



Origination 2/1/2009
Last Approved 5/3/2023
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Last Revised 5/3/2023
Next Review 5/2/2026

Owner John Fankhauser,
MD: Chief
Executive Officer,
VCMC & SPH
Policy Area Administrative -
Fiscal

110.032 Discount Payment Policy

PURPOSE:

Ventura County Medical Center (VCMC)/Santa Paula Hospital (SPH) and hospital campus clinics strive to provide compassionate, quality patient care for the community we serve. This policy demonstrates VCMC and SPH's commitment to our mission and vision by helping meet the needs of low income and uninsured patients in our community.

POLICY:

Ventura County Medical Center (VCMC)/Santa Paula Hospital (SPH) and hospital campus clinics shall offer a Discount Payment Program for hospital, ambulatory care, urgent care and emergency room services.

PROCEDURE:

Eligibility for Participation in Discount Payment Program

Self-Pay Patients

A patient who does not have third party coverage from a health insurer, health care service plan, Medicare, or Medi-Cal or whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital and hospital clinics. Self-pay patients may include charity care patients.

Insured and Underinsured Patients

A patient who has third party coverage or whose injury is a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by hospital and/or hospital clinic staff may qualify for the Discount Payment Program (for co-pays and deductibles)

if all of the following conditions are met:

- The patient does not receive a discount rate from the hospital because of his or her third party coverage.
- The patient has annual out-of-pocket costs incurred by the patient at the hospital or clinic that exceed the lesser of ten percent (10%) of the patient's current family income or family income in the prior twelve (12) months, or annual out-of-pocket medical expenses that exceed 10 percent (10%) of the patient's family income, if the patient provides documentation of the medical expenses paid by the patient or the patient's family in the prior twelve (12) months.

Hospital and hospital clinic staff shall make reasonable efforts to obtain from the patient, or his or her representative, information about whether private or public health insurance, including eligibility for the California Health Benefit Exchange, may fully or partially cover the charges for care. If the patient does not have proof of third party coverage, hospital staff shall provide the patient with application forms and other information explaining how the patient may be eligible for specified health coverage programs, including, but not limited to, Medi-Cal, California Children's Services, the California Health Benefit Exchange, or other government funded health care programs. The fact that a patient is applying for any of the above described health care coverage, shall not preclude such patient from qualifying for the Discount Payment Program.

Cash Pay Patients

A patient who elects not to complete the Discount Payment Program application shall be eligible for the Discount Payment Program Cash-Pay Patient rate of fifty percent (50%) of billed charges.

Definition of Patient's Family & Determination of Family Income

The "patient's family" means the following:

1. For persons eighteen (18) years of age and older, a spouse, domestic partner and dependent children under twenty-one (21) years of age, whether living at home or not;
2. For persons under eighteen (18) years of age, a parent, caretaker relatives and other children under twenty one (21) years of age of the parent or caretaker relative.

Documentation of family income shall be limited to recent pay stubs or tax returns. The patient's assets or the assets of the patient's family may not be considered when calculating family income.

The measure of the Federal Poverty Level (FPL) shall be made by reference to the most up-to-date Department of Health and Human Services (HHS) poverty guidelines for the number of persons in the patient's family or household. <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

For those patients who do not qualify for charity care but qualify to participate in the Discount Payment Program, the amount of the discount is determined by the Discount Payment Rate Schedule. The expected payment for services the hospital provides (to any patient who is eligible under the Discount Payment Program) shall not exceed one hundred percent (100%) of the greatest amount of payment the hospital would receive from Medicare, Medi-Cal, or any other government sponsored health program of health benefits, in which the hospital participates (based on the current fee schedule of such payor). This will be determined on a case-by-case basis.

Emergency Physicians

The hospital's contracted Emergency Department physicians must also offer discounted payment programs. Patients shall be notified of the availability of such programs, as provided in the "Notices" section of this policy.

Extended Payment Plans

Patients who are eligible to participate in the Discount Payment Program shall be permitted to make payments of the discounted amount, over an extended period of time (not to exceed sixty (60) months), with no interest accruing or being charged. Monthly payments pursuant to any repayment plan negotiated with a patient (pursuant to the Discount Payment Program), shall not exceed ten percent (10%) of the patient's income, excluding deductions for essential living expenses.

