



# GLENDORA HOSPITAL

A COLLEGE BEHAVIORAL HEALTH HOSPITAL

|                                                                                                                                                                  |                                                                       |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------|
| Manual: Administrative<br><br>Owner: Chief Financial Officer                                                                                                     | Financial Assistance Program<br>Charity Care and Discount Care        | Policy # GD/BO-7001 |
| Origination Date: 12/01/2024<br>Last Revised: 12/01/2024<br>Last Reviewed: 12/01/2024<br>Submitted By: Analisa Guillen<br>Director of Patient Financial Services | <b>APPROVAL</b><br><br>Medical Executive Committee Governing<br>Board | Page 1 of 16        |

## PURPOSE

Glendora Hospital is committed to providing financial assistance to patients of the hospital and the Partial Hospitalization Programs which have health care needs and are uninsured, under insured, and ineligible for a government program and is otherwise unable to pay for medically necessary care based on their individual financial situations. Consistent with its mission, to heal with compassion and to perform with distinction. Our values are Cultural Diversity, Respect, Heroic Service, Teamwork and Accountability. Glendora Hospital strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

Financial assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with Glendora Hospital's procedures for obtaining financial assistance and to contribute to the cost of their care based on individual ability to pay. Individuals with financial capacity to purchase health insurance are encouraged to do so as a means of assuring access to health care services.

This policy confirms Glendora Hospital's commitment to provide financial assistance to patients who cannot pay for part, or all the care received as well as comply in all respects with the California Senate Bill No. SB-1276, Chapter 758.

## DEFINITIONS

### Applicant

The Applicant is the individual patient or the patient's guarantor, as applicable, who applies for Financial Assistance. A household member, close friend or associate of the patient may request that the patient be considered for Financial Assistance. A referral may also be initiated by any member of the medical or facility staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, religious sponsors, vendors, or others who may be aware of the potential need for Financial Assistance.



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## Charity Care/Free Care

Charity Care is defined as “free care” under Title 22, California Code of Regulations (CCR) section 96051-96051.37. Charity Care/Free Care is full Financial Assistance to qualifying patients that relieves the patient and his or her guarantor of their entire financial obligation to pay for Eligible Services. Charity Care/Free Care does not reduce the amount, if any, that a third party may be required to pay for Eligible Services provided to the patient.

## Discounted Care

Discounted Care is defined as “discount payment” which is any charge for care that is reduced but not free. Qualifying patients will receive a Financial Assistance application to relieve the patient and his or her guarantor of a portion of their financial obligation to pay for Eligible Services (as defined below). Discounted Care does not reduce the amount, if any, that a third party may be required to pay for Eligible Services provided to the patient.

## High Medical Costs

“High Medical Costs” means any of the following:

- (1) Annual out-of-pocket costs incurred by the individual at the hospital that exceed the lesser of 10 percent of the patient’s current family income or family income in the prior 12 months. Out-of-pocket costs means any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing.
- (2) Annual out-of-pocket expenses that exceed 10 percent of the patient’s family income, if the patient provides documentation of the patient’s medical expenses paid by the patient or the patient’s family in the prior 12 months. Out-of-pocket expenses means any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing.



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## Eligible Services

Eligible Services include all Emergency Medical Care or non-emergency care, Medically Necessary Care delivered by Glendora Hospital. Eligible Services exclude physician services, treatments, or procedures unless the Financial Assistance Policy's provider list includes the relevant physician or physician group and, if applicable, a description of the services. Treatments, or procedures provided by such physician or physician group specifically covered by this policy.

## Essential Living Expenses

Essential Living Expenses are 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 childcare, child or spousal support, transportation and auto expenses, including insurance, gas and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

## Federal Poverty Level (FPL)

The FPL is defined by the poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsections (2) Of Section 9902 of Title 42 of the United States Code. Current FPL guidelines can be referenced at <http://aspe.hhs.gov/poverty-guidelines>.

## Financial Assistance

Charity Care/Free Care or Discounted Care, as described in this policy.

## Gross Charges

Gross Charges (also referred to as "full charges") means the amount listed on each Glendora Hospital facility's charge master for each Eligible Service.

## Income

Modified Adjusted Gross Income (MAGI), as defined by the IRS.



