

## **“Give Us A Sign!”**

### **A Report and Survey on California Hospitals’ Compliance with Their Voluntary Guidelines on the Billing Practices of Uninsured Patients**

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by Anthony Wright  
and Beth Capell, Ph.D.  
Health Access Foundation

*Armed Robber: Your money or your life!!  
Jack Benny: I’m thinking, I’m thinking.*

For California consumers facing hospital bills of thousands of dollars, especially those with no insurance or with high deductibles, the old Jack Benny line is no joke. Hospitals here and across the country routinely charge self-pay patients consumers three or four times what insurance companies and government programs pay for the exact same treatments. In many cases, these bills send patients and their families to collections, to court, and to bankruptcy.

After several years of news stories and legislative efforts, California hospitals adopted “voluntary guidelines” in February 2004 on their billing and collections practices for uninsured patients. In late August and early September, volunteers fanned out across California to determine how hospitals treat the uninsured financially, and to measure compliance with key, measurable elements of those guidelines. This paper reports on the results of that survey.

The results indicate that there is widespread noncompliance with the “voluntary guidelines” set forth by the California Healthcare Association. In the case of posting signs to inform the uninsured about financial options and assistance, none comply with all the recommendations in guidelines, and over half don’t have a sign in any of the three recommended locations. With such results, it seems that enforceable standards are needed, as embodied in legislation currently pending on the Governor’s desk.

## **The Uninsured:**

Nearly one out of five non-elderly Californians are uninsured, totaling over 6 million people. Over 80% of the uninsured are workers, or the family members of workers.

Significant research, most recently compiled and analyzed by the Institute of Medicine, shows the health consequences of being uninsured. Uninsured people live sicker and die younger than the insured. The uninsured have worse health outcomes regardless of the type of disease, health need, or emergency that they have. The uninsured are less likely to get preventative care, such as a breast cancer screening; less likely to get ongoing care for an illness such as cancer or diabetes; and less likely to get appropriate treatment even in an emergency trauma situation.

## **The Financial Repercussions:**

Less well known are the financial repercussions of being uninsured. An Access Project study indicated that half the uninsured carry “life-altering” medical debt. A Harvard Law Review survey indicated that medical problems and medical bills were cited as a leading cause of personal bankruptcy. For many families, being uninsured is living one emergency away from financial ruin. Many families are prematurely sent to collections and court before they can determine what their financial options may be, including the possibility of public insurance programs. Being sent to collections, by itself, can ruin a family’s financial future, making it more difficult to rent an apartment or even get a job.

The impact of these billing practices has a financial impact, but also a health impact. Fearful of the financial repercussions and unaware of their consumer rights and financial options, the uninsured all too often avoid getting the care they need, even in the case of emergencies, resulting in devastating health impacts. An Urban Institute report showed that uninsured adults in California are far less likely to go to the emergency room (12.1% had at least one visit in 1999) than those on private insurance (20.8%) or public programs (32.9%).

## **Overcharging as a Practice:**

What exacerbates this problem is the widespread, common practice of hospitals overcharging the uninsured, in many cases charging multiple times what insurance companies and government programs would pay for exactly the same service.

Part of the problem is that hospital costs have little relation to the actual cost of providing the service. Hospitals do not dispute this notion. On February 6, 2003, in written testimony before the Assembly Health Committee, Fred Harder, Senior Vice President of the California Healthcare Association, the hospital lobby, agreed: “On average, hospitals’ billed charges are three times their actual costs... In reality, hospitals’ billed charges have little relevance to the amount of payment made for most hospital services.”

However, the vast majority of their reimbursements come not from charges, but from negotiated rates with insurance companies and public insurance programs like Medicare. But the uninsured end up with the “sticker price” that has little to do with the actual charge.

As an example, David Smith was undertaking a home improvement project when he fell off his roof, hitting his head. Even though he was uninsured, he went to be examined at an emergency room in Sacramento, and was thankfully found to be fine. Yet after three hours in the emergency room, he emerged with a \$15,000 bill. An insurance company would pay only a small fraction of that bill, yet David was being billed by the full amount.

Gabriel Wilson, an uninsured construction worker, received an appendectomy at a hospital in Davis, and after only a one-night stay, got a bill in excess of \$32,000. In talking with industry officials, it is estimated that an insurance company would have already had an agreement with the hospital to pay a certain amount for such treatments, probably a couple thousands of dollars, a fraction of the overall amount. Yet the uninsured worker gets stuck with the entirety of the bill, and that is the bill that is sent to collections and to court.

