GATEWAYS HOSPITAL AND MENTAL HEALTH CENTER

# AB 774

# CHARITY CARE AND DISCOUNT PAYMENT AND POLICIES

**Submitted by: Gateways Hospital and Mental Health Center**
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**SECTION I**

**Background**

Gateways Hospital and Mental Health Center is a private non-profit public beneficiary corporation. The Acute Psychiatric Hospital and Mental Health Center receives 100% of its funding from the Los Angeles County, Department of Mental Health ("DMH") through a short Doyle/Short Doyle Medi-Cal contract. These funds ensure the delivery of mental health services to indigent Medi-Cal eligible persons residing in Service Area four.

Gateways Hospital and Mental Health Center operates a fifty-five bed acute psychiatric hospital, with two distinctly separate units, with twenty-seven beds for adolescents from thirteen (13) to seventeen (17) years of age, and twenty-eight beds for adults (eighteen to sixty-four years). In addition to in-patient care, Gateways also provides partial hospital and out-patient services to children, adolescents, and adults.

**CHAIRTY CARE AND DISCOUNT PAYMENT POLICY**

**I. POLICY**.

As a Short Doyle/Short Doyle Medi-Cal provider, Gateways Hospital and Mental Health Center ("Gateways") has adopted and implemented the screening protocol outlined by the DMH and the California State Department of Mental Health for indigent and Medi-Cal eligible recipients respectively. The purpose is to ensure that payment assistance is provided to persons who have health care needs, but are uninsured, underinsured, ineligible for Social Security Insurance, and/or other governmental benefits, and otherwise unable to pay for medically necessary treatment based on each individual's financial disposition. Consistent with our mission to deliver effective and efficient levels of care to all persons referred, Gateways strives to ensure that the financial capacity of people who need mental health services does not disqualify them from pursuing or receiving treatment within the delivery system. Payment assistance is not considered to be a substitute for personal

responsibility, and patients are expected to cooperate with Gateways' procedures for obtaining payment assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capability to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health and protection of their individual assets.

To manage the available resources in a responsible manner, the Board of Directors of Gateways has approved the following protocol to enable the provision of services to the greatest number of persons in need.

## II. PROCEDURES.

**A. Eligible Services**. For the purposes of the Charity Care and discount payment policy, "payment assistance" refers to mental health care provided to clients without charge or at a discount rate to qualifying patients. Thus, the following mental health services are eligible for payment assistance:

- Crisis and psychiatric emergency services for patients who are assessed to be in acute crisis involving threatened suicide or injury to others, or actual self-injury who are experiencing major disruption in their life circumstances such as traumatic bereavement, violence, and other mentally dysfunctional behavior .
- Services for a condition such as "grave disability" where assessment determines that the patient cannot care for self as a result of a psychiatric disorder.

- Any other medically necessary services, evaluated on a case by case basis.

**B. <u>Eligibility for Patient Payment Assistance</u>**. Eligibility for payment assistance will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of payment assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

**C. <u>Assessment of Financial Need</u>.**

1. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need in which; (a) the patient or the patient's guarantor are required to cooperate and supply personal, financial, and other information, and documentation relevant to making a determination of financial need; (b) include reasonable efforts by Gateways to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs; (c) take into account the patient's available assets, and all other financial resources available to the patient; and (d) include a review of the patient's outstanding accounts receivables for prior services rendered, and the patient's payment history. This determination is made based on payor financial information obtained from patients at initial interview (see Payor Financial Information Form Attachment One).

2. It's preferred, but not required that a request for payment assistance and a determination of financial need occur prior to rendering of services. The need for payment assistance shall be re-evaluated at each subsequent

rendering of services, if the last financial evaluation was completed more than a year prior, and at any time additional information relevant to the eligibility of the patient for payment assistance becomes known.

3. Requests for payment assistance will be assessed by Gateways' billing and collections department expeditiously, and the patient will be notified of the outcome within two weeks.

**D. <u>Patient Payment Assistance Guidelines</u>**: Services eligible under this policy are available to patients on a sliding scale utilizing a Uniform Patient Fee Schedule for community mental health services (see Attachment Two). This method is utilized by Short Doyle/Short Doyle Medi-Cal providers as part of the contractual requirements with the Los Angeles County Department of Mental Health. The determination to pay based on this fees scale is as follows:

1. Patient with an annual income of less than $8,549 receives services free of charge through Short Doyle funds allocated for indigent care. This corresponds to persons with an annual income below 67% of the Federal Poverty Level ("FPL").

2. Patients whose income is above the 68%, but less than 350% of the FPL are required to pay an annual fee based on the number of dependents and the average rate of payment Gateways would receive for providing services to Short Doyle Medi-Cal, Medi-Care, Healthy Families or any health program of health benefits in which Gateways participates.

3. Patients with income greater than 350% of the FPL, but not more than 500% of FPL, are eligible to receive services at 135% of the average rates of payment Gateways would receive from Los Angeles County (Short Doyle,

Medi-Cal, Medi-Care, Healthy Families or any other governmental sponsored health program in which Gateways participates.

4. Patients with an annual income in excess of 500% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, but such services will be delivered at the discretion of Gateways.

**E. Notification of Payment Assistance Programs to Patients and to the Public**.

Information about patient payment assistance available through Gateways is disseminated by various means, including, without limitation, by posting notices in waiting rooms, admitting and registration department, located at Gateways' hospital location and at other public places as Gateways may elect. Information shall also be included on facility websites. Such information shall be provided in the primary languages spoken by the populations served by Gateways. Referral of patients for payment assistance may be made by any member of Gateways' staff or medical staff, including physicians, nurses, social workers, and case managers. A request for payment assistance may be made by the patients, or a family member, a close friend or associate of the patient, subject to applicable privacy laws.

**F. Budgeting and Reporting**.

Specific dollar amounts obtained from contributions and fundraising events will be included in Gateways' Fundraising Budget. When necessary, these funds will be used to augment indigent care dollars provided to Gateways by the Los Angeles County, Department of Mental Health. Gateways may voluntarily report patient assistance costs as deemed appropriate. Patient payment assistance statistics shall be disclosed in annual financial statements, but shall not include amounts that are considered to be bad debts or contractual discounts.

**G. Collection Policies**.

Gateways' Business Office management staff has developed policies and procedures for internal and external collection practices. Such policies take into consideration the extent to which patients qualify for payment assistance, patients good faith efforts to applying for County or State assistance, and the patients good faith efforts to honor the payment agreement with Gateways. For patients who qualify for payment assistance and who are cooperating in good faith to resolve their hospital bills, Gateways will offer interest-free extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences, and will not send unpaid bill to outside collection agencies.

**H. Regulatory Requirements**.

In implementing this policy, Gateways management shall comply with all other Federal, State and local laws, rules and regulations that may apply to activities conducted pursuant to this policy.

