Miracle Mile Medical Center
Charity Care and Discount Payment Policies

Purpose:

Miracle Mile Medical Center is committed to providing high quality, comprehensive health care services to children, regardless of their ability to pay. Miracle Mile Medical Center strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Financial assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with Miracle Mile Medical Center procedures for obtaining financial assistance and to contribute to the cost of their care based on individual ability to pay. This policy does not apply to physician services.

Definitions.

"Charity Care" means inpatient and outpatient medical treatment and diagnostic services for uninsured or underinsured patients who cannot afford to pay for the care according to established hospital guidelines. Such treatment is provided by this facility without expectation of payment. Charity Care does not include bad debt or contractual shortfalls from government programs, but may include insurance co-payments or deductibles, or both. In no circumstances will a patient believed to be eligible for Charity Care be issued a bill.

"Bad Debt" is defined as expenses resulting from treatment for services provided to a patient and/or guarantor who, having the requisite financial resources to pay for health care services, has demonstrated by his/her actions an unwillingness to comply with the contractual arrangements to resolve a bill.

Policy.

Charity Care Provision.
This hospital shall provide annually no less than 5% of its total operating expenses in Charity Care measured as cost. The cost of providing Charity Care shall be determined by using a cost-to-charge ratio (*Charity Care*) (*Total Operating Expenses / Gross Patient Revenue*).

Non-discrimination.
This hospital shall render services to all members of the community who are in need of medical care regardless of the ability of the patient to pay for such services. The determination of full or partial Charity Care will be based on the patient's ability to pay and will not be abridged on the basis of age, sex, race, creed, disability, sexual orientation or national origin.

Charity Care Services.
All available health care services, inpatient and outpatient, shall be available to all individuals under this policy.

Determination of Eligibility.
The determination of Charity Care should be made before providing services. If complete information on the patient's insurance or financial situation is unavailable at the time of service,

or if the patient's financial condition changes, the designation of Charity Care may be made after rendering services. All efforts will be made to establish whether the patient is eligible for Charity Care before leaving the hospital.

Confidentiality.
The need for Charity Care may be a sensitive and deeply personal issue for recipients. Confidentiality of information and preservation of individual dignity shall be maintained for all who seek charitable services. Orientation of staff and the selection of personnel who will implement this policy and procedure should be guided by these values. No information obtained in the patient's Charity Care application may be released unless the patient gives express permission for such release.

Staff Information.
All hospital employees in patient accounting, billing, registration, and emergency areas will be fully versed in the hospital's Charity Care policy, have access to the application forms, and be able to direct questions to the appropriate hospital representatives.

Charity Care Representative.
The hospital shall designate an individual to approve Charity Care applications, coordinate outreach efforts and oversee Charity Care practices.

Physician Participation.
The hospital will encourage and support physicians with admitting privileges and others who provide services at the hospital to provide a certain level of Charity Care for patients that the practitioner sees on the hospital premises.

Staff Training.
All staff with public and patient contact are trained to understand the basic information related to the hospital's Charity Care policy and procedures and provide patients with printed material explaining the Charity Care Program.

Patient Notification

Information about financial assistance available from Miracle Mile Medical Center shall be disseminated through various means, including the publication of notices in patient bills, delivery of patient notification at time of registration for an inpatient stay or clinic visit and by posting notices in high volume areas such as Admitting and other places as Miracle Mile Medical Center may elect. Such information shall be provided in English and Spanish, and will be translated for patients/guarantors who speak other languages.

Procedure

Charitable Care
Charitable Care is defined as a full charitable deduction (100% discount) for all eligible amounts owed to Miracle Mile Medical Center.

1. Eligibility for charity care will be considered for those individuals who provide documentation of ineligibility for government sponsored programs including Medi-Cal or Medicare. Documentation of ineligibility is ordinarily obtained through applying for and being denied coverage under a government sponsored program.

2. Eligibility for charity care will be considered for those individuals who are uninsured, ineligible for any government health care benefit program, a patient whose injury is not a compensable injury for purposes of workers'compensation, automobile insurance, or other insurance as determined and documented by the hospital and/or unable to pay for their care, based upon a determination of financial need in accordance with this policy.

3. A patient may qualify for charitable care prior to admission, after admission, after discharge, or during the course of the financial assistance process. Every attempt will be made to identify all available funding sources prior to or at time of visit. If a funding source cannot be identified after full compliance by the patient or guarantor, charity care may be provided. A request for charity care may be initiated via completion of a Financial Disclosure Statement by the patient, family member, physician, or health care representative. All charity care requests will be considered for eligibility upon receipt of the prescribed
financial information.