"Essential living expenses" shall mean expenses incurred by the patient for any of the following:

- Rent or house payments (including maintenance expenses),
- Food and household supplies,
- Utilities and phone,
- Clothing,
- Medical and dental payments,
- Insurance,
- School and child care,
- Child and spousal support,
- Transportation and automobile expenses (including insurance, fuel and repairs),
- Installment payments,
- Laundry and cleaning expenses,
- Other extraordinary expenses.

Hospital staff shall request that the patient provide details supporting the essential living expenses that should be considered in determining a reasonable payment plan for the patient.

Resolution of Disputes

Any disputes regarding a patient's eligibility to participate in the Discount Payment Program, shall be directed to and resolved by the Health Care Agency Chief Financial Officer.

Notices

In order to ensure that patients are aware of the existence of the Discount Payment Program, the following actions shall be taken:

Written Notice to Patients

Each patient who is seen by VCMC, SPH, or hospital clinics, whether admitted or not, shall receive the notice attached hereto as Exhibit 1. The notice shall be provided in the English and non-English languages spoken by a substantial number of the patients served by the hospital.

In addition, the notice attached hereto as Exhibit 1, shall also be clearly and conspicuously posted in locations that are visible to patients in the following areas:

1. Emergency Department;
2. Billing Office;
3. Admissions Office;
4. Other outpatient settings;
5. Prominently displayed on the hospital's internet website with a link to the Discount Payment Policy.

Notice to Accompany Bills to Potentially Eligible Patients

Each bill that is sent to a patient, who has not provided proof of coverage by a third party at the time care is provided or upon discharge, must include a statement of charges for services rendered by VCMC and the notice attached hereto as Exhibit 2. The notice shall be provided in the English and non-English languages spoken by a substantial number of the patients served by the hospital.

Collection Activities

The Health Care Agency may use the services of an external collection agency for the collection of patient debt. No debt shall be assigned for collection until the Health Care Agency Director or his/her designee has reviewed the account, and either 1) the patient has been found to be ineligible for financial assistance, or 2) the patient has not responded to any attempts to bill or offer financial assistance for on hundred eighty (180) days. The notice attached hereto as Exhibit 3, will be provided to the patient prior to an account being assigned to an external collection agency.

The Health Care Agency shall obtain an agreement from each collection agency that it utilizes to collect patient debt that the collection agency shall comply with the requirements of Health & Safety Code, Sections 127425, 127426 and 127430, and the Discount Payment Program.

Neither the Health Care Agency, nor any collection agency utilized by the Health Care Agency, shall report adverse information to a consumer credit reporting agency or commence civil action against the patient for nonpayment at any time prior to one hundred eighty (180) days after the initial billing period if the patient lacks third party coverage or if the patient provides information that he or she may incur high medical costs. "High medical cost" is defined as: either annual out-of-pocket medical costs incurred by the patient at the hospital or clinic that exceed the lesser of ten percent (10%) of the patient's current family income or family income in the prior twelve (12) months, or annual out-of-pocket medical expenses that exceed ten percent (10%) of the patient's family income.

In addition, if a patient is attempting to qualify for eligibility under the Charity Care Program or Discount Payment Program and is attempting in good faith to settle an outstanding bill with the hospital, by negotiating a reasonable payment plan or making regular partial payments of a reasonable amount, the Health Care Agency shall not send the unpaid bill to any collection agency unless that entity has agreed to comply with Health & Safety Code Sections 127425, 127426 and 127430, and the Discount Payment Program.

Collection agencies shall comply with any payment plan entered into by a patient.

The Health Care Agency shall not, in dealing with patients eligible under the Charity Care Program or Discount Payment Program, use wage garnishments or liens on primary residences as a means of collecting unpaid hospital bills.

COPY

Exhibit 1

Charity Care & Discounted Payment Program

Patients who lack insurance or have inadequate insurance and meet certain low and moderate income requirements, may qualify for discounted payments or charity care. Patients should contact the Ventura County Health Care Agency at **805-648-9553** or VCHCA.PatientAssistance@ventura.org to obtain further information. Emergency Department physicians, who are not employees of the hospital, must also provide a discounted payment program. Please contact **626-447-0296** for further information.

