

SOUTHERN INYO HEALTHCARE DISTRICT

CHARITY CARE POLICY

Effective Date: 06/30/2026

Last Revised: 03/23/2026

This policy supersedes all prior charity care policies and applies to services provided on or after the Effective Date listed above.

I. PURPOSE

This Charity Care Policy establishes the criteria and procedures for providing free or discounted care to financially qualified patients in accordance with California Health and Safety Code Sections 127400-127446 (the Hospital Fair Pricing Act). This policy applies to all emergency and medically necessary services provided by Southern Inyo Healthcare District ("Hospital").

II. DEFINITIONS

Charity Care: Help paying your hospital bill. Patients who qualify may have their bill reduced or eliminated entirely based on their income. The Hospital provides this help under California Health and Safety Code Sections 127400–127446.

Financially Qualified Patient: A patient who (a) is either a self-pay patient or a patient with high medical costs, AND (b) has a family income that does not exceed 400 percent of the federal poverty level.

Self-Pay Patient: A patient who does not have third-party coverage from a health insurer, health care service plan, Medicare, or Medicaid, and whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance.

Patient with High Medical Costs: A person whose family income does not exceed 400 percent of the federal poverty level and whose high medical costs meet any of the following:

- Annual out-of-pocket costs at this Hospital exceeding the lesser of 10% of current or prior 12-month family income; or
- Annual out-of-pocket expenses exceeding 10% of family income with documentation of prior 12-month medical expenses.

Out-of-Pocket Costs: Any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays, Medi-Cal cost-sharing, deductibles, coinsurance, and other unreimbursed medical expenses.

Federal Poverty Level: The poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services.

Family: For purposes of this policy, “family” means the patient and all persons listed as dependents on the patient’s most recent federal income tax return. If the patient did not file a tax return, “family” means all persons living in the same household who share household expenses. “Family income” means the combined gross income of all family members.

Discount Payment: A separate program governed by the Hospital's Discount Payment Policy that limits charges to Medicare or Medi-Cal rates for financially qualified patients. Patients may be eligible for BOTH charity care (under this policy) AND discount payment (limiting the charge rate).

III. ELIGIBILITY CRITERIA

Income-Based Eligibility: Patients with family income at or below the following percentages of federal poverty level qualify for charity care. Family income shall be determined based on the most recent tax year or, if unavailable, the most recent 12-month period:

- **0-200% FPL:** 100% charity care (free)
- **201-300% FPL:** 75% charity care
- **301-400% FPL:** 50% charity care

Current Federal Poverty Level Thresholds (2026):

- **1 person: \$63,840**
- **2 people: \$86,560**
- **3 people: \$109,280**
- **4 people: \$132,000**

Note: These amounts are updated annually. For the most current thresholds, contact the Hospital's Financial Counseling Department at (760) 876-5501

Asset Test: The Hospital does not consider patient assets when determining charity care eligibility, except for Medicare cost-sharing as specifically described in Section VI of this policy.

Relationship to Discount Payment Policy: This charity care policy provides free or discounted care based on income levels. The Hospital also maintains a separate Discount Payment Policy that limits charges to Medicare or Medi-Cal rates (whichever is greater) for all financially qualified patients at or below 400% FPL. Patients may be eligible for BOTH charity care (reducing the amount owed) AND discount payment (limiting the charge rate). For more information about the Discount Payment Policy, contact (760) 876-5501 or visit www.sihd.org.

IV. APPLICATION PROCESS

Application Forms and Assistance: The Hospital shall provide charity care application forms and assistance in completing applications at no charge to patients.

Applications shall be available in all languages required under Section X of this policy.

Required Documentation: Patients requesting charity care must make every reasonable effort to provide:

- Recent pay stubs OR income tax returns; and
- Documentation of health benefits coverage.

Alternative Documentation: The Hospital may accept other forms of documentation of income but shall not require those other forms. Examples of acceptable income documentation include:

- Recent pay stubs from the current or prior 12 months
- Federal or state income tax returns
- W-2 or 1099 forms
- Social Security benefits statements
- Unemployment benefits documentation
- Other reliable evidence of income

Failure to Provide Information: If a patient requesting charity care fails to provide reasonable and necessary information after the Hospital has made reasonable efforts to assist the patient in obtaining such information, the Hospital may consider that failure in making its determination. The Hospital shall document all efforts made to assist the patient.

Presumptive Eligibility: If a patient does not submit an application or documentation, the Hospital may presumptively determine eligibility based on other information or a prior determination.

No Time Limits: The Hospital shall not impose time limits for charity care applications or deny eligibility based on application timing. Eligibility shall be determined at any time qualifying information is received, including after discharge, after billing, or after collection activities have commenced.

