Garden Grove Hospital Medical Center		Formulated:	07/2008
Subject:	**Patient Financial Assistance Policy**	**Reviewed:**	**07/2012, 04/2013, 02/2014, 12/2014, 04/2020, 12/2021, 09/2023, 01/2024, 2/2025**
Manual:	**Patient Financial Services For Profit Hospitals**		
Governing Board Approval:		**Last Revised:**	**03/07/2024, 2/16/25**

I. Policy:

Each hospital owned by Prime Healthcare Services, Inc. (each, a "Hospital"), offers a financial assistance program for those patients who meet the eligibility tests described in this policy. Prime Healthcare provides Charity Care and self-pay discounts adhering to the requirements of state law. The intent of this Financial Assistance Policy (the "Policy") is to satisfy applicable federal and state laws and regulations; all provisions should be interpreted accordingly.

A significant objective of Prime Healthcare facilities is to provide care for patients in times of need. Prime Healthcare facilities provide Charity Care and a Discount Payment Program as a benefit to the communities we serve. To this end, Prime Healthcare 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. Accompanying this Policy are the following documents, as referred to throughout this Policy:

- Summary of Financial Assistance
- Charity Care Program
- Financial Assistance Discount Payment Program
- Notice to be included in all post-discharge billing statements.
- Notice to be included in post-discharge billing statements to patients who have not provided proof of insurance.
- Hospital Notice to Send to Patient Prior to Assigning or Selling Debt to Collection Agency

II. Definitions:

"Amounts Generally Billed": The amounts generally billed ("AGB") for emergency or other medically necessary services to individuals eligible for the Discount 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.

"Medically Necessary": Hospital services or supplies needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine, including services that are reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain. Services performed within the hospital are presumed to be medically necessary unless the

hospital provides an attestation from the referring or supervising health care provider that the hospital services at issue were not medically necessary.

"EMTALA": The hospital complies with the requirement of the Emergency Medical Treatment and Active Labor Act (EMTALA), Section 1867 of the Social Security Act. There is nothing contained in this policy which will preclude such compliance. This is a federal law that requires anyone coming to an emergency department to be stabilized and treated, regardless of their insurance status or ability to pay.

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

III. Applicability of the Policy:

This Policy applies to all emergency and other medically necessary care provided by the Hospital or a substantially related entity working in the Hospital. 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. 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. The Hospital is not responsible for the administration of any financial assistance program offered by the Hospital's non-employed medical staff physicians or such physicians' billing practices.

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.

IV. Procedure:

1. Eligibility for Financial Assistance

A. Self-Pay Patients

Please refer to the addendum "Summary of Financial Assistance" summarizing the patient financial assistance program.

A patient qualifies for the **Charity Care Program** based on the conditions discussed in in the addendum "Charity Care Program".

A patient qualifies for the **Discount Payment Program** based on the conditions discussed in the addendum "Financial Assistance Discount Payment Program".

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 **Discount Payment Program** based on the conditions discussed in the addendum "Financial Assistance Discount Payment Program". Charity Care and discounts from the Discount Payment Program may apply to patient liability amounts, including coinsurance amounts, copayments, and deductibles.

C. Other Circumstances

The Hospital may use an outside agency or determination from the Director of the Hospital's Patient Financial Services (PFS) Department to extend Charity Care or the Discount Payment Program to patients under the circumstances listed below (presumptive eligibility). Presumptive eligibility does not convey an entitlement for future services. The Hospital also may not disclose presumptive eligibility determination and may not have access to the data utilized by an outside agency. The circumstances below are considered forms of Charity Care and may be documented as reflected in the transaction code used to adjudicate the patient's claim, including but not limited to transactions related to Charity Care, self-pay discounts, non-covered services and denials.

(i) The patient qualifies for limited benefits under the state's Medicaid 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 who only have pregnancy or emergency benefits but receive other care from the Hospital);
- 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 county-level medically indigent services program, but no payment is received by the Hospital.

