



La Palma Intercommunity Hospital

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Subject:	Financial Assistance Policy (Non-Profit Facilities)	Formulated:	01/2007
Manual:	Patient Financial Services	Reviewed:	03/2010, 06/2012, 02/2016, 10/2018, 12/2021
LPIH Governing Board Approval		Date:	Last Revised:
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I. Policy:

Prime Healthcare nonprofit facilities, including La Palma Intercommunity Hospital (the “Hospital”), offer a financial assistance program for those patients who meet the eligibility tests described below. The intent of this Financial Assistance Policy (the “Policy”) is to satisfy the requirements of Section 501(r) of the Internal Revenue Code and California Health & Safety Code sections 127400 to 127446; all provisions should be interpreted accordingly.

A significant objective of Prime Healthcare nonprofit facilities is to provide care for patients in times of need. Prime Healthcare non-profit facilities provide charity care and a discounted payment program as a benefit to the communities we serve as not-for-profit hospitals. To this end, Prime Healthcare nonprofit facilities are committed to assisting low-income and/or uninsured eligible patients with appropriate discount payment and charity care programs. All patients will be treated fairly, with compassion and respect. Notwithstanding anything else in this Policy, no individual who is determined to be eligible for financial assistance will be charged more for emergency or other medically necessary care than the Amounts Generally Billed to individuals who have insurance covering such care.

Financial assistance policies must balance a patient’s need for financial assistance with the Hospital’s broader fiscal stewardship. Financial assistance through discount payment and charity care programs is not a substitute for personal responsibility. It is the patients’ responsibility to actively participate in the financial assistance screening process and where applicable, contribute to the cost of their care based upon their ability to pay. Outside debt collection agencies and the Hospital’s internal collection practices will reflect the mission and vision of the Hospital.

This Policy applies to all emergency and other medically necessary care provided by the Hospital or a substantially-related entity working in the Hospital. Under California law, hospitals are not permitted to employ physicians and, accordingly, physician services are provided by independent physician groups not controlled by the Hospital and who are not bound by this Policy. Accordingly, this Policy applies only to charges for Hospital services and is not binding upon other providers of medical services who are not employed or contracted by Hospital to provide medical services, including physicians who treat Hospital patients on an emergency, inpatient or outpatient basis. A list of providers that deliver care in the hospital is available at www.lapalmaintercommunityhospital.com. This list specifies which providers are and are not covered by this Policy. Physicians not covered by this Policy who provide services to patients who are uninsured or cannot pay their medical bills due to high medical costs may have their own financial assistance policies to provide assistance. An emergency physician, as defined in California Health & Safety Code section 127450, who provides emergency medical services in a hospital that provides emergency care is also required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 400 percent of the Federal Poverty Level.



II. Definitions:

“Amounts Generally Billed”: The amounts generally billed (“AGB”) for emergency or other medically necessary services to individuals eligible for the discounted payment program. The Hospital calculates the AGB for a patient using the prospective method as defined in the Treasury Regulations. Under the prospective method, AGB is calculated using the billing and coding process the Hospital would use if the individual were a Medicare fee-for-service beneficiary using the currently applicable Medicare rates provided by the Centers for Medicare & Medicaid Services.

“Emergency and Medically Necessary”: Any hospital emergency, inpatient, outpatient, or emergency medical care that is not entirely elective for patient comfort and/or convenience.

“Extraordinary Collection Actions”: An Extraordinary Collection Action means any collection action involving certain sales of debt to another party, reporting adverse information to credit agencies or bureaus, or deferring or denying, or requiring a payment before providing, medically necessary care because of an individual’s nonpayment of one or more bills for previously provided care covered under the hospital’s Financial Assistance Policy, or any action requiring a legal or judicial process, including placing a lien, foreclosing on real property, attaching or seizing of bank accounts or other personal property, commencing a civil action against an individual, taking actions that cause an individual’s arrest, taking actions that cause an individual to be subject to body attachment, and garnishing wages, in each case as further described in Treasury Regulations Section 1.501(r)-6.

