KAISER PERMANENTE®

California Regions

2012 Medical Financial Assistance & Discount Payment Policy

1.0 Policy Statement Kaiser Permanente (KP) exists to provide affordable, high-quality health care services and to improve the health status of our members and the communities we serve.

1.1 Through the Community Benefit Program, Kaiser Permanente provides a range of programs to facilitate access to care for vulnerable populations. Improving health care access for people with limited incomes and resources is fundamental to Kaiser Permanente's mission. Our Medical Financial Assistance program (MFA) provides temporary financial assistance for qualifying patients who need help paying for care or medication they receive in Kaiser Permanente's medical facilities.

1.2 KP offers discounted payments to financially qualified patients whose inability to pay out of pocket costs, excluding insurance premiums, may deter them from accessing medically necessary care. The discount is a reduction of the balance due, so the balance due is equal to the amount that would be received from Medicare, Medi-Cal, Healthy Families, or any other government-sponsored health program, whichever is greater. KP provides care to low-income populations through the Medical Financial Assistance and the Discount Payment Programs. The Discount Program applies to inpatient and outpatient services, and excludes pharmacy.

2.0 Purpose

This policy describes the scope and principles for the Medical Financial Assistance (MFA) policy, including Pharmacy Waiver for Medicare Part D, and the Discount Payment policy. The principles described constitute the minimum policy provisions and are in compliance with Chapter 2 of Part 2 of Division 107 of the California Health & Safety Code (Hospital Fair Pricing Policy), AB 1503 and AB 774 in communicating the availability of KP assistance programs, how to obtain access and the eligibility criteria for discounted payments.

3.0 Scope

3.1 The MFA Program applies to financially qualified patients receiving care for services related to particular courses of treatment, including medical services, products, and / or medications provided by a Kaiser Foundation Health Plan / Hospital (KFHP/KFH) or a The Permanente Medical Group / Southern California Permanente Medical Group (TPMG / SCPMG) in all venues of care. The following entities are within scope:

- Kaiser Foundation Health Plan, Inc.
- Kaiser Foundation Hospitals
- The Permanente Medical Group / Southern California Permanente Medical Group, including the following:
    - Emergency Room physicians are exclusively contracted with Kaiser Foundation Health Plan, and as part of that contract they must agree to abide by the Medical Financial Assistance policy and are not excluded from the Charity Care and Discount Policy as implemented by Kaiser Foundation Health Plan (AB 1503).

2012 Medical Financial Assistance & Discount Payment Policy

3.2 KP utilizes a means-test designed to mitigate financial barriers to receiving medically necessary care for financially qualified patients, regardless of current membership status.

3.3 MFA awards may be applied to any medically necessary health care services provided by KP hospitals, KP physicians and providers and KP pharmacies, for which a bill will be generated by KP, except as specified under special circumstances.

3.4 An MFA Award may not be applied to any of the following;

3.4.1 Premiums, Dues, and Medi-cal Share of Cost
3.4.2 Non-KP retail pharmacy
3.4.3 Non-KP Home Health, Hospice, Recuperative Care and Custodial Care
3.4.4 Non-KP Care Facilities, except contracted Skilled Nursing under Special Circumstances
3.4.5 Venture Services
3.4.6 Surrogacy, Third Party Liability, and / or Workers Compensation services
3.4.7 Lifestyle services (e.g. Cosmetic Services, Fertility, Health Education Classes / Fee for Service Classes, Fee for Service Podiatry Visit, etc.)
3.4.8 Optical, hearing aids, retail medical supplies and soft goods
3.4.9 Discount Awards exclude KP Pharmacies.
3.4.10 MFA may not be applied to specific pharmacy services, including:
- **3.4.10.1** Over-the-counter drugs or supplies
- **3.4.10.2** Specifically excluded drugs, e.g. fertility, cosmetic, lifestyle

3.4.11 MFA may not be applied to, but may be considered under the special circumstances provision of this policy, and on a case-by-case basis:
- **3.4.11.1** Skilled Nursing Care – limited duration
- **3.4.11.2** Durable Medical Equipment (DME)

3.4.12 MFA may be applied on a case-by-case basis:
- **3.4.12.1** Non-emergency transport for homeless patients
- **3.4.12.2** Emergency transport for homeless patients

3.5 MFA will cover a generic medication, whenever a non-formulary brand name prescription is written unless the KP physician has indicated a non-formulary exception AND noted Dispense as Written (DAW). Other non-formulary medications without a generic equivalent will be covered only if a KP physician has written a non-formulary exception.

