Uninsured and High Medical Cost Patient Discount Payment Policy

Policy	Uninsured and High Medical Cost Patient Discount Payment Policy	**Department**	Organization Wide
Effective Date	7/1/2025	**Revision Date(s)**	1/2026, 2/2026, 8/2026, 10/2026
Review Date(s)	1/2026, 2/2026, 8/2026, 10//2026		

I. Purpose

The purpose of this Uninsured and High Medical Cost Patient Discount Payment Policy is to define eligibility and payment limits for Self-Pay Patients and Patients with High Medical Costs, including those whose Family Income is at or below 400% of the Federal Poverty Level, who receive Medically Necessary services at Mad River Community Hospital (MRCH).

II. Policy

A. MRCH will provide Discount Payment to eligible Self-Pay Patients and Patients with High Medical Costs. Patients whose Family Income is at or below 400% of the Federal Poverty Level are eligible to participate under this Policy when they meet the applicable criteria.

B. This Policy applies to Self-Pay Patients and Patients with High Medical Costs. MRCH may also provide discounts that are more generous than the minimum required by law.

C. If a patient qualifies for MRCH Charity Care, the more generous Charity Care benefit will apply. A patient who is not approved for Charity Care may still qualify for Discount Payment.

III. Definitions

A. Charity Care: A 100% waiver of the eligible patient financial obligation under MRCH's Financial Assistance Charity Care Policy. Charity Care is separate from Discount Payment; denial of Charity Care does not automatically mean a patient is ineligible for Discount Payment.

B. Medically Necessary Services: Healthcare services, including emergency care, which, in the opinion of an MRCH treating physician, is a service, item, procedure or level of care that is necessary for the proper treatment or management of the patient's illness, injury or disability.

C. Self-Pay Patient: A patient who does not have third-party coverage from a health insurer, health care service plan, Medicare, or Medicaid. This includes a patient whose injury or services are not covered by workers' compensation, automobile insurance, or other insurance, as determined and documented by MRCH.

D. Patient's Family: For a patient 18 years of age or older, family includes the patient's spouse, domestic partner as defined in Section 297 of the California Family Code, and dependent children under 21 years of age, whether living at home or not, and dependent children of any age if disabled, consistent with Section 1614(a) of Part A of Title XVI of the Social Security Act. For a patient under 18 years of age, or a dependent child 18 to 20 years of age, inclusive, family includes the patient's parent, caretaker relatives, and the parent's or caretaker relative's other dependent children under 21 years of age, or dependent children of any age if disabled.

E. Federal Poverty Level (FPL): The poverty guidelines updated periodically by the U.S. Department of Health and Human Services.

F. High Medical Costs: (1) annual out-of-pocket costs incurred by the patient at MRCH that exceed the lesser of 10% of the patient's current Family Income or Family Income in the prior 12 months; (2) annual out-of-pocket medical expenses that exceed 10% of Family Income if the patient provides documentation of medical expenses paid by the patient or family in the prior 12 months; or (3) a lower level established by MRCH.

G. Patient with High Medical Costs: An insured patient who meets the High Medical Costs definition.

H. Professional Services: Services provided by physicians contracted to provide services at MRCH and billed through one of MRCH's clinics.

I. Hospital/Facility Fee: An additional charge for healthcare services delivered in a hospital or other facility that bills for its services separately from the physician or other provider who performs the service.

1. Inpatient Services: All admissions to the hospital that meet Inpatient criteria

2. Outpatient Services: All admissions to any department that do not meet Inpatient criteria (e.g. Laboratory, Radiology, Outpatient Surgery, Emergency Room, Observation, etc.

IV. Procedure

A. Guidelines

1. MRCH may provide an automatic Self-Pay discount without an application. For a Self-Pay Patient or Patient with High Medical Costs whose Family Income is at or below 400% FPL, MRCH will also determine eligibility for the Discount Payment required by this Policy. The patient may apply for Charity Care and Discount Payment at the same time.

