



Policy Name: Discount Payment Policy		Policy #: HW502
Division: Organizational	Manual: Hospital Wide Policy	Page 1 of 6
Origination Date: 12/31/2007	Revised Date: 1/5/2018, 1/1/2023, 03/04/2024	Effective Date: 01/01/2024

SUBJECT: Discount Payment Policy

Purpose:

Pomona Valley Hospital Medical Center (PVHMC) serves all persons in the Pomona Valley and greater Inland Empire community. As a community hospital provider, Pomona Valley Hospital Medical Center strives to provide healthcare services within a high quality and customer service oriented environment. Providing patients with opportunities for discount payments for healthcare services. PVHMC is committed to consistently providing a fair discount to individuals who are uninsured, or, in some cases, insured but without insurance coverage for certain medically necessary health care services offered by PVHMC. This policy defines the PVHMC Discount Payment Financial Assistance Program including its criteria, systems, and methods.

PVHMC's Board of Directors is responsible for approving this policy.

Policy:

It is the policy of Pomona Valley Hospital Medical Center to offer discount payment program to patients who receive healthcare services.

This policy addresses the following:

Definitions
Discount Payment Eligibility Criteria
Payment Plans
Reporting & Billing
General Provisions

DEFINITIONS

Essential living expenses: Expenses for any of the following: rent or house payments (including maintenance expenses), food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child and spousal support, transportation and automobile expenses (including insurance, fuel and repairs), installment payments, laundry and cleaning expenses, and other extraordinary expenses.



Policy Name: Discount Payment Policy		Policy #: HW502
Division: Organizational	Manual: Hospital Wide Policy	Page 2 of 6
Origination Date: 12/31/2007	Revised Date: 1/5/2018, 1/1/2023, 03/04/2024	Effective Date: 01/01/2024

DISCOUNT PAYMENT ELIGIBILITY

When a patient is not eligible for charity care financial assistance due to the patient's family income is greater than 400% of the established Federal Poverty Level. Instead, uninsured patients qualify for a prompt pay discount, which shall apply to all necessary inpatient, outpatient and emergency services provided by PVHMC. The discounted balance is dependent on the type of service provided:

- 1) For outpatient services, the discounted balance represents the average commercial HMO/PPO collection rate on outpatient services, not to exceed established cash prices
 - 2) For inpatient services, the discounted balance represents the MediCal APR DRG amount for obstetrics and pediatric services and the Medicare DRG amount for all other acute inpatient services, not to exceed established cash prices.
- The standard term for a prompt payment discount is 30 days. However, the term may be negotiated per the Payment Plans guidelines below.

Payment Plans

When a discount has been made by the hospital, the patient shall have the option to pay any or all outstanding amounts due in one lump sum payment, or through a scheduled term payment plan.

The hospital will discuss payment plan options with each patient that requests to make arrangements for term payments. Individual payment plans will be negotiated between the hospital and patient based upon the patient's ability to effectively meet the payment terms. As a general guideline, payment plans will be structured to last no longer than 12 months. The hospital shall negotiate in good faith with the patient; however there is no obligation to accept the payment terms offered by the patient. If the patient and the hospital are unable to agree on negotiated payment terms, the hospital shall offer the patient the default payment plan. Under the default payment plan, the patient's monthly payment shall not exceed 10% of a patient's family income for one month, excluding deductions for "essential living expenses" as defined herein above.

APPLICATION - No application required



Policy Name: Discount Payment Policy		Policy #: HW502
Division: Organizational	Manual: Hospital Wide Policy	Page 3 of 6
Origination Date: 12/31/2007	Revised Date: 1/5/2018, 1/1/2023, 03/04/2024	Effective Date: 01/01/2024

REPORTING AND BILLING:

Collection Efforts

Guarantor balances will not be forwarded to a collection agency when the guarantor makes reasonable efforts to communication with the business office and makes good faith efforts to resolve the outstanding balance including but not limited to applying for government insurance coverage, applying for a discount under the Hospital's Discount Payment Policy, see the hospital Discount Payment Policy for further information.

Billing Statements

Consistent with Health and Safety Code Section 127420, the Hospital will include the following clear and conspicuous information on a patient's bill:

- (1) A statement of charges for services rendered by the hospital.
- (2) A request that the patient inform the hospital if the patient has health insurance coverage, Medicare, Medi-Cal, or other coverage.
- (3) A statement that if the consumer does not have health insurance coverage, the consumer may be eligible for coverage offered through the California Health Benefit Exchange (Covered CA), Medicare, Medi-Cal, California Children's Services Program, or charity care.
- (4) A statement indicating how patients may obtain an application for the Medi-Cal program, coverage offered through the California Health Benefit Exchange, or other state- or county-funded health coverage programs and that the hospital will provide these applications. If the patient does not indicate coverage by a third-party payer or requests a discounted price or charity care, then the hospital shall provide an application for the Medi-Cal program, or other state- or county-funded programs to the patient. This application shall be provided prior to discharge if the patient has been admitted or to patients receiving emergency or outpatient care. The hospital shall also provide patients with a referral to a local consumer assistance center housed at legal services offices.
- (5) Information regarding the financially qualified patient and charity care application, including the following:
 - (A) A statement that indicates that if the patient lacks, or has inadequate, insurance, and meets certain low- and moderate-income requirements, the patient may qualify for discounted payment or charity care.
 - (B) The name and telephone number of a hospital employee or office from whom or which the patient may obtain information about the hospital's discount payment and charity care



Policy Name: Discount Payment Policy		Policy #: HW502
Division: Organizational	Manual: Hospital Wide Policy	Page 4 of 6
Origination Date: 12/31/2007	Revised Date: 1/5/2018, 1/1/2023, 03/04/2024	Effective Date: 01/01/2024

policies, and how to apply for that assistance.