(iii) Reasonable efforts have been made to locate and contact the patient, such efforts have been unsuccessful, and the Hospital's PFS Director has reason to believe that the patient would qualify for Charity Care or the Discount Payment Program, e.g., patient is deceased, bankrupt, incarcerated (and not reimbursed by a State Medicaid program), non-responsive, homeless, or unwilling to provide documentation.

(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 Discount Payment Program be offered.

(v) Subsequent to collection efforts and payor negotiations, any unreimbursed charges from non-cosmetic services, including non-covered or denied services from any payor, such as charges for days beyond a length-of-stay limit, exhausted benefits, balance from restricted coverage, Medicaid-pending accounts, and payor denials, are considered a form of patient financial assistance at Prime Healthcare. Charges related to these discounts written off during the fiscal year are reported as uncompensated care.

(vi) The patient is eligible for programs including, but not limited to:

- State-funded prescription programs;
- Women, Infants and Children programs (WIC);
- Supplemental Nutrition Assistance Programs (SNAP), i.e., food stamps;
- Subsidized school lunch programs;;
- Other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
- Low income/subsidized housing is provided as a valid address; and
- Historical significance of non-payment that establishes a justification of future non-payment and lack of ability to pay.

(vii) Other circumstances of Charity Care shall be documented in the patient's record indicated either by transaction type or in the patient's notes

D. Determination of Income

For purposes of determining eligibility for the Charity Care and Discount Payment Programs, documentation of income of the patient's Family shall be limited to recent pay stubs or income tax returns. Monetary assets will not be used in the determination of eligibility for the financial assistance program. The financial assistance application requests patient information necessary for determining patient eligibility under this 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. 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. Please see the "Charity Care Program" and "Financial Assistance Discount Payment Program" for details on income used to determine patient Family Income.

E. Federal Poverty Level

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. HHS Poverty Guidelines are updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code and are available at https://aspe.hhs.gov/poverty-guidelines or per request from the Hospital's Patient Financial Services Department at 714-229-5732.

2. Charity Care and Discount 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 Hospital may waive or reduce the Medi-Cal or Medicare cost-sharing amounts as a part of this Charity Care and Discount Payment Program. Health Savings Accounts held by the patient or the patient's Family may be considered when negotiating payment plans.

The patient balances for those patients who qualify for the **Charity Care Program**, as determined by the Hospital, shall be considered free care and reduced to a sum equal to zero dollars ($0), with the remaining balance eliminated and classified as Charity Care. Please see the Addendum "Charity Care Program" for additional information.

The patient balances for those patients who qualify for the **Discount Payment Program** will be reduced; any discount will be applied against the gross charges for hospital services provided. A discounted payment is defined as any charge for care that is reduced but not free. Please see the addendum "Financial Assistance Discount Payment Program" for additional information. The Hospital may require the patient or guarantor to pay amounts sent directly to the patient by third-party payers, including legal settlements, judgements or awards.

The Discount Payment Program 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.

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. As long as the patient's last payment to the Hospital was received less than five years before submission of a financial assistance application and the patient's debt was not sold before January 1, 2022, the Hospital will refund any amount collected from the patient 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.

3. Application Process

Any patient who requests financial assistance will be asked to complete a financial assistance application. 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. A patient is expected to submit the financial assistance application promptly following care; however eligibility can be determined at any time. The Hospital will not impose time limits for applying for charity care or discounted payments, nor will it deny eligibility based on the timing of a patient's application.

4. Resolution of Disputes

Any disputes regarding a patient's eligibility for financial assistance shall be directed to and resolved by the Hospital's Chief Financial Officer.

5. Publication of Policy

In order to ensure that patients are aware of the existence of this Policy, the Hospital shall take the following measures:

- Notice of the availability of financial assistance 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.

- Every patient who is seen at the Hospital, whether admitted or not, shall receive the Summary of Financial Assistance notice. 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. The notice shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital.

- 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 the "Notice to be included in post-discharge billing statements" included in the addenda. The notice shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital.