2. MRCH may review its additional Self-Pay discount rates periodically. Changes to additional discounts will not reduce the protections available to eligible patients under California law or this Policy.

3. For a Self-Pay Patient or Patient with High Medical Costs whose Family Income is at or below 400% FPL, MRCH will limit expected payment for hospital services to the amount MRCH would reasonably expect to receive from Medicare or Medi-Cal, whichever is greater. If neither program has an established payment for a service,

MRCH will establish an appropriate discounted payment. If MRCH Charity Care or another MRCH discount results in a lower patient responsibility, the more generous amount will apply.

B. Non-eligible Services

1. Non-MRCH services are not covered by this policy. Patients may contact other providers' offices directly to inquire about available discounts.

C. Eligibility Determination

1. A patient may provide information about applicable third-party coverage so MRCH can determine whether the patient is Self-Pay or has High Medical Costs. A patient is not required to apply for other health coverage as a condition of receiving Discount Payment for which the patient otherwise qualifies.

2. To determine income-based eligibility, MRCH uses the patient's Family Income and the Federal Poverty Level in effect at the time the patient was first billed. MRCH may request reasonable proof of Family Income, including an income tax return for the year in which the patient was first billed or the prior 12 months, or paystubs within a six-month period before or after the patient was first billed. If those documents are unavailable, MRCH may accept other reasonable documentation. Monetary assets will not be considered. There is no application deadline; eligibility may be determined whenever MRCH receives the documentation required to establish eligibility.

D. Emergency Physician Services

1. Emergency physicians, as defined in Section 127450, who provide emergency medical care are also required by law to provide discounts to eligible Self-Pay Patients and Patients with High Medical Costs whose Family Income is at or below 400% FPL.

E. Payment Plans

1. Patients have the opportunity to negotiate an interest-free payment plan that allows the patient to pay their balances over time. The payment plan will include monthly payments (without interest or late fees) that are not more than 10% of a patient or family's monthly income, excluding deductions for essential living expenses. "Essential living expenses" means, for purposes of this subdivision, expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

2. The extended payment plan may be declared no longer operative after the patient's failure to make all consecutive payments due during a 90-day period, starting with the first day that the patient misses a payment. Before declaring the hospital extended payment plan no longer operative, MRCH shall make a reasonable attempt to contact the patient by telephone and to give notice in writing, that the extended payment plan may become inoperative, and of the opportunity to renegotiate the extended payment plan. MRCH shall attempt to renegotiate the

terms of the defaulted extended payment plan, if requested by the patient. For purposes of this section, the notice and telephone call to the patient may be made to the last known telephone number and address of the patient.

F. Disputes Resolution

1. A patient who disagrees with a Discount Payment eligibility determination may request review by contacting Patient Accounts at 707-826-8260 or collections@madriverhospital.com and requesting review by the Revenue Enhancement Manager or Chief Financial Officer. MRCH will provide a written eligibility determination.

V. Current Additional Self-Pay Discount Rate

A. See Appendix A

Policy Author:	Niesje Walton
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References:	
Distribution:	
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Mad River Community Hospital

Appendix A

Current Additional Self-Pay Discount Rate Information
As of July 1, 2025

Pursuant to this Policy, MRCH may provide the following additional automatic discounts to Self-Pay Patients. For patients who qualify for the statutory Discount Payment at or below 400% FPL, the patient will pay no more than the amount MRCH would reasonably expect to receive from Medicare or Medi-Cal, whichever is greater, and any more generous MRCH discount will apply.

1. A fifty percent (50%) discount for Professional services of MRCH Physicians (as defined in Part III, Section D of the Policy)

2. A fifty-seven percent (57%) discount for Inpatient services charged by MRCH (as defined in Part III, Section E(1) of the Policy)

3. A sixty-five percent (65%) discount for Outpatient services charged by MRCH (as defined in Part III, Section E(2) of the Policy)

The additional Self-Pay discount amounts may be reviewed periodically and are subject to change. Changes will not reduce the minimum Discount Payment protections required by law.