**GATEWAYS HOSPITAL AND MENTAL HEALTH CENTER**

**ELIGIBILITY & APPLICATION POLICY AND PROCEDURE FOR PAYMENT ASSISTANCE FOR PSYCHIATRIC IN-PATIENT & OUT-PATIENT SERVICES**

**SECTION II**

## I. POLICY:

To enable Gateways Hospital and Mental Health Center ("Gateways") to provide the maximum level of assistance to the greatest number of persons in need, and to meet the requirements set forth in California Assembly Bill 774, the hospital administration of Gateways has established the following eligibility and application guidelines for the provision of patient financial assistance as outlined in Gateways' Payment Assistance Policy.

## II. PURPOSE:

The purpose of this policy is to establish financial criteria and the process to be used by Gateways to determine patient eligibility for financial assistance through Gateways' Patient Payment Assistance Program.

## III. DEFINITIONS:

**Eligible Psychiartic Services**. Psychiatric services eligible for Payment Assistance Discount include the following:

1. Crisis Intervention services provided in the psychiatric out-patient departments at Gateways;
2. Psychiatric emergency services (i.e., patients considered to be dangerous to self and/or others and/or gravely disabled) requiring in-patient treatment;
3. Any other medically necessary services not addressed in one (1) and two (2) above.

**Federal Poverty Level ("FPL)**: The poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the united States Code.

**Financially Qualified Patient**: A patient who is self-pay, or has high medical costs as defined in California State Assembly Bill 774 (see Article 3, 127400(g)).

**Income** The Payment Assistance application requires the requestor to submit information pertaining to gross income (i.e., annualized before tax amounts).

1. Sources of gross income include, but are not limited to: wages, salaries, payments from Social Security, public assistance, unemployment and worker's compensation, veterans benefits, child support, alimony, pensions, regular insurance and annuity payments, income from estates and trusts, assets drawn down as withdrawals from a bank, sale of property or liquid assets, and one-time insurance or compensation payments.
2. The ability to borrow against assets (e.g., a life insurance policy), should also be considered as another source of income. The ability to borrow against a primary home shall not be considered.
3. Food or rent in lieu of wages will also be considered as a source of gross income if appropriate documentation is provided.
4. A portion of the Qualified Monetary Assets (as defined below) are to be included in determining gross income with the exception of those patients applying for Payment Assistance who meet criteria of a Person with High Medical Costs as defined below. The amount to be included is based on the following:

    a. The first ten thousand dollars ($10,000.00) of a patient's monetary assets shall not be counted in determining eligibility; and
    b. Only 50% of a patient's monetary assets over the first ten thousand dollars ($10,000.00) will be counted in determining income and eligibility.

**Payment Assistance Rank Ordering ("PARO") Score**: PARO is a patient account scoring mechanism which uses patient demographic data to estimate the financial status of patients by accessing numerous publicly available databases. PARO provides an estimate of the patient's household include and size thus allowing Gateways to estimate the patient's FPL. As this amount is only an estimate, it is not used as the sole data source in determination of an appropriate level of consideration for payment assistance and would require other information or circumstances to support determination. Additionally, PARO may be used to validate financial and demographic information provided by the patient during the Payment Assistance eligibility process.

**Patient With High Medical Costs**: An under-insured person whose household income does not exceed 350% of the FPL, who does not receive a discounted rate

from the hospital as a result of his or her third-party coverage **and** meets one of the three (3) criteria listed below:

1. Annual out-of-pocket costs incurred by the individual at the hospital exceed 10% of the patient's household income, in the prior 12 months;
2. Annual out-of-pocket medical expenses exceed 10% of patient's household income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's household in the prior 12 months; and
3. Meets a lower level determined by the hospital in accordance with the hospital's payment assistance policy.

**People in Household/Patient's Household**: The Payment Assistance application form (see Attachment three) requests specific information about people in the guarantor's household, including name, date of birth, income, employer and employer phone number. Consistent with Medicaid and California State guidelines, the applicant may only include people who meet the following criteria as part of their household:

For persons 18 years of age and older:
1. Spouse or registered domestic partner;
2. Dependent children under 21 years of age, whether living at home or not;
3. The separate children of either unmarried parent or of the parent or stepparent; and
4. If there are no children, household member means a single person or a married couple.

For persons under 18 years of age:
1. The parents married or unmarried of sibling children;
2. The stepparents of the sibling children; and
3. A caretaker relative or child under 21 years of age of the parent or caretaker relative.

**Qualified Monetary Assets**: The Payment Assistance application form requests specific information regarding Qualified Monetary Assets. For purposes of the application, qualified monetary assets would include the following:

1. **Savings** – For purposes of the application, qualified savings would include any cash equivalents held by a member of the household excluding any amounts held in tax exempt accounts, retirement, deferred-compensation plans qualified under the Internal Revenue Code, or non-qualified deferred-compensation plans such as a 401K savings account, 403B savings account or IRA savings account.
2. **Other Monetary Assets(s)** – This amount would be the estimated fair market value of any other "real" assets that are readily convertible to cash held by a member of the household.

## DISCOUNT CALCULATION PROCESS

1. The Uniform Patient Fee Schedule will be used to determine a patient's payment assistance allowance. All discounts referenced below and patient responsibilities are based upon total charges and are calculated independently of the Uninsured Patient Discount.

    a. Patients whose household income is at or below 200% of the FPL are eligible to receive free care (100% discount)
    b. Patients whose household income is above 200% but no more than 350% of the FPL are eligible to receive services at the highest average rate that Gateways would receive for providing services from any other government-sponsored health program of health benefits in which the hospital participates, whichever is greater.
    c. Patients whose household income is above 350%, but no more than 500% of the FPL, are eligible to receive services at 135% of the highest average rate Gateways would receive for providing services to any other government-sponsored health program of health benefits in which Gateways participates.
    d. Patients whose income exceeds 500% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of Gateways.

The 2020 poverty guidelines are in effect as of January 15, 2020
The Federal Register notice for the 2020 Poverty Guidelines published January 17, 2020

| FAMILY SIZE | 100% | 200% | 350% | 500% |
|---|---|---|---|---|
| 1 | $12,760 | $25,520 | $ 44,660 | $ 63,800 |
| 2 | $17,240 | $34,480 | $ 60,340 | $ 86,200 |
| 3 | $21,720 | $43,440 | $ 76,020 | $108,600 |
| 4 | $26,200 | $52,400 | $ 91,700 | $131,000 |
| 5 | $30,680 | $61,360 | $107,380 | $153,400 |
| 6 | $35,160 | $70,320 | $123,060 | $175,800 |
| 7 | $39,640 | $79,280 | $138,740 | $198,200 |
| 8 | $44,120 | $88,240 | $154,420 | $220,600 |

*Note: For households with more than eight (8) members ad $4,480 per member.*

2. Additional discounts may be available for patients meeting hardship Criteria and patients with high medical costs:

a. **Hardship Criteria:** In addition to the payment assistance discounts based upon the sliding scale described above, those patients whose liability after the initial discount is in excess of 15% of their annual income, including excess of qualified monetary assets, shall be given an additional discount for all amounts over the 15% threshold.
b. **Patient With High Medical Costs:** If a patient meets all of the criteria as defined in Section III above for a *patient with high medical costs*, the maximum allowable payment for the service, including the amount paid insurance, is limited to the estimated amount that the highest government payor would have paid for the services.
    (i) If insurance has paid more than the estimated payment rate of the highest government payor, than the entire amount of the patient responsibility would be classified as a charity adjustment and no additional collections would occur.
    (ii) If the insurance has paid less than the amount from the highest government payor, the amount of the patient responsibility that is over the estimated highest government rate would be classified as a charity care adjustment and the facility would be allowed to collect on the remaining balance.