(C) If a patient applies, or has a pending application, for another health coverage program at the same time that he or she applies for a hospital charity care or discount payment program, neither application shall preclude eligibility for the other program.

Public Notice

PVHMC shall post notices informing the public of the Charity Care and Discount Payment Financial Assistance Programs. Such notices shall be posted in high volume inpatient, areas and in outpatient service areas of the hospital, including but not limited to the emergency department, inpatient admission and outpatient registration areas, or other common patient waiting areas of the hospital. Notices shall also be posted at any location where a patient may pay their bill. Notices will include contact information on how a patient may obtain more information on Charity Care and Discount payment programs as well as where to apply for such assistance.

These notices shall be posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. The notice is 11X20 with the following information:

- Help Paying Your Bill*
- How to apply*
- Hospital Bill Compliant Program*
- More Help*

Access to the Discount Payment Policy

A copy of this Discount Payment Policy is available on the Hospital's website. A hard copy of the policy will be made available to the public upon request at the Hospital's main campus or by mail.

HCAI Reporting

PVHMC will report actual Charity Care provided in accordance with regulatory requirements of the Office of Statewide Health Planning and Development (OSHPD) as contained in the Accounting and Reporting Manual for Hospitals, Second Edition. To comply with the applicable requirement, the hospital will maintain written documentation regarding its Charity Care criteria, and for individual patients, the hospital will maintain written documentation regarding all Charity Care determinations. As required by OSHPD, Charity Care provided to patients will be recorded on the



Policy Name: Discount Payment Policy		Policy #: HW502
Division: Organizational	Manual: Hospital Wide Policy	Page 5 of 6
Origination Date: 12/31/2007	Revised Date: 1/5/2018, 1/1/2023, 03/04/2024	Effective Date: 01/01/2024

basis of actual charges for services rendered.

In compliance with HCAI adopted regulations approved by the Office of Administrative Law on August 8, 2007 (Title 22, Sections 96040-96050), the Director of Patient Financial Services will submit an electronic copy of its discount payment and charity care policies, eligibility procedures and review process (as defined and documented in one, comprehensive Financial Assistance Program Policy) and its Charity Care application form to OSHPD at least every other year by January 1 beginning January 1, 2008, or whenever a significant change to the policy is made.

GENERAL PROVISIONS:

Equal Opportunity

The Hospital is committed to upholding the multiple federal and state laws that preclude discrimination on the basis of race, sex, age, religion, national origin, marital status, sexual orientation, disabilities, military service, or any other classification protected by federal, state or local laws.

Help Paying Your Bill

There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at 888-804-3536 or go to healthconsumer.org.

Language Assistance

If you need an accessible alternate format for the above material or if you need to speak another language, please contact Customer Service at 909-865-9100 and they can offer you an alternative format or connect you with our Interpreter Services for further assistance.

Hospital Bill Complaint Program

The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint with the Hospital Bill Complaint Program. Go to HospitalBillComplaintProgram.hcai.ca.gov.

Confidentiality

It is recognized that the need for financial assistance is a sensitive and deeply personal issue for



Policy Name: Discount Payment Policy		Policy #: HW502
Division: Organizational	Manual: Hospital Wide Policy	Page 6 of 6
Origination Date: 12/31/2007	Revised Date: 1/5/2018, 1/1/2023, 03/04/2024	Effective Date: 01/01/2024

recipients. Confidentiality of requests, information and funding will be maintained for all that seek or receive financial assistance. The orientation of staff and selection of personnel who will implement this policy should be guided by these values. The Charity Care documentation will not be reviewed or accessed by staff involved in collection activities.

Good Faith

PVHMC makes arrangements for financial assistance for qualified patients in good faith and relies on the fact that information presented by the patient or family representative is complete and accurate.

Provision of financial assistance does not eliminate the right to bill, either retrospectively or at the time of service, for all services when fraudulent, or purposely inaccurate information has been provided by the patient or family representative. In addition, PVHMC reserves the right to seek all remedies, including but not limited to civil and criminal damages from those patients or family representatives who have provided fraudulent or purposely inaccurate information in order to qualify for the PVHMC Financial Assistance Program.

Local Consumer Assistance Center: An agency designed to provide consumers with information about health care coverage and services. In California, the Health Consumer Alliance (HCA) was designated as the CCI/ Cal Mediconnect Ombuds program effective April 1, 2014. More information regarding HCA can be found at <http://healthconsumer.org>. Consumers may call 888-804-3536 for routing to the correct consumer center.