

MPTF IOO	
Department: Patient Business Services	Effective: 3/17
Policy Name: Hospital Financial Assistance Policy for Patients	Revised: 12/16, 3/17, 7/17, 6/22, 5/24
Policy Number: 106	Reviewed: 3/17, 7/17, 11/18
Department Manager/Director: Manager, Admitting/PBX/PBS	Approved by Governing Body: 3/3/17, 12/7/18, 05/22/24
	Page 1 of 4

**TITLE: FINANCIAL ASSISTANCE POLICY FOR HOSPITAL PATIENTS (FAP)
Motion Picture and Television Fund (MPTF)
Samuel Goldwyn, Jr. Center for Behavioral Health (CBH)**

PURPOSE:

To establish guidelines for providing financial relief to CBH patients who have received medically necessary care and are unable to establish partial payments or pay their balances. This policy establishes consistent and equitable guidelines, utilizing the Federal Poverty Guidelines (FPG) for the financial assistance application determination process. Under this policy, Financial Assistance is hospital "charity care".

SCOPE:

This policy only applies to the MPTF Samuel Goldwyn, Jr. Center for Behavioral Health (CBH) hospital. Samuel Goldwyn, Jr. Center for Behavioral Health is a specialized center for adults over 55 years of age who have acute mental health needs and is available to the community at large, as well as the entertainment community. This policy does not apply to residential care, or physicians or other medical providers whose services are not included in the hospital's bill.

POLICY:

The Motion Picture Television Fund (MPTF) offers financial assistance to CBH patients receiving medically necessary care in the following situations:

- Underinsured patients – Patients with some form of third-party health coverage which is not sufficient to pay the current bill, may experience high out-of-pocket costs. If a patient demonstrates that the annual out-of-pocket medical costs incurred by the individual (or their family) exceed 10 percent of their (or their family income) in the prior 12 months, they are eligible for 100% financial assistance (charity care) for their portion of the bill.
- Uninsured patients – Patients with no third-party health coverage. If a patient demonstrates that their income for the prior 12 months is equal to or less than 400% of the FPG, they are eligible for 100% financial assistance (charity care).

MPTF IOO	
Department: Patient Business Services	Effective: 3/17
Policy Name: Hospital Financial Assistance Policy for Patients	Revised: 12/16, 3/17, 7/17, 6/22, 5/24
Policy Number: 106	Reviewed: 3/17, 7/17, 11/18
Department Manager/Director: Manager, Admitting/PBX/PBS	Approved by Governing Body: 3/3/17, 12/7/18, 05/22/24
	Page 2 of 4

In all cases, a validation must be completed to ensure that the patient's medical services are not covered by any federal or state governmental health care program, or other private insurance. Insured patients who opt for out-of-network services despite the availability of a transfer to an in-network facility are ineligible for financial assistance. No charitable discount can be applied to any account with an outstanding payer liability.

Contracted services performed by medical providers that are not directly employed by the hospital and whose charges are billed separately cannot be discounted by MPTF. The patient will be advised to contact those providers regarding their discount policies. See appendix A for a list of providers covered by this policy and those that are not covered.

PROCEDURE:

Patients, regardless of their ability to pay, will be informed about the financial assistance program. A plain language summary of the FAP will be included in each patient's admission and discharge packet. Patients may notify Patient Business Services verbally or in writing that they are unable to pay at the time of service or upon receiving a bill. The patient will be offered a copy of the FAP and an application. Additionally, patients will be provided with the phone number and website for Health Consumer Alliance (HCA) (healthconsumer.org) a free resource to help them understand the billing and payment process. Information on access to coverage for Medi-CAL and Covered California is available through MPTF staff and HCA.

Instructions to Apply:

A free copy of the application is available on mptf.com or in-person or by mail and for help completing the form contact Patient Business Services by calling 818-876-1076.

Complete an application and return it with proof of income and supporting documentation to:
MPTF

23388 Mulholland Drive
Woodland Hills, CA 91364
Attn: PBS Manager Mailstop 70

Acceptable Income Documents

- Last year's federal tax return or
- Pay stubs (2 months)

MPTF IOO	
Department: Patient Business Services	Effective: 3/17
Policy Name: Hospital Financial Assistance Policy for Patients	Revised: 12/16, 3/17, 7/17. 6/22, 5/24
Policy Number: 106	Reviewed: 3/17, 7/17, 11/18
Department Manager/Director: Manager, Admitting/PBX/PBS	Approved by Governing Body: 3/3/17, 12/7/18, 05/22/24
	Page 3 of 4

Other Supporting Documents

- Written documentation from all income sources
- Last 3 months of complete bank statements
- Receipts of high medical costs within last 12 months, if applicable
- Written explanation of current financial hardship
- Patient death certificate

Application Assessment:

The Patient Business Services (PBS) Manager will review the application to determine if the policy guidelines have been met. In cases where patients qualify for other low- income programs, are deceased with an unknown estate, or are unhoused, financial assistance may be presumed without an application or income documentation at the discretion of PBS Manager and Chief Financial Officer.

If the patient qualifies, they will receive 100% financial assistance. The PBS Manager will notify the patient of the determination in writing, document the patient account, and apply the charity adjustment of 100% of the outstanding balance using the appropriate adjustment code.

