

Policy & Procedure



Manual: Business Office
Policy No.: BO-908 Page 1 of 7
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TITLE: Financial Assistance Policy

PURPOSE:

The purpose of this policy is to outline and describe the process for determining eligibility for financial assistance.

POLICY:

It is our goal to provide cost-effective care while maintaining fiscal responsibility. API will strategically bill accounts, follow up on accounts, offer referral to programs and/or financial assistance, and utilize third-party resources for collections where appropriate. API will comply with local, state, and federal laws and regulations pertaining to fair pricing, financial assistance and third-party collection practices and provide patients with information and education on such policies.

PROCEDURE:

1. Patients will be informed in writing at the time of admission that API offers financial assistance for those who qualify.
2. Patients may call the Business Office at (619) 667-6187 for more information about financial assistance and/or assistance with the application process.
3. Patients potentially eligible for assistance through state, county and other public funded programs must exhaust those resources before the account is considered for financial assistant discounts.
4. Assistance is available to:
 - a. Uninsured patients with no ability to pay
 - b. Insured patients with inadequate coverage and no ability to pay
 - c. Patients who have adequate income to pay basic living costs but not medical bills or who can pay part but not all of their medical bills.
5. Required Documents: Information collected from the patient as part of the financial screening procedure to determine eligibility for financial assistance to include:
 - a. Three (3) most recent pay stubs
 - b. Copy of paperwork to confirm household income. Family Income is annual earnings of all members of the patient family from the prior 3 months or prior tax year as shown by the recent pay stubs, bank statements or income tax returns, less payments made for alimony and child support. Income included in this calculation is

TITLE: Financial Assistance Policy

every form of income, e.g., salaries and wages, retirement income, near cash government transfers like food stamps, and investment gains. Annual income may be determined by annualizing year-to-date Family Income.

- c. If information is not available, the patient's signature or attestation is needed to certify that the information contained in the screening document is accurate and complete.
- d. A credit report will be requested.
6. Applications for assistance (discounts or charity) will be given to the Director of Patient Accounts for approval. Applications should be mailed to: Alvarado Parkway Institute Behavioral Health System, 7050 Parkway Drive, La Mesa, CA 91942 Attn: Director of Patient Accounts or can be faxed to (619) 667-6054.
7. All applications will be reviewed regardless of race, gender, immigrant status, or religion.
8. A determination is made in the Business Office for assistance, type of assistance, and amount; or for denial of assistance based on income.
9. API may deny financial assistance to patient who falsify information pertaining to income, household size or other information required in eligibility of financial assistance application.
10. Patients (or their representatives) will be notified of the determination.
11. Patients must re-apply for financial assistance periodically as federal poverty guidelines and their assets/income may change.
12. The Business Office will maintain records on applications and assistance.
13. Costs of providing financial assistance will be reported.
14. Billing and collection services utilized by API will conform to its policies.

Determination of Assistance:

1. The needs of the patient will be determined following screening and/or application for government and community financial assistance programs.
2. Uninsured patient's household income at or below 500** percent of the Federal Poverty Level (FPL) will qualify for financial assistance.
3. Financial assistance will be offered on an "as needed" basis. Types available include: extended payment options, discount to Medicare rates, reduced payment option, or charity care.
4. Applications must include the required documents requested to show qualification for financial assistance.
5. Application will include an outline of the process for reviewing eligibility for financial assistance.
6. Financial assistance may be periodically reviewed and re-determined.
7. Determination of Financial Assistance notice example – see Attachment A below.

TITLE: Financial Assistance Policy

Criteria and Categories for Financial Assistance – API will determine family income and calculate the family income level in comparison to federal poverty line (FPL) and determine whether a patient meets the criteria for financial assistance.

Size of Family	FPL - 2024	350%	400%	500%
1	\$14,580.00	\$51,030.00	\$58,320.00	\$72,900.00
2	\$19,720.00	\$69,020.00	\$78,880.00	\$98,600.00
3	\$24,860.00	\$87,010.00	\$99,440.00	\$124,300.00
4	\$30,000.00	\$105,000.00	\$120,000.00	\$150,000.00
5	\$35,140.00	\$122,990.00	\$140,560.00	\$175,700.00
6	\$40,280.00	\$140,980.00	\$161,120.00	\$201,400.00
7	\$45,420.00	\$158,970.00	\$181,680.00	\$227,100.00
8	\$50,560.00	\$176,960.00	\$202,240.00	\$252,800.00

add \$5140 for each additional person

If qualified at:

400% at or below FPL – charity care (full waiver of charges) for patients with high medical costs to include out of pocket costs.

400% at or below FPL – discount rate (Medicare rate)

500% at or below FPL – interest free extended payment plan

Billing and Collection:

1. Bills will include the statement that financial assistance may be available to those who qualify and information on obtaining assistance.
2. Patients with pending applications for assistance will not be referred to outside collections prior to 180 days of initial billing. Pending applications for assistance are defined as completed applications returned to the relevant hospital office or government agency or community agency and are in the process of being reviewed.
3. Patients cooperating with the hospital to settle their bill shall not have their credit negatively impacted.
4. Extended payment plans offered by the hospital to those qualifying shall be interest-free.
5. The hospitals outside collection resources will abide by the hospital’s guidelines and regulations pertaining hospital fair pricing policy and third-party collections. This includes forgoing the use of residential liens or wage garnishments on the low income underinsured or uninsured.
6. Patients under consideration for financial assistance will be advised of the hospital’s collection policies should they not qualify for assistance.

