

Policy

POLICY NO. 100.85300.602
ORIGINATED 12/90
REVISED 6/2018
PAGE 1 OF 7

SUBJECT: Self Pay Payment Program

APPLICATION: All Departments

PURPOSE: To offer discounted rates to all uninsured (AKA Self Pay) patients of PIH Health Hospital and if appropriate, to assist the uninsured in applying for Medi-Cal, Victim of Crimes, Uncompensated Care or other programs.

DEFINITIONS: AB: Assembly Bill
ECA: Extraordinary Collection Activities IRS: Internal Revenue Service
FAP: Financial Assistance Policy
HPE: Hospital Presumptive Eligibility
SB: Senate Bill

POLICY: It is the policy of PIH Health Hospital to automatically extend a discount to uninsured patients, regardless of income, (and to those with very limited benefits) that is reflective of or less than the rates negotiated with a contracted Medicare Advantage plan and/or government-sponsored plan. The patient will be asked to pay the discounted rate. If the patient cannot pay his/her entire discounted obligation and the patient does not qualify for government or hospital programs, PIH Health Hospital will extend reasonable no-interest payment plan.

In compliance with Assembly Bill 774, PIH Health Hospital will publish its policy for uninsured patients by clearly and conspicuously posting notices in locations that are visible to the public, including, but not limited to, all of the following:

- (1) Emergency department;
- (2) Billing/cashier office;
- (3) Patient Registration;
- (4) Other outpatient settings.

Additionally, uninsured patients will be provided with the Letter to the Uninsured included on page 3 of this policy. In compliance with SB 1276, the letter will educate patients about availability of coverage through government programs, including the Exchange, be accompanied by a Medi-Cal application, and will provide a referral number to a local consumer assistance center housed at legal services offices.

AB 1503 requires Emergency Room physicians to limit expected payment from eligible patients that are uninsured or have high medical costs who are at or below 350% of the federal poverty level.

APPROVED
BOARD OF DIRECTORS

SEP 10 2018



In compliance with Bad Debt Policy 85300.0098, accounts will not be approved for legal action until AFTER 150 days after the initial billing. In addition, in compliance with Internal Revenue Service rules, the hospital or its collection agency(s) will not exercise any Extraordinary Collection Activities (ECAs) including reporting to credit agencies, against an individual whose eligibility has not been determined before 120 days after the first post discharge billing statement. PIH Health will not garnish wages. It will however permit liens on homes or other real estate for the purpose of securing repayment at sale or refinancing when income exceeds 400% of FPL. Under certain circumstances when income does not exceed 400% FPL, PIH Health Hospital may file a lien on a primary residence for a hospital bill that will not be exercised during the life of the patient or his/her spouse, or during the period a child of the parent is a minor, and/or as otherwise outlined by state law.

PROCEDURE:

1. Pre-register scheduled uninsured patients and explain the Self Pay Discount Program.
2. Prior to or at registration/admission (*or after an Emergency Department patient has been medically screened and stabilized*) educate the uninsured patient about the Self Pay Discount Program and provide the letter to the uninsured. Allow the patient to apply for Hospital Presumptive Eligibility. If he/she declines or does not qualify:
 - 2.1 Estimate the patient's total charges based on the discount rates.
 - 2.2 Request the patient's estimated liability.
 - 2.3 Set up payment arrangements for any amount that cannot be collected at the time of service or prior to discharge. Work with the patient to negotiate the terms of the payment plan. If the hospital and the patient cannot agree on the payment plan, use the formula described in subdivision (i) of Section 127400 to create a reasonable payment plan.
 - 2.3.1 Income does not include retirement or deferred compensation plans.
 - 2.3.2 Reasonable payment plan" means monthly payments that are not more than 10 percent of a patient's family income for a month, excluding deductions for essential living expenses.
 - 2.3.2.1 "Essential living expenses" means, for purposes of this subdivision, expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses."
 - 2.3.2.2 For example, if income is \$3,000 per month and essential expenses are \$2000, PIH Health Hospital would need to agree to \$100 payments ($3000-2000=1000 \cdot 10=100$).
 - 2.3.3 Payment plans can be considered inoperative after the patient's failure to pay consecutive payments during a 90-day period and after sending written



notice and placing a call to the patient. The hospital will attempt to renegotiate the payment plan.