“Family”: (1) for persons 18 years of age and older, spouse, domestic partner and dependent children under 21 years of age, whether living at home or not; and (2) for persons under 18 years of age, parent, caretaker, relatives, and other children under 21 years of age of the parent or caretaker relative.

“Plain Language Summary”: The summary of the Financial Assistance Policy attached hereto as Exhibit 2, intended to comply with Treasury Regulations Section 1.501(r)-1(b)(24).

III. Procedure:

1. Eligibility for Financial Assistance

A. Self-Pay Patients

A patient qualifies for **charity care** as described in Section (III)2 below if all of the following conditions are met: (1) the patient does not have third party coverage from a health insurer, health care service plan, union trust plan, Medicare, or Medi-Cal as determined and documented by the hospital; (2) the patient’s injury is not a compensable injury for purposes of workers’ compensation, automobile insurance, or other insurance as determined and documented by the hospital; (3) the income of the Patient’s Family does not exceed four hundred percent (400%) of the current Federal Poverty Level; **and** (4) the patient has monetary assets of less than ten thousand dollars (\$10,000.00).



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A patient qualifies for the **discounted payment program** if all of the following conditions are met: (1) the income of the Patient's Family does not exceed four hundred fifty percent (450%) of the current Federal Poverty Level; **and** (2) the patient has monetary assets of less than ten thousand dollars (\$10,000.00).

B. Insured Patients

A patient who has third party coverage or whose injury is a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital does not qualify for charity care, but may qualify for the discounted payment program if (i) he or she has a Family income at or below four hundred fifty percent (450%) of the Federal Poverty Level; and (ii) has out-of-pocket medical expenses that exceed the lesser of: (a) ten percent (10%) of the patient's Family income in the prior twelve (12) months (whether incurred or paid in or out of any hospital) or (b) annual out-of-pocket costs incurred by the individual at the hospital that exceed 10% of the patient's current Family Income. If eligible, the patient's payment obligation will be an amount equal to the difference between what the Hospital receives from the insurance carrier and the Discounted Payment Maximum. If the amount paid by insurance exceeds the Discounted Payment Maximum, the patient will have no further payment obligation.

C. Other Circumstances

The Director of the Hospital's Patient Financial Services (PFS) Department shall also have the discretion to extend charity care or the discounted payment program to patients under the following circumstances:

(i) The patient qualifies for limited benefits under the state's Medi-Cal program, i.e., limited pregnancy or emergency benefits, but does not have benefits for other services provided at the Hospital. This includes non-covered services related to:

- Services provided to Medicaid beneficiaries with restricted Medicaid (i.e., patients that may only have pregnancy or emergency benefits, but receive other care from the Hospitals);
- Medicaid pending applications that are not subsequently approved, provided that the application indicates that the patient meets the criteria for charity care;
- Medicaid or other indigent care program denials;
- Charges related to days exceeding a length of stay limit; and
- Any other remaining liability for insurance payments.

(ii) The patient qualifies for a medically indigent services program offered by a county other than the one in which the Hospital is located.

(iii) Reasonable efforts have been made to locate and contact the patient, such efforts have been unsuccessful, and the PFS Director has reason to believe that the patient would qualify for charity care or the discounted payment program, i.e., homeless.

(iv) A third party collection agency has made efforts to collect the outstanding balance and has recommended to the Hospital's PFS Director that charity care or the discounted payment program be offered.



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D. Determination of Family Income

For purposes of determining eligibility for the discounted payment program, documentation of income of the patient’s Family shall be limited to recent pay stubs or income tax returns.

In determining a patient’s monetary assets, the Hospital shall not consider retirement or deferred compensation plans qualified under the Internal Revenue Code, non-qualified deferred compensation plans, the first ten thousand dollars (\$10,000.00) of monetary assets, and fifty percent (50%) of the patient’s monetary assets over the first ten thousand dollars (\$10,000.00).

