasonable Payment Plan, as defined in section IK.
10. In the event that a patient is overcharged, UCSDH shall reimburse the patient the overcharged amount with 7% interest (Article XV, Section 1 of the California Constitution) calculated from the date the patient made the overpayment.

I. Appeals/Reporting Procedures

1. Responsibility: Director, Patient Access, Director, Patient Customer Service, Dean of Clinical Affairs or Designee

2. In the event of a dispute or denial, a patient may seek review from the Director, Patient Access and/or Director Patient Customer Service. The Executive Director, Revenue Cycle will review a second level appeal.
3. All clinical exceptions/appeals must be requested in writing utilizing the Charity/Clinical Override Request form (D937), and must be reviewed and approved by the Dean of Clinical Affairs or his designee. Tracking and monitoring of physician's requests for Charity and Clinical Override will be monitored for clinical and financial appropriateness. Cases deemed inappropriate may be denied and will be brought to the attention of the Department Chair for [periodic review and appropriate action.
4. This Charity Care Policy and Financial Screening Form (151-026) shall be provided to the Office of Statewide Health Planning and Development (OSHPD) at least biennially on January 1, or with significant revision. If no significant revision has been made by UCSWDH since the policies and financial information form was previously provided, OSPHD will be notified that there has been no significant revision.

J. Responsibility

1. Questions about the implementation of this policy should be directed to the Patient Access Director at 619-543-3989
2. Questions about Financial Assistance eligibility should be direct to the Financial Counseling Manager at 619-543-3989 and the Patient Customer Service Director at 858-657-8747

IV. ATTACHMENTS

Attachment A: 2017 Patient Financial Assistance Scale

V. FORMS

[Form D937](#): Charity/Clinical Override

[Form 151-026](#): Financial Screening

[Form D455](#): Notice of UCSDH Policy for Charity and/or partial Charity Care

VI. RESOURCES

None

VII. APPROVALS

This policy and procedure was approved by the following committee(s):

Committee Name:

Date Approved:

UC San Diego Health Executive Governing Body

August 8, 2017

**MCP 750.3, Charity Care
Attachment A**

*Max Income Range	0-200% FPL	201%-300% FPL	301%-400% FPL
Adjustment Amount	100%	75%	50%
Persons in Family Unit	Annual Gross Income	Annual Gross Income	Annual Gross Income
1	\$0-\$24,120	\$24,241 - \$43,633	\$36,301 - \$48,240
2	\$0-\$32,480	\$47,476 - \$48,720	\$48,882 - \$64,960
3	\$0-\$40,840	\$41,044 - \$61,260	\$61,464 - \$81,680
4	\$0-\$49,200	\$49,446 - \$73,800	\$74,046 - \$98,400
5	\$0-\$57,560	\$57,848 - \$86,340	\$86,628 - \$115,120
6	\$0-\$65,920	\$66,250 - \$98,880	\$99,210 - \$131,840
7	\$0-\$74,280	\$74,651 - \$111,420	\$111,791 - \$148,560
8	\$0-\$82,640	\$83,053 - \$123,960	\$124,373 - \$165,280
Families/households with more than 8 persons	Add \$4,180 X2 for each additional family member	Add \$4,180 X % for each additional family member	Add \$4,180 X % for each additional family member

2017 Patient Financial Assistance Scale

****Max income ranges based on 2017 Federal Poverty Guidelines***