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## Patient's Family

A Patient's Family has expanded to include the patient and the following:

- a) Persons 18 years of age and older, spouse, domestic partner, dependent children under 21 years of age, or any dependent children of any age if they have a disability whether living at home or not, and
- b) Persons under 18 years of age or for a dependent child 18 to 20 years of age, inclusive, parent, caretaker relatives, and parent's or caretaker relatives' other dependent children under 21 years of age, or any dependent children of any age if they have a disability.

## Patient Family Income

The annual income earned by the Patient's Family in the 12 months prior to the date on which Glendora Hospital services were provided.

## Patient with High Medical Costs

Within the "high medical costs" definition, it is clarified that "out of pocket" costs and expenses "mean any expenses for medical care that are not reimbursed by insurance or a health coverage program which is defined under regulations Title 22, California Code of Regulations (CCR) sections 96051-96051,37.

## Reasonable Payment Plan

A Reasonable Payment Plan is an extended payment plan in which the monthly payments are not more than 10% of a Patients Family income for a month, after excluding deductions for Essential Living Expenses (as defined above). A health savings account held by patient or the patient's family may be considered when negotiating payment plans. Glendora Hospital requires the patient or guarantor to pay Glendora Hospital any amount sent directly to the patient by third- party payors, including from legal settlements, judgements, or awards.



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## Payment Requirement

Glendora Hospital requires that the patient or guarantor pay Glendora Hospital any amount sent directly to the patient by third-party payors, including from legal settlements, judgements, or awards.

## Uninsured Patient

An Uninsured Patient is a patient who does not have health coverage from a health insurer health care service plan or government-sponsored health care program (e.g., Medicare or Medi-Cal), an whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital will receive a 50% discount from billed charges without taking into consideration their ability to pay and before the application of any additional charity care/free care discount, if eligible.

## Non-Covered/Denied Medi-Cal or Indigent Care Program Services

Non-Covered and denied services provided to Medi-Cal eligible beneficiaries are considered a form of charity care/free care. Medi-Cal beneficiaries are not responsible for any forms of patient financial liability and all charges related to services not covered, including all denials, are charity care/free care.

Examples may include, but are not limited to:

Services provided to Medi-Cal beneficiaries with restricted Medi-Cal (i.e., patients that may only have pregnancy or emergency benefits, but receive other hospital care)

- Medi-Cal-pending accounts.
- Medi-Cal or other indigent care program denials.
- Charges related to days exceeding length-of -stay limit.
- Medi-Cal claims (including out-of-state Medicaid claims) with "no payment."
- Any service provided to a Medi-Cal-eligible patient with no coverage and "no payment."



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Financial Assistance may be applied to uninsured patients, as well as the patient liability for patients with insurance, including charges determined uninsured for the hospital stay, coinsurance, copayment, deductible amounts, Medicare copays, Medi-Cal share-of-cost and other liabilities for medically necessary hospital services.

## FINANCIAL ASSISTANCE PROGRAM

A patient or patient's guarantor may apply for Financial Assistance at any time. Under the renumbered HSC section 127405(e)(3), eligibility for discounted payments or charity care/free "shall" be determined at any time and Glendora Hospital shall not impose time limits for applying for Charity Care/Free Care or discounted payments, nor deny eligibility based on the timing of patient's application."

### Charity Care (Up to 200% of the FPL)

Patients whose Patient Family Income is at or below 200% of the FPL are eligible to receive a 100% discount off their account balance for Eligible Services received by the patient after payment, if any, by any third party or parties.

In determining eligibility for Charity Care/Free Care, Glendora Hospital will consider income consistent with the application of the federal poverty level, and documentation of income is limited to recent paystubs or income tax returns. Glendora Hospital may presumptively determine that a patient is eligible for Charity Care/Free Care or discounted payment based on information other than that provided by the patient or based on a prior eligibility determination.

Financial Assistance may be granted in the absence of a completed application in situations where the patient does not apply but other available information substantiates a financial hardship. The reason for presumptive eligibility will be reflected in the transaction code used to resolve the patient's claim.



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An automatic financial assistance determination of 100% assistance is applied in the following situations provided other eligibility criteria are met:

- Patient has active Medi-Cal plan.
- Patient is eligible for Medi-Cal, or patient with current active Medi-Cal coverage will assistance applied for past dates of services.
- Patient is deceased.
- Determination of patient financial assistance eligibility by Glendora Hospital.
- The business office will reverse the account out of bad debt and document the respective discount in charges as charity care/free care.