3. Patients will be allowed to settle their accounts through a schedule of regular payments up to 30 months if they have applied for and are granted payment assistance. Such payment plan schedules shall be interest free. Extended interest free payment plans may be offered to patients not qualified for payment assistance on a case-by-case basis at the discretion of Gateways.

4. Gateways maintains the discretion to increase the amount of the payment assistance discount above and beyond the calculated amounts outlined in Section 1 through 3 above. For these cases, Gateways will document the circumstances and/or rationale used to justify additional discounts.

5. Documentation to support payment assistance adjustments and applicable calculations will be maintained by Gateways.

## IV. GUIDELINES / PROCEDURES

### A. FINANCIAL SCREENING

Financial screening is the process of evaluating a client or a responsible party's ability to pay for services. This includes their ability to personally contribute; their ability to access third party benefits; and their ability to qualify for benefit from social welfare programs.

The UMDAP (Uniform Method of Determining Ability to Pay) liability is based on a sliding scale fee and applies to services extended to the client and dependent family members. It is valid for a period of one year. UMDAP liability amounts can be adjusted should the client's financial condition improve during the liability period. Under no circumstances will a client be billed the UMDAP liability amount if the client has not incurred that amount in actual services. The client is responsible for the actual cost of care or the annual liability amount, whichever is less.

There is only *one* annual UMDAP liability period regardless of the number of providers of service within any country in the State of California in which a client is treated. Subsequent providers must accept the UMDAP liability sliding scale fee established by the previous provider for the remainder of the UMDAP liability period. The UMDAP liability period is a twelve-month period that constitutes a client's fiscal year. The UMDAP liability sliding scale fee is re-evaluated for every twelve-month period.

The objective of the financial screening interview is to obtain complete and accurate billing information on each client/payor. All third party billing sources are identified and clients appropriately referred to social welfare programs for which they are potentially eligible. All clients are questioned as to their eligibility for Medi-Cal and third party payor benefits and Gateways ensures benefits are maximized.

Client/payors have the right to refuse to provide financial information, *however if the client/payor refuses to cooperate with the billing of third party payors or refuses to provide any required information, the client/payor shall be liable for the actual charges of services received.*

The financial screener will base the financial interview on obtaining the information required to complete the Patient Financial Information (PFI) Form. (See Attachment One).

Consistent with the goal of Los Angeles County Department of Mental Health, Gateways interviews all clients seen in Gateways' mental health system at the time of their first visit. In case of emergency, measures are taken to obtain basic billing information, e.g., name, address, telephone number and Social Security Number. If this goal is not attained at that time, the interview takes place as soon as possible during a subsequent visit, or prior to discharge from inpatient care.

In the absence of adequate information to determine the UMDAP liability amount, the client should be billed the actual cost of care. The actual cost of care amount can be rescinded once the information is provided.

## B. UNIFORM METHOD OF DETERMINING ABILITY TO PAY (UMDAP)

The State of California Department of Mental Health requires that all Short/Doyle providers employ the UMDAP System when assessing the ability of a client/payor to personally pay for services rendered. The UMDAP System was developed to establish a reasonable, equitable and uniform methodology for that assessment.

Third party benefits are separate and aside. They apply first to the actual cost of care, then to the annual UMDAP liability. Third party payments do not lessen the established UMDAP liability except in instances when the third party payment and the UMDAP liability combined, exceed the actual cost of care.

See the following examples:

The actual cost of care is $1,000 and the UMDAP liability amount is $100. If the client has insurance that paid $500, nothing is applied against the UMDAP liability amount because the amount paid by the insurance did not reach or go below the UMDAP liability of $100.

| | |
|---|---|
| Actual Cost of Care | $1,000 |
| Minus Insurance Payment | - 500 |
| Balance = | $ 500 |

(The balance amount will be funded by the UMDAP liability amount of $100 and county general funds of $100. The UMDAP liability amount is used before county general funds.)

The actual cost of care is $1,000 and the UMDAP liability amount is $100. If the client has insurance that paid $950,then $50 would be applied to the UMDAP liability. The client would be liable for the remaining $50 balance.

| | |
|---|---|
| Actual Cost of Care | $1,000 |
| Minus Insurance Payment | - 950 |
| Balance = | $ 50 |

(The balance amount will be funded by the UMDAP liability amount of $50 without using county general funds.)

If additional services were received during the annual liability Period, the same formula would apply.

| | |
|---|---|
| Additional Services Actual Cost of Care | $1,200 |
| Minus Insurance Payment | - 1,100 |
| Balance = | $ 100 |

(The balance amount will be funded by the UMDAP liability amount of $50 *[the remaining UMDAP balance from the original $100]* and $50 county general funds. The UMDAP liability is used before the county general funds.)

## C. COMPLETING THE PATIENT FINANCIAL INFORMATION (PFI) FORM- (SEE ATTACHMENT ONE)

The PFI is used to capture client/payor financial information in order to determine a client's ability to pay. It is used to identify and document third party payor sources for billing purposes. All information recorded on the PFI is confidential (Welfare and Institutions Code, Section 5328).

Each provider should provide a photocopy of the PFI when requested. In lieu of obtaining a photocopy of a current PFI, a provider may complete a PFI with the information obtained from the Integrated System (IS), retaining the current annual UMDAP liability period and indicating on the PFI that the information was obtained from the IS. Subsequent providers must accept the UMDAP liability sliding scale fee established by a previous provider for the remainder of the UMDAP liability period, however, all information must be confirmed by the client that it is still current.

## D. SHARE OF COST MEDI-CAL (SOC)

In addition to providing coverage to individuals who receive cash assistance from the government, Gateways' Medi-Cal Program offers health care coverage to individuals and families who have incomes too high to qualify for welfare, but too low to afford health care costs. Medi-Cal requires some of these recipients to contribute to their health care by paying a share of the cost of the services they receive. Share of Cost (SOC) is a term that refers to the amount of health care expenses a recipient must accumulate each month before Medi-Cal begins to offer assistance.

Share of Cost (SOC) clients are not eligible to receive Medi-Cal benefits until their monthly SOC dollar amount has been cleared or certified online. Services provided to SOC clients will not be billed to Medi-Cal unless the SOC has been cleared. The SOC cannot be cleared unless services are provided. The SOC can only be cleared through the State's MEDS online system. Once the SOC has been cleared and certified, the balance above the SOC and all subsequent services for that month may be billed to Medi-Cal.

## GATEWAYS' POLICY AND RULES ON SOC CLAIMING

1. Clearing of SOC

- Service providers shall clear or certify the SOC as soon as services are provided.

- All services rendered by a provider must be properly documented and meet the "medical necessity" requirement.