E. Federal Poverty Levels

The measure of the Federal Poverty Level shall be made by reference to the most up to date Health and Human Services Poverty Guidelines for the number of persons in the patient’s family or household. The Federal Poverty Levels as of 2021 are as follows:

SOURCE: Federal Register, Vol. 86, No. 19, February 1, 2021, pp. 7732 - 7734

2021 Poverty Guidelines for the 48 Contiguous States and the District of Columbia (These figures are updated and republished annually; see https://aspe.hhs.gov/poverty-guidelines)		
Persons in Family/Household	400% of Poverty Guideline	450% of Poverty Guideline
1	\$51,520	\$57,960
2	\$69,680	\$78,390
3	\$87,840	\$98,820
4	\$106,000	\$119,250
5	\$124,160	\$139,680
6	\$142,320	\$160,110
7	\$160,480	\$180,540
8	\$178,640	\$200,970
For families/households with more than 8 persons, see https://aspe.hhs.gov/poverty-guidelines .		

2. Charity Care and Discounted Payment Program

Financial assistance may be granted in the form of full charity care or discounted care, depending upon the patient’s level of eligibility as defined in this Policy.

The patient balances for those patients who qualify for charity care, as determined by the Hospital, shall be reduced to a sum equal to zero dollars (\$0) with the remaining balance eliminated and classified as charity care.

The patient balances for those patients who qualify for the discounted payment program will be reduced; any discount will be applied against the gross charges for hospital services provided. Discounted payments will be limited to the greater of the amount the Hospital would expect to receive for providing services from Medicare or Medi-Cal, whichever is greater. (the “Discounted Payment Maximum”). The discount payment policy shall also include an interest-free extended payment plan to allow payment of the discounted price over time. The Hospital and the patient shall negotiate the terms of an extended payment plan, taking into consideration the patient’s Family income and essential living expenses. If the Hospital and the



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patient cannot agree on the payment plan, the Hospital shall use the formula described in subdivision (i) of California Health & Safety Code section 127400 to create a reasonable payment plan.

Once a complete financial assistance application is received, the Hospital must make a determination and provide a written notice of the decision and the basis relied on. If the patient is found eligible for assistance, a new billing statement will be sent which indicates how the discounted amount was calculated and states where to find the AGB. The Hospital will refund any amount collected in excess of the revised charges and reverse any Extraordinary Collection Actions that have been initiated. If a financial assistance application is received and is incomplete, the Hospital will provide written notice of the outstanding items and wait a reasonable period of time before initiating or resuming Extraordinary Collection Actions. If a complete application is received within the two hundred forty (240) day application period described below, any Extraordinary Collection Actions will be suspended while a determination of eligibility is made.

3. Application Process

Any patient who requests financial assistance will be asked to complete a financial assistance application. The financial assistance application form is attached as Exhibit 1 to this Policy. The application includes the office address and phone number to call if the patient has any questions concerning the financial assistance program or application process. The Hospital shall ensure that all employees likely to encounter patients that may need financial assistance are fully informed of and have access to this Policy, the Plain Language Summary, and the financial assistance application, and shall provide reasonable assistance to patients with the application process.

A patient is expected to submit the financial assistance promptly following care. A patient has up to two hundred forty (240) days following the date of first post-discharge statement in which to submit an application for financial assistance.

The financial assistance application requests patient information necessary for determining patient eligibility under the Financial Assistance Policy, including patient or family income and patient's family size. The Hospital will not request any additional information other than the information requested in the financial assistance application. A patient seeking financial assistance, however, may voluntarily provide additional information if they so choose. If reasonable efforts have been made to locate and contact the patient, such efforts have been unsuccessful, and the PFS Director has reason to believe that the patient would qualify for charity care or the discounted payment program (i.e., homeless), the PFS Director shall have the discretion to extend charity care or the discounted payment program.

Qualification for financial assistance shall be determined solely by the patient's and/or patient family representative's ability to pay. Qualification for financial assistance shall not be based in any way on age, gender, sexual orientation, ethnicity, national origin, veteran status, disability or religion.