As the Medical Director of Emergency Services at the San Jose Medical Center wrote in a letter on October 1, 2002, to another “uninsured and overcharged” patient: “I can appreciate your frustration with having received a bill that seems to be out of proportion with reality. You must understand that our charges are developed to function in the current healthcare insurance system where virtually all bills are heavily discounted by the insurance carriers. Since many of these payers will discount up to 70% of the charges, we have had no choice but to raise the billed amount to ridiculous levels in order to try to obtain adequate payment.... The problem with this system is that, unfortunately, those individuals who honestly try to pay their bills directly can be heavily penalized.”

In all these cases, and dozens of others that Health Access Foundation has compiled in the past several years, the patients are rarely notified—before or after the treatment—of possible financial options, including public insurance programs, county assistance programs, or the hospital’s own charity care policy, if it has one.

### **State and National Attention**

Health Access California, along with other consumer groups like Consumers Union and the Western Center on Law and Poverty, have been working on these hospital billing and collections issues for many years, and have proposed legislative solutions for the last three years. These included SB1394 (Ortiz) in 2002, and AB232 (Chan) in 2003 and 2004. It also includes one bill currently pending on Governor Arnold Schwarzenegger’s desk, SB379 (Ortiz).

Over these past three years, this issue has gotten both state and national attention.

*Media Attention:* Many state and national newspapers have reported on this story, in the context of hospital overbilling scandals, focusing specifically on the inequity of the overcharging of the uninsured. In addition to the extensive coverage that this issue had gotten from the *Wall Street Journal* and *USA Today*, ABC's *Nightline* did an entire show on this issue recently.

*Class Action Lawsuits:* Several law firms have filed class action suits against nonprofit hospital chains around the country, including several against Sutter here in California, all attacking the billing and collections practices of the hospitals. The Sutter lawsuit mentions two reports that Health Access co-authored on this topic, which can be obtained at the website, at <http://www.health-access.org/>.

*Federal Action:* Federal leaders have taken an interest in this issue. Some hospital chains claimed that the practices were required by Medicare and federal policy. Earlier this year, U.S. HHS Secretary Tommy Thompson and the Centers for Medicare and Medicaid Services forcefully responded, issuing guidelines for hospitals, making clear that federal programs do not condone or require these billing practices. "Hospitals' charging the uninsured the highest rates is a serious issue that demands all of our attention," read the February 20, 2004 letter from Secretary Thompson to American Hospital Association President Richard Davidson. "This guidance shows that hospitals can provide discounts to uninsured and underinsured patients who cannot afford their hospital bills and to Medicare beneficiaries who cannot afford their Medicare cost-sharing obligations. Nothing in the Medicare program rules or regulations prohibit such discounts. With this guidance as a tool, I strongly encourage you to work with AHA member hospitals to take action to assist the uninsured and underinsured and therefore, end the situation where, as you said in your own words, "uninsured Americans and others of limited means are often billed and required to pay higher charges."

*Congressional Hearings:* A Republican Congressman from Colorado has introduced H.R.4092, the "Hospital Billing Fairness Act." The U.S. House Energy and Commerce Committee held an oversight and investigations hearing on "Hospital Billing and Collection Practices" toward the uninsured. Information from that information request and hearing is posted at:

<http://energycommerce.house.gov/108/Hearings/06242004hearing1299/hearing.htm>

*Other States:* Connecticut passed related legislation last year on hospital collections practices. This includes a prohibition on hospitals placing liens on homes, and a limit on the amount of interest a hospital can charge for pending charges. However, as best we can determine, the California bill is the first time a state legislature anywhere in the nation has passed a law to limit the actual amount that hospitals can collect from the uninsured. An issue brief summary on this issue, which talks about groundbreaking developments in California and other states, has just been published by the Commonwealth Fund, at:

[http://www.cmwf.org/programs/insurance/pryor\\_medicaldebt\\_749.asp](http://www.cmwf.org/programs/insurance/pryor_medicaldebt_749.asp)

## **A Proposed Legislative Solution: Fair Prices, Not Free Care**

This additional attention has provided a useful context for a legislative discussion on hospital overcharging. SB379 by Senator Deborah Ortiz, is now pending before Governor Schwarzenegger. This legislation and AB232, a companion bill by Assemblymember Wilma Chan, were introduced in February 2003.

The bill sets consumer protections for self-pay patients, so the uninsured and the underinsured stand a better chance of getting the hospital care they need without facing financial ruin:

- The bill would require that uninsured patients are given notice about their consumer rights and financial options when seeking care at a California hospital, including the ability to apply for public insurance programs, payment plans, and other assistance.
- The legislation allows patients time to negotiate with the hospital, prohibiting bills from being sent to collections for 150 days.
- The bill also prohibits hospitals from placing liens on a patient's home and other aggressive collections practices.
- Finally, it would end hospital overcharging of the uninsured by limiting what hospitals could charge low and moderate income families (those under 400% of the federal poverty level, or less than \$60,000 for family of three) to the higher of what Medicare, Medi-Cal or workers compensation would pay for the same services.