- Service providers shall not provide services for the sole purpose of meeting or clearing the SOC in order to qualify clients for Medi-Cal benefits; nor shall providers bill a third party payor or the Medi-Cal program for those services.

- The cost of service that may be reimbursed through another third party such as Medicare or private insurance shall not be used to clear the SOC. The dollar amount paid by Medicare or other third party must be deducted from the cost of care and the balance used to clear SOC.

- CROSSOVER OR THIRD PARTY BILLING: Providers are to bill Medicare and/or other third party such as private insurance for the actual cost of care as services are provided. However, the cost of service that may be reimbursed through another third party (such as Medicare and/or Private Insurance) should not be used to clear the SOC. The service provider must deduct the dollar amount paid by Medicare and/or other third party from the actual cost of care and then use only the balance to clear the SO.

**2. Client Billing**

- **UMDAP LIABILITY DETERMINATION**: Service providers are to bill the client either the monthly SOC or Annual Liability (not to exceed the actual cost of care), whichever is less, therefore, it is necessary to apply UMDAP during the financial screening of a SOC

client to determine their annual liability (also referred to as UMDAP liability amount).

- **FINANCIAL OBLIGATION AGREEMENT**: Service providers are to collect from SOC clients, the client's obligation toward the cost of their care as services are rendered. Service providers may collect payments from the client on the date the services are rendered, or allow the client to pay at a later date or through an installment plan. Financial obligation agreements are between the service provider and the client and should be in writing (see Attachment 4), signed by both parties for their protection. The hospital will make every effort to work collaboratively with the patient, allowing the patient up to twenty-four months to pay for services.

- **MEDI/MEDI SOC CLIENTS**: For client with Medicare and Medi-Cal with SOC, service providers should wait until the Medicare remittance is received, then proceed to collect from clients the SOC, UMDAP liability, or Medicare deductible plus co-payment, whichever is least.

- **SOC RE-EVALUATION**: Client who claim they cannot pay their Medi-Cal SOC are referred to DPSS for SOC re-evaluation.

- **COLLECTION & RECORDING OF FEES**: The client fee card is used to record individually all money transaction pertaining to a client account. The client fee card is used as (1) a ledger to document client charges, payments and adjustments, and (2) when photocopies, the monthly billing invoice. A separate client fee card must be maintained for each billed revenue source, i.e., client fee, Medicare, insurance, etc. Until the cumulative cost of care is equal to or beyond the UMDAP liability amount, all payments, regardless of payment source, must be posted to the patient fee card. This involves some duplication of posting, however, it is necessary to ensure overpayments do not occur.

## E. SUMMARY OF ELIGIBILITY CRITERIA

Gateways is committed to providing payment assistance for psychiatric services to those deemed eligible. Gateways will assess patients prior to services being rendered, when possible, and after services are rendered, if not already done so, to determine eligibility for financial assistance. It is an expectation that the patient/guarantor will cooperate and supply all necessary information required to make a determination for financial assistance eligibility. Applicants are required to fully cooperate by applying for any public or private assistance program for which they may be eligible prior to their evaluation for payment assistance.

1. Eligibility for payment assistance will be considered for those individuals who are uninsured or underinsured, ineligible for any government program, have high medical costs as defined above, and are unable to pay for their care.

2. For all persons presenting to the hospital for emergency services, payment assistance will be considered after the rendering of service if there is a documented need. Future consideration will be given if, after billing, patients are unable to pay.

3. The hospital will make all reasonable efforts to explain the benefits of Medicaid and other public and private programs to all uninsured patients at the time of registration. Potentially eligible patients will be asked to apply for such programs, and the hospital will provide the applications.

4. If a patient is unable to provide all required documentation for obvious reasons (e.g., homeless), the facility may categorize write-offs associated with the patient's account(s) as charity, consistent with internal facility procedures (i.e., local authorization Policy) and must document the rationale for the decision.

5. In cases where the patient is non-responsive and/or other sources of information are readily available to perform an individual assessment of financial need, i.e., existing eligibility for Medicaid or PARO score, these sources of information can be used to support and/or validate the decision for qualifying a patient for a full or partial Payment Assistance Discount.

6. Eligibility for Payment Assistance for non-residents of the hospital's service area shall be evaluated by the facility on a case- by-case basis based upon approved hospital services needed and financial need of patient.

## V PAYMENT ASSISTANCE PROGRAM APPLICATION PROCESS

1. Government Program Eligibility Screening Process

   a. Gateways shall first make all reasonable efforts to obtain from the patient or his or her representative information about whether private or public health insurance or sponsorship may fully or partially cover the charges for care rendered by the hospital to a patient, including, but not limited to, any of the following:
      (i) Private health insurance
      (ii) Medi-Care

(iii) The Medi-Cal program, the Healthy Families Program, the California Children's Services program, or other state-funded programs designed to provide health coverage.

b. If the uninsured patient does not indicate coverage by a third-party, or requests a discounted price or charity care then Gateways shall provide an application for the Medicaid program, the Healthy Families Program or other governmental program to the patient and explain the benefits of the program(s). This application shall be provided prior to discharge if the patient has been admitted and within a reasonable amount of time to patients receiving emergency or out-patient care.

2. Payment Assistance Application Process.

a. At the time of registration, if appropriate or when possible, an authorized facility representative shall explain the Payment Assistance program eligibility requirements to uninsured patients and ask potentially eligible patients/guarantors to apply.
b. Gateways shall provide a Payment Assistance Application to any interested patient and any patient that may meet the criteria either at the point of service or during the collection process.
c. If an Uninsured Patient does not complete the application within 30 days of sending the application, Gateways shall issue a standard form letter with the application attached and make one phone call over a one month period following delivery of the application notifying the patient that the application has not been received and that the failure to provide the executed application will result in no payment assistance to the patient and that collection action may result.
d. Gateways will require applicants to provide documentation to substantiate the information included in the application. In the event that the patient can't provide all of these documents, the authorized hospital designee may waive some or all of the documentation requirements in situations where the patient/guarantor is not capable of meeting these requirements. Rationale for this waiver must be documented.
e. The patient/guarantor will be asked to return the completed form within thirty (30) days of receipt for financial assistance consideration.
f. At minimum, the need for payment assistance shall be re-evaluated if the last financial evaluation was completed more than 12 months prior. However, Gateways retains the discretion to require patient to complete a new application at any time additional information relevant to the eligibility of the patient for Payment Assistance becomes known.
g. Obtained documentation may not be used for collection activities.
h. Gateways may require waivers or releases from the patient or the patient's family authorizing Gateways to obtain account information from other mental health providers, financial or commercial institutions, or other entities that hold or maintain the monetary assets to verify their value.

i. Gateways personnel will also offer potentially eligible patients a summary document explaining both the Gateways Uninsured Patient Discount Policy and the Patient Payment Assistance Policy. The patient will also be provided with a Payment Assistance application and instructions for completion in the primary language of the patient.

j. Delivery of the summary and application should occur at the earliest point that patients are identified as Uninsured. Timing will depend upon whether or not identification is made at the time of service, during the billing process, or during the collection process.

