

Department: Patient Business Services	Effective: 3/17
Policy Name: Hospital Financial Assistance Policy for Patients	Revised: 12/16, 3/17, 7/17. 6/22
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
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TITLE: FINANCIAL ASSISTANCE POLICY FOR HOSPITAL PATIENTS (FAP)

PURPOSE:

To establish guidelines for providing financial relief to patients who have received medically necessary 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. Financial assistance is also known as hospital charity. This policy applies to hospital services only. This policy does not apply to residential care, or services performed by certain non-MPTF providers.

POLICY:

The Motion Picture Television Fund (MPTF) offers financial assistance to patients receiving medically necessary 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 400% 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

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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 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 admission packet. Patient may notify Patient Business Services 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 hospital charity application. Additionally, patient will be provided with the 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 HCA. .

The patient will be instructed to complete and return the hospital charity application to MPTF Attention Patient Business Services Manager
Mail Stop #70, 23388 Mulholland Drive, Woodland Hills, CA 91364. A free copy of the application is available at <https://mptf.com> or to request by mail contact Patient Business Services by calling 818-876-1076.

Along with the completed application, the patient must provide supporting income documents.

- Last year’s federal tax return.
- Written documentation from all income sources
- Last 3 months of complete bank statements
- Receipts of high medical cost within last 12 months, if applicable (see under insured patients)

The Patient Business Services (PBS) Manager will review the application to determine if the policy guidelines have been met. If the patient qualifies, 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.

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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. 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.

To obtain FAP forms and view our hospital services pricing transparency, visit our website <https://mptf.com> or contact Patient Business Services by calling 818-876-1076.

Resources:

California Health & Safety Code Sections 127400 -127446

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 Charity