

UC San Diego Health

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AB1020

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Changes to Charity Care

- **Increase eligibility** to 400% of the federal poverty level (up from 350%) for charity care and discounts
 - Financially qualified patients is both:
 - Patient who is a self pay or a patient with high medical costs and
 - Income < 400% of federal poverty level
 - New law clarifies that eligibility as a patient with high medical costs includes annual out of pocket medical costs that exceed the lesser of 10 percent of the patient's current family income or family income in the prior 12 months.

AB532

SECTION 1. Section 1339.585 of the Health and Safety Code is amended to read:

For a person without health coverage, a hospital shall provide the person with a written estimate of the amount the hospital will require the person to pay for the health care services, procedures, and supplies that are reasonably expected to be provided to the person by the hospital, based upon an average length of stay and services provided for the person's diagnosis.

The hospital may provide this estimate during normal business office hours. In addition to the estimate, the hospital shall provide information about its financial assistance and charity care policies and contact information for a hospital employee or office from which the person may obtain further information about these policies.

The hospital shall also provide the person with an application form for financial assistance or charity care. This section shall not apply to emergency services provided to a person pursuant to Section 1317.

AB1020 – Charity Notice

SEC.8.5 Section 127410 of the Health and Safety Code is amended to read:



On provider's website



Displayed clearly and
conspicuously in
locations that are visible
to the public



Provided at the time of service

127410. (a) Each hospital shall provide patients with a written notice that shall contain information about availability of the hospital's discount payment and charity care policies, including information about eligibility, as well as contact information for a hospital employee or office from which the person may obtain further information about these policies. The notice shall also include the internet address for the Health Consumer Alliance (<https://healthconsumer.org>), and shall explain that there are organizations that will help the patient understand the billing and payment process, as well as information regarding Covered California and Medi-Cal presumptive eligibility, if the hospital participates in the presumptive eligibility program. The notice shall also include the internet address for the hospital's list of shoppable services, pursuant to Section 180.60 of Title 45 of the Code of Federal Regulations. This written notice shall be provided in addition to the estimate provided pursuant to Section 1339.585. The notice shall also be provided to patients who receive emergency or outpatient care and who may be billed for that care, but who were not admitted. The notice shall be provided in English, and in languages other than English. The languages to be provided shall be determined in a manner similar to that required pursuant to Section 12693.30 of the Insurance Code. Written correspondence to the patient required by this article shall also be in the language spoken by the patient, consistent with Section 12693.30 of the Insurance Code and applicable state and federal law.

(b) The written notice shall be provided at the time of service if the patient is conscious and able to receive written notice at that time. If the patient is not able to receive notice at the time of service, the notice shall be provided during the discharge process. If the patient is not admitted, the written notice shall be provided when the patient leaves the facility. If the patient leaves the facility without receiving the written notice, the hospital shall mail the notice to the patient within 72 hours of providing services.

(c) Notice of the hospital's policy for financially qualified and self-pay patients shall be clearly and conspicuously posted in locations that are visible to the public, including, but not limited to, all of the following:

- (1) Emergency department, if any.
- (2) Billing office.
- (3) Admissions office.
- (4) Other outpatient settings, including observation units.

Financial Assistance Program Plain Language Summary

Overview: UC San Diego Health 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.

UCSDH Financial Assistance Program (Charity Care)

The Financial Assistance Program, also known as Charity Care, offers emergency and other medically necessary services at low or no cost to the patient. A discount rate is applied automatically at the time of billing to uninsured individuals.

Determination of Eligibility for the Financial Assistance Program is made based on review of a completed Financial Screening Form and supporting documents, including proof of income, assets, and liabilities. Generally patients with family income at or below 200% of the Federal Poverty Level will be eligible for a discount of 100%. Patients with family income between 201% and 400% of the Federal Poverty Level may be eligible for a partial discount based on income level. If you receive financial assistance under our Policy, you will not be charged more for emergency or other medically necessary care than the amount we generally bill patients having Medicare coverage.

How to Obtain Copies of our Financial Assistance Program Policy (Charity Care)

You may obtain a copy of our Financial Assistance Policy and Application:

- On the UC San Diego Health website at health.ucsd.edu/financial-assistance.
- In our Emergency Department, Financial Assistance Offices, any UC San Diego Health location where patient registration occurs and in our Customer Service Office.

How to Obtain Information and Assistance Regarding Our Financial Assistance Program

For information regarding our Financial Assistance Program, please visit our website health.ucsd.edu/financial-assistance or contact our Financial Assistance Office at 619-543-3689 or our Customer Service Office at 855-827-3633, Monday thru Friday from 8am to 4:30 pm.

What Languages are the Financial Assistance and Plain Language Summary Available In?

The Financial Assistance Policy, Financial Screening Form and Plain Language Summary are available in English and Spanish.

Providers Who Do Not Participate in Financial Assistance

Certain UC San Diego Health physicians, such as those not contracted with the UC San Diego Medical Group rendering health care services at UC San Diego Health do not participate with UCSDH's Financial Assistance Program.

Financial Assistance Resources

Health Consumer Alliance (HCA)

healthconsumer.org

HCA is an independent consumer assistance program supported by the California Department of Managed Health Care, Covered California, and The California Endowment.

Covered California

coveredca.com

Covered California is a free service from the state of California that connects Californians with brand-named health insurance.