(i) It is preferred, but not required, that a request for payment assistance and a determination of financial need occur prior to rendering of services. In accordance with EMTALA regulations, patients will be screened or potential payment assistance referral following rendering of services in emergency situations.

(ii) A household member, close friend or associate of the patient may request consideration for Payment Assistance. A referral may also be initiated by any member of the medical or facility staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, religious sponsors, vendors or others who may be aware of the potential need for payment assistance consideration.

(iii) To apply for payment assistance, a Payment Assistance Application is given to a patient by a member of the patient financial Service Department (Admitting/Registration Financial Counseling, Insurance Verification, etc.) or associated Payment Assistance.

3. Payment Assistance Review Process

a. Information supplied on the completed application will be used by authorized representatives of Patient Financial Services in the evaluation of the patient's financial situation.

b. A decision shall be made regarding the patient's ability to pay for services provided which may result in full or partial waiver of payment.

c. The patient/guarantor will be notified in writing of approval/denial of the payment assistance request within 30 days of receipt of completed application.

d. If a patient/guarantor feels that a denial for payment assistance was made in error, he/she will be instructed to provide additional information that may assist Gateways in reconsidering the request. (Sample letters are included in Attachment 5 & 6).

## VI. SIGNATURE AND WRITTEN COMMUNICATION

Gateways will comply with the following signage and written communication requirements:

a. Post in patient admitting areas a summary of its Payment Assistance Policy, including a simple statement that Uninsured Patients with annual household income of less than $250,000 will be expected to pay at a reduced rate and that they may qualify for free or further reduced cost medical care by filling out an application for payment Assistance.
b. Provide brochures explaining the Payment Assistance policy in the Admission & Discharge In-Patient, Out-Patient waiting rooms, pharmacy, and in patient financial services offices located in the main facility and satellite locations.
c. Ensure that signs posted in the admitting areas and brochures are printed in appropriate languages as may be required under applicable law.
d. Insert terms in its agreements with every collection agency to which Gateways refers accounts to require the agency to provide a telephone number Uninsured Patients can call to request Payment Assistance, and offer customer service telephone number with a voicemail option for call backs and bilingual customer service representatives available to communicate in languages other than English as may be required by applicable law.

## VII. TRAINING

Gateways shall provide training to relevant staff personnel regarding Payment Assistance availability and how to sufficiently communicate that availability to patients. The following are the guidelines for the required training for both new and existing staff.

a. Gateways will designate appropriate staff and provide them with sufficient training to conduct the following:

    (i) Distribute information and assist patient with their obligations for fully completing required applications.
    (ii) Provide information on how to apply for Payment Assistance and government assistance programs, including local, state, and federal health care programs such as Medicaid.
    (iii) Assist patient as they complete eligibility documentation for assistance, including providing all required residency, household income, and qualified assets verification; providing all necessary documentation relating to Medicaid enrollment or the denial of Medicaid enrollment; and informing the hospital of changes in household income and/or insurance status.
    (iv) Assist eligible patients with settling their accounts through a schedule of regular payments if determined eligible to do so by Gateways' Patient Payment Assistance Policy.

All new hire training for admitting and registration staff shall contain information on the availability, eligibility and application process for Payment Assistance.

## VIII. APPEAL/DISPUTE PROCESS

Communication to all patients who are denied Payment Assistance must be in writing (see Attachment Six for example). The communication must contain the reason for the denial and a contact name and number at Gateways.

LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
# PAYER FINANCIAL INFORMATION

CONFIDENTIAL CLIENT INFORMATION
See W & I Code, Section 5328

## CLIENT INFORMATION

| | | | | |
|---|---|---|---|---|
| 1 | CLIENT NAME | | SS # | DMH CLIENT ID # |
| 2 | MAIDEN NAME | DOB | MARITAL STATUS ☐M ☐S ☐D ☐W ☐SP | SPOUSE NAME |

## THIRD PARTY INFORMATION

3 NO THIRD PARTY PAYER ☐

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 4 | MEDI-CAL ☐ YES ☐ NO | MEDI-CAL COUNTY CODE /AID CODE/ CIN # | | MEDI-CAL PENDING ☐ YES ☐ NO<br>REFERRED FOR ELIGIBILITY ASSESSMENT ☐ YES ☐ NO | | | DATE REFERRED | |
| 5 | SHARE OF COST ☐ YES ☐ NO | SOC AMT $ | SSI PENDING ☐ YES ☐ NO | SSI APPLICATION DATE | IF MEDI-CAL/SSI ELIGIBLE BUT NOT REFERRED, STATE REASON | | | |
| 6 | CALWORKS ☐ YES ☐ NO | GROW ☐ YES ☐ NO | HEALTHY FAMILIES ☐ YES ☐ NO | HEALTHY FAMILIES CIN # | AB3632 ☐ YES ☐ NO | AB3632 CONSENT FORM SIGNED ☐ YES ☐ NO | | |
| 7 | MEDICARE ☐ YES ☐ NO | MEDICARE # | LIFETIME AUTHORIZATION SIGNED ☐ YES ☐ NO | MEDI-GAP ☐ YES ☐ NO | VET/ADM ☐ YES ☐ NO | CHAMPUS ☐ YES ☐ NO | HEALTHY WAY LA ☐ YES ☐ NO | HWLA MEMBER # |
| 8 | HMO/PPO ☐ YES ☐ NO | NAME OF CARRIER | | GROUP/POLICY/ID # | | NAME OF INSURED | | |
| 9 | CARRIER ADDRESS | | | | | ASSIGNMENT/RELEASE OF INFORMATION OBTAINED ☐ YES ☐ NO | | |

## PAYER REFERENCES (CLIENT OR RESPONSIBLE PERSON)

| | | | | | |
|---|---|---|---|---|---|
| 10 | NAME OF PAYER | RELATION TO CLIENT | DOB | MARITAL STATUS ☐M ☐S ☐D ☐W ☐SP | PAYER SS/CAL ID |
| 11 | ADDRESS | CITY | STATE | ZIP CODE | TEL # |
| 12 | SOURCE OF INCOME: ☐ SALARY ☐ SELF EMPLOYED ☐ UNEMPLOYMENT INSURANCE ☐ DISABILITY INSURANCE ☐ SSI ☐ GR ☐ VA ☐ Other Public Assistance ☐ IN-KIND ☐ UNKNOWN ☐ OTHER: _____ | | | | PAYER SS # |
| 13 | EMPLOYER | POSITION | | | IF NOT EMPLOYED, DATE LAST WORKED |
| 14 | EMPLOYER'S ADDRESS (Include City, State & Zip Code) | | | | TEL # |
| 15 | SPOUSE | ADDRESS (Include City, State & Zip Code) | | | SPOUSE'S SS # |
| 16 | SPOUSE'S EMPLOYER | POSITION | | | IF NOT EMPLOYED, DATE LAST WORKED |
| 17 | SPOUSE'S EMPLOYER'S ADDRESS (Include City, State & Zip Code) | | | | TEL # |
| 18 | NEAREST RELATIVE/RELATIONSHIP | ADDRESS (Include City, State & Zip Code) | | | TEL # |