4. Miracle Mile Medical Center recognizes that the financial status of patients may change over time. Miracle Mile Medical Center personnel will actively assist families in securing eligibility for any program with the cooperation of patients and their guarantors.

5. The granting of charity care shall be based on an individualized determination of financial need and shall not take into account age, gender, race, socio-economic or immigrant status, sexual orientation, or religious affiliation. Factors for determining financial need may include but are not limited to family income, family size, scope and extent of a patient's medical bills, and
employment status.

6. The Financial Disclosure Statement may be completed by telephone with the assistance of a Patient Accounting Financial Counselor or by completing, signing and returning it to Miracle Mile Medical Center Patient Accounting Department. Patient's eligibility for charity care may be determined at any time Miracle Mile Medical Center is in receipt of the patient's financial information. The Financial Disclosure Statement shall remain valid for services rendered within a 180 day period. The financial assessment will include a review of the family's gross income, number of family members, employment status and outstanding balances of the medical bills. Copies of prior year tax return and the most recent one (1) month of pay stubs
may be requested.

7. Financial obligations not eligible for consideration for charity care are co-pays, Indemnity balances, or share of cost. Elective cosmetic procedures or services denied by available funding sources as not medically necessary are not eligible for charity care. Upon request, special consideration may be made by the Chief Financial Officer.

8. The CFO or designee will review all applications to determine eligibility for charity care based upon current monthly income and family size as provided on the Financial Disclosure Statement and supporting documentation. Reasonable efforts will be made to verify financial data. All financial information provided will be considered confidential and staff will respect each circumstance with dignity.

9. Miracle Mile Medical Center will provide a full charitable deduction for applicants whose qualifying income is at 200% or less of the unit value(s) established by the Department of Health and Human Services' (HHS) Poverty Guidelines.

10. The Patient Accounting Manager or designee will use the following table to determine eligibility for all self-pay accounts excluding deductibles, co-pays, share of cost, or elective procedures. This schedule will be maintained and updated annually by the CFO or designee.

Eligibility Guide: Using household income and size as calculated, identify eligibility for financial discount.

Family Size	**Income Period**	**Federal Poverty Guidelines**	**If income is below 200% (shown below) of FPIG** eligible for Full Write-off	**If income is above 200% but below 400%** (shown below), eligible for Partial Write-off
1	Annual	$10,800	$21,660	$43,320
	Monthly	$903	$1,805	$3,610
2	Annual	$14,570	$29,140	$58,280
	Monthly	$1,214	$2,428	$4,857
3	Annual	$18,310	$36,620	$73,240
	Monthly	$1,526	$3,052	$6,103
4	Annual	$22,050	$44,100	$88,200
	Monthly	$1,838	$3,675	$7,350
5	Annual	$25,790	$51,580	$103,160
	Monthly	$2,149	$4,298	$8,597
6	Annual	$29,530	$59,060	$118,120
	Monthly	$2,461	$4,922	$9,843
7	Annual	$33,270	$66,540	$133,080
	Monthly	$2,773	$5,545	$11,090
8	Annual	$37,010	$74,020	$148,040
	Monthly	$3,084	$6,168	$12,337

For each additional family member add $3,740.

11. Any patient account recommended for charity care allowance, after meeting the guidelines set forth in this policy, requires the following approval signature:

I. $0 - $4,999 Manager, Patient Accounting
II. $5,000 - $9,999 Chief Financial Officer
III. $10,000 - $24,999 Chief Financial Officer/Chief Executive Officer
IV. $25,000 or > CFO/CEO

12. Written notification of determination of eligibility or ineligibility for charity care will be forwarded to the applicant by the CFO or designee within 30 days of receipt of the Financial Disclosure Statement and requested financial documentation.

13. Miracle Mile Medical Center recognizes that there may be unusual or extenuating circumstances or disputes which may warrant special consideration. In such cases, a description of the unusual circumstances or dispute (written or verbal) should be forwarded to the attention of the CFO. Upon receipt, the CFO will review the request and will approve, deny or make recommendation toward approval based upon the limits established in procedure #11.

Discount Payment Options

In addition to charitable care, Miracle Mile Medical Center has established three additional discount payment options based upon the financial eligibility of the individuals requesting assistance. Patients who qualify for multiple discounts under this policy will be granted the single discount amount resulting in the largest discount to the patient. Discount payment options include: low income discount, high medical cost discount and prompt pay discounts.

1. Eligibility for discount payment options will be considered for those individuals who provide documentation of ineligibility for government sponsored programs including Medi-Cal, or Medicare. Documentation of ineligibility is ordinarily obtained through applying for and being denied coverage under a government sponsored program.

2. Eligibility for discount payment options will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, a patient whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital and/or unable to pay for their care, based upon a determination of financial need in accordance with this policy.

