



<b>Department: Admitting/PBX Operator</b>	<b>Effective:</b>
<b>Policy Name: Hospital Financial Assistance Policy for Patients</b>	<b>Revised: 12/16, 3/17</b>
<b>Policy Number: 106</b>	<b>Reviewed: 3/17</b>
<b>Department Manager/Director: Dawnise Durazo</b>	<b>Page 1 of 3</b>
<b>Medical Director: Meena Makhijani, DO</b>	

**TITLE:** FINANCIAL ASSISTANCE POLICY FOR HOSPITAL PATIENTS (FAP)

**PURPOSE:**

To establish guidelines for providing financial relief to patients who have received non-elective care and are unable to establish partial payments or pay their balances. The policy establishes consistent and equitable guidelines, based on Federal Poverty Guidelines (FPG), for the financial assistance application process and provides procedures for income verification documentation. This policy does not apply to residential, long-term or dementia care services.

**POLICY:**

The Motion Picture Television Fund (MPTF) offers financial assistance to patients receiving non-elective care in the following situations:

- Under insured patients – Patients with some form of third party health coverage which is not sufficient to pay the current bill. If a patient demonstrates that the annual out-of-pocket medical costs incurred by the individual (or their family) exceeds 10 percent of their (or their family income) in the prior 12 months, they are eligible for financial assistance.
- 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 350% of the FPG, they are eligible for financial assistance.

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. No charitable discount can be applied to any account with an outstanding payer liability.

Contracted services performed by non-MPTF providers that are separately billed by the contracted provider 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.



<b>Department: Admitting/PBX Operator</b>	<b>Effective:</b>
<b>Policy Name: Hospital Financial Assistance Policy for Patients</b>	<b>Revised: 12/16, 3/17</b>
<b>Policy Number: 106</b>	<b>Reviewed: 3/17</b>
<b>Department Manager/Director: Dawnise Durazo</b>	<b>Page 2 of 3</b>
<b>Medical Director: Meena Makhijani, DO</b>	

**PROCEDURE:**

Patients will be notified of MPTF’s FAP by the admitting department staff during the admission process. A plain language summary of the FAP will be included in each patient’s admissions package. Patient may notify MPTF verbally or in writing that they are unable to pay an amount due at time of service or upon receipt of billing. The patient will be offered a copy of the FAP and a financial assistance application. In addition, for patients who are uninsured or apply for review under this policy, MPTF will provide applications to potential federal, state or county health insurance programs that the patient may be qualified to apply for.

The patient will be instructed to complete and return the financial assistance application to the Patient Business Services (PBS) Manager. The contact information is MPTF PBS Manager, Mail Stop #70, 23388 Mulholland Drive, Woodland Hills, CA 91364., phone: 818-876-1072, fax: 818-876-1516.

Along with the financial assistance application, the patient must provide the following information:

- The preferred income documentation is the most recent year’s federal tax return. Any patient unable to provide their most recent federal tax return may provide either of the two items of documentation listed below.
- Most recent employer pay stubs
- Written documentation from other income sources

The PBS Manager will review the application to determine if the policy guidelines have been met. If the patient is eligible for financial assistance, they will receive 100% financial assistance. The PBS Manager will notify the patient of the determination, document the patient account, and apply the charity adjustment of 100% of the outstanding balance using the appropriate adjustment code.

If after review of all documentation the patient does not qualify for a financial assistance, the PBS Manager will notify the patient and set up an acceptable payment plan. MPTF 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 Director, Finance, Mail Stop 218, 23388 Mulholland Drive, Woodland Hills, CA 91364.



<b>Department: Admitting/PBX Operator</b>	<b>Effective:</b>
<b>Policy Name: Hospital Financial Assistance Policy for Patients</b>	<b>Revised: 12/16, 3/17</b>
<b>Policy Number: 106</b>	<b>Reviewed: 3/17</b>
<b>Department Manager/Director: Dawnise Durazo</b>	<b>Page 3 of 3</b>
<b>Medical Director: Meena Makhijani, DO</b>	

The request must include all supporting information for the review. Results of the review will be provided to the patient. 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 collections policy.

Resources:

California Health & Safety Code Sections 127400 -127446

[www.leginfo.ca.gov/calaw.html](http://www.leginfo.ca.gov/calaw.html)

Federal Poverty Level Guidelines

[www.aspe.hhs.gov/poverty](http://www.aspe.hhs.gov/poverty)

Attachments:

1. Appendix A
2. Application for Hospital Charity