Discovery of Patient Financial Assistance Eligibility During Collections- the business office of Glendora Hospital strives to determine patient financial assistance as close to the time of service as possible, in some cases further investigation is required to determine eligibility. Some patients eligible for financial assistance may not have been identified prior to initiating external collection action. Glendora Hospital's collection agency shall be made aware of this possibility and are requested to refer-back patient's accounts that may be eligible for financial assistance. When it is discovered that an account is eligible for financial assistance, the business office of Glendora Hospital will reverse the account out of bad debt and document the respective discount in charges as charity care.

**Discount for Uninsured Patients and Patients with High Medical Costs (Less than or Equal to 400% of the FPL and Extended Payment Plans.**

Uninsured Patients and Patients with High Medical Costs who do not qualify for Charity Care/Free Care and whose Patient Family Incomes are at or below 400% of FPL are eligible to receive a discount for Eligible Services received by the patient and an extended payment plan.



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This discount will limit the expected payment for Eligible Services to an amount that is (1) no more than the amount of payment the hospital would in good faith expect to receive for providing services from Medicare, Medi-Cal, and (2) in all events no more than the amount generally billed for the Eligible Services provided to the patient.

Upon request, patients who receive this discount will be provided with an extended payment plan, which will allow payment of the discounted price over time. The early out agency of Glendora Hospital and the patient shall negotiate the terms of the payment plan and take into consideration the Patient's Family Income and Essential Living Expenses. If the early out agency and the patient cannot agree on the payment plan, the early out agency shall implement a Reasonable Payment Plan to allow payment of the discounted price over time.

## **GUIDELINES**

### **Notice to Patients Regarding Financial Assistance**

#### **1) Paper Copy of Plain Language Summary**

Glendora Hospital's business office will notify and Inform patients about the Financial Assistance Policy by offering a paper copy of the plain language summary of the Financial Assistance Policy to patients as part of the intake or discharge process.

#### **2) Notice of Financial Assistance Policy during Billing Process**

As part of the post-discharge billing statements, the business office of Glendora Hospital shall provide each patient with a conspicuous written notice that shall contain

information about the availability of Glendora Hospital's Financial Assistance Policy.



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### 3) Post Notice of Financial Assistance Policy

Notice of Glendora Hospital's Financial Assistance program also shall be clearly and conspicuously posted in locations visible to the public, including all the following:

- a) Business Office
- b) Admission Office
- c) In other areas and settings reasonably calculated to reach those members who are most likely to require financial assistance from the hospital.

### 4) Posting on Website and Providing Copies upon Request

Glendora Hospital will make this Financial Assistance Policy, the Financial Assistance Application form, and plain language summary of the Financial Assistance Policy available on a website and will make paper copies of each available upon request and with charge, both by mail and in public locations in the hospital facility, and admissions areas.

## **Insurance and Government Program Eligibility Screening Process**

Glendora Hospital shall make all reasonable efforts to obtain from the patient or his/her representative information about whether private insurance or government-sponsored health care program coverage may fully or partially cover the charges for care rendered by the hospital to a patient, including, but not limited to, any of the following:

Private health insurance, including insurance or health care services plan coverage offered through a State or Federal Health Benefit Exchange;

Medicare and Medi-Cal (Medicaid, as applicable) the California Children's Services Program or other state-funded programs designed to provide health coverage.

The business office at Glendora Hospital expects all Uninsured Patients or Patients with High Medical Costs to fully comply with this eligibility screening process.



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## Financial Assistance Application Process

- 1) If a patient does not indicate coverage by private insurance or a government-sponsored health care program, a patient requests Financial Assistance or business office representative determines that the patient may qualify for Financial Assistance, then Glendora Hospital shall also do the following:
  - a). Make all reasonable efforts to explain the benefits of Medi-Cal and other public and private health insurance or sponsorship programs, including coverage offered through the State or Federal Health Benefit Exchange, to all uninsured patients at the time of registration. Glendora Hospital will ask potentially eligible patients to apply for such programs and will provide the applications and assist with their completion. The applications and assistants will be provided prior to discharge for inpatients and within a reasonable amount of time to patients receiving emergency or outpatient care.
  - b). Make reasonable efforts to explain Glendora Hospital's Financial Assistance Policy and other discounts, including the eligibility requirements, to patients who may qualify for Financial Assistance, ask those potentially eligible to apply, provide a Financial Assistance Application to any interested person who may meet the eligibility criteria for Financial Assistance at the point of service or during the billing and collection process, and help with the application.