Hospital Presumptive Eligibility (HPE)

dhcs.ca.gov/services/medi-cal/eligibility/Pages/HospitalPE.aspx

The HPE program provides qualified individuals immediate access to temporary, no-cost Medi-Cal while applying for permanent Medi-Cal coverage or other health coverage. To qualify for HPE, individuals must meet the rules below.

- Have income below the monthly limit for household size
- Be a California resident
- Not already have Medi-Cal
- If not pregnant, have not received PE enrollment benefits from any Medi-Cal PE program up to the maximum limitation allowed within the past 12 months of applying
- If pregnant, have not had a PE enrollment during the current pregnancy of applying

Individuals must **also** be eligible in one of the following HPE groups below:

- Children under 19 years old
- Parents and caretaker relatives
- Pregnant women (benefits are limited to ambulatory prenatal services)
- Former foster youth between ages 18 to 26 years old, who were in foster care in any state on their 18th birthday or older (no income limit)
- Adults between ages 19 to 64, not pregnant, not in Medicare, and not eligible for any group stated above

UC San Diego Health Price Estimator for Shoppable Services

myucsdchart.ucsd.edu/ucsd/GuestEstimates

The information provided is an estimate of services performed in the hospital space and is not a guarantee of final billed charges.

UC San Diego Health Uninsured Patient Discount Policy

health.ucsd.edu/insurance-billing/Documents/UCSDHP-750.5.pdf

UC San Diego Health is committed to consistently providing a fair discount to individuals who are uninsured, or, in some cases, insured but without insurance coverage for certain medically necessary healthcare services offered by UC San Diego Health.

AB1020 – Goodbye Letter – Required Notice

SEC.10 Section 127425 of the Health and Safety Code is amended to read:

(e) Before assigning a bill to collections, or selling patient debt to a debt buyer, a hospital shall send a patient a notice with all of the following information:

(1) The date or dates of service of the bill that is being assigned to collections or sold.

(2) The name of the entity the bill is being assigned or sold to.

(3) A statement informing the patient how to obtain an itemized hospital bill from the hospital.

(4) The name and plan type of the health coverage for the patient on record with the hospital at the time of services or a statement that the hospital does not have that information.

(5) An application for the hospital's charity care and financial assistance.

(6) The date or dates the patient was originally sent a notice about applying for financial assistance, the date or dates the patient was sent a financial assistance application, and, if applicable, the date a decision on the application was made.

AB1020 – UCSD's Goodbye Letter

02/16/22

Patient Name: |
Account Number:
Date of Service: 11/16/2021
Insurance(s) on file: ,
First notice of the availability of financial assistance: 11/19/2021
Financial Assistance Application sent: None
Financial Assistance Application determination date: None

Dear Patient/Responsible Party:

The balance of \$80.00 for this visit is receiving a final notice. We know that the financial aspects of health care treatment can be challenging and stressful. If you are unable to pay your balance in full we can work with you to discuss payment options and/or financial assistance.

To avoid referral to Professional collection agency, please remit your payment within 10 days or contact our Customer Service representative immediately at 855-827-3633 Monday – Friday 9 a.m. – 6 p.m.

An itemized statement of charges can be requested by contacting customer service:

- Call 855-827-3633 Monday through Friday, 9am-6pm.
- Log into your MyUCSDChart account at: myUCSDchart.ucsd.edu
- Email us at: askus@health.ucsd.edu

UC San Diego Health offers financial assistance to patients whose family income meets eligibility requirements. For more information regarding financial assistance visit:

<https://health.ucsd.edu/patients/billing/Pages/Patient-Financial-Assistance.aspx>

Or call us at 619-543-3689, 9a.m. – 4:30p.m. Monday-Friday.

Thank you,
UC San Diego Health Customer Service Representative

Changes to Patient Debt Collection

- The bill would prohibit a debt collector or debt buyer from collecting consumer debt that originated with a hospital without including in the first written communication to the debtor specified information, including a copy of the above-described notice sent by the hospital.

Changes to Patient Debt Policy

- Hospital or debt collector cannot report adverse information to a consumer credit reporting agency OR commence civil action against the patient for nonpayment **before 180 days after initial billing.** (*previously 150 days before*)

Submission of Policies to HCAI

- By Jan 1, 2023, hospital must **submit for review the following hospital policies** to HCAI biennially on January 1, or whenever a significant change is made:
 - Discount payment and charity care policy
 - Eligibility procedures for those policies and review process
 - Application for charity care or discounted payment programs
 - Debt collection policy
- All policies listed above shall be posted on HCAI's internet website (<https://syfphr.hcai.ca.gov/FacilityList.aspx>)
 - A patient shall not be denied financial assistance based on the policy published on HCAI's internet website at the time of service.

Compliance Enforcement

- Starting Jan. 1, 2024, HCAI (formerly OSHPD) will replace CDPH in enforcing provisions relating to hospital charity and patient debt policies.
 - **CDPH will continue to enforce these provisions until then.**
- By Jan. 1, 2024 (or whenever regulations are promulgated), HCAI shall **impose an administrative penalty** (up to \$40,000) if hospital's policy does not comply with state statues/regulations OR if hospital does not comply with the policy it provided
- Hospitals can appeal within 30 days of the decision



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