3. A patient may qualify for discount payment options prior to admission, after admission, after discharge, or during the course of the financial assistance process. Every attempt will be made to identify all available funding sources prior to or at time of visit. If a funding source cannot be identified after full compliance by the patient or guarantor, discount payment options may be provided. A request for discount payment options may be initiated via completion of a Financial Disclosure Statement by the patient, family member, physician, or health care representative. All discount payment requests will be considered for eligibility upon receipt of the prescribed financial information.

4. Miracle Mile Medical Center recognizes that the financial status of patients may change over time. Miracle Mile Medical Center personnel will actively assist families in securing eligibility for any program with the cooperation of patients and their guarantors.

5. The granting of discount payments shall be based on an individualized determination of financial need and shall not take into account age, gender, race, socio-economic or immigrant status, sexual orientation, or religious affiliation. Factors for determining financial need may include but are not limited to family income, family size, scope and extent of a patient's medical bills, and employment status.

6. The Financial Disclosure Statement may be completed by telephone with the assistance the Finance Department or by completing, signing and returning it to Miracle Mile Medical Center Financial Department. Patient's eligibility for discount payment options may be determined at any time Miracle Mile Medical Center is in receipt of the patient's financial information. The Financial Disclosure Statement shall remain valid for services rendered within a 180 day period.

The financial assessment will include a review of the family's gross income, number of family members, employment status and scope and extent of a patient's medical bills. Copies of prior year tax return and the most recent one (1) month of pay stubs may be requested. Patients wishing to qualify for high cost medical discount will be required to supply the most recent twelve (12) months of pay stubs and proof of payment of out-of-pocket medical expenses within the last twelve (12) months.

7. The CFO or designee will review all applications to determine eligibility for discount payment options based upon current monthly income, family size and/or extent of patient's medical bills as provided on the Financial Disclosure Statement and supporting documentation. Reasonable efforts will be made to verify financial data. All financial information provided will be considered confidential and staff will respect each circumstance with dignity.

8. Discount Payment Options:

A. If your income is below 200% of the Federal Poverty Income Guidelines you may qualify for 100% Charity Care for your hospital bill. If your income is between 200% to 400% of the Federal Poverty Income Guidelines you may qualify for partial Charity Care. Catastrophic Medical coverage is available for low income uninsured patients whose eligible medical bills exceed 30% of the patient's annual family income. The Admitting//Business Services Department will begin the eligibility determination process once they have received a completed application form, and you have provided your income verification documents.

Uninsured Patient Discount
Affiliated hospitals within the Sutter Health Sacramento Sierra Region offer a 20% discount of hospital inpatient/outpatient charges at the time of billing. An itemized bill reflecting your discount will be mailed to the address obtained at the time of registration within five to seven days after the service /discharge date.

Financial obligations not eligible for consideration are co-pays, indemnity balances, or share of cost. Elective cosmetic procedures or services denied by available funding sources as not medically necessary are not eligible for low income discount payments. Upon request, special consideration may be made by the Chief Financial Officer.

Eligible patients' obligation will be reduced to no more than the applicable Medi-Cal rates in effect at date of service. Where Medi-Cal rates cannot be determined, eligible patients will receive a 75% discount from charges.

Patients receiving a partial discount may be eligible for interest free patient payment plans.

B. High Medical Cost Discount:

I. Miracle Mile Medical Center will provide a partial discount to those patients whose income for the last twelve (12) months does not exceed 350 percent of the of the unit value(s) established by the Department of Health and Human Services' (HHS) Poverty Guidelines (federal poverty level), and have not received a discounted rate

from the hospital as a result of their third-party insurance coverage and their annual out-of-pocket medical expenses (excluding co-pays, indemnity balances, and share of cost) for the prior twelve (12) months exceed ten (10) percent of their family's annual income.

II. Financial obligations not eligible for consideration are co-pays, indemnity balances, or share of cost where the patient has received a discounted rate from the hospital as a result of his or her third party coverage. Elective cosmetic procedures or services denied by available funding sources as not medically necessary are not eligible for high medical cost discounts. Upon request, special consideration may be made by the Chief Financial Officer.

III. Eligible patients' obligation will be reduced to no more than the applicable Medi-Cal rates in effect at date of service. Where Medi-Cal rates cannot be determined, eligible patients will receive a 75% discount from charges.

IV. Patients receiving a partial discount may be eligible for interest free patient payment plans as described below.

C. Prompt Pay Discount:

I. Miracle Mile Medical Center will extend a 25% prompt pay discount to those self-pay patients who wish to pay their entire outstanding balance immediately.