3. Most Self Pay Discount adjustments will automatically be written off to transaction code 9700014. For those services that do not adjust automatically, Patient Accounting Staff will submit adjustment 9700014 for posting to the patient account.
4. Statements will automatically reflect the discounted rates. In addition they will include information required under SB 1276 and under IRS rules.
5. Any accounts referred to bad debt will reflect the discounted rate.
6. Hospital collection agencies will not report adverse information to a consumer credit reporting agency or commence civil action against the patient for nonpayment at any time prior to 150 days after initial post discharge billing



12401 Washington Blvd.
Whittier, CA 90602-1099
(562) 698-0811
Hearing Impaired and TDD (562) 696-9267

Dear Patient:

Thank you for choosing PIH Health for your healthcare needs. Our records indicate that you do not have insurance. If that is incorrect, please provide your insurance information today.

PIH Health has implemented a Self Pay Payment Program for its uninsured patients. Your bill will automatically be reduced to an amount equal to or less than contracted rates with a government-sponsored plan. We accept cash, check, Visa, MasterCard, Discover and American Express. Upon request, the hospital will also extend a reasonable no-interest payment plan. Additionally, you may qualify for one of several programs:

- Government sponsored programs (*for example Medi-Cal, California Children's Services (CCS), Victims of Crime*). Please note that to qualify for Hospital Presumptive Eligibility, you must apply on the same day you start care for that visit to be totally covered and paid by the program. Let us know if you want to apply. We can assist you. You have also been provided with an application today.
- The Hospital's Financial Assistance/Uncompensated Care Program if your family income is at or below 400% of federal poverty guidelines or your medical expenses in the past 12 months exceeded 10% of your annual income. You have been provided with an application today. It is also available at www.pihhealth.org under Patients/Visitors and Billing and Insurance/Financial Assistance.
- Physicians are not covered under the hospital's Financial Assistance program. However, the law requires Emergency Room physicians to limit expected payment from eligible patients that are uninsured or have high medical costs whose income is at or below 350% of the federal poverty level. If you have a bill from an ER physician, please contact the physician's billing service to determine if you qualify for a discount.
- In addition, during open enrollment you may be able to obtain coverage under Covered California. Open enrollment begins in mid-November and ends in mid-February. Also, if you have had a qualifying event in the last 30 days, you may be able to apply now. You can locate certified counselors or insurance agents who can assist you at <https://www.coveredca.com>.

The local consumer assistance center housed at legal services offices may also be of assistance. It can be reached at 562-864-9935.

In all cases, you will receive separate bills from all physicians involved in your care. Services ordered by your physician can affect your out-of-pocket expense.

While you are at PIH Health, you may ask for a Financial Counselor who can provide you with applications for most government and hospital programs. After you are discharged, please call Customer Service, Monday through Friday, at 562-967-2875 to discuss any questions.



Inpatient / Other Hospital Services		
Services	Type of Payment	Rate 1
General Acute Care (not otherwise specified)	Per Diem	\$3,795
Observation - Less than 24 hours	Case Rate	\$1,775
Observation - Greater than 24 hours	Per Diem	\$1,775
Maternity Care (Normal and C-Sec)	Case Rate Days 1-7 then per diem	\$8,713
General Nursery/Boarder Baby	Per Diem	\$1,101
NICU Intensive	Per Diem	\$6,142
NICU Intermediate and Continuing Care	Per Diem	\$4,996
OB Observation	Case Rate	\$244
Implant Neurostimulator Device	Add on	\$9,893
Implant AICD Device	Add on	\$29,489
Bariatric Surgery	Per Case Days 1-3 then Per Diem	\$17,656
Acute Rehabilitation Unit (ARU)	Per Diem	\$4,044
TCU	Per Diem	\$1,069
Outpatient Surgery		
Services	Type of Payment	Rate 1
Outpatient Surgery Group 9 Global Rate	Case Rate	\$7,907
Outpatient Surgery Group 8 Global Rate	Case Rate	\$7,578
Outpatient Surgery Group 7 Global Rate	Case Rate	\$7,249
Outpatient Surgery Group 6 Global Rate	Case Rate	\$6,919
Outpatient Surgery Group 5 Global Rate	Case Rate	\$6,590
Outpatient Surgery Group 4 Global Rate	Case Rate	\$6,259
Outpatient Surgery Group 3 Global Rate	Case Rate	\$5,929
Outpatient Surgery Group 2 Global Rate	Case Rate	\$5,601
Outpatient Surgery Group 1 Global Rate	Case Rate	\$5,271
Unlisted Surgical Procedure	% Charges Not to Exceed	14%
Outpatient Services		
Services	Type of Payment	Rate 1
Radiation Therapy	% of Medicare	115%
GI Services	% of Medicare	115%
All Outpatient Procedures (unless listed separately above)	% of Medicare	150%
Outpatient Chemotherapy Therapy, Infusion Therapy Visit and Transfusions	Per Date of Service	\$2,521
Outpatient Pharmaceuticals with Infusion Visit	% Billed Charges NTE \$2,521	39.11%