Such legislation is supported by a wide range of organizations representing consumers, seniors, children, labor, communities of color, people of faith, and grassroots constituencies, including Consumers Union, Western Center on Law and Poverty, AARP, California Labor Federation, ACORN, Congress of California Seniors, California Pan-Ethnic Health Network, MALDEF, Latino Issues Forum, National Council of La Raza, Children Now, California Church Impact, and many others.

## **Hospitals Announce Voluntary Guidelines**

In February, 2004, more than two years after legislation was initially introduced in California to protect consumers from hospital overcharging, after dozens of news stories in California and across the country, after academic studies and reports by consumer groups detailing how the lives of consumers have been ruined by hospital bills costing thousands or tens of thousands or even hundreds of thousands of dollars, the California Healthcare Association, the trade association for the hospital industry, along with Sutter Health Systems and the Alliance for Catholic Health Care, announced voluntary guidelines to protect consumers from hospital overcharging.

The voluntary guidelines adopted by the hospital industry were provided to Governor Schwarzenegger's administration immediately. After requests by Assemblymember Wilma Chan and Senator Deborah Ortiz, the hospitals also provided their guidelines to these legislators.

But what about real consumers? What happens when someone without insurance goes to a hospital? Are hospitals abiding by their own guidelines? How does a consumer, not a consumer advocate, find out whether going into the emergency room jeopardizes their financial future?

If the purpose of the guidelines was to head off legislation, it may be successful. A letter, dated May 12th, 2004, from the Director of the Office of Statewide Health Planning and Development announced the agency's opposition to the bill, and cited the voluntary guidelines as the reason:

"It is our understanding that the California Healthcare Association (CHA) has issued voluntary guidelines that urge each hospital to establish discounted prices for the uninsured and underinsured that are comparable to the amounts paid by Medicare or other government-sponsored programs. The CHA guidelines also include specific billing and collection procedures that would reduce the financial hardship on those least able to pay. It is our understanding that many hospitals are planning to follow these voluntary guidelines. We feel it would most prudent to give this effort a chance to work before legislating in this area."

Given that these voluntary guidelines are a central rationale for opposing this legislation, it seemed most prudent to examine the hospitals' compliance with these voluntary guidelines. Are these guidelines providing real protections for consumers? Or only for hospitals that hope to avoid effective consumer protections?

### **Survey of Hospital Compliance with Their Own "Voluntary Guidelines"**

In August and early September 2004, volunteers fanned out to determine whether hospitals were complying with their own guidelines. Over 40 of the 450 California general acute care hospitals were visited. Hospitals included public and private, North and South, urban, suburban and rural hospitals, and included both stand-alone facilities as well as those associated with various hospital systems (Sutter, Kaiser, Catholic Healthcare West, HCA, Tenet, Adventist). While this was not a scientifically drawn stratified random sample, efforts were made to include a representative range of hospitals.

The surveyors were volunteers, including both individual volunteers and those who work with various consumer groups, community organizations and health care unions. (See the appendix for list of organizations.) Unlike professionally trained surveyors for the Joint Commission on the Accreditation of Health Organizations or the National Commission for Quality Assurance, these volunteers were simply trying to do what an individual consumer, albeit a particularly energetic one, would do to try to determine whether the hospital offered a fair price to a low or moderate income consumer. These volunteers were not professional surveyors: neither is the average consumer who goes to the emergency room. These volunteers played two roles: first, as mystery shoppers and second, as representatives of community groups that assist patients.

The one-page survey instrument is attached as Appendix A. The guidelines we checked for were part of “California Hospital Billing and Collection Practices: Voluntary Principles and Guidelines for Assisting Low-Income Uninsured Patients,” adopted by the California Healthcare Association’s Board of Trustees on February 6, 2004. The guidelines include 21 different bullet points.

The survey focuses on the five elements of the voluntary guidelines that make up the section, “Communications of Financial Assistance Policies with Patients and the Public,” which are important for assisting the uninsured, and easily measurable to determine compliance. These elements (posting specific sign in emergency rooms, having knowledgeable staff, etc.) are also the easiest to implement, as opposed to, for example, structural changes within a computerized billing system. These elements could readily have been implemented in the eight months since the guidelines were released:

- “Each hospital should post notices regarding the availability of financial assistance to low-income uninsured patients. These notices should be posted in visible locations throughout the hospital, such as admitting/registration, billing office, emergency department, and other outpatient settings.”
- “Every posted notice regarding financial assistance policies should contain brief instructions on how to apply for charity care or a discounted payment. The notices also should include a contact telephone number that a patient or family member can call to obtain more information.”
- “Hospitals should share their financial assistance policies with appropriate community health and health services agencies and other organizations that assist such patients.”
- “When communicating to patients regarding their financial assistance policies, hospitals should attempt to do so in the primary language of the patient, or his/her family, if reasonably possible, and in a manner consistent with all applicable federal and state laws and regulations.”
- “Hospitals should ensure that appropriate staff members are knowledgeable about the existence of the hospital’s financial assistance policies. Training should be provided to staff members (i.e. billing office, financial department, etc.) who directly interact with patients regarding their hospital bills.”

