


Policy & Procedure

 <p>API ALVARADO PARKWAY INSTITUTE BEHAVIORAL HEALTH SYSTEM</p>	<p>Manual: Business Office Policy No.: BO-908 Page 1 of 4 Initial Approval Date: 1/09 Reviewed: Annually Revised: 1/10, 2/11, 3/12, 2/14</p>
<p>TITLE: Financial Assistance Policy</p>	

PURPOSE:

It is our goal to provide cost-effective care while maintaining fiscal responsibility. API will comply with Hospital Fair Pricing Policies set forth by AB774.

POLICY:

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.

PROCEDURE:

1. Patients will be informed at the time of admission that API offers financial assistance for those who qualify.
2. 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.
3. 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.
4. 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
 - 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.
5. Applications for assistance (discounts or charity) will be given to the Director of Patient Accounts for approval.
6. All applications will be reviewed regardless of race, gender, immigrant status, or religion.
7. A determination is made in the Business Office for assistance, type of assistance, and amount; or for denial of assistance based on income.
8. Patients (or their representatives) will be notified of the determination.

TITLE: Financial Assistance Policy

9. Patients must re-apply for financial assistance periodically as federal poverty guidelines and their assets/income may change.
10. The Business Office will maintain records on applications and assistance.

Financial Assistance Policy continues:

11. Costs of providing financial assistance will be reported.
12. 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 patients 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 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.

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 90 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 with adoption under AB774. 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.

Reporting Requirements:

TITLE: Financial Assistance Policy

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.

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

Criteria and Categories for Financial Assistance

Size of Family	FPL - 2014	350%	400%	500%
1	\$11,490.00	\$40,215.00	\$45,960.00	\$57,450.00
2	\$15,510.00	\$54,285.00	\$62,040.00	\$77,550.00
3	\$19,530.00	\$68,355.00	\$78,120.00	\$97,650.00
4	\$23,550.00	\$82,425.00	\$94,200.00	\$117,750.00
5	\$27,570.00	\$96,495.00	\$110,280.00	\$137,850.00
6	\$31,590.00	\$110,565.00	\$31,586.00	\$157,950.00
7	\$35,610.00	\$124,635.00	\$142,440.00	\$178,050.00
8	\$39,630.00	\$138,705.00	\$158,520.00	\$198,150.00

add \$4020. for each additional member

If qualified at:

350% at or below FPL – charity care (full waiver of charges)

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

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

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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.