6. <u>Efforts to Obtain Information Regarding Coverage & Applications for Medicaid</u>

The Hospital shall make all reasonable efforts to obtain from a 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 the patient, including private health insurance, coverage offered through the federal health insurance marketplace, Medicare, Medicaid, and/or other government-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 financial assistance, Hospital staff shall provide the patient with a notice including the form "Notice to be included in post-discharge billing statements" to patients who have not provided proof of insurance and billing statement that includes the following: (a) a request that the patient inform the Hospital if the patient has private or public health insurance coverage or other coverage, (b) a statement that if the patient does not have health insurance coverage, the patient may be eligible for coverage under the state's Medicaid program or other governmental programs; (c) a statement indicating how the patient may obtain applications for the state's Medicaid program or other governmental programs (and as appropriate, the Hospital will provide such applications to the patient); and (d) information regarding the Hospital's financial assistance program. While the Hospital requires the patient to participate in Medi-Cal eligibility screening, it cannot require the patient to apply for Medicare, Medi-Cal, or other coverage before the patient is screened, or provided, a discount payment. The Hospital shall also provide the patient with a referral to a local consumer legal aid assistance program.

7. Collection Activities

The Hospital may use the services of one or more external collection agencies for the collection of patient debt. No debt shall be advanced for collection until the Hospital's Patient Financial Services Director or his/her designee has reviewed the account and approved the advancement of the debt to collection. The Hospital shall obtain a written agreement from each such collection agency that the agency will comply with the requirements of this Policy and applicable state law.

Any collection agency utilized by the Hospital shall comply with any payment plan entered into between the Hospital and the patient. If a patient applies for financial assistance, any collections actions will be suspended pending the decision on the patient's financial assistance application. If, during collections, it is discovered the patient qualifies in whole, or in part, for Charity Care or a self-pay discount, collection efforts will cease, and the respective balance will be written off to Charity Care or as a self-pay discount. Neither the Hospital nor any collection agency utilized by the Hospital shall (i) use wage garnishments, liens on any real property, or require the sale of any real property to collect unpaid medical bills; or (ii) report adverse information to a consumer credit reporting agency or commence civil action against a patient for nonpayment at any time.

Garden Grove Hospital Medical Center		Formulated:	07/2008
Subject:	**Patient Financial Assistance Policy**	**Reviewed:**	**07/2012, 04/2013, 02/2014, 12/2014, 04/2020, 12/2021, 09/2023, 01/2024, 2/2025**
Manual:	**Patient Financial Services For Profit Hospitals**		
Governing Board Approval:		**Last Revised:**	**03/07/2024, 2/16/25**

At least thirty (30) days before commencing any collection activities, the Hospital must send a notice to the patient 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; (iii) that financial assistance is available for eligible patients; (iv) the dates of service of the bill that are being assigned to collections; (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 other financial assistance programs; and (ix) the date the patient was originally sent a notice of financial assistance, 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.

The Hospital is not required to reimburse a patient if: (1) it has been five years or more since the patient's last payment to the Hospital/debt buyer; or (2) the patient's debt was sold before January 1, 2022, in accordance with the law at the time.

Revision History Table

Document Number and Revision Level	Final Approval by	Date	Brief description of change/revision

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Summary of Financial Assistance

Eligible patients who have household Family Income equal to or less than 450% of the current Federal Poverty Level and meet certain low- and moderate-income requirements may qualify for free care or partially discounted care and extended payment plan options from **Garden Grove Hospital & Medical Center** Emergency Department physicians and other physicians who are not employees of the hospital may also separately offer financial assistance. The Charity Care Program addendum includes details on the Charity Care Program, and the Financial Assistance Discount Payment Program addendum includes details on the Discount Payment Program.

Per Health & Safety Code § 127405 (a)(1)(B), an emergency physician, as defined in 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% of the Federal Poverty Level.

