Mission Community Hospital POLICIES & PROCEDURES	**Index: Discount Payment Plan** **Page 1 of 11** **Approval: Mihi Lee**
TITLE: Discount Payment Policy and Procedure	
Effective Date: 01/2014	**Reviewed Date: 11/14, 01/15, 01/16, 01/17, 01/18,05/19,05/20, 05/21, 09/23, 01/24, 09/25**
Revised Date: 06/03; 07/08; 01/14; 01/15; 01/16, 01/17, 01/18, 05/19, 05/20, 05/21, 09/23, 01/24, 09/25	

PURPOSE

The purpose of this policy is to define the eligibility criteria for the Discount Payment program and the process used by Mission Community Hospital (MCH), Deanco Healthcare LLC to determine if a patient is eligible. The effective date of this policy is January 1, 2025.

POLICY

Mission Community Hospital (MCH) is committed to providing quality healthcare to the community and helping people who are uninsured, underinsured, ineligible for government programs or the California Health Benefit Exchange, and are unable to pay for medically necessary care based on their financial situation. MCH strives to ensure that people who need health care services are not prevented from getting care due to their financial status. Patients who seek to participate in the Discount Payment program are expected to comply with this policy and to contribute to the cost of their care based on this policy.

Emergency Physicians, (as defined in Health and Safety Code Section 127450), who provide emergency medical services in a hospital that provides emergency care, are also required by law to provide discounts to uninsured patients or patients with High Medical Costs who are at or below 400% of the Federal Poverty Level ("FPL"). This statement shall not be construed to impose any additional responsibilities upon the hospital.

It is the policy of MCH to provide patients with understandable written information regarding its Discount Payment program and to provide Financial Assistance to qualified patients for medically necessary services.

Under the Discount Payment program, the maximum amount that an Eligible Patient owes for services under this policy is limited to the amount of payment that MCH would expect, in good faith, to receive for providing services from Medicare or Medi-Cal, whoever is greater, based on the date on which the services are provided. If MCH provides a service for which there is no established payment by Medicare or Medi-Cal, MCH shall establish an appropriate discounted payment for such services.

Special circumstance discounts may be offered on a case-by-case basis.

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TYPE OF SERVICES COVERED

The Discount Payment program covers all eligible services, including medically necessary hospital services, educational services, and diagnostic services provided at MCH.

This Discount Payment program does not cover professional fees that may be charged by individual service providers, including, but not limited to physicians, anesthesiologists, radiologists, pathologists, and advanced practice professionals (such as nurse practitioners and physician assistants).

PROCEDURES

I. ELIGIBILITY

A. A patient is eligible for participation in the Discount Payment program if the patient follows this policy and meets the following requirements:

1. The patient's Family income is between 401% and 550% FPL; and

2. The patient is a patient with High Medical Costs.

B. Monetary assets are not considered in determining eligibility for participation in the Discount Payment program.

C. The determination of the patient's Family income is made in accordance with the Federal Poverty Level (FPL) in effect at the time of eligibility determination.

D. The determination of a patient's eligibility for participation in the Discount Payment program shall not take into consideration the patient's age, gender, race, social or immigrant status, sexual orientation or religious affiliation or any other legally protected status.

E. If the patient is eligible for participation in the Discount Payment program, the patient will be eligible for participation for one year from the date of approval. Additional applications for subsequent medical visits will not be required during the one-year eligibility period.

F. Limitations on Medicare Patients: Patients who meet the FPL requirement and have Medicare as primary coverage may qualify for the Discount Payment program, but the discount will be limited to a portion of the patient's copayments, coinsurance, deductible, and share of cost amounts unreimbursed by any other payer including Medi-Cal/Medicaid, and which is not reimbursed by Medicare as a bad debt.