Emergency Services		
Services	Type of Payment	Rate 1
Level 1 (99281)	Case Rate	\$150
Level 2 (99282)	Case Rate	\$300
Level 3 (99283)	Case Rate	\$450
Level 4 (99284)	Case Rate	\$650
Level 5 (99285)	Case Rate	\$850
Critical Care (99291)	Case Rate	\$995

2018 FEDERAL POVERTY GUIDELINES

% FPL	1	2	3	4	5	6	7	8	IP per day & OP Surg	OP non Surgery & ER visit
100%	\$12,140	\$16,460	\$20,780	\$25,100	\$29,420	\$33,740	\$38,060	\$42,380	-	\$ -
125%	\$15,175	\$20,575	\$25,975	\$31,375	\$36,775	\$42,175	\$47,575	\$52,975	\$100	\$35
138%	\$16,753	\$22,715	\$28,676	\$34,638	\$40,600	\$46,561	\$52,523	\$58,484	\$200	\$50
150%	\$18,210	\$24,690	\$31,170	\$37,650	\$44,130	\$50,610	\$57,090	\$63,570	\$300	\$65
175%	\$21,245	\$28,805	\$36,365	\$43,925	\$51,485	\$59,045	\$66,605	\$74,165	\$400	\$80
185%	\$22,459	\$30,451	\$38,443	\$46,435	\$54,427	\$62,419	\$70,411	\$78,403	\$600	\$120
200%	\$24,280	\$32,920	\$41,560	\$50,200	\$58,840	\$67,480	\$76,120	\$84,760	\$800	\$150
225%	\$27,315	\$37,035	\$46,755	\$56,475	\$66,195	\$75,915	\$85,635	\$95,355	\$1,000	\$200
250%	\$30,350	\$41,150	\$51,950	\$62,750	\$73,550	\$84,350	\$95,150	\$105,950	\$1,200	\$225
275%	\$33,385	\$45,265	\$57,145	\$69,025	\$80,905	\$92,785	\$104,665	\$116,545	\$1,350	\$275
300%	\$36,420	\$49,380	\$62,340	\$75,300	\$88,260	\$101,220	\$114,180	\$127,140	\$1,500	\$325
325%	\$39,455	\$53,495	\$67,535	\$81,575	\$95,615	\$109,655	\$123,695	\$137,735	\$1,550	\$350
350%	\$42,490	\$57,610	\$72,730	\$87,850	\$102,970	\$118,090	\$133,210	\$148,330	\$1,600	\$375
375%	\$45,525	\$61,725	\$77,925	\$94,125	\$110,325	\$126,525	\$142,725	\$158,925	\$1,700	\$425
400%	\$48,560	\$65,840	\$83,120	\$100,400	\$117,680	\$134,960	\$152,240	\$169,520	\$1,850	\$500

Patient liability is based on the lesser of

- billed charges;
- the cash discount rate (based on the rates of a Government-sponsored agreement, or less);
- 10% of the patient's annual income; or;
- the amount outlined above.



Policy Approvals

Policy Name: Self Pay Payment Program

Entity: PIH Health Hospital Whittier **Department:** Patient Accounting 85300

Originator of Policy:
Cole Christianson Patient Accounting 14800
Name Department Extension

Committee Approvals:

Committee	Date
Committee	Date
Committee	Date
Committee	Date

Signatures:

<u>Cole Christianson</u>	<u>[Signature]</u>	<u>7/24/18</u>
Name	Signature	Date
<u>Greg Williams</u>	<u>[Signature]</u>	<u>Date</u>
Name	Signature	Date
<u>James West</u>	<u>[Signature]</u>	<u>09/10/2018</u>
Name	Signature	Date
<u>Name</u>	<u>Signature</u>	<u>Date</u>
Name	Signature	Date