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- 1) If a patient is eligible to apply for coverage under a government-sponsored health care program for the Eligible Services received by the patient, the hospital may assist in screening for coverage, but the patient does not need to complete an application or await denial as a precondition for receiving Financial Assistance. The patient's application for coverage under such a government-sponsored health care program will not preclude eligibility for Financial Assistance from Glendora Hospital.
- 2) Upon receiving a completed Financial Assistance Application from a patient who Glendora Hospital believes may be eligible for government-sponsored health care programs, Glendora Hospital may postpone determining whether the patient is eligible for Financial Assistance until the patient's government-sponsored health care program application has been completed and submitted, and a determination as to the patient's eligibility for such program has been made.
- 3) If a patient has not completed and/or submitted a Financial Assistance Application, the business office of Glendora Hospital may grant in the absence of a completed application the presumptive eligibility. This will be reflected in the patient's account. Additional patient notes will be included. If patient does not meet the qualification for Financial Assistance collection activity will begin under the Glendora Hospital Billing and Collection Policy.
- 4) Glendora Hospital will ask each Applicant to provide the documentation necessary and reasonable to determine each Applicant's eligibility for Financial Assistance. In the event the Applicant is unable to provide any or all these documents, Glendora Hospital will consider this failure in making eligibility determination. Under appropriate circumstances, Glendora Hospital may also waive some or all the documentation requirements. The rationale for this waiver must be documented in writing.
- 5) For purposes of determining whether a patient is eligible for Financial Assistance discount, documentation of income shall be limited to income tax returns, or if income



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tax returns are not available, pay stubs. In addition, the Applicant will be required to provide documentation of Essential Living Expense in the event the Applicant requires an extended payment plan.

- 6) For purposes of determining whether a patient is eligible for Financial Assistance, or addition to Patient Family Income, Glendora Hospital may also consider adverse financial circumstances following the patient's date of discharge or service, such as disability, loss of a job, or other circumstances impacting the patient's ability to pay for Eligible Services.
- 7) Eligibility for Financial Assistance may be determined at any time after Glendora Hospital is in receipt of information described in this Policy. However, Glendora Hospital has the discretion to deny an application for Financial Assistance if the patient fails to comply with the information stated in this Policy.
- 8) Information obtained from the patient, the Patient's Family, or the patient's legal representative in connection with determining whether a patient meets the eligibility requirements for Financial Assistance as described in this policy shall not be used for collection activities.
- 9) The FPL guidelines published in the Federal Register at the time Glendora Hospital process a Financial Assistance application will be utilized when measuring Patient Family Income against the FPL. The existing guidelines can be found at following <http://aspe.hhs.gov/poverty-guidelines>.

## Patient Financial Assistance Application Review Process

- 1) If a patient submits a completed Financial Assistance Application (either initially, or by amending an incomplete application Glendora Hospital will suspend any collection activities (with the exception of collection activities due to nonpayment for past services) until Glendora Hospital had determined whether the patient is eligible for Financial Assistance for the care and provides written notice of this eligibility



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determination (including, if applicable, the assistance for which the patient is eligible) and the basis for this determination to the patient.

- 2) If Glendora Hospital determines the patient is eligible for Financial Assistance under the Financial Assistance Policy, it will:
  - a) Provide the patient with a billing statement indicating the net amount owed as a Financial Assistance-eligible patient.
  - b) Refund any amount the patient has paid for the care that exceeds the net amount he/she is personally responsible for paying as a Financial Assistance-eligible patient, including interest within 30 days (unless such amount is less than \$5 or other amount set by guidance published in the Internal Revenue Bulletin). Interest owed by Glendora Hospital shall accrue beginning on the date payment by the patient is received by Glendora Hospital.
- 3) Information supplied on the completed Financial Assistance application along with any other information which Glendora Hospital has obtained during the application process will be used by authorized representatives of Glendora Hospital to evaluate whether a patient is eligible for Financial Assistance under the Glendora Hospital Policy.
- 4) A decision shall be made regarding eligibility for Financial Assistance based upon the information reasonably available to Glendora Hospital, including the Financial Assistance Application and supporting documentation as well as the eligibility criteria described in this Financial Assistance Policy. This decision may result in a Charity Care/Free Care or a discount off the hospital's Gross Charges.
- 5) The Applicant will be notified in writing of the business office approval or denial of the Financial Assistance request, as appropriate.
- 6) If an Applicant believes a denial of Financial Assistance was made in error, the Applicant may ask Glendora Hospital to reconsider its decision and may provide additional information to the business office to support their request for such reconsideration.



