



2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833
hcai.ca.gov



LATE FILING PENALTY ASSESSMENT NOTICE

April 30, 2024

CERTIFIED MAIL

Bear Valley Community Healthcare District
P.O. Box 1649
Big Bear Lake, CA 92315

Dear Bear Valley Community Healthcare District,

The Department of Health Care Access and Information (Department) has determined that Bear Valley Community Hospital (Hospital), license number 240000111, failed to timely file its discount payment policy, charity care policy, application for charity care or discounted payment programs, and debt collection policy (collectively, "policies") as required by Health and Safety Code section 127435(a) and Title 22, California Code of Regulations section 96051.6(b) by January 1, 2024.

As of the date of this notice, the Department has no record of Hospital's biennial policy submission that was due January 1, 2024. Pursuant to Title 22, California Code of Regulations section 96051.21(a), Hospital is liable for a penalty assessment of five hundred dollars (\$500.00) for each day the filing is late. **As of the date of this notice, Hospital has accrued \$57,000.00 in late penalties.** This penalty will continue to accrue until the policies are filed through the policy submission portal at <https://hdc.hcai.ca.gov/>.

Corrective Action

If Hospital submits its policies by **June 1, 2024**, the accrued late penalties will be waived. If Hospital's policies are not filed by the deadline, the late penalties will continue to accrue, and will be included in the Department's final penalty assessment once the policy review process is completed.

Patient Complaint Portal Registration

Hospital Bill Complaint Portal

Please be advised that Hospital also does not have a registered primary contact to review and respond to patient complaints identified in the Department's patient complaint portal at to <https://hbcp.hcai.ca.gov>. Pursuant to Title 22, California Code of Regulations section 96051.12(e), hospitals were required to register in the Department's

patient complaint portal by January 1, 2024. **Please be advised that Hospital may already have pending complaints, which are also subject to late penalties for untimely responses.**

For technical issues submitting policies or registering with the online patient complaint portal, you may email HFBP@hcai.ca.gov for assistance.

Sincerely,



Melissa Ferkovich
Assistant Chief Counsel
Hospital Fair Billing Program



Department of Health Care Access and Information
hcai.ca.gov

cc: Bear Valley Community Hospital
41870 Garstin Dr.
Big Bear Lake, CA 92315



DEPARTMENT: Patient Financial Services	CATEGORY: Policies, Procedures
SUBJECT: Discount – Patient and Employee	

POLICY:

Bear Valley Community Healthcare District (BVCHD) shall provide certain discounts for services provided by BVCHD. BVCHD reserves the right to amend this discount policy at any time. Only a single discount or charity amount (provided under separate policy) shall be allowed per patient/account. Discounts provided for this policy shall only be available for services that are billed by BVCHD. Professional provider fees shall not be subject to the discounts and shall not be billed by BVCHD. All patients shall be given a Financial Aid/Charity application at time of discharge from the Emergency Department (ED). Financial Aid/Charity applications shall be readily available to any patient or family member.

PROCEDURE:

1. Employees:

- 1.1. As a part of BVCHD’s employee benefits program, BVCHD employees, spouses, domestic partners and dependents living in the employee’s home shall be entitled to a waiver of 50% of co-payments, co-insurance and deductibles.
 - 1.1.1. Application of the discount shall be made using the appropriate adjustment code into the electronic medical record (EHR).
- 1.2. For the sake of this policy, auxiliary members are considered employees, therefore, covered by this policy.
- 1.3. For employees without insurance coverage, or for services not covered by insurance, the discount shall be 50% of charges.
- 1.4. An employee discount shall not extend to medical services provided at Big Bear Urgent Care, Inc.

2. Applicable Hospital Discounts for Patients of BVCHD:

- 2.1. For ancillary services, a discount shall be offered to patients with no insurance coverage, or those who do not wish to use their insurance benefits, who pay on the date of service as follows:
 - 2.1.1. Routine x-rays, mammography and ultrasound 30%
 - 2.1.2. Bone density 30%
 - 2.1.3. Body scan 30%
 - 2.1.4. CT scan 30%
 - 2.1.5. EKG 30%
 - 2.1.6. Respiratory therapy 30%
 - 2.1.7. Physical therapy 30%
 - 2.1.8. Laboratory (in house) 30%
 - 2.1.9. Laboratory (outside reference lab) 0%
- 2.2. For emergency room services, a discount shall be offered to patients with no insurance coverage, or for those who do not wish to use their benefits, the following shall be offered:
 - 2.2.1. 30% Discount if paid in full in 30 days
 - 2.2.2. 20% Discount if paid in full in 60 days
 - 2.2.3. 5% Discount if paid in full in 90 days