4.0 Definitions

4.1 **Auto Approval**. An Auto Approval is an MFA Award that was approved using verification of the patient's financial status using an electronic verification tool. Confirmed eligibility will not require additional supporting documentation unless the patient provided Federal Poverty Guidelines (FPG) or the FPG provided by the electronic verification tool exceeds an FPG threshold identified by the Region or when applying under special circumstance.

2012 Medical Financial Assistance & Discount Payment Policy

4.2 **Bad Debt.** An adjustment to write-off charges on an account based on a guarantor's non-payment after reasonable collection efforts have occurred as identified in KP billing systems**.**

4.3 **Catastrophic event**. A disaster that results in a significant financial burden and creates a barrier to care.

4.4 **Charity Care.** The provision of free or discounted health services, pharmacy, or medical equipment to persons who cannot afford to pay who meet the organization's financial assistance criteria and are deemed unable to pay for all or a portion of services.

4.5 **Discount to Patient Liability**. When awarded to financially qualified patients charges for services will reflect a reduction to the charge description master ("CDM"). The net patient liability will be comparable to the aggregate amount of payment the hospital would receive from Medicare, Medi-Cal, Healthy Families, or any other government-sponsored health program, whichever is greatest. This reduction is in compliance with Chapter 2 of Part 2 of Division 107 of the California Health & Safety Code (Hospital Fair Pricing Policy) and AB 774 (Chapter 775, Statues of 2006) Hospital Fair Pricing Policies.

4.6 **Extension.** Extensions apply when a KP Physician requests an extension to an award to follow a patient during a clinical treatment plan. Full application and documentation is not required.

4.7 **Extraordinary collection efforts include actions such as**

4.7.1 Lawsuits

4.7.2 Liens on residences

4.7.3 Arrests

4.7.4 Body attachments or

4.7.5 Other similar collection processes

4.8 **Federal Poverty Guidelines (FPG).** Levels of annual income that establish threshold for poverty as determined by the United States Department of Health and Human Services. The federal income guidelines are updated annually in the Federal Register.

4.9 **Financial Counseling / Advocacy.** The process of assisting patients to secure financing or explore health coverage options available to them to pay for services rendered in KP facilities. The types of patients that may seek financial counseling include, but are not limited to self-pay, uninsured, underinsured, and those who have expressed an inability to pay the full patient liability.

4.10 **High Medical Costs.** Total out-of-pocket medical expenses paid and / or incurred by the patient or the patient's family in the past 12 months that exceed 10% of the patient's household income. May include costs paid and / or incurred from other hospitals.

4.11 **Low income, insured.** An individual who does have health care insurance or other state or federal financial assistance but whose income is at or below 400% FPG.

2012 Medical Financial Assistance & Discount Payment Policy

4.12 **Low income, uninsured.** An individual who does not have any health care insurance or other financial assistance (federal or state) and whose income is at or below 400% FPG.

4.13 **Means Test.** An evaluation of financial need based on income and medical expenses, used to determine eligibility for MFA, Pharmacy Waiver or a Discount to patient liability. Methods may include the use of electronic screening tools or manual processes. An electronic screening tool may be used to confirm a patient's ability to pay for services rendered under the Fair Credit and Reporting Act.

4.14 **Medical Financial Assistance.** Medical Financial Assistance (MFA), also known as Charity Care, is a KP charitable care program. MFA offers assistance to financially qualified patients who are unable to pay for all or part of their medically necessary care and who have exhausted private and/or public medical coverage sources. Patients must meet financial criteria to receive a discount or an award that may cover some or all of the costs of care. MFA covers hospital-based services, medical office visits and pharmacy services (The Pharmacy Waiver program, part of MFA, covers Medicare Part D pharmacy services). Additional services may be covered under special circumstances. KP reserves the right to establish the amount of funding available for MFA awards and to deny MFA awards once such funding is exhausted. The amount reported for the MFA Program excludes bad debt, free health services provided to KFHP employer groups, and cost-based losses associated with the charitable health coverage programs and government sponsored health care programs such as Medicaid and CHIP (State Children's Insurance Programs.)

4.15 **Medically necessary care (medical necessity).** Generally, any care, treatment services or goods ordered by or provided by a licensed health care provider that are medically necessary in accordance with the medical guidelines of TPMG / SCPMG.