If, after reviewing all documentation, the patient does not qualify for financial assistance, the PBS Manager will notify the patient in writing and offer an acceptable payment plan. PBS staff and the patient may negotiate the terms of an extended payment plan.

A patient may request a review of the PBS Manager's determination by sending a written request addressed to the MPTF -Chief Financial Officer, Mail Stop 218, 23388 Mulholland Drive, Woodland Hills, CA 91364.

The request must include all supporting information for the review. Results of the review will be provided to the patient in writing. If the PBS Manager's determination is upheld, and if the patient fails to pay for the services received as arranged, the PBS department will proceed with further collection activity in accordance with the MPTF Self Pay Billing and Collection for CBH policy.

Additional Patient Help Resources:

To obtain FAP forms and view our hospital services pricing transparency, visit go to mptf.com or contact Patient Business Services either in-person or call 818-876-1076.

MPTF IOO	
Department: Patient Business Services	Effective: 3/17
Policy Name: Hospital Financial Assistance Policy for Patients	Revised: 12/16, 3/17, 7/17, 6/22, 5/24
Policy Number: 106	Reviewed: 3/17, 7/17, 11/18
Department Manager/Director: Manager, Admitting/PBX/PBS	Approved by Governing Body: 3/3/17, 12/7/18, 05/22/24
	Page 4 of 4

Language Assistance is available at no cost. For help in your preferred language, call 818- 876-1888 or visit our Admitting Office. Aids and services for persons with disabilities, such as documents in large print or other formats, are also available at no cost.

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 for more information.

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 for more information and to file a complaint.

Resources:

Internal Revenue Code (IRC) Section 501(r)

California Health & Safety Code Sections 127400 -127462

California Health Care Debt and Fair Billing - Assembly Bill 1020

Federal Poverty Level Guidelines

<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

Health Consumer Alliance (HCA) <https://healthconsumer.org>

Attachments:

1. Appendix A
2. Application for Hospital Financial Assistance/ Charity Care

Motion Picture & Television Fund (MPTF)
Financial Assistance Policy for Hospital Patients (FAP)
Samuel Goldwyn, Jr. Center for Behavioral Health (CBH)
Appendix A

Service Covered:

This Policy covers facility fees and certain other medically necessary services provided at the MPTF Samuel Goldwyn, Jr. Center for Behavioral Health facility. This Policy only applies to charges included on the hospital bill. Hospital bill charges include but are not limited to room and board, medications, medical supplies, laboratory and diagnostic tests, and therapeutic activities.

Provider Services Not Covered:

This Policy does not cover physician fees (also known as “professional fees”) services provided by certain individual healthcare providers who treat patients and are not directly employed by MPTF Samuel Goldwyn, Jr. Center for Behavioral Health facility. These healthcare providers charges are billed separately from the facility charges. Payment for professional fees billed by these healthcare providers is the patient’s responsibility and does not qualify for a discount or charity care under this Policy.

Certain providers not covered under this policy are listed, but please be aware that there could be additional ones not included in this list.

Alliance for Wellness Medical Group Providers
Davidorf Eye Group Providers
Healy, Linda K., NP
Heimberg, Brandon F., PsyD
Herr, Stephen L., MD
Interventional Cardiology Medical Group
Jacobs, Ronald W., MD
Matthew, Jonathan S., MD
Nassoura, Zahi E., MD
Rely Radiology Tele-health Providers
Salas, Darlene M., NP
Shimizu, Kanako, DMD
Trochanova, Nadia S., NP
Weitzbuch, Sanford J., DPM
West Hills Neurology & Neurosurgery Medical Providers
Wong, Robert C., DDS

Application for Hospital Financial Assistance/Charity Care

MPTF offers financial assistance for your hospital bill to qualified patients receiving medically necessary care in our Samuel Goldwyn, Jr. Center for Behavioral Health (CBH).

Patient Information	
Patient Name:	Patient Account #:
Phone Number:	Birth Date:
Street Address:	Social Security #:
City:	Marital Status:
State:	Zip Code:

Family Household Information		
Family Size: Include patient, spouse, domestic partner, dependents		
Family Income (monthly) Remember: You must include proof of income with your application. Submit tax return, or pay stubs, or written documentation from all income sources.		
Name on Check	Issued By	Issued Amount
		\$
		\$
		\$
		\$
If you have more details about your current financial situation, please add them on a separate page and include it with this form.		
Annual out-of-pocket healthcare cost: Total copays, coinsurances, deductibles, or deposits within the 12 months period for medically necessary services.		\$

I hereby acknowledge that the above information is true and correct to the best of my knowledge. I understand that providing false information will disqualify me for financial assistance. I hereby authorize MPTF to communicate with responsible relatives, to secure information regarding income, to contact financial institutions for financial data, and to contact any other agency or persons regarding my financial status.

I further agree to notify MPTF of any change in my financial situation.

Signature of Applicant _____ Date _____

For Questions call (818) 876-1076. Return Completed Form to:
MPTF 23388 Mulholland Drive, Woodland Hills, CA 91364 Attn: PBS Manager Mailstop 70