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- 2.3. Short stay surgery:
- 2.3.1. The patient shall be interviewed and a charge estimate shall be given prior to scheduling of surgery.
 - 2.3.2. The patient shall be offered a 30% discount of the total charges upon receipt of 50% down payment and a signed payment agreement.
- 2.4. The option of applying for a Care Credit account shall be offered to the patient for all above services.
- 2.5. Inpatient/Observation:
- 2.5.1. After all efforts have been exhausted to place the uninsured patient under a state or county program, the patient shall be offered a 30% discount with a signed payment agreement.
 - 2.5.2. The option of applying for a Care Credit account or applying for Financial Aid shall be offered to the patient, but only after discharge from medical care.
- 2.6. Family Health Center (FHC)/Rural Health Center (RHC):
- 2.6.1. For a level 2 visit (99212), the visit shall be discounted to \$40.00 for time of service payment.
 - 2.6.2. For a level 3 visit (99213), the visit shall be discounted to \$50.00 for time of service payment.
 - 2.6.3. For a specialty provider, the visit shall be discounted to \$100.00 for time of service payment.
 - 2.6.4. Employees of BVCHD shall receive a 50% discount at the FHC and the RHC.
 - 2.6.4.1. This discount shall apply to co-pay, co-insurance and deductible after insurance pays.
 - 2.6.4.2. A further discount shall not be offered for a cash or a private pay visit.
 - 2.6.4.3. A discount shall not be offered to any amount owed under \$19.99 after insurance has paid.
3. Any deviation from the above shall need to be approved by Patient Financial Services or the Chief Financial Officer (CFO).



Bear Valley Community Health Care District
P.O. Box 1649
41870 Garstin Drive
Big Bear Lake, CA 92315

APPLICATION FOR FINANCIAL ASSISTANCE

In order for Bear Valley Community Hospital to process your application, all sections must be completed. Along with your application, please submit the following documents for all members of your household so we can verify your financial situation:

- Most recent bank statements
- Most recent pay stubs
- Tax returns

SECTION ONE: APPLICANT INFORMATION

Please complete all of the below information regarding demographics and insurance information

Applicant Name: _____ Date of Birth: ____/____/____

LAST NAME FIRST NAME MIDDLE NAME

Address: _____ City: _____ State: ____ Zip Code: _____

Phone Number: (____) _____ E-mail: _____

SECTION TWO: ADDITIONAL HOUSEHOLD MEMBERS INFORMATION

Please provide the below information for all immediate family members who live in your home.

For these purposes "family" includes the applicant, applicant's spouse, and all of their children under 18 (natural or adoptive).

Additional Family Member Name(s)	Date of Birth	Relationship to Applicant
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

SECTION THREE: FINANCIAL INFORMATION

Please provide any income and assets that members of your household receive.

Income Source	Current Monthly Groos Income - Applicant	Current Monthly Groos Income - Spouse/Other
Employment Income	_____	_____
All Other Income Sources	_____	_____

SECTION FOUR: INSURANCE INFORMATION

Please provide your health insurance/medical coverage information, if applicable.

Insurance Company Name: _____ Phone Number: _____

Group Number: _____ Member ID Number: _____

I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal or local assistance for which I may be eligible to help pay for this medical bill(s). I understand that the information provided may be verified, and I authorize Bear Valley Community Hospital to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, I will be ineligible for financial assistance, any financial assistance granted to me may be reversed, and I will be responsible for the payment of the medical bill(s). I grant Bear Valley Community Hospital permission to contact me using any method provided on this application.

Signature of Applicant: _____ Date: _____



Policy for assigning an account to the collection agency

Prior to assigning an account to the collection agency, a Goodbye Letter will be sent. The letter will include:

The date or dates of service of the bill that is being assigned to collections or sold. •

The name of the entity the bill is being assigned or sold to.

A statement informing the patient how to obtain an itemized hospital bill from the hospital.

The name and plan type of the health coverage for the patient on record with the hospital at the time of services or a statement that the hospital does not have that information.

An application for the hospital's charity care and financial assistance.

The date or dates the patient was originally sent a notice about applying for financial assistance, the date or dates the patient was sent a financial assistance application, and, if applicable, the date a decision on the application was made.

The account must also meet the below listed criteria:

2 phone calls on balances \$50 and above.

2 monthly statements.

2 monthly letters.

The account must have 180 day hold from first statement for all accounts.

Once the patient account is assigned to the collection agency, Regulation F rules will be followed by said agency:

Providing notice in any electronic communication to a consumer of the right to opt out of a specific medium of electronic communication.

Disclosing to the consumer a reasonable, simple and free method to opt out of a specific mode of electronic communication.

Clarifying the information that a debt collector must provide to a consumer at the onset of debt collection communications and providing a model notice containing such information.

Prohibiting debt collectors from bringing or threatening to bring legal action against a consumer to collect a time barred debt.

Requiring debt collectors to take certain actions before furnishing information about a consumer's debt to a consumer reporting agency.

The Goodbye Letter and a statement that the debt collection agency will wait 180 days from the date of first billing to report the debt or file a lawsuit will be included in the first communication to the patient by the collection agency.