There are organizations that will help patients understand the billing and payment process. For assistance, patients may contact the Health Consumer Alliance (<https://healthconsumer.org>.)

For information and eligibility for Covered California, please visit www.coveredca.com.

For Medi-Cal eligibility, please visit www.medi-cal.ca.gov.

For a list of the hospital's shoppable services, please visit https://apps.para-hcfs.com/PTT/FinalLinks/Ventura_V3.aspx.

COPY

Exhibit 2

Notice to Accompany Bills to Potentially Eligible Patients

Our records indicate that you do not have health insurance coverage or coverage under Medicare, Medi-Cal, or other similar government or non-government programs. If you have such coverage, please contact our office at **805-648-9553** as soon as possible, so the information can be obtained and the appropriate entity billed.

If you do not have health insurance coverage, you may be eligible for Medicare, Medi-Cal, the Ventura County Health Care Agency's Discounted Payment Program, or the Charity Care Program. For more information about how to apply for Medicare, Medi-Cal, the California Health Benefit Exchange, or other similar programs, please contact the Ventura County Health Care Agency by telephone at **805-648-9553** or via email at VCHCA.PatientAssistance@ventura.org and speak to a representative who will be able to answer questions and provide you with applications for these programs.

Emergency Department physicians, who are not employees of the hospital, must also provide a discounted payment program. Please contact **626-447-0296** for further information.

For additional assistance, patients may contact the Ventura County consumer assistance center toll free at **866-904-9362** or visit the Ventura County Human Services Agency website at www.vchsa.org.

COPY

Exhibit 3

Notice of Commencement of Collection Activities

John Doe
123 Main Street
Ventura, CA 93001
Re: Encounter #: 2000000001
Balance: \$100.00

Dear Mr. Doe,

State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8 a.m. or after 9 p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment.

Before assigning your account to a collection agency, a newly enacted California law requires that we notify you of the following information:

The date or dates of service of this account: XX/XX/XXXX
The name of the company your account will be assigned to: California Business Bureau
How you can obtain an itemized bill from us: Please call 805-648-9553 for an itemized bill
The name and type of health care coverage on record at the time of services or a statement that the hospital does not have that information
Applications for our Charity Care and Discount Payment Policies: See attached applications
The date(s) you were originally sent a notice about applying for financial assistance: XX/XX/XXXX
The date(s) you were sent a financial assistance application: XX/XX/XXXX
The date a decision was made on the application: XX/XX/XXXX

Please contact us at (phone number/business office) if you have any questions about this letter, or about your account/bill with us.

Respectfully

VCHCA

For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-382-4357 or online at www.ftc.gov. Patients may also contact the Ventura County consumer assistance center toll free at **866-904-9362** or visit the Ventura County Human Services Agency website at www.vchsa.org.

All Revision Dates

5/3/2023, 4/14/2023, 7/30/2019, 6/6/2019, 8/1/2017

Attachments

[Discount Payment Clinic Service Schedule](#)

[Discount Payment Policy Rate Schedule](#)

[Discount Program Application](#)

Approval Signatures

Step Description	Approver	Date
Finance	Michael Taylor: Chief Financial Officer, Health Care Agency	5/3/2023
Finance	Jill Ward: Chief Financial Officer, VCMC & SPH	5/3/2023
Policy Owner	John Fankhauser, MD: Chief Executive Officer, VCMC & SPH	5/3/2023



NON-FQHC Clinics		Program 1 0% - 100% FPL	Program 2 100.01% - 138% FPL	Program 3 138.01% to 150% FPL	Program 4 150.01% - 200% FPL	Program 5 200.01% - 400% FPL	Program 6 >400% FPL
	Schedule A *	\$10.00	\$15.00	\$20.00	\$25.00	Full Charge**	Full Charge**
	Schedule B *	\$15.00	\$20.00	\$25.00	\$30.00	Full Charge**	Full Charge**
	Schedule C *	\$6.00	\$8.00	\$9.00	\$10.00	Full Charge**	Full Charge**
	Schedule D *	\$10.00	\$20.00	\$30.00	\$40.00	Full Charge**	Full Charge**
	Schedule E *	\$20.00	\$40.00	\$50.00	\$80.00	Full Charge**	Full Charge**
	Schedule F *	\$20.00	\$40.00	\$60.00	\$80.00	Full Charge**	Full Charge**
	Schedule G *	\$0.00	\$0.00	\$0.00	\$0.00	Full Charge**	Full Charge**