II. Insured patients with non-covered services which are deemed medically necessary and wish to pay their outstanding balance immediately will be eligible for a 25% discount upon request. The Miracle Mile Medical Center Finance Department cannot readily identify self pay balances after insurance payments as copays/deductibles versus non-covered services for insured patients. The patient or guarantor must request the 25% discount and make payment in full within 30 days of receipt of insurance payment for these non-covered services.

III. Financial obligations not eligible for consideration for prompt pay discounts are co-pays, indemnity balances, or share of cost.

IV. Patients requesting patient payment plans will not be eligible for prompt pay discounts.

9. Any patient account recommended for discount payment options, after meeting the guidelines set forth in this policy, requires the following approval signature:

I.	$0 - $4,999	Manager, Patient Accounting
II.	$5,000 - $9,999	Chief Financial Officer
III.	$10,000 - $24,999	Chief Executive Director/ Chief Financial Officer
IV.	$25,000 or >	Chief Executive Officer

10. Written notification of determination of eligibility or ineligibility for discount payment options will be forwarded to the applicant by the CFO or designee within 30 days of receipt of the Financial Disclosure Statement and requested financial documentation.

11. Miracle Mile Medical Center recognizes that there may be unusual or extenuating circumstances or disputes which may warrant special consideration. In such cases, a description of the unusual circumstances or dispute (written or verbal) should be forwarded to the attention of the CFO. Upon receipt, the Patient Accounting Manager will review the request and will approve, deny or make recommendation toward approval based upon the limits established in procedure #9.

Patient Payment Plans

Upon request, Miracle Mile Medical Center will negotiate an interest free, patient payment plan within the
following guidelines:

1. Outstanding patient balance is to be paid in the most expeditious manner possible with a minimum monthly payment amount of $25.00.

2. Patients with balances less than or equal to $1,000 must be paid in full within one (1) year of establishment of the payment plan. Exceptions to these criteria must be approved by the Chief Financial Officer.

3. Requests for contractual terms exceeding one (1) year must be approved by the CFO; requests exceeding two (2) years must be approved by the Chief Executive Officer or Chief Financial Officer.

4. Patients requesting patient payment plans will not be eligible for prompt pay discounts.

Collection Guidelines

1. Patient guarantors must complete a Financial Disclosure Statement, be in process with an eligibility application for a government sponsored insurance program or set up a payment plan within 60 days of final bill or the account will be assigned to a third party billing agency at full billed charges. The third party billing agency may charge interest.

2. Miracle Mile Medical Center will assign any financial obligation to a debt collection agency after 150 days from final bill date where the patient has failed to comply with an established payment plan or non-payment on an account where the patient guarantor is not in process with an eligibility application for a government sponsored insurance program.

3. Patients with pending appeal for coverage of services will not be forwarded to a third party billing agency or collection agency until a final determination of that appeal is made. If the appeal is unfavorable and the patient is responsible for the outstanding obligation, the patient will be afforded the opportunity to qualify for charity care or discount payment arrangements as prescribed above.

4. In the course of debt collection involving low-income uninsured or underinsured patients who are at or below 350% of the Federal Poverty Level, Miracle Mile Medical Center or any associated third party billing agency or collection agency will not garnish wages or place liens on primary residences as a means of collecting unpaid hospital bills. This provision will not preclude Miracle Mile Medical Center from pursuing reimbursement from third party liability settlements for patients whose injury is a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital.

5. In the event that a patient requires interpretation services, Miracle Mile Medical Center complies with the California Codes Health and Safety Section 1259.

6. Should Miracle Mile Medical Center decide to contract with a third party billing agency or collection agency, written agreements will ensure full compliance with this policy and all guidelines provided in California Assembly Bill 774 and all applicable Federal and State laws including:

a. Upon notification by the patient, the agency will return all accounts to Miracle Mile Medical Center that are applying for a government assistance program or may qualify under the Miracle Mile Medical Center Charity Care and Financial Assistance Policy.

b. Prior to commencing collection activities against a patient, the patient will be provided with a written notice that nonprofit credit counseling services may be available in the area and a plain language summary of the patient's rights pursuant to the Rosenthal Fair Debt Collection Practices Act and the Federal Fair Debt Collection Practices Act.

c. Agency shall not report adverse information to a consumer credit reporting agency or commence civil action against the patient for non payment at any time prior to 150 days after final bill.

d. The collection agency or other assignee will not pursue legal action without the approval of the Chief Financial Officer.

e. Patient communications will be provided in English and Spanish and in languages other than English that may be deemed appropriate to the patient.

7. All documentation will be maintained by Patient Accounting in accordance with regulatory guidelines.

8. This policy does not apply to professional services provided to Miracle Mile Medical Center patients by physicians or other medical providers including but not limited to Radiology, Anesthesiology, Pathology or Laboratory services.