FAMILY HEALTH WEST	**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; 10/2025, 01/2026, 8/2026	
APPROVED BY: Director of Patient Financial Services		**Director of Patient Financial Services**
APPROVED BY: CFO		**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 applicable Colorado Hospital Discounted Care requirements.*

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.

Screening Requirement

Family Health West will screen uninsured patients for eligibility for public health-care coverage and discounted care unless the patient declines screening. Upon request by an insured patient, Family Health West will also perform the required screening and, when applicable, complete the Uniform Application to determine whether the insured patient qualifies for discounted care.

Family Health West will not deny eligibility for Hospital Discounted Care solely because a patient did not apply for public health-care coverage.

Family Health West will make information contained in this policy accessible to the public in a manner that is easy to understand, culturally appropriate, and in languages appropriate to the patients served.

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 42% 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/public health-care application assistance

4. Hospital Discounted Care (HDC)
5. A financial assistance program solely funded by Family Health West

Healthcare Services 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, such as independent physician services.

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. A determination may be done at any point in the billing cycle. Financial assistance eligibility will 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.

Family Health West will screen each uninsured patient, unless the patient declines screening, for potential eligibility for public health-care coverage and Hospital Discounted Care. Public health-care coverage includes, but is not limited to, Medicare, Health First Colorado, Emergency Medicaid, and CHP+. Family Health West may also screen the patient for eligibility under the FHW Financial Assistance Program.

Upon request by an insured patient, Family Health West will perform the required screening and, when applicable, complete the Uniform Application to determine whether the patient is a qualified patient.

Family Health West will not deny eligibility for Hospital Discounted Care solely because a patient did not apply for public health-care coverage.

Family Health West will make information contained in this policy accessible to the public in a manner that is easy to understand, culturally appropriate, and in languages appropriate to the patients served.

Accordingly, this policy:

Program	Household Income (% of FPL)	Assistance
Medicaid	0–136%	Screen for Medicaid eligibility
HDC	0–250%	Screen for HDC eligibility
FHW Charity	251–300%	60% discount
FHW Charity	301–350%	55% discount
FHW Charity	351–400%	50% discount
Uninsured Patients	Over 400%	42% discount

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**

Following completion of the screening process, Family Health West will request information from a patient to complete the State Uniform Application when:

1. FHW requires additional information to determine whether the patient qualifies or is likely to qualify for Hospital Discounted Care or the FHW Financial Assistance Program.
2. FHW policy requires completion of an application before making a final determination.
3. The patient requests an application, unless the patient has no balance remaining after applicable discounts have been applied.
    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

If the patient is determined to be a qualified patient, Family Health West will provide notice of:

1. The determination.
2. The patient's identified Federal Poverty Guideline percentage.
3. The patient's monthly installment maximum payment.

If the patient is determined not to be a qualified patient, Family Health West will provide notice of the determination. When applicable, the notice may also include eligibility for the FHW Financial Assistance Program and the amount of the FHW discount offered.

Family Health West will also provide either:

4. An opportunity for the patient to appeal the determination in accordance with State Department rules.
5. A statement indicating that the patient has no balance due after application of discounts available through FHW's Financial Assistance Program.

Patients may continue to reapply for FHW financial assistance when substantial changes have occurred in income or additional medical expenses.

Insured Patients Requesting Financial Assistance

Upon request by an insured patient, Family Health West will perform the required financial-assistance screening. When applicable, Family Health West will complete the Uniform Application to determine whether the insured patient is a qualified patient.

Documentation of Communication

Family Health West will document the manner in which required financial-assistance, screening, application, eligibility, and patient-rights information is provided to each patient.

Unless a specific form of notice is otherwise required, information may be conveyed verbally, electronically, or through other permissible formats. Family Health West may use the same communication to meet applicable state and federal notification requirements when permitted.

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 gross 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.

HCPF Patient Rights and Uniform Application

Family Health West will make available to the public and to each patient:

6. Information developed by the State Department regarding patients' rights under Colorado Hospital Discounted Care requirements.
7. A link to the State Department website through which the Uniform Application may be accessed.

E. Definition of Collection Activity

For purposes of applicable Colorado Hospital Discounted Care requirements, Collection Activity means activities provided or performed by a licensed collection agency, using a business name other than the name of the healthcare provider, for purposes of collecting medical debt.

Collection Activity does not include standard billing procedures performed by Family Health West or its agent in the normal course of business on current, nondelinquent accounts.

No extraordinary collection actions will be pursued against a patient within the time period of 181 days by first making reasonable efforts to determine whether the patient is eligible for financial assistance.

Reasonable efforts include:

- Validating the patient's responsibility for the unpaid balance.
- Confirming that applicable third-party payers have been identified and appropriately billed.
- Providing required information concerning financial assistance.
- Providing the patient an opportunity to complete required screening/application processes.
- Complying with applicable protections while public health-care coverage or Hospital Discounted Care eligibility remains pending.

Family Health West will suspend collection activity when required by state or federal law while a financial-assistance application or applicable eligibility determination is pending.

FHW may pursue permissible collection activity against patients who are determined ineligible for financial assistance, patients who receive discounted care but subsequently fail to comply in good faith with an applicable payment arrangement, or patients who fail to remain in accordance with the terms of an established payment plan, subject to applicable state and federal restrictions.

Extraordinary collection actions under the ACA

Extraordinary collection actions include actions that require a legal or judicial process, including wage garnishment, liens, and lawsuits; reporting adverse information to credit bureaus; and selling debt.

Reasonable efforts include notifying the patient about the Financial Assistance Policy, providing patients who submit incomplete applications with information necessary to complete them, and making and documenting an eligibility determination when a complete application is received.

Discounted Care and Public Benefits

For emergency hospital and other healthcare services, when a patient has been screened or has completed a Uniform Application and Family Health West determines the patient is a qualified patient, FHW will not deny discounted care because the patient has not applied for a public-benefits program, except as otherwise permitted when the patient is determined presumptively eligible for the State Medical Assistance Program.

Regulatory Compliance and Corrective Action

If the State Department determines that Family Health West is not in compliance with applicable Hospital Discounted Care requirements and the noncompliance resulted in a delay or denial of a discount owed to the patient, excess charges, failure to offer required installment payments, or improper assignment or sale of patient debt to a collection agency, FHW will comply with required corrective-action procedures.

When required, Family Health West will submit a corrective action plan within 90 days after notification by the State Department.

If noncompliance resulted in excess charges to a patient, corrective action will include measures to inform the patient and provide the appropriate financial correction.

Attachment A

FHW offers an internal discount program that provides a 42% 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

Family Health West Anesthesiologist and Radiologist Services

Family Health West Urgent Care

Family Health West Primary Care

Family Health West General Surgery

Family Health West Behavioral Health

Physician/Provider Services Not Covered by the FHW Financial Assistance Policy

This Financial Assistance Policy applies only to services billed by Family Health West. Services provided and billed separately by physicians, practitioners, or other healthcare providers who are not employed by or billing through Family Health West are not covered under FHW's Financial Assistance Program.

Independent providers may maintain their own financial assistance or discount policies. Patients should contact the applicable provider directly for information regarding financial assistance, discounts, or payment arrangements.