Patients can obtain copies of the Financial Assistance Policy and application forms on the Hospital website at https://gardengrovehospital.com/help-paying-your-bill/. For further information or a financial assistance application, please contact us:

Garden Grove Hospital & Medical Center
12601 Garden Grove Blvd.
Garden Grove, CA 92843
714-229-5732

The Financial Assistance Policy documents are available in non-English languages spoken by a substantial number of the patients served by the Hospital.

Completed applications should be delivered to:

Garden Grove Hospital & Medical Center
Attn: Patient Financial Services
3033 West Orange Ave
Anaheim, CA 92804

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.

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Shoppable Services: In compliance with the No Surprise Billing Act (Title 45 section 180.60 of the Code of Federal Regulations), please see the Hospital's tool of shoppable services available at https://gardengrovehospital.com/help-paying-your-bill/.

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Charity Care Program

A patient qualifies for **Charity Care** 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; and (3) the patient's Family Income does not exceed 400% of the Federal Poverty Level.

The Federal Poverty Level is determined by HHS Poverty Guidelines, which are updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code and are available at https://aspe.hhs.gov/poverty-guidelines.

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.

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 the Charity Care Program but may qualify for the Discount Payment Program if certain conditions are met, as described in the Financial Assistance Discount Payment Program addendum.

For further information or a financial assistance application, please contact us:

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12601 Garden Grove Blvd.
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Financial Assistance Discount Payment Program

Self-Pay Patients

A self-pay patient qualifies for the **Discount Payment Program** if: (i) the patient's Family Income does not exceed 450% of the Federal Poverty Level; (ii) the patient does not have third party coverage from a health insurer, health care service plan, union trust plan, Medicare, or Medi-Cal; and (iii) 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.

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 may qualify for the **Discount Payment Program** if: (i) the patient has a Family Income at or below four hundred fifty percent (450%) of the Federal Poverty Level; and (ii) the patient has high medical costs that exceed the lesser of: (a) ten percent (10%) of the patient's Family Income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's Family in the prior twelve (12) months (whether such expense were incurred or paid inside or outside of the Hospital); or (b) the annual out-of-pocket costs incurred by the individual at the Hospital that exceed 10% of the patient's current Family Income or Family Income in the prior twelve (12) months. High medical costs are defined as any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing.

Federal Poverty Level

The Federal Poverty Level is determined by HHS Poverty Guidelines, which are updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code and are available at https://aspe.hhs.gov/poverty-guidelines.

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Patient Obligation

The patient balances for those patients who qualify for the **Discount Payment Program** will be reduced; any discount will be applied against the gross charges for hospital services provided. The payment obligation of a patient eligible for the **Discount Payment Program** will be determined on a case- by-case basis but will not exceed the greater of: (a) the Amounts Generally Billed (AGB); and (b) the amount the Hospital would expect to receive for providing services from Medicare or Medicaid, whichever is greater (the "Discounted Payment Maximum"). An eligible patient with insurance will be obligated to pay 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.

The Discount Payment Program 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 patient and Hospital cannot agree on a 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.

For further information or a financial assistance application, please contact us:

Garden Grove Hospital & Medical Center
12601 Garden Grove Blvd.
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[Notice to be included in all post-discharge billing statements]

Charity Care & Discount 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 714-229-5732 or visit https://gardengrovehospital.com 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 Discount Payment Programs. Please contact their individual Billing Offices directly for further information. Please contact 714-229-5732 for further information.

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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, Medicaid, state-funded health coverage programs, or other similar programs. If you do have such coverage, please contact our office at 714-229-5732 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, Medicaid, coverage offered through the federal health insurance marketplace, state- or county-funded health coverage, or Prime Healthcare Charity Care or Discount Payment Program. For more information about how to apply for these programs, please contact our office so we can answer your questions and provide you with applications for these programs.

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[Hospital Notice to Send to Patient At Least 30 Days Before Commencing Any Extraordinary Collection Actions (ECA)]

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 INFORMATON."]

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 714-229-5732, or you may visit https://gardengrovehospital.com or 12601 Garden Grove Blvd., Garden Grove, CA 92843.

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