

	TITLE: Financial Assistance for Patients	
	SECTION: Administration	- Finance
	AFFECTED DEPARTMENT(S): Hospital	
	EFFECTIVE DATE: 05/2014	
	REVISION DATE(S): 01/2016, 04/2016, 01/2019, 11/2019, 5/2020, 02/2025	
APPROVED BY: Jenifer Hector		Director of Patient Financial Services
APPROVED BY: Theresa Tabor		CFO
POLICY #	001	

PURPOSE

To provide financial assistance for qualifying patients in order to better serve their healthcare needs. This policy complies with Section 501(r) of the Internal Revenue Code and Colorado Senate Bill 12-134.

POLICY

Family Health West is dedicated to providing medically necessary health care services to all patients, without discrimination, regardless of their ability to pay. Patients who lack sufficient income or insurance coverage to pay for medical services shall be deemed by FHW as needing financial assistance. Financial assistance is not intended as a substitute for personal responsibility. Patients are expected to cooperate with FHW procedures for obtaining financial assistance and to contribute to the cost of their care based on their ability to pay. Patients who do not cooperate in applying for programs that may cover their services may be denied financial assistance. FHW will make information contained in this policy accessible to the public in a manner that is easy to understand, culturally appropriate, and in languages prevalent in our community. Accordingly, this policy:

1. Includes eligibility criteria for financial assistance.
2. Describes the method by which patients may apply for financial assistance.
3. Describes how FHW calculates discounted amounts to patients eligible for financial assistance.
4. Describes how the hospital will publicize the policy.

Patients may qualify for the following types of assistance:

1. Payment plans that allow for regular monthly payments over time
2. A 44% discount to uninsured patients who are either ineligible for other financial assistance programs or who elect to opt out of the screening process
3. Colorado Medicaid application assistance
4. Hospital Discounted Care (HDC)
5. A financial assistance program solely funded by Family Health West

The following healthcare services are eligible for charity/financial assistance:

1. Emergency medical services provided in an emergency room.
2. Services for a condition which if not promptly treated would lead to an adverse change in the health status of the individual.
3. Non-elective services provided in response to life-threatening circumstances in a

non-emergency room setting.

4. Medically necessary services as defined by Medicare and/or evaluated on a case-by-case basis at FHW's discretion.

Services not eligible for financial assistance:

1. Elective procedures not medically necessary
2. Services provided by other care providers not billed through FHW
(e.g. independent physician services, ambulance transport)

Limitation on Charges

FHW will not charge FAP eligible patients more for emergency and other medically necessary care than the amounts generally billed (AGB) to patients with insurance (Including Medicare fee-for-service, Medicaid, and private insurance.) and an amount less than gross charges for all other medical care covered in this policy.

FHW utilizes a "look-back method" to calculate the AGB for emergency and other necessary medical care.

This method utilizes actual past claims paid to the hospital by Medicare and other private insurers. FHW will provide the details of the AGB calculations to any individual upon request. Gross charges, or the charge master rate, means FHW's full, established price for medical care that FHW consistently and uniformly charges all patients before applying any contractual allowances, discounts, or deductions.

A screening will be completed to ensure that if any portion of the patient's medical services can be paid by any federal, state, local health care program, private insurance company, or other private, non-governmental third-party payer, that the payment has been received and posted to the patients account prior to financial assistance determination. A write-off will not be applied to any account with an outstanding payer liability.

In accordance with the FHW Emergency Medical Treatment and Labor Act (EMTALA) Policy, no patient will be screened for financial assistance or payment information prior to providing medical care in emergency situations.

PROCEDURES

A. Eligibility for Financial Assistance

A request for assistance may be initiated by the patient, any employee, physician, or interested party. It is preferred but not required that the request for assistance and a determination of financial need occur prior to rendering of non-emergent medically necessary services. However, the determination may be done at any point in the billing cycle. The need for financial assistance shall be re-evaluated at each subsequent time of service if the last financial evaluation was completed more than a year prior, or at any time additional information relevant to the eligibility of the patient for assistance becomes known.

All applicants will be screened for eligibility for any third party payer source such as Medicaid or HDC and payments from such payers must be exhausted before applicant is eligible for FHW financial assistance.

Eligibility for FHW financial assistance will be considered for those individuals who are uninsured, underinsured, ineligible for government health care benefit programs, and who are unable to pay for their care based upon a determination of financial need in accordance with this policy. The granting of assistance shall be based on an

individual determination of financial need and shall not take into account age, gender, race, sexual orientation or religious affiliation.

B. Method by Which Patients May Apply for Financial Assistance

Patients seeking financial assistance are asked to complete the Application for Financial Assistance form and to provide the required supporting documentation needed in order to evaluate eligibility. An application may be given to the patient or mailed at his/her request. Eligibility shall be determined by using the "Family Income" definition from the Census Bureau. The required documentation may include the following:

1. Household Information:

- a. Family size
- b. Number of dependents
- c. Address

2. Income Documentation

- a. Paystubs for the last 30 days
- b. Income Tax Returns
- c. W-2 earnings, unemployment benefits, worker's compensation, SSDI (disabled), rental income, Social Security, veteran's payments, alimony, Child support, dividends/interest, other sources.

