


Policy & Procedure

	<p>Manual: Business Office Policy No.: BO-908 Initial Approval Date: 1/09 Reviewed: Annually Revised: 2/2016, 7/2022, 1/2024, 4/2026</p>
TITLE: FINANCIAL ASSISTANCE POLICY	

- I. **POLICY STATEMENT.** Alvarado Parkway Institute Behavioral Health System (API) provides financial assistance to uninsured, qualified low-income patients and those with high medical costs. Eligibility is determined regardless of race, gender, immigrant status, or religion. Patients or Patient Representatives are informed of these programs upon admission, through billing statements, and via public postings. API is committed to providing cost-effective care while complying with the Hospital Fair Pricing Act and all applicable state and federal regulations.
- II. **PURPOSE** The purpose of this policy is to outline the process for determining eligibility for financial assistance, which includes Charity Care and Discounted Payment programs.
- III. **SCOPE** This policy applies to Alvarado Parkway Institute Behavioral Health System and collection agencies contracted to carry out billing and/or collections on behalf of API. Unless otherwise specified, it does not apply to independent physicians or other healthcare providers who may bill separately for their services.
- IV. **DEFINITIONS**
1. **Allowance for Financially Qualified Patient** means, with respect to services rendered to a financially qualified patient, an allowance that is applied after the hospital's charges are imposed on the patient, due to the patient's determined financial inability to pay the charges.
 2. **Charity Care:** Free Care or full financial assistance resulting in a 100% waiver of hospital charges for eligible patients.
 3. **Discounted Payment:** Any charge for care that is reduced but not free. For purposes of this policy, a reduction in the amount a patient is required to pay for hospital services based on income eligibility.
 4. **Essential Living Expenses:** Includes expenses for 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.
 5. **Federal Poverty Level (FPL):** Income levels published annually by the U.S. Department of Health and Human Services used to determine eligibility for financial assistance. <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

6. **Family Income:** Annual earnings of all members of the patient family, including salaries, wages, retirement income, and investment gains, less payments for alimony and child support.
 7. **Insured Patient:** A patient with insurance to help pay for care. This can be private insurance, Medicare, Medi-Cal, or another insurance or program.
 8. **Patient Representative:** A person legally authorized or otherwise appointed by the patient to act for the patient in care or billing matters.
 9. **Reasonable Payment Plan:** Monthly payments that are not more than 10 percent of a patient's family income for a month, excluding deductions for essential living expenses.
 10. **Uninsured Patient:** A patient with no insurance or way to pay for care, including job-based plans, Medicare, Medi-Cal, or other insurance, and includes a patient whose benefits under all potential sources of payment have been exhausted prior to an admission.
- V. ELIGIBILITY CRITERIA.** Allowances related to financial assistance or charity care will be provided to those patients that financially qualify.
1. API uses the following thresholds to determine the type of assistance available:
 - a. **Full Charity Care:** Uninsured patients with a family income at or below 400% of the FPL qualify for a full waiver of charges.
 - b. **Discounted Payment:** Uninsured patients with a family income at or below 400% of the FPL qualify for a discounted rate (e.g., Medicare rate).
 - c. **High Medical Cost:** Insured patients with a family income at or below 400% of the FPL whose out-of-pocket medical expenses in the past 12 months (at API or other providers) exceed 10% of their family income qualify for assistance.
 - d. **Extended Payment Plan:** Uninsured patients with a family income at or below 500% of the FPL qualify for an interest-free extended reasonable payment plan.
 2. API shall not require a patient to apply for Medicare, Medi-Cal, or other coverage before the patient is screened for, or provided, discount payment. When screening for eligibility for discount payment, a hospital may require the patient to participate in a screening for Medi-Cal eligibility.
- VI. APPLICATION AND DOCUMENTATION** To determine eligibility, patients must submit an application, included as *Attachment A* of this policy, along with the following, as appropriate:
1. Three most recent pay stubs.
 2. Recent income tax returns or bank statements documenting household income.
 3. API may accept other proof of income but will not require it such as a Credit Report (requested by API). If documentation is unavailable, API may accept a signed attestation from the patient certifying the accuracy of their financial information.
 4. If a patient does not send proof, the hospital may decide based on other info or past decisions.

VII. FINANCIAL ASSISTANCE NOTIFICATION. API provides notice of this policy as described in this section:

1. **Hardcopy Notice:** API shall provide all patients with a written notice that shall contain information about availability of the hospital's discount payment and charity care policy, 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. 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 policy 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.
 - a. The notice shall 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.
 - b. Notices will include information on how to ask for a Good Faith Estimate (GFE) of the patient's hospital costs and upon request be provided with a GFE and financial assistance policy and application. It will 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.
 - c. Notices will inform patients that applications and information about financial assistance and cost estimates are free and do not require an account or registration to access on API's website at: <https://apibhs.com/client-forms>, under the Client Information, where you can find Price Transparency (shoppable services) and Financial Assistance section.
 - d. If a patient leaves the facility without receiving the written notice, the hospital shall mail the notice to the patient within 72 hours of providing the services.
2. **Electronic Notice:** For emergent (EMTALA), non-emergent visits or when patients are not admitted, API may provide written notice of this policy via electronic means if the patient has previously consented to electronic communication. API will provide electronic notification to other patients as requested.
 - a. Any electronic notice must have a subject line that prominently states: "Notice Related to the Hospital's Discount Payment and Charity Care Policies".
 - b. Electronic notices regarding financial assistance must be sent separately from any other electronic communications.
3. **Public Posting:**
 - a. Notices are clearly posted in the Front Lobby, Business Office/Admissions, Outpatient Service location, and prominently displayed on the API's website (<https://apibhs.com>).