## UMDAP LIABILITY DETERMINATION

| 19 LIQUID ASSETS | | 20 ALLOWABLE EXPENSES | | 21 ADJUSTED MONTHLY INCOME | |
|---|---|---|---|---|---|
| Savings | $ | Court ordered obligations paid monthly | $ | Gross Monthly Family Income | |
| Checking Accounts | $ | Monthly child care payments (necessary for employment) | $ | Self/Payer | $ |
| IRA, CD, Market value of stocks, bonds and mutual funds | $ | Monthly dependent support payments | $ | Spouse | $ |
| TOTAL LIQUID ASSETS | $ | Monthly medical expense payments | $ | Other | $ |
| Less Asset Allowance | $ | Monthly mandated deductions from gross income for retirement plans. (Do not include Social Security) | $ | TOTAL HOUSEHOLD INCOME | $ |
| Net Asset Valuation | $ | Total Allowable Expenses | $ | TOTAL FROM BOX 19 | $ |
| Monthly Asset Valuation (Divide Net Asset by 12) | $ | VERIFICATION OBTAINED ☐ YES ☐ NO | | SUBTOTAL | $ |
| VERIFICATION OBTAINED ☐ YES ☐ NO | | | | LESS TOTAL FROM BOX 20 | $ |
| | | | | Adjusted Monthly Income | $ |
| | | | | VERIFICATION OBTAINED ☐ YES ☐ NO | |

| | | | | |
|---|---|---|---|---|
| 22 | Number Dependent on Adjusted Monthly Income (Client included) | ANNUAL LIABILITY | ANNUAL CHARGE PERIOD FROM TO | Payment Plan $ _____ per month for 1 2 3 4 5 6 months. |
| 23 | PROVIDER OF FINANCIAL INFORMATION Name and Address (If Other Than Patient or Responsible Person) | | | |

## OTHER

| | | | | |
|---|---|---|---|---|
| 24 | PRIOR MENTAL HEALTH TREATMENT DURING THE CURRENT ANNUAL CHARGE PERIOD ☐ YES ☐ NO WHERE: | FROM | TO | PRESENT ANNUAL LIABILITY BALANCE |
| 25 | ANNUAL LIABILITY ADJUSTED BY | DATE | REASON ADJUSTED | |
| | ANNUAL LIABILITY ADJUSTMENT APPROVED BY | DATE | | |
| 26 | An explanation of the UMDAP liability was provided. SIGNATURE OF INTERVIEWER | | PROVIDER NAME AND NUMBER | |
| 27 | I affirm that the statements made herein are true and correct to the best of my knowledge and I agree to the payment plan as stated on line 22 SIGNATURE OF CLIENT OR RESPONSIBLE PERSON | | DATE | |

MH 281 Rev. 02/11/2011

# UNIFORM PATIENT FEE SCHEDULE
## COMMUNITY MENTAL HEALTH SERVICES
Effective October 1, 1989

| MONTHLY ADJUSTED GROSS INCOME* | PERSONS DEPENDENT ON INCOME ANNUAL DEDUCTIBLES | | | | |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 or more |
| | MEDI-CAL ELIGIBLE AREA** | | | | |
| 0- 569 | 37 | 33 | 30 | 27 | 24 |
| 570- 599 | 40 | 36 | 32 | 29 | 26 |
| 600- 649 | 45 | 40 | 36 | 32 | 29 |
| 650- 699 | 50 | 45 | 41 | 37 | 33 |
| 700- 749 | 56 | 50 | 45 | 41 | 37 |
| 750- 799 | 63 | 57 | 51 | 46 | 41 |
| 800- 849 | 71 | 64 | 58 | 52 | 47 |
| 850- 899 | 79 | 71 | 64 | 58 | 52 |
| 900- 949 | 89 | 80 | 72 | 65 | 59 |
| 950- 999 | 99 | 90 | 80 | 72 | 65 |
| 1000-1049 | 111 | 100 | 90 | 81 | 73 |
| 1050-1099 | 125 | 112 | 101 | 91 | 82 |
| 1100-1149 | 140 | 126 | 113 | 102 | 92 |
| 1150-1199 | 156 | 140 | 126 | 113 | 102 |
| 1200-1249 | 177 | 159 | 143 | 129 | 116 |
| 1250-1299 | 200 | 180 | 162 | 146 | 131 |
| 1300-1349 | 226 | 203 | 183 | 165 | 149 |
| 1350-1399 | 255 | 230 | 207 | 186 | 167 |
| 1400-1449 | 288 | 259 | 233 | 210 | 189 |
| 1450-1499 | 326 | 293 | 264 | 238 | 214 |
| 1500-1549 | 368 | 331 | 298 | 268 | 241 |
| 1550-1599 | 416 | 374 | 337 | 303 | 273 |
| 1600-1649 | 470 | 423 | 381 | 343 | 309 |
| 1650-1699 | 531 | 478 | 430 | 387 | 348 |
| 1700-1749 | 600 | 540 | 486 | 437 | 393 |
| 1750-1799 | 678 | 610 | 549 | 494 | 445 |
| 1800-1849 | 752 | 677 | 609 | 548 | 493 |
| 1850-1899 | 835 | 752 | 677 | 609 | 548 |
| 1900-1949 | 927 | 834 | 751 | 676 | 608 |

| MONTHLY ADJUSTED GROSS INCOME* | PERSONS DEPENDENT ON INCOME ANNUAL DEDUCTIBLES | | | | |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 or more |
| 1950-1999 | 1029 | 926 | 833 | 750 | 675 |
| 2000-2049 | 1142 | 1028 | 925 | 833 | 750 |
| 2050-2099 | 1268 | 1141 | 1027 | 924 | 832 |
| 2100-2149 | 1407 | 1266 | 1139 | 1025 | 923 |
| 2150-2199 | 1562 | 1406 | 1265 | 1139 | 1025 |
| 2200-2249 | 1734 | 1561 | 1405 | 1265 | 1139 |
| 2250-2299 | 1925 | 1733 | 1560 | 1404 | 1264 |
| 2300-2349 | 2136 | 1922 | 1730 | 1557 | 1401 |
| 2350-2399 | 2371 | 2134 | 1921 | 1729 | 1556 |
| 2400-2449 | 2632 | 2369 | 2132 | 1919 | 1727 |
| 2450-2499 | 2922 | 2630 | 2367 | 2130 | 1917 |
| 2500-2599 | 3275 | 2948 | 2653 | 2388 | 2149 |
| 2600-2699 | 3482 | 3134 | 2821 | 2359 | 2285 |
| 2700-2799 | 3695 | 3326 | 2993 | 2694 | 2425 |
| 2800-2899 | 3915 | 3524 | 3172 | 2855 | 2570 |
| 2900-2999 | 4139 | 3725 | 3353 | 3018 | 2716 |
| 3000-3099 | 4370 | 3933 | 3540 | 3186 | 2867 |
| 3100-3199 | 4607 | 4146 | 3731 | 3358 | 3022 |
| 3200-3299 | 4850 | 4365 | 3929 | 3536 | 3182 |
| 3300-3399 | 5099 | 4589 | 4130 | 3717 | 3345 |
| 3400-3499 | 5458 | 4912 | 4421 | 3979 | 3581 |
| 3500-3599 | 5830 | 5247 | 4722 | 4250 | 3825 |
| 3600-3699 | 6214 | 5593 | 5036 | 4532 | 4079 |
| 3700-3799 | 6610 | 5949 | 5354 | 4819 | 4337 |
| 3800-3899 | 7018 | 6316 | 5684 | 5116 | 4604 |
| 3900-3999 | 7438 | 6694 | 6025 | 5423 | 4881 |
| 4000-4099 | 7870 | 7083 | 6375 | 5738 | 5164 |
| 4100-4199 | 8314 | 7483 | 6735 | 6062 | 5456 |
| Above $4200 Add $400 for each $100 additional income. | | | | | |