4. Resolution of Disputes

Any disputes regarding a patient's eligibility to participate in the Charity Care Program shall be directed and resolved by the Hospital's Chief Financial Officer.



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5. Publication of Policy

In order to ensure that patients are aware of the existence of the Financial Assistance Policy, the Hospital shall widely disseminate the existence and terms of this Policy throughout its service area. In addition to other appropriate efforts to inform the community about the Policy in a way targeted to reach community members most likely to need financial assistance, the following actions shall be taken:

A. Written Notice to All Patients

Each patient who is seen at a Prime Healthcare Non-Profit Facility, whether admitted or not, shall receive the Plain Language Summary, which is attached hereto as Exhibit 2. The notice shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital as provided in section III(5)(E) of this Policy. The notice shall be provided at the time of service, discharge, or when the patient leaves the facility. If the patient leaves the facility without receiving notice, the Hospital shall mail the notice to the patient within 72 hours of providing service.

B. Posting of Notices

The notice attached hereto as Exhibit 3 shall be clearly and conspicuously posted in locations that are visible to the patients in the following areas: (1) Emergency Department; (2) Billing Office; (3) Admissions Office; (4) Other outpatient settings, including observation units; and (5) Prominently displayed on the hospital's internet website, with a link to the policy itself. The notice shall be provided in non- English languages spoken by a substantial number of the patients served by the Hospital as provided in section III(5)(E) of this Policy.

C. Notices to Accompany Billing Statements

Every post-discharge statement shall include a copy of the notice attached hereto as Exhibit 4. Each bill that is sent to a patient who has not provided proof of coverage by a third party at the time care is provided or upon discharge must include a statement of charges for services rendered by the Hospital and the notices attached hereto as Exhibits 4 and 5.

These notices shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital as provided in section III(5)(E) of this Policy.

D. Availability of Financial Assistance Documents

The Hospital shall post a copy of this Policy, the Plain Language Summary and the financial assistance application on its website and make all such documents available for free download. Such documents shall be available in the emergency room and admissions office and by mail upon request. The documents shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital as provided in section III(5)(E) of this Policy.

E. Accessibility to Limited English Proficient Individuals

The Hospital shall make translations of this Policy, the Plain Language Summary, and the financial assistance application available in any language that is the primary language of the lesser of one thousand (1,000) individuals or five percent (5%) of the population of the communities served by the Hospital.



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6. Efforts to Obtain Information Regarding Coverage & Applications for Medi-Cal and Healthy Families

The Hospital shall make all reasonable efforts to obtain from the patient or his or her representative information about whether private or public health insurance or sponsorship may fully or partially cover the charges for care rendered by the Hospital to a patient including, but not limited to, the following:

(1) private health insurance, including coverage offered through the California Health Benefit Exchange; (2) Medicare; and/or (3) the Medi-Cal program, the Healthy Families Program, the California Children's Services Program, or other state-funded programs designed to provide health coverage.

If a patient does not indicate that he/she has coverage by a third party payor or requests a discounted payment program or charity care then the patient shall be provided with an application for the Medi-Cal program, the Healthy Families Program, or other governmental program prior to discharge.

7. Collection Activities

Prime Healthcare nonprofit facilities may use the services of an external collection agency for the collection of patient debt. No debt shall be advanced for collection until the Director of the Hospital PFS or his/her designee has reviewed the account and approved the advancement of the debt to collection. Prime Healthcare nonprofit facilities shall obtain an agreement from each collection agency that it utilizes to collect patient debt that the agency will comply with the requirements of this Policy and AB 774.