II DETERMINATION OF ELIGIBILITY

A. MCH will determine a patient's eligibility by assessing the patient's individual situation. Except as set forth in Section III of this policy, the patient or his/her guarantor is expected to provide all necessary documentation to allow MCH to determine the patient's eligibility. Such documents include:

1. Application for Financial Assistance ("Application")
2. Copy of picture identification
3. Proof of Family income – Based on recent paystubs or income tax returns
4. Statement of Support providing explanation if living with no income
5. Documents showing the annual Out-of-Pocket Costs incurred and paid by the patient and/or the patient's family in the prior 12 months.

The Application for Financial Assistance is an attachment to the Charity Care policy.

B. Proof of Family income is limited to recent pay stubs or tax returns. No other documents showing Family income are required, but MCH will accept and consider other documents if offered by the patient.

C. Information obtained from income tax returns, paystubs, and any other monetary asset documentation provided by the patient for determination of eligibility will not be used for collection activities by MCH.

D. If a patient requests participation in the Discount Payment program but fails to provide information that is reasonable and necessary for MCH to determine eligibility, MCH may consider that failure in making its eligibility determination.

E. When the patient is unable to provide documentation verifying income, the following procedures shall be followed:

1. Written Attestation: The patient can sign a statement attesting to the accuracy of the income information provided.

2. Verbal Attestation: The Hospital financial counselor may provide written attestation that the patient verbally verified the income calculation. Some attempts should be made to document the patient's Family income before taking a verbal attestation, but the financial counselor may not request any documents from the patient relating to income except recent pay stubs and income tax returns.

F. Timing:

1. A patient's eligibility may be determined at any time, information on the patient's eligibility becomes available.

2. There is no time limit for a patient to apply for participation in the Discount Payment program.

G. MCH's staff may request, but may not require, a patient applying for the Discount Payment program to apply for Medicare, Medi-Cal, or other coverage before the patient is screened for or approved as an Eligible Patient under the Discount Payment program. However, MCH may require patients applying for the Discount Payment program to participate in screening for Medi-Cal eligibility.

H. Any patient who applies, or has a pending application, for another health coverage program may, at the same time, submit an Application for Financial Assistance for determination of eligibility for the Discount Payment program.

III. FINANCIAL ASSISTANCE APPLICATION AVAILABILITY

A. Patients who desire to apply for participation in the Discount Payment program may obtain an Application upon request, as follows:

1. Call the Business Office: 1 (866) 293-0382.

2. Email Customer Service: discountpaymentprogram@mchonline.org

3. Obtain an Application from the Admitting Department.

4. Download the Application from the MCH website:

IV. APPLICATION REVIEW PROCESS

A. Application Review Process

1. The Financial Counselor will review the submitted Application and documentation.

2. If a patient submits an incomplete Application, the Financial Counselor notifies applicant to provide the missing information and will provide reasonable opportunity to do so.

3. If a patient submits a completed Application, the Financial Counselor reviews the visit encounter.

4. If the Financial Counselor identifies the visit as a possible injury recovery claim, the following procedures will be followed:

   a. The Financial Counselor provides the account information to the Admitting Director to further evaluate the possibility of a recovery claim submitted by the patient due to the injury.

   b. The Financial Counselor sends a letter to the patient to contact the Admitting Director to provide documentation to determine whether there is a possibility of a recovery claim against a third party.

   c. The Application will be on hold pending clearance process by the Admitting Director for any possible recovery claims submitted by patient for the injury.

   d. The Financial Counselor, the Admitting Director, and patient will continue to communicate until and if injury recover claim is necessary.

5. If the Admitting Director determines that the visit is not a possible injury recovery claim or if the patient will not pursue a recovery claim for their injury, the following procedures will be followed:

    a. The Admitting Director will review the Application, pay stubs, income tax returns, and any other documents submitted by the patient to determine the patient's eligibility for the Discount Payment program as follows:

        1. The Admitting Director will determine if the patient is a patient with High Medical Costs; and

        2. The Admitting Director will determine if the patient's Family income is between 401% and 550% FPL; and

    b. If the Admitting Director determines that the patient is eligible for the Discount Payment program, the following procedures will be followed:

        1. MCH will provide the patient with the Eligibility Determination for Financial Assistance Letter ("Letter"). A template for the Letter can be found as Attachment B to the Charity Care policy.