The survey also asked whether a financial assistance policy was posted on the hospital’s web site, which was included as a guideline not in the California Healthcare Association’s guidelines, but those of specific hospital chains and groups, such as that of the Alliance of Catholic Health Care. It should be noted that these “Voluntary Principles and Guidelines” are not posted anywhere on the website of the California Healthcare Association, making it difficult for an average consumer to be aware of them.

The CHA guidelines do end with a note on implementation: “Most California hospitals have been using responsible guidelines for years as they work with uninsured patients who have limited financial resources. To the extent that changes are necessary, however, it understandably may take several months to retool billing and information systems to be in full compliance with these guidelines. Nonetheless, California hospitals are committed to be in full compliance with these voluntary principles and guidelines by the end of 2004.”

Since it has been more than eight months since the release of these guidelines, and that these are the easiest of the guidelines with which to comply that do not require any retooling of billing and information systems, we feel it is appropriate to conduct this survey at this time, especially given that this issue has been around for years, and the hospital association claims that many of its hospitals have already been “using responsible guidelines for years.”

### **Survey Results: Widespread Noncompliance**

The results show widespread noncompliance by California hospitals with the voluntary guidelines on the communications of financial assistance policies. The most concrete indication was with the placement and content of the signs that the guidelines recommend throughout the hospital. However, the survey also did point out issues with regard to staff knowledge.

#### *Overall Communications*

- ◆ **Only one of the 40 hospitals fully complied** with the five California Healthcare Association guidelines for which we surveyed.

#### *Signage on Financial Assistance*

- ◆ **In nearly half (19) of the hospitals, our surveyors found a total lack of compliance with the guidelines on signage:** they were not able to find a sign anywhere, including in the areas specifically designated, such as the emergency room and admitting area.
- ◆ **Only 16 (40%) of the hospitals had a sign regarding financial assistance in the emergency room;** only 14 (35%) had a sign in the admitting/registration area.
- ◆ **Only 4 hospitals had signs in the three recommended locations:** the emergency room, the admitting/registration area, and the billing area.
- ◆ To the extent the signs were posted, **the signs often did not contain all the suggested information** that the guidelines indicate, including instructions on applying for financial assistance, and a telephone number. Less than a quarter of the hospitals had signs with this crucial information.

## *Getting Information*

- ◆ In a number of hospitals, a visit to a different location, sometimes close at hand, sometimes miles away, was required to obtain the information or to be screened.
- ◆ Many hospital staff in direct communication roles with the public did not know about financial assistance policies and did not know where to direct them. A majority of callers were able to be referred to a knowledgeable staff member, although in some cases it took several transfers and the need to leave voice mail messages. In only a few facilities were volunteers able to quickly and easily obtain detailed information from someone who was knowledgeable.
- ◆ In most in-person interactions, the staff at admitting or registration was not knowledgeable about the existence of a policy with regard to financial assistance, much less its specifics. In all but a few cases, it was very difficult to get a written document to explain the various financial options that a self-pay patient might have.

## *Language Access*

- ◆ Language access was a consistent problem. While some 12 hospitals did have bilingual signs, there were 9 hospitals that had signs, but nothing in Spanish.
- ◆ Only two hospitals provided the information on its website in Spanish, only one had a policy in Chinese, no other languages were detected to be available.

## *Websites*

- ◆ While most hospitals have websites, only 5 had their financial assistance policies posted on the website that surveyors were able to find.
- ◆ Many of the website had obvious places to provide information, but did not. For example, see the answer to the relevant section of “New Patient FAQs” at the website for Sutter Davis, <http://www.sutterdavis.org>:

### **Billing and Other Questions**

#### ***What should I do if I do not have insurance?***

If you are uninsured, you will receive an itemized bill approximately two weeks following your discharge requesting payment for the balance.

For your convenience, we accept VISA, MasterCard and American Express. If you require monthly payment arrangements after you receive your bill, please contact our Billing Office at (530) 757-5172.