If a patient does not apply for financial assistance or is denied financial assistance and fails to pay their bill, the patient may be subject to various collection actions, including Extraordinary Collection Actions. Notwithstanding the foregoing, neither the Hospital nor any collection agency with which it contracts shall engage in any Extraordinary Collection Actions (i) at any time prior to one hundred eighty (180) days following the first post-discharge statement sent to a patient or (ii) without first making reasonable efforts to determine whether a patient is eligible for financial assistance under this Policy. In addition, and even if the above two conditions are satisfied, the Hospital must send a notice to the patient at least thirty (30) days before commencing any Extraordinary Collection Actions, which specifies the following: (i) collection activities the Hospital or contracted collection agency may take, (ii) the date after which such actions may be taken (which date shall be no earlier than thirty (30) days of the notice date, (iii) that financial assistance is available for eligible patients, (iv) the dates of service of the bill that are being assigned to collections or sold; (v) the name of the entity the bill is being assigned or sold to; (vi) information on how the patient can obtain an itemized bill from the hospital; (vii) 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; (viii) an application for the hospital's charity care and financial assistance; and (ix) the date the patient was originally sent a notice of financial assistance application, the date or dates the patient was sent a financial assistance application, and if applicable, the date a decision was made. A template for this notice is attached hereto as Exhibit 6. Reasonable efforts must be made (and documented) to orally notify patients of this Policy. If the patient applies for financial assistance, any Extraordinary Collection Actions that may be in process will be suspended immediately pending the decision on the patient's application.



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In addition, if a patient is attempting to qualify for eligibility under this Policy and is attempting in good faith to settle an outstanding bill with the hospital by negotiating a reasonable payment plan or making regular partial payments of a reasonable amount, the Hospital shall not send the unpaid bill to any collection agency, debt buyer, or other assignee.

The Hospital shall not, in dealing with patients eligible under this Policy, use wage garnishments or liens on primary residences as a means of collecting unpaid hospital bills.



Exhibit 1 [Financial assistance application]

Exhibit 2 [Financial Assistance Plain Language Summary]Plain Language Summary of Financial Assistance Policy
for La Palma Intercommunity Hospital

Eligibility: La Palma Intercommunity Hospital offers reduced or no charge services for emergency and other medically necessary care for individuals eligible under our Financial Assistance Policy. Eligibility is based on the Hospital's Financial Assistance Policy, which includes using the Federal Poverty Level guidelines, number of dependents, and gross annual income along with supporting income documents.

Income Guidelines: If meeting the Hospital's Financial Assistance Policy requirements, uninsured patients with family income below 400% of the current Federal Poverty Level and less than \$10,000 in monetary assets will qualify for a 100% discount on their qualifying Hospital services. Uninsured patients with family income greater than 400% but less than 450% of current Federal Poverty Level and less than \$10,000 in monetary assets, and insured patients with family income less than 450% of current Federal Poverty Level and excessive medical costs, may qualify for partially discounted care and extended payment plans. Patients eligible for financial assistance will not be charged more than the amount generally billed for emergency or other medically necessary care to individuals having insurance coverage.

For More Information or to Apply: The full Financial Assistance Policy and a Financial Assistance Application Form are available at our website, www.lapalmaintercommunityhospital.com, by mail at no charge by calling 714-229-5789, or by visiting our Billing Office in person at 7901 Walker Street, La Palma, CA 90623. Applications are available in non-English languages spoken by large segments of the community. For further questions or assistance in completion of the Financial Assistance Application, please call our Billing Office at 714-229-5789. Completed applications should be delivered to La Palma Intercommunity Hospital, Attn: Patient Financial Services, 7901 Walker Street, La Palma, CA 90623 for processing.

Additional Resources: The Health Consumer Alliance ("HCA") is a resource available to patients to help them 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: To review this Hospital's list of shoppable services in accordance with Title 45 section 180.60 of the Code of Federal Regulations, please visit: <https://www.lapalmaintercommunityhospital.com/patients-visitors/financial-assistance/>.



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Exhibit 3 [Notice to be posted within hospital]

CHARITY CARE & DISCOUNTED PAYMENT PROGRAM

PATIENTS WHO LACK INSURANCE OR HAVE INADEQUATE INSURANCE AND MEET CERTAIN LOW- AND MODERATE-INCOME REQUIREMENTS MAY QUALIFY FOR DISCOUNTED PAYMENTS OR CHARITY CARE. THE EMERGENCY DEPARTMENT PHYSICIANS AND OTHER PHYSICIANS WHO ARE NOT EMPLOYEES OF THE HOSPITAL MAY ALSO PROVIDE CHARITY CARE OR DISCOUNTED PAYMENT PROGRAMS. PLEASE CONTACT 714-229-5789 FOR FURTHER INFORMATION.



