

Charity Care Q&A

- 1) What types of services are covered under the Charity Care program?**
Only emergency room visits, emergency admission inpatient stays and emergency same day surgeries.
- 2) Can a visit be covered by Charity Care if the applicant has public or private medical insurance or coverage through a Federal, State or County program?**
No.
- 3) Can a visit due to a work-related injury or automobile accident be covered by Charity Care?**
No.
- 4) Does an applicant need to live in San Mateo County to qualify for Charity Care?**
No.
- 5) Do tourists qualify for Charity Care?**
These cases will be reviewed on a case by case basis since some of the tourists may actually have Traveler's Health Insurance after further research. If for any reason the patient doesn't qualify for Charity Care, the patient will be offered the Discounted Healthcare Program.
- 6) Whose address is used for billing purposes if the patient is a tourist?**
The address the patient provided at the time of registration.
- 7) When tourists apply, how are they informed of the decision?**
They will be informed by writing. However, a physical address is required and some of them only provide postal office boxes so they will be contacted by phone before a written decision is mailed.
- 8) Does Charity Care have an income limit?**
Yes. The income limit is 100% of the FPL.
- 9) Does Charity Care have an asset limit?**
Yes. The monetary asset limit for Charity Care is \$10,500.
- 10) Does the Charity Care asset limit include retirement accounts?**
No. The monetary asset limit does not include retirement accounts or deferred-compensation plans qualified under the Internal Revenue Code, or non-qualified deferred compensation plans.

11) What documentation must be submitted with the Charity Care application?

The applicant must submit:

- copies of pay stubs for the three months preceding the admission date or ER visit, or copies of the most recent signed federal tax return.
- copies of other documents to verify income. This includes, but it is not limited to, letters from disability, social security or unemployment offices.
- copies of his/her three most recent concurrent bank statements. This includes checking, savings and investment accounts. This does not include retirement accounts or deferred-compensation plans qualified under the Internal Revenue Code, or non-qualified deferred compensation plans.

12) Can applicants still qualify for Charity Care if they are unable to provide pay stubs or tax returns? Some examples are that the applicant is paid in cash, doesn't file tax returns or is financially supported by another individual.

Yes. The applicant may submit the same types of verifications currently used for the other Financial Assistance Programs.

13) Can Charity Care be applied retroactively? If so, for how long?

Applicants can request Charity Care for a visit up to 150 days after the first bill date.

14) What is the Charity Care insurance plan code in CORE?

E50

15) Who can approve a Charity Care Request?

Only the Patient Access Supervisor or Patient Access Director can approve a Charity Care Request and code an approved visit as E50.

16) Can a patient appeal a denied Charity Care request?

Yes, An applicant may appeal the denial of Charity Care and must submit written request within 60 business days of receiving their denial determination to: Director of Patient Access, San Mateo Medical Center, 222 W. 39th Avenue, San Mateo, CA 94403. The applicant must submit the following items:

- Copy of complete application
- Statement setting forth the basis of the appeal