Based on 2023 Federal Poverty Guidelines: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

*See Schedule of Services

**Patient may qualify for the VCMS Self Pay Discount Program

Hospital Patient Cost		Program 1 10% - 100% FPL If does not qualify for Charity Care	Program 2 100.01% - 138% FPL	Program 3 138.01% to 150% FPL	Program 4 150.01% - 200% FPL	Program 5 200.01% - 400% FPL	Program 6 > 400% FPL
Inpatient Case Rate		\$2,520	\$2,940	\$3,360	\$3,780	\$4,200	\$21,000 After 5 Days switch to DRG
Obstetrics (OB) Delivery Service							
	Vaginal	\$2,700	\$3,150	\$3,600	\$4,050	\$4,500	\$9,000
	C-Section	\$3,800	\$4,400	\$5,100	\$5,800	\$6,400	\$12,800
Emergency Services							
	Emergency Department Visit	\$150	\$170	\$190	\$210	\$230	\$460
Ancillary Services							
Radiology (per series)	Interventional Radiology	\$878	\$1,024	\$1,170	\$1,316	\$1,463	\$1,950
	CT Scan	\$194	\$226	\$258	\$290	\$323	\$430
	Dexa Scan	\$38	\$45	\$51	\$57	\$64	\$85
	Nuclear Medicine	\$49	\$57	\$66	\$74	\$82	\$110
	Ultra Sound Internal Organ:						
	Organ	\$65	\$76	\$87	\$98	\$109	\$145
	Ultra Sound- Fetal	\$65	\$76	\$87	\$98	\$109	\$145
	MRI Service	\$359	\$419	\$479	\$539	\$599	\$798
Laboratory	Inhouse Test	\$15	\$15	\$15	\$15	\$15	\$14
	Lab Tier 1 Geno type and HIV \$500	\$300	\$350	\$400	\$450	\$500	\$1,000
	Lab Tier 2 - Chromosome, Marker, DNA \$850	\$510	\$595	\$680	\$765	\$850	\$1,700
	Lab Tier 3 - respiratory virus PCR, stratify JCV \$1,400	\$840	\$980	\$1,120	\$1,260	\$1,400	\$2,800
	Lab Tier 4 - Qnatal advanced \$1,995	\$1,197	\$1,397	\$1,596	\$1,796	\$1,995	\$3,990
	Lab Send Out	\$15	\$15	\$15	\$15	\$15	\$14
Rehabilitation (per visit)	Physical Therapy	\$27	\$31	\$36	\$40	\$45	\$60
	Occupational Therapy	\$27	\$31	\$36	\$40	\$45	\$60
Infusion	Infusion Chemo Therapy-Admin	\$49	\$57	\$66	\$74	\$82	\$110
	Infusion Chemo Drug	\$376	\$438	\$501	\$564	\$626	\$835
Same Day Surgery							
	Hourly	\$608	\$709	\$810	\$911	\$1,013	\$2,025
	Case Rate	\$1,312	\$1,531	\$1,750	\$1,968	\$2,187	\$10,935
	Max OOP	\$1,216	\$1,418	\$1,620	\$1,822	\$2,025	\$10,125
GI							
	EGD and Colonoscopy	\$500	\$600	\$650	\$750	\$850	\$1,200
	EGD or Colonoscopy only	\$345	\$403	\$460	\$518	\$575	\$1,150
Services not listed Above		Discount Rate calculated on a case- by- case basis; will not exceed 100% of the MediCal reimbursement rate pursuant to Health and Safety code sections 127400 through 127446 0% to 100% FPL (60% of total M-Cal reimbursement) 100.01% to 138% FPL (70% of total M-Cal reimbursement) 138.01% to 150% FPL (80% of total M-Cal reimbursement) 150.01% to 200% FPL (90% of total M-Cal reimbursement) 200.01% to 350% FPL (100% of total M-Cal reimbursement)					Discount Rate calculated on a case -by- case basis ;will not exceed 50 of billed charges and not less than 150% of the Medical reimbursement