4.16 **Non member.** Refers to individuals who do not have KP health insurance and who may be classified as self pay or have third party health care coverage.

4.17 **Patient's Household size.**

4.17.1 For persons 18 years of age or older, the patient's spouse, domestic partner, dependent children under 21 years of age, whether living at home or not.

Dependent children not living at home would include children over the age of 18 who lack their own source of financial support and who rely solely on the household income (e.g., children living independently while attending college or traveling).

4.17.2 Children over the age 18 who are self supporting may not be considered "dependent" for the purpose of determining eligibility.

4.17.3 For persons under 18 years old, a parent, caretaker relatives and other children under 21 years of age of the parent or caretaker relative.

4.18 **Planned Charity Care** (sometimes called Community Medical Financial Assistance (CMFA) A program designed to provide medical services to uninsured patient with medical homes in Community Health Centers or other non-profit organizations.

2012 Medical Financial Assistance & Discount Payment Policy

4.19 Pharmacy Waiver Program. Provides financial assistance to Kaiser Permanente Senior Advantage Medicare Part D (KPSA) members who are unable to pay the cost share for outpatient prescription drugs covered under Medicare Part D with exception of those who are enrolled in the LIS (Low Income Subsidy) program.

4.20 Safety Net. Refers to a system of nonprofit organizations and / or government agencies that provide direct medical care services for the vulnerable, low income, and uninsured in a community setting such as public hospital, community health clinic, church, homeless shelter, mobile health unit school, etc.

4.21 Self-Pay Patient. A patient who does not have third-party coverage from a health insurer or a health care service plan, government or private, and whose injury is not compensable through workers' compensation, automobile insurance, or other insurance or settlements.

4.22 Special Circumstances. Patients who have not qualified for MFA under standard means testing process and who are currently experiencing financial hardship or a catastrophic event. This patient may be evaluated for eligibility under special circumstances. Medical expense in relationship to the patient's income may be considered. Eligibility for special circumstances is not limited by income or membership, and is available to patients with Deductible Products, excluding government programs.

4.23 Uninsured. An individual who does not have any health care insurance or any financial assistance (federal or state) in paying their financial obligation for services rendered.

4.24 Vulnerable Populations. A demographic group whose health and well being are considered to be more at-risk than the general population due to socioeconomic status, illness, ethnicity, age, or other disabling factors.

5.0 Provisions

5.1 Eligibility. Patients who are unable to pay for all or part of the cost of medically necessary care, and who may have exhausted private and / or public medical coverage sources may be eligible for MFA, pharmacy waiver or a discount payment plan.

5.1.1 Prior to being considered for eligibility, patients are required to apply for public and/or private coverage, such as Medicare, Medi-Cal, Low Income Subsidy available to Medicare Part D recipients (LIS), or Healthy Families, for which they may be eligible. Patients shall be assisted by Financial Counseling as needed, in determining linkage to these programs, and in applying for such coverage.

5.1.2 Patients will undergo means testing. Gross household income will be verified by documented proof of income or by an electronic verification tool. Income thresholds are as follows:

5.1.2.1 Income at or below 350% of the FPG: These patients are eligible for full financial assistance and / or pharmacy waiver, at 100% of charges, for the duration for their award.

2012 Medical Financial Assistance & Discount Payment Policy

5.1.2.2 Income above 350%, but at or below 400% of the FPG: These patients are eligible for a discount to the patient liability amount, for the duration of the award for medical services.

5.1.3 If a patient has expired and there is an unpaid balance, notification from Patient Financial Services, Collection Center is required prior to processing the MFA application.

5.1.4 Any patient who meets the Special Circumstances definition and financial criteria is eligible for assistance regardless of the FPG.

5.2 Documentation. Patients must complete an application for financial assistance and provide supporting documentation as outlined in the following table.

	A	B	C	D	E	F
FPG Range	Pay Stub w/ YTD	2 Current Pay Stubs	Current Tax Return	EDD, SSI or SDI	Other Income	Medical Expenses
MFA Award	R	R*	R*	R*	R	NR
Discount Program Award	R	R*	R*	R*	R	NR
Special Circumstances	R	R*	R*	R*	R	S

Legend

R Document is required

R* If A is not available, then B, C, or D may be substituted, in successive order.

NR Not required

S Required for Special Circumstances eligibility

Note: Documentation may be validated and / or verified through an electronic verification tool and /or an attestation.

