

## PLAIN LANGUAGE SUMMARY OF HMNH FINANCIAL ASSISTANCE POLICY

**As a non-profit organization, Henry Mayo Newhall Hospital (“HMNH” or “Hospital”) provides financial assistance to patients that may not have sufficient financial resources to pay for services.**

### **Financial Assistance Eligibility Requirements**

Eligibility for financial assistance is both income and asset based, using a sliding scale. Income level eligibility is up to 400% of the federal poverty level. Asset level eligibility is up to \$250,000 (excluding net worth in primary homes of up to \$500,000 and retirement or deferred compensation plans).

Financial assistance is available to all individuals for emergency services regardless of where they live, and for all other services provided by HMNH for patients who reside in our community, except elective services such as teeth extractions, voluntary sterilizations, and cosmetic surgery.

Guidelines for determining eligibility for financial assistance shall be applied consistently. In determining a patient’s eligibility for financial assistance, HMNH’s financial counselors will assist the patient (including referral to outside resources) in determining if he/she is eligible for government-sponsored programs, and to educate and assist them in understanding insurance coverages offered through the Covered California Health Insurance Exchange.

### **Application Process**

Financial Assistance Applications may be requested:

(1) In person at Patient Access Services, Main Admitting, (2) by phone at (661)200-1050 or (661)200-1110, (3) by mail to Henry Mayo Newhall Hospital, 23845 McBean Pkwy, Valencia, CA 91355: Attn: Patient Financial Services. The Financial Assistance Policy (“FAP”) may be obtained at:

Financial Assistance Application in English/Spanish

<https://www.henrymayo.com/patients-visitors/billing-insurance-and-financial-assistance/financial-assistance>

The application specifies certain information that is required to be submitted with the application. This information may be independently verified by HMNH to ensure its completeness and accuracy. If a financial assistance application is received within 240 days of HMNH’s initial billing for a service and is deemed incomplete, a written notice to the patient/guarantor will be sent within 15 days of receipt of the incomplete application requesting the missing information be returned within 30 days of the date of the notice. Notice of approval or denial of an application shall generally be sent to the patient within 30 days of receipt of application.



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Approval of financial assistance will be denied if Medicaid or other health and welfare eligibility application is refused by the patient, if HMNH reasonably believes that the patient could qualify. In addition, the patient is expected to cooperate with HMNH in reviewing affordable insurance coverage options offered through Covered California Health Insurance Exchange. If the patient chooses not to purchase insurance coverage through the Covered California Health Insurance Exchange and does not qualify for Medicaid, then the patient will be required to submit a Financial Assistance Application Form. Assignment to HMNH of all insurance payments, including liability settlements, is required up to the amount of gross charges on a patient's bill.

Denials of financial assistance may be appealed. Appeals must include an appeal letter from the patient or party with financial responsibility requesting re-evaluation. The appeal must also include any supporting documents that may prove inability to pay that were not part of the initial consideration. Appeals will be referred and reviewed by the Director of Patient Financial Services within thirty (30) days of being received. If the Director of patient Financial Services feels additional input is needed in making a determination, the Chief Financial Officer will be asked to review and assist with the determination

### **Period that Approved Financial Assistance Will Be Provided**

Once a patient has been approved for financial assistance, the patient will be deemed to have approval for services rendered by HMNH for six months subsequent to initial approval date, except as follows:

- There is a change in financial status. After six months, the patient will be required to reapply for financial assistance, and the appropriate verifications of information will need to be made.
- In HMNH's reasonable estimation, patient can afford to purchase insurance coverage through the Covered California Health Insurance Exchange and the period for which such coverage can be obtained is less than six months from the time financial assistance is granted by HMNH, only the timeframe that is non-covered will be approved.

If a patient is granted financial assistance on a portion of their bill, and the patient subsequently does not pay their remaining portion of the bill, HMNH will not reverse the amount of financial assistance granted.

### **Charge Limitation**

Individuals who are eligible for financial assistance based on the guidelines herein and have applied for financial assistance, but do not qualify will not be charged more than the Average Generally Billed (AGB) amounts. HMNH uses Medicare allowable rates for AGB.

This document (The Plain Language Summary) summarizes the HMNH financial assistance policy (FAP) and is not intended to represent a complete explanation of the FAP. Our financial counselors can be reached Monday through Friday from 8:00 am to 5:00 pm at (661) 200-1050 and are available to assist patients with the financial assistance application process.

The Health Consumer Alliance (HCA) offers free assistance over-the phone or in-person to help people who are struggling to get or maintain health coverage and resolve problems with their health plans <https://healthconsumer.org> or call 888-804-3536.

Visit Patient Estimates at <https://henrymayo.patientsimple.com/guest/#/index> for a list of shoppable services and pricing.



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