Note: Cash-Pay Patients are offered a discount equal to 50% of billed charges

DISCOUNT PROGRAM SERVICE CLINIC SCHEDULE

Schedule A

	General primary medical care including medically-indicated point-of-care testing, preventive vaccines, stocked medication, X-ray, and health education at point of care *
	Well child services *
	Gynecological care *
	Prenatal including NST *
	Post partum care *
	Urgent care *
	Mental health therapy visits *

Schedule B

	Dietitian visits
	Optometric exam
	Physical therapy
	Pain management
	Podiatry
	Nephrology
	Urology
	Neurology
	Orthopedics (including casts, splints)
	Rheumatology
	Bariatrics (non-procedural services)
	Ultrasounds
	Psychiatry

Schedule C

	Complete blood count
	Basic metabolic panel
	Lipid panel
	Liver panel
	Thyroid stimulating hormone
	HbA1C
	Urinalysis
	Pregnancy test (blood)
	STD test
	Hepatitis test
	HIV Test
	Immunizations
	Pap smear
	Prenatal labs

Schedule D

	Preventive dental services
	Dental x-rays
	Dental fillings
	Dental sealants
	Peridontal scaling and root planing, per quadrant

Schedule E

	Other dental services
	Joint injections
	Colposcopy
	Botox services
	Other services and simple procedures 29 min or less

Schedule F

	Vasectomy
	Circumcision
	Insertion or removal of IUD
	Nexplanon insertion or removal
	Toenail removal
	Other services and procedures 30 min or more

Schedule G

	Blood pressure checks not included in Schedule A
	Retinal screening not included in Schedule A
	X-ray not included in Schedule A
	Nurse visits not included in Schedule A
	In-clinic labs not included in Schedule A

* These encounters includes point of care testing, x-ray, blood pressure checks, nurse encounters, and retinal screening.



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110.030 Charity Care Policy

PURPOSE:

Ventura County Medical Center (VCMC)/Santa Paula Hospital (SPH) and hospital clinics strive to provide compassionate, quality patient care for the community we serve. This policy demonstrates VCMC and SPH's commitment to our mission and vision by helping meet the needs of low income and uninsured patients in our community.

POLICY:

The Ventura County Health Care Agency (HCA) hospitals, Ventura County Medical Center (VCMC) and Santa Paula Hospital (SPH) and hospital clinics, will offer a Charity Care Program for hospital, ambulatory care and urgent care services to patients who meet the eligibility tests described below, pursuant to Health & Safety Code sections 127400 through 127446.

PROCEDURE:

Eligibility for Participation in Charity Care Program

Self-Pay Patients: A patient qualifies for the Charity Care Program if all of the following conditions are met:

- The patient does not have third party coverage from a health insurer, health care service plan, Medicare or Medi-Cal as determined and documented by the hospital; or
- The patient has incurred annual out-of-pocket medical costs at the hospital that exceed the lesser of 10 percent of the patient's current family income or family income in the prior 12 months, or annual out-of-pocket medical expenses that exceed 10 percent of the patient's family income; and
- The patient's injury is not a compensable injury for purposes of workers' compensation,

- automobile insurance, or other insurance as determined and documented by HCA; and
- The patient's family income does not exceed 400% of the Federal Poverty Level; and
- The patient has monetary assets of less than \$10,000.00. Monetary assets shall not include retirement or deferred compensation plans qualified under the Internal Revenue Code, or non-qualified deferred compensation plans (the patient's first \$10,000 of monetary assets, and 50 percent of the patient's monetary assets in excess of \$10,000, shall not be considered in determining eligibility).

Hospital staff shall make reasonable efforts to obtain from the patient, or his or her representative, information about whether private or public health insurance, including eligibility for the California Health Benefit Exchange, may fully or partially cover the charges for care. If the patient does not have proof of third party coverage, hospital staff shall provide the patient with application forms and other information explaining how the patient may be eligible for specified health coverage programs, including, but not limited to, Medi-Cal, California Children's Services, the California Health Benefit Exchange or other government-funded health care programs.