## Anecdotal Experiences

Comments from the individual surveys range widely about the surveyors' experiences seeking communication and direction with regard to financial assistance. These are comments from the surveyor's forms:

- Caller put on hold for 3 minutes. Same admitting clerk came back on apologizing for delay. Referred me to call Alameda County Social Services, giving a phone number, and a site in Hayward at or near corner of Amador and Winton. "Or you can find a county-run hospital," the caller was told.
- On the phone with Billing Dept: they would first try to get patient County Assistance. They would send application, asking for pay stub and tax return.
- The woman at the counter was not knowledgeable and had to ask around. The other woman in the office, however, provided me the information.
- Could not get written info... All the information was verbal... financial counselors knew about aid (Medi-Cal, CMSP) but getting info was like pulling teeth.
- The hospital did not have a financial assistance policy to give me and referred me to Queen of the Valley for one. Admitting staff referred me directly to the counselor. Left message.
- I talked to 4 different people before I spoke to someone knowledgeable. The hospital did not give me a financial assistance policy and said they inform patients verbally of their options. Admitting staff knowledgeable, but not very helpful.
- I spoke to Valerie in personnel and she said that they did have low-cost clinics, but "other than that, we don't have anything like that here."
- Operator transferred me to the Financial Counseling office. Financial office said, "let me transfer you to the right department." They transferred me to the business office. This was answered by a recorder, which placed me on hold before an attendant picking up. She said that you would have to speak with a financial counselor to see if you qualify for aid. She said that they offer a 10% discount on your bill if eligible and referred by a financial counselor. She said they also have a program called HCLS, which you can apply for, and people with children are usually more eligible than others. I asked what the application process for these programs is, and she just said that it involved "a lot of paperwork" and I would have to turn in all receipts and info about income, house payments, bills, check stubs, etc. to a financial counselor who would evaluate it to see if I qualify.

- Said you could apply for charity program. Discounts can be given that are 50% Emergency Room rate, etc.
- "Go the County facility."
- Representative did not understand what we were asking for. We asked for more detailed information, and got the manager, who said that was all they had. Billing office is offsite.
- We went to the Administration Office and then they directed us to the Financial Counseling Office. The first thing that we noticed when walking into the office was that they did have a sign posted about their program. The financial assistance counselor told us that they did offer financial assistance and charity care programs, but that you would first have to be seen in their facility before applying for aid... Though she was friendly, she could not give out any application information without me being a patient who was actually going to apply.
- At registration, the person said "I don't know" and directed me to call Diane who is gone for the day.
- The operator transferred me to the MAP office, which is the Medical Assistance Program for Merced County. They have an automated message pick up that give you some info about their program. It states that you need to be treated at their facilities first....
- After being referred to the insurance desk, and waiting for ten minutes: "We have nothing, we refer them [the uninsured] to the Dept of Health Services. They get everything from them."
- Bryan went to the Registration desk and the people there directed him to another registration desk. Then these people directed him to the financial advisor's office. The woman there said that all she had was the application for financial assistance but that she could not give it out without Bryan turning in the required documents. She said these documents are last year's income tax info, a denial form from Medi-Cal, and your social security card. She then sent him to the Front desk, and these people there directed him to the info desk in the ER. The woman there redirected back to the front desk. The people there decided to send him to the administration building. The women there ran around rather flustered, and after about 25 minutes of Bryan waiting, she gave him a name and contract number for a financial counselor.
- We went to admitting first, and they directed us to Administration. The woman in administration said, "I have no idea. You need to go to member services." Member services told us that, "we don't handle that. Go to the Cashier's office..."

## **The Problems with Voluntary Guidelines**

It is instructive that of the hospitals in San Francisco, which has a local “charity care” ordinance requiring the disclosure of information on financial assistance policies, the overwhelming majority had signs posted and knowledgeable staff. While it may be obvious, voluntary guidelines have a far less level of compliance than a law or statute.

The problem with voluntary guidelines is not just that many hospitals thus fail to comply, but that hospital patients have little recourse. What recourse does a consumer have if a hospital fails to comply with the voluntary guidelines adopted by the trade association for the industry or by various hospital systems? None.

What are the odds that an individual consumer will even be aware of the existence of fair pricing policies unless the hospital tells them? Slim to none. What recourse does a consumer have if a hospital system or the trade association for the industry drop the guidelines? None. What recourse do consumer organizations have? Consumer groups only have the ability to document, to tell the story of individuals, and to seek the protections of law.

Consumer advocates also have specific concerns about the specific content of the guidelines. Between hospital systems, they have different levels of eligibility for getting the “discounts” that insurance companies get. The CHA guidelines only go up to 300% of the federal poverty level, which means a single individual who makes \$30,000 a year would be allowed to be overcharged. Same with a family of three that makes \$50,000 a year. Many of the uninsured are working families that simply don’t get health coverage on the job, and find individual market insurance either unaffordable, or even unavailable, due to pre-existing conditions. Some hospital systems have different criteria, which can cause considerable confusion with patients.