5.2.1 Pay Stub w/YTD (A). One current pay stub, if YTD information is included.

5.2.2 2 Current Pay stubs (B). If YTD information is NOT included, then copies of 2 subsequent and current pay stubs are required.

5.2.3 Current Tax Return (C). If no pay stubs are available or if a patient is self employed then, copy of the most recent federal tax return. If tax forms are prepared by someone other than the patient, and / or has been submitted to the IRS electronically, a signed form is not required. If the patient has self-prepared, submitted copies must include the patient's signature.

5.2.4 EDD, SSI, or SDI (D). Copies of other documents, such as letters from disability, Social Security, or unemployment must be provided.

5.2.5 Other Income (E). Documentation of all other income sources, including other income from rental property, alimony and / or child support payments, annuity income, etc.

2012 Medical Financial Assistance & Discount Payment Policy

5.2.6 Medical Expenses (F). All medical expenses, such as paid bills or receipts, including those rendered outside of Kaiser Permanente, may be used to determine these costs.

5.2.6.1 Out-of-pocket medical expenses include: co-payments, deposits, or coinsurance related to medically necessary service(s), dental expense(s) (itemized invoice required) and / or prescribed medication expense(s).

5.2.7 On a case-by-case basis, and outside of special circumstances, when proof of income is unavailable, a patient may submit a signed attestation of their financial position. Additional documentation may be required.

5.2.7.1 An attestation may be used in the following examples:

5.2.7.1.1 A patient has no income.

5.2.7.1.2 A patient does not receive a formal pay stub from their employer.

5.2.7.1.3 A patient receives monetary gifts.

5.2.7.1.4 A patient was/is not required to file a recent Federal or State Tax Return.

5.3 A **special circumstance** is defined by a patient's current financial hardship precipitated by a catastrophic event or unusually high medial costs. "Special Circumstances" are assessed when an evaluation of the patient's financial situation demonstrates that 12 months of out-of-pocket medical expenses equals or exceeds 10% of annual income, regardless of whether the patient satisfies FPG requirements described in Section 5.1 above. In addition to medically necessary hospital and physician services, special circumstances awards apply in circumstances which include, but are not limited to, the following categories of expense:

5.3.1 Skilled nursing care at a contracted KP facility for a limited duration to facilitate discharge from a Kaiser Foundation Hospital.

5.3.2 Durable Medical Equipment (DME). An MFA Award for DME is provided to a patient who qualifies for MFA under Special Circumstances. The DME item must be prescribed by a Kaiser Permanente physician in accordance with the Kaiser Permanente DME formulary guidelines.

5.3.2.1 The DME item(s) must be ordered from a contracted DME vendor through a Kaiser Permanente DME department.

5.3.2.2 Payments and co-pays for either based or supplemental DME items qualify under the program.

5.3.2.3 The prescribed DME item(s) must meet the medical necessity criteria as outlined by the DME formulary.

Included:

Base DME (such as standard canes, crutches, nebulizers, intended benefitted supplies, and over the door traction units for the use in the home) as specified by DME criteria.

2012 Medical Financial Assistance & Discount Payment Policy

Supplemental DME (such as wheelchairs, walkers, hospital beds and oxygen for use in the home) as specified by DME criteria.

Excluded: Orthotics, prosthetics (such as dynamic splints/orthoses, and artificial larynx and supplies) and over the counter supplies and soft goods (such as urological supplies and wound supplies)

5.4 Presumptive MFA Eligibility. When a patient experiences an adverse financial circumstance where providing eligibility documentation is not feasible, presumptive eligibility may be applicable. Presumptive eligibility exists under the following conditions:

5.4.1 Homeless patient. For a patient to be qualified as homeless the following criteria must be met:

5.4.1.1 The patient does not have a residence. (Individuals who lack a fixed, regular, and adequate nighttime residence). (CFR Title 42, Chapter 119, Subchapter I, §11302**.)**

5.4.1.2 Homeless patient means any person who lacks a fixed and regular nighttime residence, or who has a primary nighttime residence that is one of the following:

5.4.1.2.1 A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including sober living facilities, welfare hotels, congregate shelters, or transitional housing for the mentally ill),

5.4.1.2.2 An institution that provides a temporary residence for individuals intended to be institutionalized,

5.4.1.2.3 A public or private place not designed to provide temporary living accommodations or ordinarily used as a sleeping accommodation for human beings.

