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110.032 Discount Payment Program Policy

PURPOSE:

The Ventura County Health Care Agency (HCA), including Ventura County Medical Center (VCMC) / Santa Paula Hospital (SPH) strives to provide compassionate, quality patient care for the community we serve. This policy demonstrates HCA's commitment to ensuring financially qualified patients are not charged more than permitted by law for medically necessary hospital services. The purpose of this policy is to establish objective, standardized criteria for determining eligibility and benefits under the Hospital Discount Payment Program (DPP) in compliance with California Health & Safety Code sections 127400-127446.

SCOPE:

This policy applies to VCMC and SPH and to hospital-based outpatient departments and clinics billed as hospital services.

This policy does not apply to services provided in Federally Qualified Health Centers (FQHCs) or to clinic services billed under a clinic fee schedule. Financial assistance for those services is addressed in separate clinic policies.

POLICY:

VCMC and SPH offer a Discount Payment Program for eligible patients receiving medically necessary hospital services. Patients who meet the eligibility criteria described below will be considered for financial assistance under either:

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- Policy 110.030 – Hospital Charity Care Policy, or
- Policy 110.032 – Hospital Discount Payment Program Policy

Eligibility for financial assistance is determined using a single eligibility gate. Assignment to Charity Care versus the Discount Payment Program is determined using a standardized, non-discretionary benefit determination process, as described in this policy.

For patients with family income at or below 400% of the federal poverty level who are eligible under the Hospital Discount Payment Program, the hospital shall limit the expected payment for services provided to the amount the hospital would expect, in good faith, to receive for providing the same services from Medicare or Medi-Cal, whichever amount is greater.

An application for financial assistance may be submitted at any time. Services are presumed medically necessary unless the hospital provides advance attestation that services are not medically necessary.

PROCEDURE:

Eligibility for Participation in the Discount Payment Program

Eligibility Gate (Hospital Fair Billing)

A patient is eligible to apply for hospital financial assistance if the patient:

- Is uninsured (self-pay), or has high medical costs; and
- Has family income at or below 400 percent of the Federal Poverty Level (FPL).

Patients who meet the eligibility gate above will be evaluated under this policy unless the standardized benefit determination results in assignment to Charity Care under Policy 110.030.

DEFINITIONS

Self-Pay Patients

A patient who does not have third party coverage from a health insurer, health care service plan, Medicare, or Medi-Cal for those services rendered, or whose injury is not a compensable injury under workers' compensation, automobile insurance, or other insurance that may be responsible for paying their medical bills, as determined and documented by HCA.

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High Medical Costs

A patient whose family income does not exceed 400 percent of the Federal Poverty Level and whose out-of-pocket medical expenses for hospital services meet one or more of the following:

A. Annual out-of-pocket hospital costs exceed the lesser of ten percent (10%) of the patient's current family income or ten percent (10%) of the patient's family income in the prior twelve (12) months; or

B. Annual out-of-pocket medical expenses paid by the patient or the patient's family exceed ten percent (10%) of the patient's family income, based on documentation of expenses paid within the prior twelve (12) months.

Insured and Underinsured Patients

A patient with third-party coverage may qualify as having high medical costs for purposes of this policy when the patient's cost-sharing obligations (including deductibles, copayments, and coinsurance) meet the criteria above and the patient does not otherwise receive a discounted rate from the hospital based on third-party coverage.

Family Income and Federal Poverty Level (FPL)

Eligibility determinations under this policy are based on family income and the Federal Poverty Level in effect at the time of service or first billing, using the Department of Health and Human Services (HHS) poverty guidelines.

Documentation of income is limited to recent pay stubs or income tax returns, as defined by law. Other documentation may be accepted but shall not be required as a condition of eligibility.

Monetary assets of the patient or the patient's family shall not be considered in determining eligibility or benefit level under this policy.

Benefit Determination and Discount Limit

Patients who meet the eligibility gate and whose standardized benefit determination results in an expected patient payment greater than $0 will be assigned to the Discount Payment Program.

