Optional Template: Presumptive Eligibility Policy Language (AB 1312) for Charity Care/Discount Payment Policies

Presumptive Eligibility

Patients meeting certain criteria will be screened to see if they are eligible to receive financial assistance without having to apply.

PRE-QUALIFICATION

All patients will be screened to see if they are prequalified for financial assistance before being billed.

Government Program Enrollment

If the patient or any member of the patient's family is enrolled in CalFresh, CalWORKs, Tribal Temporary Assistance for Needy Families (Tribal TANF), Women, Infants, and Children (WIC), California Alternate Rates for Energy (CARE), the Low-Income Home Energy Assistance Program (LIHEAP), or the Housing Choice Voucher (HCV) program, the patient will automatically be approved for [**choose one:** charity care or discount payment]. If the hospital is unable to automatically or independently verify program enrollment, the hospital may require verification from the patient. The patient must make every reasonable effort to provide the requested verification, and the hospital will assist the patient in obtaining verification when possible.

Prior Financial Assistance

Choose one of the following paragraphs:

[OPTION #1]: If the patient or a member of the patient's family was approved for financial assistance for services billed or provided during the previous six-month period, the patient will automatically be approved for the same level of financial assistance previously approved. The presumptive determination approval based on the prior determination is not considered a new eligibility determination (i.e., a presumptive determination cannot be the basis for an additional presumptive determination).

[OPTION #2]: If the patient or a member of the patient's family was approved for financial assistance for services billed or provided during the previous six-month period, the patient may be approved for financial assistance. If the patient confirms their income and insurance have not changed since the prior approval, the same level of financial assistance previously approved will automatically be reapproved. The presumptive

determination approval based on the prior determination is not considered a new eligibility determination (i.e., a presumptive determination cannot be the basis for an additional presumptive determination). If the patient confirms their income and insurance have changed, the hospital will reevaluate eligibility.

Homelessness

If the patient self-attests to experiencing homelessness, the patient will automatically be approved for [**choose one:** charity care or discount payment].

PRESUMPTIVE ELIGIBILITY SCREENING

Prior to receiving a bill for services, patients who are (1) uninsured, (2) enrolled in Medi-Cal with cost sharing or eligible for Medi-Cal under the Hospital Presumptive Eligibility (HPE) program, or (3) enrolled in a Covered California health plan will be screened to see if they are eligible for financial assistance.

Screening Process

The hospital will use existing patient information in the screening process for the sole purpose of determining eligibility for financial assistance. This may include, but is not limited to patient records, information routinely collected during patient registration or admission, information voluntarily supplied by the patient, prior eligibility determinations for financial assistance, and any other information routinely collected or maintained by the hospital that indicates financial hardship or eligibility for charity care or discount payment under this policy.

OPTIONAL- if using third party tools: Additionally, the hospital may use a third-party income verification vendor, [Name], to estimate the patient's income for screening purposes. This process will not evaluate the patient's propensity to pay and will not cause any negative impact on the patient's credit score.

If the hospital is unable to independently verify eligibility, it will send a written request to the patient to provide recent tax returns or paystubs. However, the patient cannot be compelled to provide the information as a condition of screening. Patients may voluntarily submit additional information to support eligibility.

The hospital will make a good faith effort to evaluate the patient's eligibility status based on information available to the hospital or voluntarily provided by the patient.

Patients will be informed about the screening process, use of information, and the right to opt out of screening.

OPTIONAL: *Determination of Presumptive Eligibility*

Using the information from the screening process, the hospital will determine the patient's presumptive eligibility status using the same eligibility criteria described in this policy. Patients determined to be presumptively eligible for financial assistance will be provided with written notice prior to, or in conjunction with, the billing statement. The billing statement will reflect the financial assistance adjustment.