TITLE: Financial Assistance Policy

7. The actions the hospital may take in the event of nonpayment are described in API policy BO-901 Bad Debt Assignment.

Reporting Requirements and Notification:

1. Hospital shall report the cost of offering discounts and charity care to the community.
2. Hospital shall report un-reimbursed costs of care from participation in community and government programs.
3. Submission to HCAI (formerly OSHPD): API will submit Financial Assistance policies to the California Department of Health Care Access and Information (HCAI). Policies can be located on the HCAI website located here: <https://syfphr.hcai.ca.gov/> biannually in the months of June and December.
4. Website: The Financial Assistance Policy and Application for Financial Assistance shall be available in a prominent place on the API website <https://apibhs.com>. Persons seeking information about Financial Assistance shall not be required to create an account or provide any personal information before receiving information about Financial Assistance.
5. Notification to Patients (Attachment B):
 - a. API shall provide patients with a written notice that shall contain information about availability of the hospital's discount payment and charity care policies, including information about eligibility, as well as contact information for a hospital employee or office from which the person may obtain further information about these policies.
 - b. The notice shall also include the internet address for the Health Consumer Alliance (<https://healthconsumer.org>) and shall explain that there are organizations that will help the patient understand the billing and payment process, as well as information regarding Covered California and Medi-Cal presumptive eligibility, if the hospital participates in the presumptive eligibility program.
 - c. The notice shall also include the internet address for the hospital's list of shoppable services, pursuant to Section 180.60 of Title 45 of the Code of Federal Regulations. This written notice shall be provided in addition to the estimate provided pursuant to Section 1339.585.
 - d. The notice shall also be provided to patients who receive emergency or outpatient care and who may be billed for that care, but who were not admitted. The notice shall be provided in English, and in languages other than English (as requested). The languages to be provided shall be determined in a manner similar to that required pursuant to Section 12693.30 of the Insurance Code. Written correspondence to the patient required by this article shall also be in the language spoken by the patient, consistent with Section 12693.30 of the Insurance Code and applicable state and federal law.

TITLE: Financial Assistance Policy

- e. The written notice shall be provided at the time of service if the patient is conscious and able to receive written notice at that time. If the patient is not able to receive notice at the time of service, the notice shall be provided during the discharge process. If the patient is not admitted, the written notice shall be provided when the patient leaves the facility. If the patient leaves the facility without receiving the written notice, the hospital shall mail the notice to the patient within 72 hours of providing services.
- f. Notice of the hospital's policy for financially qualified and self-pay patients shall be clearly and conspicuously posted in locations that are visible to the public, including, but not limited to, all of the following:
 - i. Front Lobby
 - ii. Business Office/Admissions
 - iii. Other outpatient settings, including observation units.
 - iv. Prominently displayed on the hospital's internet website, with a link to the policy itself.

TITLE: Financial Assistance Policy

Attachment A

Alvarado Parkway Institute
7050 Parkway Drive
La Mesa, CA 91942
619-465-4411

DETERMINATION OF FINANCIAL ASSISTANCE

Date: _____

Patient's Name: _____ Guarantor: _____

(If applicable)

Address: _____

City _____ State _____ Zip _____

Account #: _____

Based on the application received, the documentation provided to support need, and our facility's guidelines for financial assistance, it has been determined that:

_____ Your request has been approved for financial assistance. Your balance has been updated to reflect this determination. Please see the attached statement.

_____ A determination cannot be made at this time. Your request is pending approval. The following information is requested to make a determination on your behalf.

_____ Your request has been denied as you do not qualify for financial assistance based on: _____

Any questions regarding this determination should be directed to our Business Office at (619) 667-6133.

TITLE: Financial Assistance Policy

Attachment B

**Alvarado Parkway Institute Behavioral Health System
[Notice to be provided to all patients]
Summary of Financial Assistance**

Eligible patients who have household family income below 400% of the current Federal Poverty Level and meet certain income requirements may qualify for free care or partially discounted care and extended payment plan options from Alvarado Parkway Institute Behavioral Health System (API). Patients may call the Business Office at (619) 667-6187 for more information on financial assistance and/or assistance with the application process.

Completed applications should be delivered to:

Alvarado Parkway Institute
7050 Parkway Drive
La Mesa, CA 91942
Attn: Director of Patient Accounts
or fax to (619) 667-6054

Additional Resources: The Health Consumer Alliance (“HCA”) is a resource available to patients to help patients understand the billing and payment process, as well as Covered California and Medi-Cal Presumptive Eligibility. HCA offers free assistance over-the-phone or in-person. For more information, visit the Health Consumer Alliance website at <https://healthconsumer.org>.

Shoppable Services & Financial Assistance Policy: To review this Hospital’s list of shoppable services in accordance with Title 45 section 180.60 of the Code of Federal Regulations and view Hospital’s Financial Assistance Policy, please visit: <https://apibhs.com/client-forms>