### **Needed: The Protections of Law**

These findings indicate that there is much to be done to remedy the issue of hospitals’ treatment of the uninsured before and after they get care, when the discussion is on money, rather than medicine. The survey indicates that voluntary guidelines are not sufficient, and that uniform and enforceable standards are needed. SB379 would provide California consumers with the protections of law, rather than the caprice of voluntary guidelines.

### **Appendices:**

- A: The one-page survey instrument
- B: Data and charts from the survey
- C: List of hospitals surveyed
- D: Acknowledgements for participating individuals and organizations
- E: Copy of the California Healthcare Association’s “Voluntary Principles and Guidelines for Assisting Low-Income Uninsured Patients.”

## SURVEY OF HOSPITAL “VOLUNTARY GUIDELINES” ON BILLING OF UNINSURED

Hospital: \_\_\_\_\_ System: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/County: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Website: \_\_\_\_\_

### Notice of availability of “financial assistance”:

*CHA Guideline: “Each hospital should post notices regarding the availability of financial assistance to low-income uninsured patients. These notices should be posted in visible locations throughout the hospital, such as admitting/registration, billing office, emergency department, and other outpatient settings.”*

Date of Site Visit: _____	Admitting/Registration:	YES	NO
	Billing Office:	YES	NO
	Emergency Room:	YES	NO
	Other Location: _____	YES	NO

*CHA Guideline: “Every posted notice regarding financial assistance policies should contain brief instructions on how to apply for charity care or a discounted payment. The notices also should include a contact telephone number that a patient or family member can call to obtain more information.”*

If posted, do the notices have:	Instructions on How to Apply:	YES	NO
	A Telephone Number:	YES	NO
	Spanish Translation:	YES	NO

### Knowledgeable staff (please describe your experiences on back):

*CHA Guideline: “Hospitals should share their financial assistance policies with appropriate community health and health services agencies and other organizations that assist such patients.”*

- TO ASK AT ADMITTING/REGISTRATION: “I am from \_\_\_\_\_, a nonprofit community organization. Can I get a copy of the hospital’s financial assistance policy for uninsured patients?”

YES/KNOWLEDGEABLE                      NO/NO IDEA

*CHA Guideline: “Hospitals should ensure that appropriate staff members are knowledgeable about the existence of the hospital’s financial assistance policies.”*

- TO ASK ON THE PHONE: “If I am uninsured and want to get treatment here [if asked, for a hernia], how can I apply for Medi-Cal or financial assistance for the hospital bill?”

YES/KNOWLEDGEABLE                      NO/NO IDEA

### Website:

*ACHC Guideline: “A hospital shall post on its website or otherwise make available to the public on a reasonable basis a copy of its financial assistance policy for low-income uninsured patients.”*

Policy on Website:	YES	NO
Policy on Website in Spanish:	YES	NO

Investigator Name: \_\_\_\_\_ Organization: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please return to Serwar Ahmed, **Health Access Foundation**, 414 13<sup>th</sup> Street, Suite 400, Oakland, CA 94612. Fax: 510-873-8789, [sahmed@health-access.org](mailto:sahmed@health-access.org). For questions, contact Anthony Wright at 916-442-2308, or [awright@health-access.org](mailto:awright@health-access.org).