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- 1) In the event of a dispute, the Applicant also may seek review of Glendora Hospital's decision from the Patient Financial Services Manager or Director servicing the hospital.
- 2) If a patient submits an incomplete Financial Assistance application Glendora Hospital will suspend any collection activities. If the patient has failed to respond to request for additional information the business office may decide based on the limited information provided by the patient.

## GLENDORA HOSPITAL PATIENT FINANCIAL SERVICES DEPARTMENT

QUESTIONS ABOUT YOUR BILL- For questions about your Glendora Hospital bill, please contact Patient Financial Services (billing department) at 562-256-8314. Our billing office is located at 1725 Pacific Ave, Long Beach, CA 90813. We are open Monday through Friday from 7:30am- 4:00pm, except holidays. Standard Charges-are posted on the website [www.glendorahospital.com](http://www.glendorahospital.com).

Glendora Hospital publishes pricing information online for all members of the public. These are not the prices patients can expect to pay for care but do provide information that can be compared with other health care providers. Glendora Hospital provides financial assistance for qualifying patients who need help paying their bills for care they receive at Glendora Hospital. There are several other sources you can turn to for more information or help. You can find a list of shoppable services offered by our hospital on our price transparency page at [www.glendorahospital.com](http://www.glendorahospital.com) at the bottom of the home page. There are also agencies that can help you understand the billing and payment process including the Health Consumer Alliance at <https://healthconsumer.org>.

Glendora Hospital's Financial Assistance, Discount Payment & Charity Care/Free Care. Eligibility for financial assistance is based on an evaluation of income and expense information. Patients are requested to provide check stubs or income tax returns. Patients must meet eligibility requirements and complete an application to qualify. Eligible patients cannot be charged more than the amount generally billed for emergency or medical care.



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Full Charity-Free Care For patients whose family income is at or below (200%) of the Federal Poverty Level, their entire bill will be written off.

Discounted Payments For patients whose family income is at or below or equal to (400%) of the Federal Poverty Level, the patient liability will be no more than what Medicare would typically pay.

Financial Assistance Program Application. There are three ways to obtain a financial assistance application: (1) At the Admitting department of the hospital, (2) By Mail: to obtain a financial assistance application by mail call (562)-256-8314. (3) Download: You may download the application of our website at [www.glendorahospital.com](http://www.glendorahospital.com), HOW DO I APPLY- you may submit your final application by mail to Business Office/Glendora Hospital 1725 Pacific Ave, Long Beach, CA 90813.

MORE HELP- we realize that hospital care can be expensive. To help meet the needs of low- income, uninsured and underinsured patients, Glendora Hospital has a financial assistance program for full charity or partial charity care/free care and discounted payments to assist with payments you may call (562) 256-8314 or download the Charity Care application at our website [www.glendorahospital.com](http://www.glendorahospital.com)

TRANSLATIONS AND INTERPRETIVE SERVICES- the Hospital has policies available in English and Spanish. Additionally, patients may contact the Hospital to be connected with interpreter services for communication and translation of Policy-related documents in other foreign languages and American Sign Language (ASL). Copies can also be provided in large print and audio upon request to the Patient Financial Services Department.



# GLENDORA HOSPITAL

A COLLEGE BEHAVIORAL HEALTH HOSPITAL

|                                                                                                                                                                  |                                                                       |                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------|
| Manual: Administrative<br>Owner: Chief Financial Officer                                                                                                         | Financial Assistance Program<br>Charity Care and Discount Care        | Policy # GD/BO-7001  |
| Origination Date: 12/01/2024<br>Last Revised: 12/01/2024<br>Last Reviewed: 12/01/2024<br>Submitted By: Analisa Guillen<br>Director of Patient Financial Services | <b>APPROVAL</b><br><br>Medical Executive Committee Governing<br>Board | <b>Page 16 of 16</b> |

## GOVERNMENT ASSISTANCE PROGRAM

Medi-Cal provides immediate temporary Medi-Cal coverage based on self-reported patient information. For more information regarding this program visit.

<https://www.dhcs.ca.gov/Medi-Cal/Pages/apply.aspx>

Covered California is a free service from the State of California that connects Californians with health insurance, visit website <http://www.coveredca.com>

## Hospital Bill Complaint Program

If you believe you were wrongly denied financial assistance, you may file a complaint with the State of California's Hospital Bill Complaint Program. Go to the following website,

<https://HospitalBillCompliantProgram.hcai.ca.gov>

