


POLICY AND PROCEDURE

 <p>Mee Memorial Hospital 300 Canal Street King City, California 93930 (831) 385-6000</p>	DIVISION: Patient Financial Services		
	SUBJECT: Financial Assistance and Self-pay Discounts		
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	Date Revised: 12/2007, 6/2017	Date Reviewed: 12/2007, 6/2017	Approved:

Policy


It is the policy of George L. Mee Memorial Hospital to provide excellent customer service to all patients. The hospital will provide financial assistance based on the current federal poverty level for all patients. Further, self-pay patients who do not qualify for financial assistance based on income will be provided with several options for payment of their medical bills.

- Assist all patients with obtaining coverage from government-sponsored programs by referring to the Department of Social Services..
- Provide all medically necessary health care services at no cost to eligible patients whose family's income is below 100% of the current federal poverty level.
- Provide all medically necessary health care services at a 50% discount to eligible patients whose family's income is between 101% and 133% of the current federal poverty level.
- Provide all medically necessary health care services at a 35% discount to eligible patients between 133% and 200% of the current federal poverty level..
- Provide interest-free payment plans for eligible patients under this policy.
- Provide adequate notice of this policy in all patient access areas.
- Offer free financial counseling to all uninsured patients for financial matters related to their medical bills.

Determination of Eligibility

1. The hospital will use the following documents to determine eligibility for patient financial assistance (charity):
 - Complete copy of the last two years tax returns
 - Three months of current check stubs and bank statements, including social security, unemployment, and award letters
 - Copies of applicable above documents from all family/household members

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- If self-employed provide a copy of the company's income statement.
 - A copy of state identification or driver's license.
 - Written determination of ineligibility for Medi-Cal from the Department of Social Services
2. Within 14 days of receipt of a complete financial assistance application and supporting documentation, the hospital will mail a notification of the determination of financial eligibility to the patient, which will include the amount of assistance approved for the patient's account.
 3. Patients can appeal the determination of financial assistance within 14 days of receipt of the determination, if they provide additional documentation that was not considered in making the original determination.

Procedures

1. The hospital and clinics will post the availability of financial assistance, in both English and Spanish, in the Patient Access locations.
2. A bilingual representative will be available to help patients understand and apply for the organization's financial assistance program.
3. Application forms for the organization's financial assistance program will be made available to all patients.
4. The hospital's patient financial services department will provide a financial assistance determination within 14 days of receipt of the following:
 - i. A completed application,
 - ii. All required documentation, and
 - iii. The determination of the patient's eligibility for government assistance. The 14day determination timeline also applies to patients' requests to review a prior determination.

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5. Incomplete financial assistance applications will be denied due to insufficient information. The application will be returned to the patient with a cover letter requesting additional/missing information.
6. If a patient fails to make any payments due on a payment plan during a 30day period, the payment plan will be declared inoperative. At this time, the hospital will notify the patient by phone and mail that the account is inoperative and that the patient has an opportunity to renegotiate.
7. The hospital will attempt to renegotiate the terms of the defaulted payment plan, if requested by the patient. With no response within 30 days, the patient's account may be sent to collections.

Self-Pay Discounts:

For all uninsured patients above 100% of the current federal poverty level, several payment options will be presented, as follows:

- A. Hospital Prompt Pay Discount: Offer a 15% discount if the patient pays the balance in full.
 - i. Should the patient decline the prompt pay discount. A payment plan will be offered to the patient at no interest.
- B. Clinic Prompt Pay Discount: Offer a 25% discount if the account is paid in full at time of service or within 30 days.
 - i. Should the patient decline the prompt pay discount. A payment plan will be offered to the patient at no interest.