## Appendix B: Data from Hospital Surveys

### Health Access

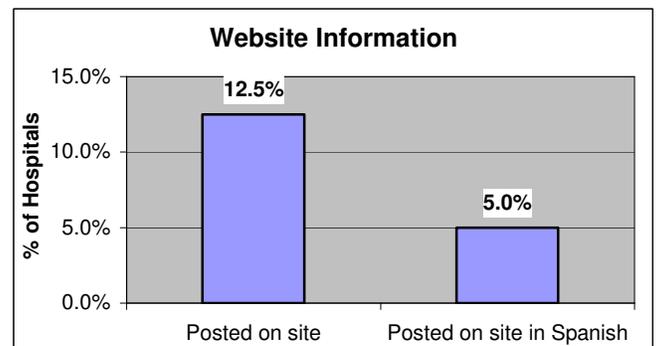
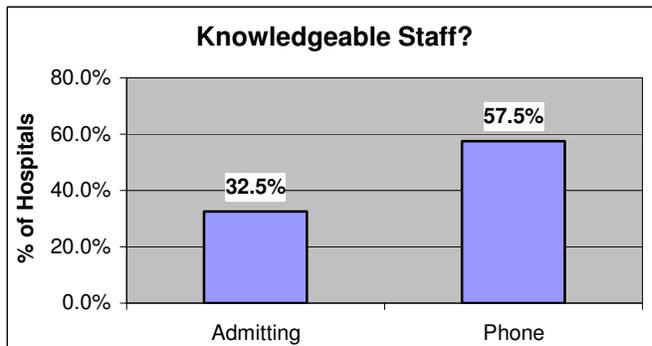
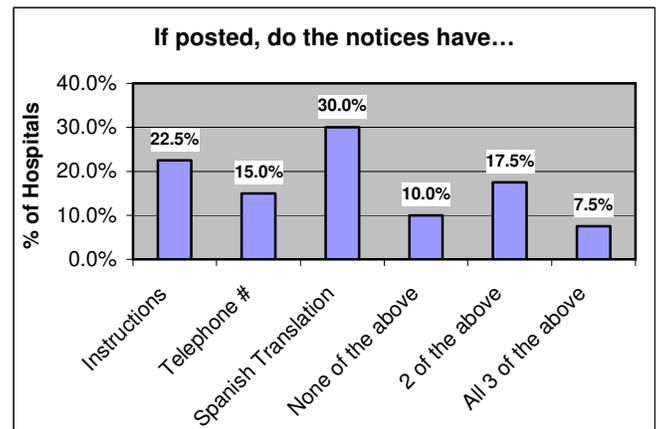
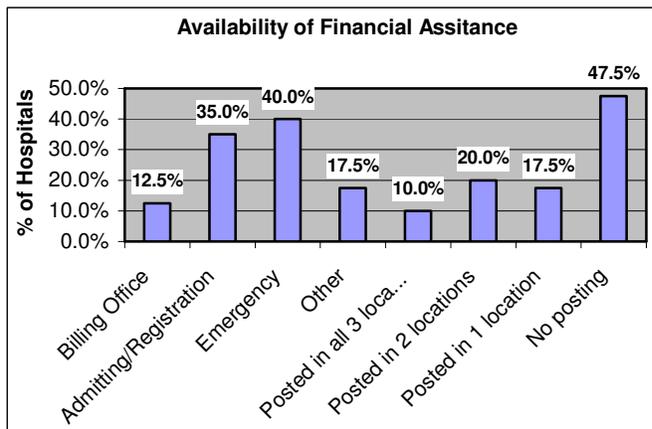
**Total # of Hospitals Surveyed:** 40

Availability of Financial Assistance		% of total
Billing Office	5	12.5%
Admitting/Registration	14	35.0%
Emergency	16	40.0%
Other	7	17.5%
Posted in all 3 locations	4	10.0%
Posted in 2 locations	8	20.0%
Posted in 1 location	7	17.5%
No posting	19	47.5%

Knowledgeable Staff?		% of total
Admitting	13	32.5%
Phone	23	57.5%

Website Information		% of total
Posted on site	5	12.5%
Posted on site in Spanish	2	5.0%

If posted, do the notices have...		% of total
Instructions	9	22.5%
Telephone #	6	15.0%
Spanish Translation	12	30.0%
None of the above	4	10.0%
2 of the above	7	17.5%
All 3 of the above	3	7.5%



## Appendix C: Hospitals Surveyed

Selma Community Hospital  
1141 Rose Avenue  
Selma/Fresno  
559-891-6439  
[www.selmahospital.org](http://www.selmahospital.org)

Visalia Kaweah Delta  
400 W Mineral King Ave  
Visalia - Tulare County  
559-624-2000  
[www.kaweahdelta.org](http://www.kaweahdelta.org)

South San Francisco Medical Center  
1200 El Camino Real  
South San Francisco  
650-742-2511  
[www.kaiserpermanente.org](http://www.kaiserpermanente.org)

Sierra Kings District Hospital  
372 W Cypress Ave  
Reedley/Fresno  
559-638-8155  
[www.sierrakings.org](http://www.sierrakings.org)

St. Luke's  
3555 Cesar Chavez St.  
San Francisco  
415-647-8600  
[www.stlukes-sf.sutterhealth.org](http://www.stlukes-sf.sutterhealth.org)

Sutter General  
Sutter Health  
2801 L Street  
Sacramento  
916-454-2222  
[www.suttermedicalcenter.org](http://www.suttermedicalcenter.org)

Sutter Memorial  
5151 F Street  
Sacramento  
916-454-3333  
[www.suttermedicalcenter.org](http://www.suttermedicalcenter.org)

California Pacific Medical Center -  
California Camp  
2700 California  
San Francisco  
415-600-6000  
[www.cpmc.org](http://www.cpmc.org)

California Pacific Medical Center -  
Davies Campus  
Castro and Duboce  
San Francisco  
415-600-6000  
[www.cpmc.org](http://www.cpmc.org)

California Pacific Medical Center -  
Pacific Campus  
2333 Buchanan St.  
San Francisco  
415-600-6000  
[www.cpmc.org](http://www.cpmc.org)