Application Processing Timeline: The Hospital will process complete charity care applications within 30 calendar days of receipt. If additional information is needed, the Hospital will contact the patient within 10 business days of receiving the application.

Medi-Cal Screening: The Hospital may assist patients with Medi-Cal screening and enrollment when evaluating charity care eligibility. However, the Hospital shall not require Medi-Cal application as a condition of charity care eligibility, nor delay or deny charity care based on a patient's failure to apply for or complete Medi-Cal enrollment. Charity care eligibility determination will proceed independently of any Medi-Cal application status.

Confidentiality: Information obtained solely for charity care eligibility determination shall not be used for collections activities. This does not prohibit use of information obtained independently through normal billing and collections processes. The Hospital shall maintain separate records and processes to ensure charity care information is not improperly shared with collections personnel or agencies. The Hospital shall ensure that any collection agencies acting on behalf of the Hospital comply with this policy and do not pursue collection activities against patients who qualify for charity care.

V. SERVICES COVERED

Charity care under this policy applies to all services provided by this Hospital that are subject to the Hospital Fair Pricing Act, including but not limited to:

- All medically necessary Hospital services;
- Emergency services.

VI. MEDICARE AND MEDI-CAL COST-SHARING

The Hospital may waive or reduce Medicare and Medi-Cal cost-sharing amounts as part of this charity care program.

For Medicare cost-sharing, the Hospital may consider patient monetary assets to the extent required for Medicare bad debt reimbursement under federal law. Monetary assets include only assets convertible to cash and exclude qualified retirement plans and assets below the community spouse resource allowance.

VII. THIRD-PARTY REIMBURSEMENT

The Hospital may require a patient or guarantor to pay the Hospital any reimbursement sent directly to them by a third-party payer for the Hospital's services.

If the patient receives a legal settlement, judgment, or award that specifically includes payment for health care services provided by the Hospital, the Hospital may require reimbursement up to the amount specifically allocated or awarded for the Hospital's services. The Hospital shall provide written notice to the patient of any such reimbursement requirement within 30 days of becoming aware of the settlement or award.

If a patient becomes eligible for third-party coverage (including retroactive Medi-Cal eligibility) that would have paid for services previously provided as charity care, the Hospital may bill such coverage and any resulting patient cost-sharing will be evaluated under this charity care policy based on the patient's financial status at the time of service.

VIII. REVIEW AND APPEAL PROCESS

Patients may seek review of charity care determinations from:

Patient Financial Services Department

Phone: (760) 876-5501

Website: www.sihd.org

Patients may request review at any time, including after discharge, after billing, or after collection activities have commenced. The Hospital shall respond to charity care appeals in writing within 10 business days of receipt of the appeal request.

IX. EMERGENCY PHYSICIAN SERVICES

Emergency physicians providing services at this Hospital are also required by law to provide discount payment to eligible patients under California Health and Safety Code Section 127452. Under their discount payment policies, emergency physicians must limit charges for uninsured patients or patients with high medical costs at or below 400% of the federal poverty level. This Hospital is not responsible for emergency physician billing practices. Patients should contact emergency physicians directly regarding their discount payment policies. Patients may also file complaints with the California Department of Health Care Access and Information (HCAI) if emergency physicians fail to comply with these requirements. HCAI's contact information is provided in Section XI of this policy.

X. POLICY AVAILABILITY

This policy and applications are available:

- Website: www.sihd.org
- At the Hospital's main campus located at: 501 E. Locust, Lone Pine, CA 93545
- At billing office, admissions office, and emergency department
- By calling **(760) 876-5501**
- In English and Spanish

XI. COMPLAINTS AND ADDITIONAL RESOURCES

Hospital Bill Complaint Program: Patients may file complaints about the Hospital's compliance with charity care requirements with:

Department of Health Care Access and Information (HCAI)

Hospital Fair Billing Program

Phone: 916-326-3800 (HCAI Hospital Fair Pricing Complaint Hotline)

Website: www.hcai.ca.gov

Health Consumer Alliance: For free assistance with hospital billing questions and financial assistance applications, patients may contact the Health Consumer Alliance at **1-888-804-3536**.

Federal Tax Reporting: The Hospital may seek information from patients receiving charity care to comply with federal tax reporting requirements, but such information requests shall not delay or deny charity care eligibility.

XII. RELATED POLICIES

This Charity Care Policy should be read in conjunction with the Hospital's Discount Payment Policy and Debt Collection Policy, all of which implement the Hospital's obligations under the Hospital Fair Pricing Act (California Health and Safety Code Sections 127400-127446).

Approved by: Kevin Flanigan, MD, CEO & Legal Counsel

Date: 06/30/2026