5.4.2 Catastrophic Event. If a patient has been involved in or affected by a national/regional catastrophic event which has left them without health care or insurance documentation they may be awarded MFA. The following criteria determine if the patients can qualify under presumptive eligibility.

5.4.2.1 The catastrophic event (e.g., Hurricane Katrina) is generally well known and is qualified as a disaster. The determination of a catastrophic event can be made by a KP Region, or by state or federal law, or by a municipal, county, state or federal government.

5.4.2.2 The catastrophic event has caused loss of or inability to inhabit their residence and an inability to have access to any financial records, health insurance information and / or medications.

5.4.2.3 Patients are required to complete basic financial information and attest to its validity

2012 Medical Financial Assistance & Discount Payment Policy

5.4.2.4 Retrospectively, if health insurance information or other payment sources are identified billing will occur. When this situation occurs the patient shall not be billed for the patient responsibility portion of the charges.

5.4.3 One-Time Pharmacy Prescription(s). When a patient presents a KP written prescription at a KP pharmacy, and expresses an inability to pay, the patient will be afforded a presumptive award for this one instance (once in a life-time). The prescribing KP physician shall determine the reasonable supply of the medication as is medically appropriate.

5.4.4 Planned Charity Care (also known as Community Medical Financial Assistance (CMFA)). A patient who has been screened by the community partner and met (financial and clinical) eligibility requirements may qualify for MFA through a community-based organization.

5.4.5 Administrative Approvals. An MFA Regional Director or designee may approve, deny, extend, amend or retract MFA awards when a case of exceptional circumstances occurs that may result in medical financial hardship.

5.5 Award Duration. A patient may be approved for financial assistance for a specific duration of time, as follows:

5.5.1 Specific Duration. Financial assistance, up to 6 months, for appropriate medical services or products, in an inpatient, outpatient, emergency or pharmacy setting.

5.5.2 Skilled Nursing Facilities (SNF). Financial assistance may be awarded up to 1 month for patient approved for MFA under Special Circumstances, based on a prescribed medical need determination.

5.5.3 Durable Medical Equipment (DME). Financial assistance may be awarded up to 6 months for a patient who was approved under Special Circumstances based on an order / referral from a KP Physician,

5.5.4 Extensions to Initial Duration. If a KP Physician requests an extension to facilitate a clinical treatment plan.

5.5.5 Subsequent Award Duration. Requests must be in writing, and must include a new application and documentation to demonstrate there has been no change to income reported on the previous application.

5.5.6 Effective Date. MFA Awards commence from the date of service and/or date of dispensed medication, for which the award is being requested, for services with a balance due or have future appointments scheduled.

5.6 Payment Arrangements under the Discount Program: A patient approved for a discount may set up an extended payment plan, as outlined in the Patient Financial Services Bad Debt and Collections policy.

5.7 Pre-payment and Payment Plans. MFA Awards will be applied to balances only.

2012 Medical Financial Assistance & Discount Payment Policy

5.8 **Patient Responsibility**. Patients must make a reasonable effort to provide all requested and required documentation when applying for financial assistance. If a patient fails to provide information that is reasonable and necessary, KP may consider that failure when making a determination of eligibility.

5.8.1 A patient must apply for Medical Financial Assistance within 6 months of the date of service for which the MFA is requested.

5.9 **Amendments**. KP has the right to, and may, retract / amend awards:

5.9.1 When there is a change to a patient's financial situation and/or coverage.

5.9.2 When a case of fraud or theft occurs

5.9.3 When a patient has been screened for a government health coverage program and has linkage, but is not cooperating with the process to apply for the government program.

5.10 **Appeals.** Patients have the right to appeal if a denial letter has been issued.

5.10.1 Denial letters will contain information about the appeal process.

5.10.2 Patients are responsible for initiating their appeal request within 30 days after denial. This is not an automatic process.

5.10.3 When submitting an appeal, patients must provide additional or different information, or any corrections to the original application, to substantiate a valid reason for the appeal.

5.10.4 Appeal applications will be reviewed by an MFA Regional Director or designee, who is authorized to change the decision outcome.