Saint Francis Memorial Hospital  
900 Hyde St.  
San Francisco  
415-353-6000  
[www.saintfrancismemorial.org](http://www.saintfrancismemorial.org)

Chinese Hospital  
845 Jackson St.  
San Francisco  
415--982-2400  
[www.chinesehospital-sf.org](http://www.chinesehospital-sf.org)

CA Hospital  
1401 S Grand Ave  
Los Angeles  
213-748-2411  
[www.chmcla.org](http://www.chmcla.org)

Good Samaritan  
1225 Wilshire Blvd  
Los Angeles  
213-977-2121

Cedar Sinai Medical Center  
6500 Wilshire Blvd  
Los Angeles  
310-423-3277  
[www.csmc.edu](http://www.csmc.edu)

Community Memorial  
147 N Brent St  
Ventura  
805-562-5011

Goleta Valley Cottage  
351 S Patterson Ave  
Goleta  
805-967-3411  
[www.cottagehealthsystem.org](http://www.cottagehealthsystem.org)

Santa Barbara Cottage Hospital  
PO Box 389  
Pueblo @ Bath St  
Santa Barbara  
805-682-7111  
[www.cottagehealthsystem.org](http://www.cottagehealthsystem.org)

LAC-USC  
1208 N State  
Los Angeles  
323-226-2622  
[www.lacusc.org](http://www.lacusc.org)

Mercy Medical Center Merced  
301 East 13th Street  
Merced  
209-385-7000  
[www.mercymercedcares.org](http://www.mercymercedcares.org)

Redlands Community Hospital  
350 Terracina Blvd.  
Redlands/San Bernardino  
909-335-5500  
[www.redlandshospital.com](http://www.redlandshospital.com)

Loma Linda Medical Center  
11224 Anderson St  
Loma Linda/San Bernardino  
909.558.4000  
[www.llu.edu/llumc](http://www.llu.edu/llumc)

Loma Linda Community Hospital  
25444 Barton Road  
Loma Linda/San Bernardino  
909-796-0167

St. Bernardine Medical Center  
2101 North Waterman Ave.  
San Bernardino  
909-883-8711  
[www.stbernardinemedctr.org](http://www.stbernardinemedctr.org)

Community Hospital of San Bernardino  
1805 Medical Center Dr.  
San Bernardino  
909-887-6333  
[www.chsb.org](http://www.chsb.org)

Riverside Community Hospital  
4445 Magnolia Ave  
Riverside  
09-788-3174  
[www.rchc.org](http://www.rchc.org)

Sutter Solano  
300 Hospital Dr.  
Vallejo  
707-554-4444  
[www.suttersolano.org](http://www.suttersolano.org)

Sutter Delta  
3901 Line Tree Way  
Antioch  
925-779-7200  
[www.sutterdelta.org](http://www.sutterdelta.org)

Eden Medical Center  
20103 Lake Chabot Rd  
Castro Valley/Alameda  
510-537-1234  
[www.sutterhealth.org](http://www.sutterhealth.org)

Alta Bates Summit  
350 Hawthorne  
Oakland  
[www.altabatessummit.org](http://www.altabatessummit.org)

Robert F Kennedy  
Daughters of Charity  
4500 W 116th St  
Hawthorne/LA County  
310-349-4000  
[www.robertfkennedy.org](http://www.robertfkennedy.org)

Brotman  
Tenet  
555 E Hardy St  
Inglewood/LA County  
310-836-7000

Sutter Lakeside  
Hill Rd  
Lakefront/Lake County  
707-262-5000  
[www.sutterhealth.org](http://www.sutterhealth.org)

Alta Bates  
Berkeley  
510-204-4444

Shasta Regional Medical Center  
1100 Butte St  
Redding  
530-844-5400  
[www.reddingmedicalcenter.org](http://www.reddingmedicalcenter.org)

Citrus Valley Medical Center  
210 W San Bernardino Rd  
Covina  
626-331-7331  
[www.cvhp.org](http://www.cvhp.org)

Queen of the Valley  
115 S Sunset Ave  
West Covina  
626-962-4011  
[www.cvhp.org](http://www.cvhp.org)

Mercy Medical Center  
2175 Rosaline Avenue  
Redding  
530-225-6000  
[www.reddingmercy.org](http://www.reddingmercy.org)

Mercy Hospital  
2215 Truxton Ave  
Bakersfield/Kern  
800-528-7345  
[www.chwbakersfield.org](http://www.chwbakersfield.org)

Glendale Adventist  
1509 Wilson Terrace  
Glendale/LA  
818-409-8000  
[www.glendaleadventist.org](http://www.glendaleadventist.org)

## **Appendix D: Participants and Acknowledgements**

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