*Monthly Gross Income after adjustment for allowable expenses and asset determination from computation made on the financial intake form.

**Medi-Cal eligible. The shaded Medi-Cal eligible area identifies income levels presumed eligible if client meets Medi-Cal eligibility requirements. (See back page).

Prepared and published by the California Department of Mental Health in accordance with Sections 5717 and 5718 of the Welfare and Institutions Code.

10/20/89

Uniform Patient Fee Schedule
Community Mental Health Services
Attachment C to DMH Notice 98-13
Effective October 1, 1989

| Monthly Adjusted Gross Income* | Persons Dependent on Income Annual Deductibles | | | | | Monthly Adjusted Gross Income* | Persons Dependent on Income Annual Deductibles | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 or more | | 1 | 2 | 3 | 4 | 5 or more |
| **Medi-Cal Eligible Area**** | | | | | | 1950 – 1999 | 1029 | 926 | 833 | 750 | 675 |
| 0 – 569 | 37 | 33 | 30 | 27 | 24 | 2000 – 2049 | 1142 | 1028 | 925 | 833 | 750 |
| 570 – 599 | 40 | 36 | 32 | 29 | 26 | 2050 – 2099 | 1268 | 1141 | 1027 | 924 | 932 |
| 600 – 649 | 45 | 40 | 36 | 32 | 29 | 2100 – 2149 | 1407 | 1266 | 1139 | 1025 | 923 |
| 650 – 699 | 50 | 45 | 41 | 37 | 33 | 2150 – 2199 | 1562 | 1406 | 1265 | 1139 | 1025 |
| 700 – 749 | 56 | 50 | 45 | 41 | 37 | 2200 – 2249 | 1734 | 1561 | 1405 | 1265 | 1139 |
| 750 – 799 | 63 | 57 | 51 | 46 | 41 | 2250 – 2299 | 1925 | 1733 | 1560 | 1404 | 1264 |
| 800 – 849 | 71 | 64 | 58 | 52 | 47 | 2300 – 2349 | 2136 | 1922 | 1730 | 1557 | 1401 |
| 850 – 899 | 79 | 71 | 64 | 58 | 52 | 2350 – 2399 | 2371 | 2134 | 1921 | 1729 | 1556 |
| 900 – 949 | 89 | 80 | 72 | 65 | 49 | 2400 – 2449 | 2632 | 2369 | 2132 | 1919 | 1727 |
| 950 – 999 | 99 | 90 | 80 | 72 | 65 | 2450 – 2499 | 2922 | 2630 | 2367 | 2130 | 1917 |
| 1000 - 1049 | 111 | 100 | 90 | 81 | 73 | 2500 – 2599 | 3275 | 2948 | 2653 | 2388 | 2149 |
| 1050 – 1099 | 125 | 112 | 101 | 91 | 82 | 2600 – 2699 | 3482 | 3134 | 2821 | 2359 | 2285 |
| 1100 – 1149 | 140 | 126 | 113 | 102 | 92 | 2700 – 2799 | 3695 | 3326 | 2993 | 2694 | 2425 |
| 1150 – 1199 | 156 | 140 | 126 | 113 | 102 | 2800 – 2899 | 3915 | 3524 | 3172 | 2855 | 2570 |
| 1200 – 1249 | 177 | 159 | 143 | 129 | 116 | 2900 – 2999 | 4139 | 3725 | 3353 | 3018 | 2716 |
| 1250 – 1299 | 200 | 180 | 162 | 146 | 131 | 3000 – 3099 | 4370 | 3933 | 3540 | 2186 | 2867 |
| 1300 – 1349 | 226 | 203 | 183 | 165 | 149 | 3100 – 3199 | 4607 | 4146 | 3731 | 3358 | 3022 |
| 1350 – 1399 | 255 | 230 | 207 | 186 | 167 | 3200 – 3299 | 4850 | 4365 | 3929 | 3536 | 3182 |
| 1400 – 1449 | 288 | 259 | 233 | 210 | 189 | 3300 – 3399 | 5099 | 4589 | 4130 | 3717 | 3345 |
| 1450 – 1499 | 326 | 293 | 264 | 238 | 214 | 3400 – 3499 | 5458 | 4912 | 4421 | 3979 | 3581 |
| 1500 – 1549 | 368 | 331 | 298 | 268 | 241 | 3500 – 3599 | 5830 | 5247 | 4722 | 4250 | 3825 |
| 1550 – 1599 | 416 | 374 | 337 | 303 | 273 | 3600 – 3699 | 6214 | 5593 | 5036 | 4532 | 4079 |
| 1600 – 1649 | 470 | 423 | 281 | 343 | 309 | 3700 – 3799 | 6610 | 5949 | 5354 | 4819 | 4337 |
| 1650 – 1699 | 531 | 478 | 430 | 387 | 348 | 3800 – 3899 | 7018 | 6316 | 5684 | 5116 | 4604 |
| 1700 – 1749 | 600 | 540 | 486 | 437 | 393 | 3900 – 3999 | 7438 | 6694 | 6025 | 5423 | 4881 |
| 1750 – 1799 | 678 | 610 | 549 | 494 | 445 | 4000 – 4099 | 7870 | 7083 | 6375 | 5738 | 5164 |
| 1800 – 1849 | 752 | 677 | 609 | 548 | 493 | 4100 – 4199 | 8314 | 7483 | 6735 | 6062 | 5456 |
| 1850 – 1899 | 835 | 752 | 677 | 609 | 548 | Above $4200 add $400 for each $100 additional income. | | | | | |
| 1900 - 1949 | 927 | 834 | 751 | 676 | 608 | | | | | | |

*Monthly Gross Income after adjustment for allowable expenses and asset determination from computation made on the financial intake form.

**Medi-Cal eligible. The shaded Medi-Cal eligible area identifies income levels presumed eligible if client meets Medi-Cal eligibility requirements. (see back page)

The above information was provided by the California Department of Mental Health in accordance with Sections 5717 and 5718 of the Welfare and Institutions Code.

10/20/89

Quick Reference

Medi-Cal Eligibility

All clients with monthly income at or below the Medi-Cal Family Budget Unit (MFBU) and have assets at or below the asset allowance area are presumed eligible if they meet aid eligibility requirements.