5.10.5 Appeal decisions will be communicated to the patient on a timely basis.

5.11 **Monitoring and Review of Performance.** On a regular basis, the Regional Director shall monitor and review performance metrics, as established in compliance with the Board of Directors guidelines for charitable care investment, to ensure that Regional Community Benefit program objectives for MFA are being met. At a minimum, metrics will include:

5.11.1 YTD budgeted and actual award amounts,

5.11.2 Application statistics, including the number of applications submitted,

5.11.3 Approved, pending and denied.

5.11.4 Denial reasons and related trends

5.12 **Communication / Signage and Financial Counseling.** Information about the financial assistance program shall be widely available to all patients seeking care, and to employees who may need to discuss patient financial responsibility with the patient or patient representative.

5.12.1 Regular communication about Regional MFA Programs and the availability of financial counseling shall be provided :

5.12.1.1 Through www.kp.org/mfa on the internet.

2012 Medical Financial Assistance & Discount Payment Policy

5.12.1.2 Signage in public areas which included public entrances to hospitals, emergency departments and all areas in hospital licensed space. Other additional locations may be identified by regions.

5.12.1.3 In the form of a printed Notice to Patient, provided to each patient receiving services in the hospital setting. Other additional locations shall be identified by regions.

5.12.2 Communications about Regional MFA Programs shall be easy to understand, culturally appropriate, and in the prevalent languages in the applicable community when possible.

5.12.3 Financial Counseling services are available at each hospital or through a KP Call Center.

5.13 Policy Standards and Practices for Billing and Collections

5.13.1 Billing statements sent to patients shall include:

5.13.1.1 Information about eligibility for Medicare, Healthy Families, Med-Cal, CCS, MFA, and Discount Payment programs.

5.13.1.2 Information on how patients may obtain applications for Medi-Cal and Healthy Families, and for financial assistance.

5.13.1.3 Information on how to contact either a local or central unit financial counselor.

5.13.2 Limitations of charges, Kaiser Permanente limits the amount of charges for emergency or other medically necessary care that is provided to individuals eligible for medical financial assistance under Kaiser Permanente's Medical Financial Assistance Policy to either:

5.13.2.1 Medicare, Medi-cal, Healthy Families or another government sponsored health programs reimbursement rate if applicable or

5.13.2.2 The average of the three (3) best negotiated commercial rates paid by insured patients under the Region’s managed care plans.

5.13.3 Neither Kaiser Foundation Hospital or Health Plan nor its contracted collection agencies will:

5.13.3.1 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 billing.

5.13.3.2 Impose wage garnishments or liens on primary residences except as provided below.

5.13.4 This requirement does not prevent Kaiser Permanente from pursuing reimbursement from third party liability settlements or other legally responsible parties.

2012 Medical Financial Assistance & Discount Payment Policy

5.13.5 Kaiser Permanente will forego extraordinary collection actions against individuals before reasonable efforts have been made to determine whether the patient is eligible for Medical Financial Assistance.

5.13.5.1 Before collection action(s) or reporting to a credit agency, notification of its financial assistance policy is available, by at least two of the following means:

5.13.5.1.1 Upon Admission

5.13.5.1.2 In writing

5.13.5.1.3 Oral communication with the patient regarding the patients bill

5.13.5.1.4 On invoices

5.13.5.1.5 On telephone calls

5.13.6 If a patient does not apply for Medical Financial Assistance in a medical center Kaiser Permanente may choose to qualify a patient with a balance due during the collection process using an approved electronic eligibility verification tool.

5.14 Standard and practices for reimbursement. As set forth in AB 774 Hospital Fair Pricing Policies sections 127405 and 127440, in cases where a patient has applied, and been approved for MFA, and where the patient has already made payments for those services approved under the application, the hospital will reimburse the patient 100% of the amount (excluding pre-payments and payment plans) actually paid in excess of the amount due, including interest. If a patient has an outstanding balance from a time period outside the MFA award period, the patient's payment will be applied against the outstanding balance prior to issuing any applicable refund.

5.14.1 Interest shall accrue at the rate set forth in Section 685.010 of the Code of Civil Procedure; beginning on the date payment by the patient is received by the hospital. The current rate is 10%.

5.14.2 For patients who have been approved under the Discount Payment provision, the hospital can expect to be paid no more than the greater amount expected under Medi-Cal, Healthy Families, Medicare, or any other government programs.

5.15 Review and Updates. The MFA and Discount Payment policy and supporting documents such as the MFA application, and Notice to Patient shall be provided to the Office of Statewide Health Planning and Development (OSHPD) biennially on January 1, or whenever a significant revision has been made. If no significant revision has been made OSHPD will be notified that there has been no change.