3. Monthly Expense Details to include but not limited:

- a. Health Insurance
- b. Monthly Prescriptions
- c. Day Care
- d. Elder Care
- e. Medical Debt

A representative from Patient Financial Services will contact the patient to review the completed application and to approve eligibility for assistance programs when indicated. A follow-up letter is also sent out outlining the amount of any adjustments and payment agreement terms if applicable.

If the objective analysis of the Application indicates the patient does not qualify for financial assistance, the patient or their representative will be informed of this decision by phone and/or mail. Patients may reapply if substantial changes have occurred to income and/or additional medical bills.

C. Family Health West Financial Assistance Programs

1. Family Health West Financial Program

This program is available to patients who do not qualify for federal, state, or local assistance, has a balance of more than \$250.00 with the facility, and are unable to establish an approved payment schedule or to pay their balance in full.

Services eligible under this program will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of determination. The guidelines utilized incorporate family size and net income levels. See Attachment A.

2. Payment Arrangement Plans

Monthly payment arrangements will be made with individuals who do not have the ability to pay the balance of their medical bills. Accounts will be reviewed on a case-by-case basis and individualized payment plans will be developed. Any exception to the payment plan schedule must be approved by the Director of the Business Office.

Account Balance

Plan Duration

\$250 and Below

No payment plan

\$251-\$4999

No more than 12 months

>\$5000

No more than 18 months

All individuals who agree to the terms of a payment plan will be asked to sign a *Payment Arrangement Agreement* which will outline the terms of their plan as well as their chosen method of payment.

D. Communication of the Financial Assistance Program to Patients

Notification about all financial assistance provided by FHW shall be disseminated by various means including but not limited to posted notices in the hospital, brochures available in patient access areas, publication on patient billing information, and on the FHW website.

FHW will offer a copy of the Plain Language Summary of this policy to all patients as either a part of the admissions or discharge process.

Financial assistance information, including a contact number, will be included in patient billing information. In addition to the methods noted above, FHW will make financial assistance information available to human services and community health agencies.

FHW will also educate employees who work closely with patients about this policy as well as our billing and collection policies and practices.

E. Relationship to Collection Policies

FHW collection policies shall comply with state and federal regulations and laws that govern our health care billing and collection practices. FHW will ensure that we provide uninsured patients with information about our financial assistance policy before our collection vendors or FHW take actions to collect payments.

No extraordinary collection actions (ECA) will be pursued against any patient within 150 days of issuing the initial bill without first making reasonable efforts to determine whether the patient is eligible for financial assistance.

Reasonable efforts shall include such actions as validating that the patient owes the unpaid bill and that all sources of third-party payments have been identified and billed by FHW. Reasonable efforts also include a prohibition on collection activities until the patient has had the opportunity to apply for a FHW payment plan. FHW will accept and process financial assistance applications submitted by an individual during an "application period" that ends on the 240th day after FHW mails the individual the first post-discharge billing statement. When an application is received during this 240 day "application period", all ECA will be suspended, pending the determination of the individual's eligibility for financial assistance; and if the individual is found to be eligible for financial assistance (as described

herein), FHW will take steps to reverse ECA that have begun, even if the actions were permissible when initiated. FHW will also refrain from collection activities against a patient if he/she has applied for health care coverage under Medicaid or any other state or federal health care assistance program.

FHW may pursue collection activities against patients found to be ineligible for financial assistance, patients who received discounted care but are no longer cooperating in good faith to pay the outstanding balance, or patients who have established payment plans but are not in accordance with the terms of the plan. All collection practices of FHW follow the Fair Debt Collection Practice Act as amended by Public Law 104-208, 110 Stat. 3009.

Under the ACA:

Extraordinary collection actions are defined as anything that requires a legal or judicial process (including wage garnishments, liens, lawsuits, etc.); reporting adverse information to credit bureaus; and selling a debt.

Reasonable effort is defined as notifying the patient about the Financial Assistance Policy; providing patients who submit incomplete Applications with the information they need to complete it; and making and documenting a determination of eligibility when a complete application is received.

Attachment A

FHW offers an internal discount program that provides a 44% discount to uninsured patients who either do not qualify for, or choose to opt out of, the screening for financial assistance. This discount is available to all uninsured patients, regardless of income or household size.

Attachment B

Physician (Provider) Services Covered by the FHW policy:

(Applies to only services performed at Family Health West.)

Family Health West Rheumatology
Family Health West Foot and Ankle
Family Health West Rehabilitation Medicine
Family Health West Orthopedics and Sports Medicine
Family Health West Infusion Center
Family Health West Adult/Peds Therapy
Family Health West Outpatient Pain Center
Family Health West Wound Healing Center
Anesthesiologist and Radiologist Services
Family Health West Urgent Care
Family Health West Primary Care

Physician (Provider) Services Not Covered by the FHW policy:

Providers rendering care (Outpatient, Emergency Room, Inpatient, or Surgical setting)

who are not employed by Family Health West including but not limited to:

Western Rockies Interventional Pain Specialists
Gastroenterology Associates of Western Colorado
Rocky Mountain Orthopedic Associates
Colorado West Otolaryngologists
Aesthetic and Reconstructive Plastic Surgery
Grand Valley Foot and Ankle Center
General Surgeons of Western Colorado

Note: Providers listed above may have their own Financial Assistance Program. Please contact the provider directly for additional information.