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Exhibit 4 [Notice to be included in *all* post-discharge billing statements]

Charity Care & Discounted Payment Program

Patients who lack insurance or who have inadequate insurance and meet certain low-and moderate-income requirements may qualify for discounted payments or charity care. Patients seeking discounted or free care must obtain and submit an application that will be reviewed by the Hospital. No patient eligible for financial assistance will be charged more for emergency or medically necessary care than amounts generally billed to individuals who have insurance covering such care. For more information, copies of documentation, or assistance with the application process, please contact the Hospital at 714-229-5789 or you may visit www.lapalmaintercommunityhospital.com or 7901 Walker Street, La Palma, CA 90623 to obtain further information. Free copies of financial assistance documentation may also be sent to you by mail and are available in non-English languages spoken by a substantial number of the patients served by the Hospital. The Emergency Department physicians and other physicians who are not employees of the Hospital may also provide charity care or discounted payment programs. Please contact 714-229-5789 for further information.



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**Exhibit 5 [Notice to be included in post-discharge billing statements
to patients who have not provided proof of insurance]**

Our records indicate that you do not have health insurance coverage or coverage under Medicare, Medi-Cal, Healthy Families, or other similar programs. If you have such coverage, please contact our office at 714-229-5789 as soon as possible so the information can be obtained and the appropriate entity billed.

If you do not have health insurance coverage, you may be eligible for Medicare, Medi-Cal, Healthy Families, coverage offered through the California Health Benefit Exchange, California Children's Services program, other state- or county-funded health coverage, or Prime Healthcare nonprofit facilities charity care or discounted payment program. For more information about how to apply for these programs, please contact the Prime Healthcare Non-Profit Facility PFS Designee at 714-229-5789 will be able to answer questions and provide you with applications for these programs.

Patients who lack insurance or have inadequate insurance and meet certain low- and moderate-income requirements may qualify for discounted payments or charity care. Patients should contact the Prime Healthcare nonprofit facility or PFS Designee, at 714-229-5789 to obtain further information. If a patient applies, or has a pending application, for another health coverage program at the same time that he or she applies for a Prime Healthcare nonprofit facilities charity care or discounted payment program, neither application shall preclude eligibility for the other program.



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**Exhibit 6 [Hospital Notice to Send to Patient Prior to
Assigning/Selling Debt to Collection Agency]
*Include financial assistance application with this notice***

Name: [PATIENT NAME]

Dates of Service: [DATES OF SERVICE]

Health Insurance on File: [INCLUDE NAME AND PLAN TYPE, IF NONE INCLUDE "HOSPITAL DOES NOT HAVE THAT INFORMATION."]

Date Patient Originally Sent Notice of Financial Assistance: [DATE]

Date Patient Originally Sent Financial Assistance Application: [DATE]

Date Decision on Financial Application Rendered (if applicable): [DATE OR "N/A"]

Our records indicate that you have outstanding patient balances due related to the above dates of services. Patients seeking discounted or free care must fill out and submit the Financial Assistance application, which is included with this notice. No patient eligible for financial assistance will be charged more for emergency or medically necessary care than amounts generally billed to individuals who have insurance covering such care. For more information, to obtain an itemized bill for the services provided to you on the above dates of service, or for assistance with the application process, please contact the Hospital at 714-229-5789 or you may visit www.lapalmaintercommunityhospital.com or 7901 Walker Street, La Palma, CA 90623.

Despite our efforts to contact you, the patient balance remains unpaid. The Hospital is assigning or selling the outstanding balance due to **[NAME OF COLLECTION AGENCY OR DEBT BUYER]**.

Enclosure: Financial Assistance Application