

**SAN LUIS VALLEY HEALTH
REVENUE CYCLE
FINANCIAL ASSISTANCE PROGRAM POLICY**

I. Purpose

To provide a framework to identify and assist SLV Health (SLVH) patients who may qualify for financial assistance.

II. Policy

SLVH is committed to providing excellent quality health care while serving the diverse needs of those living within our service area of the San Luis Valley (SLV). SLVH offers medically necessary healthcare to all, without discrimination, regardless of ability to pay, gender, geographic location, cultural background, or physical mobility. In some cases, a patient will not be financially able to pay for the services received. In the event that third-party coverage is not an option, financial assistance will be made available for such patients. Wherever possible, a determination of eligibility for financial assistance will be initiated prior to, or at the time of admission, by a financial counselor.

III. Definitions

For the purpose of this policy, terms are defined as follows:

- A. Financial Assistance – a reduction from the full or standard amount of total charges for services rendered. This is in contrast to bad debt, where the patient or guarantor has demonstrated unwillingness to resolve a bill.
- B. Elective – defined as cosmetic surgery, and/or services with pre-determined pricing. These services are scheduled in advance and may be medically important but are not urgent or emergent.
- C. Emergent/Urgent Medical Care – is the sudden onset of a health condition that requires immediate medical attention where failure to provide medical attention would:
 - Place the health of the individual in serious jeopardy;
 - Cause serious impairment to bodily functions or serious dysfunction to a bodily organ.Patient types assume to be covered by this definition include:
 - Emergency Department Outpatients
 - Emergency Department Admissions

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- Inpatient/Outpatient follow-up related to previous emergency visit within SLVH
- D. Uninsured or Self-Pay Patient – is an individual who does not have third-party coverage by a commercial insurer or ERISA plan, federal health care program coverage for all or any part of their bill. This includes claims against third parties covered by insurance to which SLVH is subrogated but only if payment is actually made by such insurance company. This also includes auto insurance accounts after they have been fully processed.
- E. Under-Insured Patient – is someone who has third party coverage or third party liability which after full payment of liability is capped at an amount no greater than 25% of the patient’s annual household gross income.

IV. Procedure

- A. As a non-profit, charitable, community-based healthcare provider, SLVH will offer an opportunity for uninsured and under-insured patients to apply for financial assistance through the SLVH Charity Care Program (for those with incomes less than 200% of the Federal Poverty Level), Colorado Indigent Care Program (CICP), Medicaid/CHP+ (PEAK or PE), foundation funds, victims of crime, prompt pay discounts, the insurance marketplace, and payment arrangements and estimates.
- B. The following healthcare services are eligible for financial assistance:
- a. Emergency medical services provided in an emergency room or inpatient room setting;
 - b. Conditions which could lead to an adverse change in the health status of a patient if not promptly treated;
 - c. Non-elective services provided in response to life-threatening circumstances, and;
 - d. Medically important services, not deemed to be urgent, as recommended by an SLVH Provider on a case-by-case basis.
- C. Patients who use SLVH’s emergency room, are hospitalized, or plan to use outpatient services and are identified as uninsured or under-insured will receive a Charity Care application, in English or Spanish and Financial Assistance brochure whenever possible directing them to meet with a Financial Counselor. Admission staff will

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- communicate with the Financial Counselors to identify such individuals and coordinate efforts with patient navigators and authorization representatives.
- D. Any individual who is to be considered for a discount under the financial assistance policy must provide financial information and family size to determine eligibility and promptly notify SLVH of any change to their financial situation.
 - E. SLVH's web-site, posters, flyers, and brochures will convey the Financial Assistance Program in Plain Language Summary to patients in both English and Spanish along with paper copies accessible to the patient.
 - F. Statements received by the patients will also refer to the Financial Assistance Policy (FAP) with contact information for the Financial Counselors at SLVH.
 - G. Financial Counselors will identify self-pay or uninsured patients from weekly reports in an attempt to contact patients who may qualify for financial assistance. Discharge packets will also include the Financial Assistance brochure.
 - H. All providers at SLVH as well as hospitalists and Emergency Room doctors managed by INNOVA are covered under the FAP and are listed on the web-site, www.sanluisvalleyhealth.org, which will be updated quarterly.
 - I. The amounts charged for services to patients qualifying for financial assistance will not be more than the amount generally billed (AGB) to patients with insurance. The basis for calculating pre-service estimates of charges for patients will be the look-back method, based on past charges for services.
 - J. Services from outside providers, pathologists, and radiologists are not included in SLVH's charges or discounts.
 - K. Attempts to assist patients to apply for financial assistance as well as reasonable efforts to collect payments will be recorded in the system patient note section and will be reviewed by the management team of the Business Revenue Cycle before engaging in Extraordinary Collection Actions (ECA). A written notice informs the patient that the hospital may take action to report adverse information to consumer credit reporting agencies if the patient does not pay the amount due by a specified deadline. This deadline cannot be earlier than 120 days after the first billing statement is sent to the individual.

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- The notice must be provided to the individual at least 30 days before the deadline specified in the notice.
- L. If a patient submits an FAP application before the end of 240 days after the first post discharge billing statement, any ECAs will be suspended and reasonable measures will be taken to reverse the ECA if the patient is eligible for financial assistance.
 - M. Patients who default on previous-balances may or may not be considered for future discounts. This will be reviewed on a case by case basis by the Patient Access Manager.
 - N. The management team of the Business Revenue Cycle will maintain documentation that supports the offer, application for, and provision of financial assistance for a minimum period of seven years.
 - O. A Community Health Needs Assessment will be conducted every three years and the results will be posted on the company web-site.

Financial Assistance Program Guidelines for Eligibility

Patients will be considered for financial assistance based upon a sliding fee scale, in accordance with financial need, as determined by Federal Poverty Levels (FPL). The basis for calculating the amount of financial assistance SLVH will offer to qualifying patients is as follows:

1. Patients whose family income is at or below 100% of the FPL are eligible to receive free care.
2. Patients whose family income is between 101%-125% are eligible for up to an 80% discount.
3. Patients whose family income is between 126%-150% are eligible for up to a 60% discount.
4. Patients whose family income is between 151%-200% are eligible for up to a 40% discount.
5. Patients whose family income exceeds 200% of the FPL will generally not be deemed eligible for financial assistance under SLVH's charity care program; but may be considered for financial assistance on a case-by-case basis based on their specific circumstances at the discretion of SLVH.