        2. The Financial Counselor updates the financial case in Paragon with the Application determination, either approved or denied, and effective date.

        3. The Admitting Director/Cash Poster will automatically adjust the patient account balance.

PATIENT ELIGIBILITY DISPUTE PROCESS

A. A patient may file an appeal for re-evaluation. All appeals are to be submitted in writing to the attention of the Admitting Director @ MCH 14850 Roscoe Bl Panaroma City, CA 91402. The patient shall be notified in writing of the outcome of their appeal within thirty (30) days.

B. Additionally, any patient who is denied participation in the Discount Payment program or wishes to dispute any other issue relating to eligibility for Charity Care may seek review from MCH, CFO of the Accounting Department by calling (818) 904-3578.

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THIRD-PARTY PAYMENTS

MCH may require a patient or guarantor to pay MCH the following amounts even if a patient is eligible for participation in the Discount Payment program:

A. The entire amount of any reimbursement received by the patient or guarantor from a third-party payor for the services that the patient received at MCH.

B. Any amount received by the patient or guarantor through a legal settlement, judgment, or award under a liable thirty-party action that includes payment for health care services or medical care related to the injury for which the patient seeks Charity Care.

COMMUNICATION OF THE DISCOUNT PAYMENT PROGRAM

A. MCH shall provide patients with a written notice (“Notice”) that contains information about availability of MCH’s Charity Care and Discount Payment policies (collectively, “Policies”), including information about eligibility, and contact information for who can be contacted to obtain further information about the policies. The notice shall comply with and include all of the elements required under Health & Safety Code Section 127410.

B. The Notice of the Policies shall be provided to patients as follows:

1. At the time of service if the patient is conscious and able to receive the Notice at that time.
2. If the patient is not able to receive the Notice at the time of service, the Notice shall be provided during the discharge process.
3. If the patient is not admitted, the Notice shall be provided when the patient leaves the facility.
4. If the patient leaves the facility without receiving the Notice, MCH shall mail the Notice to the patient within 72 hours of providing services.

C. Notice of the Policies shall also clearly and conspicuously be posted in locations that are visible to the public, including, but not limited to all of the following:

1. Emergency Department
2. Admitting Department
3. Hospital Website /Help-Paying-Your-Bill-v3

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EXTENDED PAYMENT PLAN

A. MCH shall work with Eligible Patients to negotiate a monthly repayment plan to allow the patient to pay the discounted price over time. In negotiating this plan, MCH shall take into consideration the patient's Family income and Essential Living Expenses. Such a plan shall be free of interest.

B. If MCH and the patient cannot agree on a repayment plan, MCH shall institute a Reasonable Payment Plan, with monthly payments that are not more than 10% of the patient's Family income for a month after deductions for Essential Living Expenses.

C. Any debt collection on an extended payment plan shall comply with Business Office Policy and Procedure

OVERPAYMENTS

MCH shall reimburse a patient any amount actually paid by the patient in excess of the amounts due under the Hospital Fair Pricing Act, including interest, and this Discount Payment policy. Interest shall accrue at the rate set forth in Code of Civil Procedure Section 685.010 beginning on the date payment by the patient is received by MCH. Such refund shall be made within 30 days. However, MCH is not required to reimburse the patient or pay interest if the amount due is less than $5.00, or if it has been five years or more since the patient's last payment to MCH.

EDUCATION AND TRAINING

The following MCH staff shall receive training regarding MCH's Charity Care and Discount Payment policies:

A. Registration/Admitting (including Financial Counselor)
B. Billing/Patient Accounts

REGULATORY REQUIREMENTS

In implementing this policy, MCH shall comply with all applicable federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this policy.