- VIII. DETERMINATION AND DISPUTES.** A patient, or patient's representative, who requests a discounted payment, charity care, or other assistance in meeting their financial obligation to the hospital shall make every reasonable effort to provide the hospital with documentation of income and health benefits coverage. If the person requests charity care or a discounted payment and fails to provide information that is reasonable and necessary for the hospital to make a determination, the hospital may consider that failure in making its determination.
1. **Decision:** The Director of Patient Accounts reviews applications and notifies patients in writing (Approval, Pending, or Denial). Determination notice included as *Attachment B* of this policy.
 2. **Appeals:** Patients may request a review of a denied application within 30 days of the notice by contacting the Business Office at (619) 667-6133.
 3. **Hospital Billing Compliant Program:** Patients who believe they were wrongly denied may file a complaint at HospitalBillComplaintProgram.hcai.ca.gov.
- IX. BILLING AND COLLECTIONS.** API will not refer accounts to outside collections for at least 180 days from initial billing while an application is pending. Collection agencies must adhere to API's fair pricing policies and are prohibited from using residential liens or wage garnishments for low-income patients. This process is described in Business Office policy *BO-800 Private Pay Billing and Follow-up*.
- X. MISCELLANEOUS**
1. **HCAI Submission:** API submits this policy to the California Department of Health Care Access and Information (HCAI) biennially and when significant changes have been made pursuant to 22 CCR Section 26051.6 et seq. The policy is posted at <https://hcai.ca.gov/>.
 2. **Amounts Generally Billed (AGB):** API ensures that eligible patients are not charged more than the amounts generally billed to patients with insurance (Medicare method).
 3. **Services/Providers Not Covered by this Policy:** The following supporting services are generally provided as part of the care provided at API but are not provided directly by the hospital. These service providers bill separately for their services.
 - a. Physician services
 - b. Advanced Practice Nurses or other Allied Health Professionals independently working under the supervision of a licensed physician
 - c. Pathology/Interpretation of Results
- XI. ATTACHMENTS**
1. Attachment A: Financial Assistance Application
 2. Attachment B: Determination of Financial Assistance Form
 3. Attachment C: Plain Language Summary

REFERENCES

26 Code of Federal Regulations 1.501(r)-1 through 1.501(r)-7
California Health and Safety Code sections 124700 through 127446
22 California Code of Regulations sections 96051 through 96051.37
Title 42 of the United States Code Section 9902 subsection (2)

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Internal Revenue Code section 501(r)
Federal IDR Portal

Associated policy BO-800 Private Pay Billing and Follow Up

Attachment A

Financial Assistance Application – Attachment included as separate handout

Attachment B

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.

Attachment C

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

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 API.

HOW TO ASK FOR ASSISTANCE

A Business Office Representative is available to discuss API’s Financial Assistance policy and provide you with an application. Patients may also call the Business Office at (619) 667-6187 during business hours Monday – Friday, 8:00am – 5:00pm or schedule an appointment for more information on financial assistance and/or assistance with the application process.

HOW CAN I ACCESS THE APPLICATION AND POLICY ONLINE

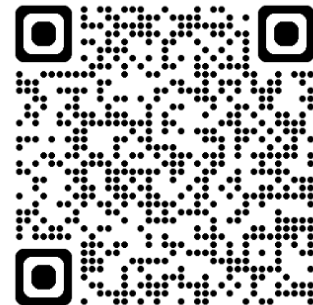
For API, it is important to support our patients with financial decisions concerning behavioral healthcare. The Client Information section of API’s website has available resources and can be accessed at: <https://apibhs.com/client-forms> or by scanning the QR code.

PRICE TRANSPARENCY

API has implemented a Price Transparency Shoppable Services list with standard charges for services provided at API. Visit the website to review the list of shoppable services.

FINANCIAL ASSISTANCE

You may also access API’s Financial Assistance Policy and Application via the website.



HOW DO I SUBMIT AN APPLICATION

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 FINANCIAL ASSISTANCE RESOURCES

If you do not have health insurance or coverage through a government program like Medi-Cal/Medicaid or Medicare, you may be eligible for government program assistance. Medi-

Cal's presumptive eligibility program provides qualified individuals immediate access to temporary, no-cost Medi-Cal while applying for permanent Medi-Cal coverage or other health coverage. You may be eligible for health care coverage under Covered California, which is California's health benefit exchange under the Affordable Care Act. A Business Office Representative can provide you more information, application forms and assist you with the application process.

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>.

Hospital Bill Complaint Program: The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint with the Hospital Bill Complaint Program. Go to HospitalBillComplaintProgram.hcai.ca.gov for more information and to file a complaint.