Maintenance need levels by Medi-Cal Family Budget Unit (MFBU) are:

| MFBU | | | | |
|---|---|---|---|---|
| | 1 - $602 | 3 - $934 | 6 - $1,417 | 9 - $1,825 |
| | 2 - $750 | 4 - $1,100 | 7 - $1,550 | 10 - $1,959 |
| | 2 - $934 (Adults) | 5 - $1,259 | 8 - $1,692 | |

Asset allowances for 1989 are:

| Persons | | | |
|---|---|---|---|
| | 1 - 2000 | 4 - 3300 | 7 - 3750 |
| | 2 - 3000 | 5 - 3450 | 8 - 3900 |
| | 3 - 3150 | 6 - 3600 | 9 - 4050 |

Aid categories commonly found in community mental health are:

| | |
|---|---|
| **Refugee**: First 18 months in the U.S. | **Disabled**: Meeting federal definition of disability |
| **Aged**: 65 years of age and over | **AFDC**: Aid to Family with Dependent Children |

## Medi-Cal Share-of-Cost

Persons with an extended treatment prognosis who are within a few hundred dollars of asset allowance and maintenance need levels may be eligible for Medi-Cal with a share-of-cost and/or real or personal property spend down.

For Example: A single 70-year old man would be eligible for Medi-Cal except that his income is too high. He has a $1000 medical bill. He meets the low asset levels, but his income from retirement is $1000 per month. His income is $1000 minus the standard $20 disregard and the $24.90 payment for the Medicare Part B, leaving a "net" of $955.10. His "share-of-cost" for Medi-Call is $955.10 minus $602 ("need level") or $353.10. Medi-Cal will pay the remainder of the $1000 medical bill for that month and other months when he obligates the share of cost. He has to submit a Medi-Cal form MC-177 each month he obligates a share of cost above $353.10. His eligibility will be predetermined by Social Services each year.

All persons with property and income within a few hundred dollars of the Medi-Cal limits and are expected to have substantial treatment cost must be referred to Social Services for eligibility determination. Persons on Medi-Cal, SSI or have incomes in the shaded area do not have an annual deductible.

10/20/89

# Gateways Hospital and Mental Health Center

**CHARITY / DISCOUNT CARE ELIGIBILITY DETERMINATION**

| **GENERAL** | | | | |
|---|---|---|---|---|
| Guarantor Name: | | | | |
| Address: | | | | |
| City: | State: | Zip: | Country: | |
| Phone ( ) | How Long at this address? | | | |
| Method of Verification: | Power bill | Water bill | Drivers License | Other |
| Previous Address: | | | | |
| **Eligibility Requirements for Charity or Discout Care** | | | | |
| Social Security Number: | Date of Birth: | | | |
| Place of Employment: | | | | |
| Length of Employment:<br>If not employed, what is your source of income? | | | | |
| Gross income per month: | Number of dependents: | | | |
| Spouse's Name: | | | | |
| Spouse's Place of Employment:<br>How long: | | | | |
| Gross income per month: | Total Gross Income per month: | | | |
| Verified by tax return: (year) | Do you have health insurance? | | | |
| If so what type of insurance_____<br>and with whom? | | | | |
| Effective Date: | Is a copy of card available? | | | |
| **MEDICAL ELIGIBILITY** | | | | |
| Have you applied for Medi-cal or any other government assistance Y or N If so when? | | | | |
| Were you denied assistance? Y or N If denied why? | | | | |
| Applicants Signature: | Date: | | | |
| Applicants Signature: | Date: | | | |

**DATE:**

**TO:**

**RE:**

**MIS #**

## FINANCIAL OBLIGATION AGREEMENT

California Welfare and Institutions Code requires that a person receiving mental health services at a Los Angeles County operated or contracted facility will be responsible for the cost of those services in accordance with their ability to pay.

**Based on the fee schedule issued by the State of California, your annual liability for the period of _____ to _____ will be $_____ or the actual cost of care, whichever is less.**

You are required to notify this office of any third party benefits you may be eligible for, including Medi-Cal, Medicare and private / group insurance. Any third party monies received will be applied first to the actual cost of care and then to the liability amount if applicable.

***** THE FOLLOWING STATEMENT DOES NOT APPLY UNLESS A PAYMENT AGREEMENT HAS BEEN DISCUSSED WITH A BUSINESS OFFICE REPRESENTATIVE *****

**We have agreed to allow you to make monthly payments to pay off this debt. You have agreed to pay $_____ per month for _____ months. Your first payment is due by _____ and thereafter on the ____ of each month. In the event your annual liability exceeds the actual cost of care, you may discontinue your monthly payments once the actual cost of care has been paid in full.**

**Delinquent accounts may be referred to our Collection Agency for further action. Client confidentiality will be protected as required by Welfare and Institutions Code 5328.**

_____ Date _____.
Client/Parent/Guardian Signature

_____ Date _____.
Business Office Representative

U | OU | M-CARE | M-CAL | M-CALX | FI | CHMP | PHP

**GATEWAYS HOSPITAL AND MHC**
**1891 EFFIE ST., LOS ANGELES, CA 90026**
**(323) 644-2000**

DATE _____
MIS NUMBER _____

*Client*

*Responsible Person*

*Address*

*City, State, Zip*

**THIS STATEMENT INCLUDES ALL CHARGES AND CREDITS THROU** _____ **AMOUNT NOW DUE** _____ **Please Enter Amount Paid**

***RETURN TOP PORTION WITH YOUR PAYMENT***

| ***SERVICES*** | | | | | | ***PAYMENT DUE*** | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | SERVICES PROVIDED* | | | | | | | | | |
| MONTH | I | G | M | P | TOTAL U/S | COST OF CARE THIS MONTH | AMOUNT DUE LAST MONTH | PAYMENTS AND ADJUSTMENTS | PAYMENT PLAN AMOUNT DUE THIS MONTH *** | TOTAL AMOUNT DUE THIS MONTH |
| | | | | | | | | | | **$0.00** |
| | | | | | | | | | | |
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**UMDAP PERIOD**

**2/1/2018** TO **1/31/2019**

ANNUAL LIABILIT **FCC**

***PAYMENT PLAN**

| DATE | AMOUNT | COMMENTS |
|---|---|---|
| **02/06-02/13** | **$ 5,005.00** | **IP Hospitalization** |
| | | |
| | | |
| | | |
| | | |

**If you have a question or problem about this statement, please call the Business Office at ext: 254 or 252.**

| Service Codes | Pmt & Adj. Codes |
|---|---|
| I - Individual | C - Champus |
| G - Group | E - Error |
| M - Medication | I - Insurance |
| P - Psych-Emergency | M - Medicare |
| | P - Patient |
| | T - Theraputic |
| | U- Umdap |

**Make your Check or Money Order Payable To:**

***GATEWAYS HOSPITAL AND MENTAL HEALTH CENTER***

**Please Do Not Send Cash**

**76CA29S** **MH-002F**

--------Thank You----------