ATTACHMENTS: Attachment A: Hospital Provider List

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REFERENCES:

California Health & Safety Code Sections 127400-127455 AB 103. Stats. 2010, Ch. 445 Section 127450
AB 2297
SB 1061
SB 1276. Stats. 2014, Ch. 758

DEFINITIONS:

Charity Care. Free health care services are provided without expectation of payment to people who meet the hospital's eligibility for Charity Care under Policy No. 110.28. Charity Care may include unpaid coinsurance, deductibles, share of cost, and unpaid balances for healthcare services if the patient meets the hospital's eligibility criteria. Charity Care does not include bad debt defined as uncollectible charges that the hospital recorded as revenue but wrote off due to a patient's failure to pay.

Eligible Patient: Refers to a patient who is determined by MCH to be eligible to participate in its Discount Payment program under this policy.

Eligible Services. All emergency medical care or non-emergency, medically necessary care delivered within MCH. Eligible services may also include non-covered medically necessary care provided to patients where the patient would bear responsibility for the charges, such as charges for days beyond a length of stay limit or in circumstances where the patient's benefits have been exhausted. Eligible services also include services provided to patients as part of any federal, state or local managed indigent care program.

Essential Living Expenses: Means 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 childcare, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

Financial Assistance: A full or partial reduction in charges for emergencies or medical services for patients who have qualified for either Charity Care or the Payment Discount program.

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Federal Poverty Level (FPL): The FPL is defined by the poverty guidelines updated periodically in the Federal Register by the HHS under authority of subsection (2) of Section 9902 of Title 42 of the United States Code.

High Medical Costs: Means any of the following:

A. Annual Out-Of-Pocket Costs incurred by the patient at MCH that exceed the lesser of 10% of the patient's current Family income or Family income in the prior 12 months. 10% of the patient's current family income or family income in the prior 12 months, whichever is less.
B. Annual Out-of-Pocket Costs that exceed 10% of the patient's Family income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's Family in the prior 12 months.

Medically Necessary Services: As defined by the California Welfare & Institutions Code 14059.5, a service is medically necessary when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.

Out-Of-Pocket Costs: Means any expense for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays, co-insurance, deductible, or Medi-Cal Share of Costs.

Reasonable Payment Plan: Means monthly payments that are not more than 10% of a patient's Family income for a month, excluding deductions for Essential Living Expenses.

Share of Cost(s): Refers to the share of medical costs that is the patient's responsibility under the Medi-Cal/Medicaid program.

Recent Pay Stubs or Income Tax Return: Recent tax returns are tax returns which document income for the year in which the patient was first billed or 12 months prior to when the patient was first billed. Recent paystubs are paystubs within a 6-month period before or after the patient is first billed by the hospital, or in the case of preservice, when the application is submitted.

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Mission Community Hospital
Hospital Providers List

Group	Services Provided	Contact Information
CAN Emergency	Emergency Room Physicians	CAN Emergency 2550 N. Hollywood Way Suite 304 Burbank, CA 91505 Phone: 1(747) 283-1809 Fax: 1(323) 306-0076 Contact Mylinn Dasalla-Finance Dept.
Focus Medical Imaging	Radiology	Focus Medical Imaging 680 E. Colorado Bl. Suite 180 Pasadena, CA 91101 Phone: 1(310) 918-7392 TIN 26-3330330
Quest Diagnostics	Pathology	Quest Diagnostics 8401 Fallbrook Ave West Hills, CA 91304 Phone: 1(805) 206-6533 Fax: 1(610) 271-6850
Dream Anesthesia, APMC	Anesthesiologist	Dream Anesthesia, APMC 263 West Olive Ave Suite 213 Burbank, CA 91502 Phone 1(917) 7673951 Fax 1(818)835-5672 DreamAnesthesiology@gmail.com

**Patients will be financially responsible for any services provided by the listed providers. Please keep in mind that the above-mentioned entities may also offer financial assistance*
to patients: you may contact them for more information.