The fact that a patient is applying for any of the above described health care coverage shall not preclude such patient from qualifying for the Charity Care Program or Discount Payment Program.

Other Circumstances: A patient may also qualify for the Charity Care Program if:

- a. The patient qualifies for limited benefits under Medi-Cal, i.e., limited pregnancy or emergency benefits, but does not have benefits for other services provided at the hospital.
- b. The patient qualifies for a medically indigent adult program offered by a county other than Ventura County.
- c. Reasonable efforts have been made to locate and contact the patient, such efforts have been unsuccessful, and the HCA Director or designee has reason to believe that the patient would qualify for charity or a discount (i.e., the patient is homeless).
- d. A third party collection agency has made efforts to collect the outstanding balance and has recommended to the HCA Director or designee that charity care or a discount be offered.

Definition of Patient's Family and Determination of Family Income: The "patient's family" is defined as the following:

- For persons 18 years of age and older, family is defined as a spouse, domestic partner and dependent children under 21 years of age, whether living at home or not.
- For persons under 18 years of age, family is defined as a parent, caretaker relatives, and other children under 21 years of age of the parent or caretaker relative.

Documentation of family income shall be limited to recent pay stubs or tax returns. In determining a patient's monetary assets, the hospital/clinic shall not consider retirement or deferred compensation plans qualified under the Internal Revenue Code, non-qualified deferred compensation plans, the first ten thousand dollars (\$10,000.00) of monetary assets, or fifty percent (50%) of the patient's monetary assets in excess of the first ten thousand dollars (\$10,000.00).

Federal Poverty Levels: The measure of 400% of the Federal Poverty Level shall be made by reference to the most up-to-date Department of Health and Human Services poverty guidelines for the number of

persons in the patient's family or household. <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.

Charity Care

Balances for those patients who qualify to participate in the Charity Care Program, as determined by HCA, shall be reduced to a sum equal to \$0 with the remaining balance eliminated and classified as charity care.

Resolution of Disputes

Any disputes regarding a patient's eligibility to participate in the Charity Care Program shall be directed to and resolved by the Health Care Agency Chief Financial Officer.

Notices

To ensure that patients are aware of the existence of the Charity Care Program, the following actions shall be taken:

Written Notice to Patients - Each patient who is seen at the hospital, whether admitted or not, shall receive the notice attached hereto as Exhibit 1. The notice shall be provided in English and non-English languages spoken by a substantial number of the patients served by the hospital.

In addition, the notice attached hereto as Exhibit 1 shall also be clearly and conspicuously posted in locations that are visible to patients in the following areas:

- Emergency Department
- Billing Office
- Admissions Office
- Other outpatient settings
- Prominently displayed on the hospital's internet website with a link to the Charity Care Program

Each bill that is sent to a patient who has not provided proof of coverage by a third party at the time care is provided or upon discharge must include a statement of charges for services rendered by the hospital and the notice attached hereto as Exhibit 2. The notice shall be provided in English and non-English languages spoken by a substantial number of the patients served by the hospital.

Collection Activities

HCA may use the services of an external collection agency for the collection of patient debt. No debt shall be assigned for collection until the HCA Director or his/her designee has reviewed the account, and either 1) the patient has been found to be ineligible for financial assistance, or 2) the patient has not responded to any attempts to bill or offer financial assistance for 180 days. The notice attached hereto as Exhibit 3 will be provided to the patient prior to an account being assigned to an external collection agency.

HCA shall obtain an agreement from each collection agency that it utilizes to collect patient debt that the agency will comply with the requirements of Health & Safety Code Sections 127425, 127426 and 127430

and the Charity Care Program.

Neither HCA nor any collection agency utilized by HCA shall report adverse information to a consumer credit reporting agency or commence civil action against the patient for nonpayment at any time prior to 180 days after the initial billing if the patient lacks third party coverage, or if the patient who provides information that he or she may qualify for the Charity Care Program.