Eligibility is determined based on review of a completed Discount Application and

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supporting income. Generally, patients with family income at or below 400% of the Federal Poverty Level will be eligible for a discount. Patients with family income greater than 400% of the Federal Poverty Level may be eligible for a partial discount based on income level.

The Patient Financial Assistance application should be completed for all patients requesting Financial Assistance and the supporting documentation described in the application form should be gathered.

The Revenue Cycle Director, Chief Financial Officer or Chief Operating Officer may, under unusual circumstances, extend a full Charity Care discount to individuals who would not otherwise qualify for Charity Care under this policy. When such an award is made, the unusual circumstances justifying the award of Charity Care will be documented in writing and maintained in a segregated file in Patient Financial Services.

Patient Insurance Status Unknown

HCA staff shall make reasonable efforts to determine whether private or public health insurance coverage may fully or partially cover the charges for care. Screening for coverage shall not delay or preclude screening for hospital financial assistance.

Emergency Physicians

Contracted Emergency Department physicians providing emergency services at VCMC and SPH are required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 400 percent of the Federal Poverty Level. Patients will be notified of the availability of such programs.

Extended Payment Plans

Eligible patients assigned to the Discount Payment Program will be offered a reasonable, interest-free extended payment plan. Monthly payments shall not exceed ten percent (10%) of the patient's monthly family income, excluding essential living expenses.

Notices to Patients

HCA shall provide written notice to patients regarding the availability of Charity Care and the Discount Payment Program, including:

- General notices posted in public locations and on the hospital website;
- Notices provided at points of service; and

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- Notices included with billing statements to potentially eligible patients.

The content of patient notices shall meet applicable legal requirements and shall be maintained as operational documents, separate from this policy.

Collection Activities

Billing and collection activities related to patients eligible or potentially eligible under this policy shall comply with California Hospital Fair Billing and Fair Pricing requirements. No account shall be referred to collections until required notices and timeframes have been satisfied.

HCA shall ensure that any collection agencies utilized comply with applicable law and with the requirements of this policy.

Duration of Eligibility

Eligibility determinations under this policy are valid for twelve (12) months from the date of determination unless the patient's financial circumstances materially change.

Presumptive eligibility determinations may be made based on reliable information when a patient does not submit documentation.

Resolution of Disputes

Any disputes regarding eligibility or benefit determinations under this policy shall be reviewed and resolved by the HCA Chief Financial Officer or designee.

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Exhibit 1

Charity Care & Discounted Payment Program

Patients who lack insurance, have inadequate insurance, or high medical costs 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 **805-648-553**, vchca.org 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 hospitals' shoppable services, please visit:

https://apps.para-hcfs.com/PTT/FinalLinks/Ventura_V3.aspx#

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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 out 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, or have high medical costs, 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, Presumptive 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, the internet at vchca.org 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. An application for the Discount Payment Program is enclosed.

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.

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Exhibit 3

Notice to 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 or 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 judgement.
Before assigning your account to a collection agency, a California law requires that HCA 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, if submitted:
XX/XX/XXXX
Please contact us at (805-648-9553/business office) if you have any questions about this letter, or about your account/bill with us.

Respectfully

HCA

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

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All Revision Dates

10/27/2026, 05/25/2026, 03/27/2026, 12/17/2024, 5/3/2023, 4/14/2023, 7/30/2019, 6/6/2019, 8/1/2017

Attachments

110-032 Discount Payment Program Policy – Spanish.pdf

Discount Program Application [English]

Discount Program Application [Spanish]

Discount Rate Schedule and Service Schedule.pdf

Approval Signatures

Step Description	Approver	Date
Health Care Agency Finance	Michael Taylor: Chief Financial Officer, Health Care Agency	10/27/2026
Hospital Finance	Jill Ward: Chief Financial Officer, VCMC & SPH	10/27/2026
Revenue Cycle	Kimberly Dillard: Director, Revenue Cycle	10/27/2026

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