In addition, if a patient is attempting to qualify for eligibility under the Charity Care Program or Discount Payment Program and is attempting in good faith to settle an outstanding bill with the hospital by negotiating a reasonable payment plan or making regular partial payments of a reasonable amount, HCA shall not send the unpaid bill to any collection agency unless that entity has agreed to comply with Health & Safety Code Sections 127425, 127426 and 127430, and the Charity Care Program.

Any collection agency shall comply with any payment plan entered into by a patient. HCA shall not, in dealing with patients eligible under the Charity Care Program or Discount Payment Program, use wage garnishments or liens on primary residences as a means of collecting unpaid hospital bills.

COPY

EXHIBIT 1

Charity Care and Discounted Payment Program

Patients who lack insurance or have inadequate insurance and meet certain low- and moderate-income requirements may qualify for discounted payments or charity care. Patients should contact the Ventura County Health Care Agency at **805-648-9553** or VCHCA.PatientAssistance@ventura.org to obtain further information. Emergency Department physicians, who are not employees of the hospital, must also provide a discounted payment program. Please contact **626-447-0296** for further information.

There are organizations that will help patients understand the billing and payment process. For assistance, patients may contact the Health Consumer Alliance (<https://healthconsumer.org>.)

For information and eligibility for Covered California, please visit www.coveredca.com.

For Medical eligibility, please visit www.medi-cal.ca.gov.

For a list of the hospital's shoppable services, please visit https://apps.para-hcfs.com/PTT/FinalLinks/Ventura_V3.aspx.

COPY

EXHIBIT 2

Notice to Accompany Bills to Potentially Eligible Patients

Our records indicate that you do not have health insurance coverage or coverage under Medicare, Medi-Cal, or other similar programs. If you have such coverage, please contact our office at **805-648-9553** as soon as possible so the information can be obtained and the appropriate entity billed.

If you do not have health insurance coverage, you may be eligible for Medicare, Medi-Cal, the Ventura County Health Care Agency's Discounted Payment Program, or the Charity Care Program. For more information about how to apply for Medicare, Medi-Cal, the California Health Benefit Exchange, or other similar programs, please contact the Ventura County Health Care Agency by telephone at **805-648-9553** or via email at VCHCA.PatientAssistance@ventura.org and speak to a representative who will be able to answer questions and provide you with applications for these programs.

Emergency Department physicians, who are not employees of the hospital, must also provide a discounted payment program. Please contact **626-447-0296** for further information.

For additional assistance, patients may contact the Ventura County consumer assistance center toll free at **866-904-9362** or visit the Ventura County Human Services Agency website at www.vchsa.org.

COPY

EXHIBIT 3

Notice of Commencement of Collection Activities

John Doe
123 Main Street
Ventura, CA 93001
Re: Encounter #: 2000000001
Balance: \$100.00

Dear Mr. Doe,

State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8 a.m. or after 9 p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment.

Before assigning your account to a collection agency, a newly enacted California law requires that we notify you of the following information:

The date or dates of service of this account: XX/XX/XXXX
The name of the company your account will be assigned to: California Business Bureau
How you can obtain an itemized bill from us: Please call 805-648-9553 for an itemized bill
The name and type of health care coverage on record at the time of services or a statement that the hospital does not have that information:
Applications for our Charity Care and Discount Payment Policies: See attached applications.
The date(s) you were originally sent a notice about applying for financial assistance: XX/XX/XXXX
The date(s) you were sent a financial assistance application: XX/XX/XXXX
The date a decision was made on the application: XX/XX/XXXX

Please contact us at (phone number/business office) if you have any questions about this letter, or about your account/bill with us.

Respectfully

VCHCA

For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-382-4357 or online at www.ftc.gov. Patients may also contact the Ventura County consumer assistance center toll free at **866-904-9362** or visit the Ventura County Human Services Agency website at www.vchsa.org.

All Revision Dates

5/3/2023, 4/14/2023, 7/30/2019, 8/1/2017

Attachments

[Charity Care Application](#)

Approval Signatures

Step Description	Approver	Date
Finance	Michael Taylor: Chief Financial Officer, Health Care Agency	5/3/2023
Finance	Jill Ward: Chief Financial Officer, VCMC & SPH	5/3/2023
Policy Owner	John Fankhauser, MD: Chief Executive Officer, VCMC & SPH	5/3/2023

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