



UCHealth Yampa Valley Medical Center

Financial Assistance Policy	
Effective Date: 05/2018	Replaces Policy: YVMC Financial Assistance Policy (FAP)
	Policy Owner: Revenue Cycle

Introduction:

UCHealth Yampa Valley Medical Center is committed to providing access to quality healthcare for the community it serves including patients in difficult financial circumstances, and offers financial assistance to those with an established need to receive emergency medical care and medically necessary hospital services. This policy serves to establish and ensure a fair and consistent method for uninsured and under-insured patients to apply and be considered for financial assistance. Please note that not all medical services at Yampa Valley Medical Center qualify for assistance under this policy.

Scope:

This policy applies to all patients and guarantors who receive services provided by Yampa Valley Medical Center.

Policy Details:

I. Eligibility Criteria for Financial Assistance

- A.** The granting of financial assistance shall be based on an individualized determination of financial need and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.
- B.** Individuals may qualify for financial assistance if they meet the below criteria:
 - 1. Uninsured or under-insured AND
 - 2. Annual family income is not more than four hundred percent (400%) of the current federal poverty guidelines AND
 - 3. Patients who qualify for government health care benefit programs such as Medicare, Medicaid, and the Colorado Indigent Care Program (CICP) must comply with federal, state and local program requirements.

Financial assistance is not a substitute for insurance.
- C.** Individuals **do not** qualify for financial assistance if they:
 - 1. Receive transplant, self-pay package, single case agreement, grants & research, or third party liability services

2. Are non-compliant in furnishing documentation/information requested by their insurance company or Yampa Valley Medical Center.

II. Documentation Requirements

- A. In order to expedite a smooth processing of the financial assistance program application, please be sure to send all applicable documents. Please submit original copies. Failure to submit a complete application with all required attachments may result in delays or in a denied application.
- B. Documentation for Income Verification
 1. Last 3 Month's Pay Check Stubs
 2. Last 3 most recent bank statements from all banking or credit union institutions
 3. The previous year's tax return
 4. Current W-2 Form
 5. Unemployment Benefit Letter
 6. Social Security Letter
 7. In cases where the patient or guarantor is undocumented and they are unable to provide any of the above, they must provide their last 3 months of pay stubs
 8. Educational Assistance (Grant Letter)
 9. Spousal Maintenance
- C. Assets: The patient's household savings, checking, investment assets, real property assets, and overall financial position will be considered.
- D. Family Expenses: Monthly expenses (e.g. mortgage, utility, etc.) are not considered in the financial assistance application. The application has a section that requires expense disclosure which is intended for governmental program eligibility screening.
- E. Family Income: Income documentation must be provided for **each family member** listed on the application.

III. Application Guidelines

- A. Policy Publications and Where to Apply
 1. ONLINE – Yampa Valley Medical Center financial assistance policy is available online at the following website: <https://www.uchealthbillpay.org>. Click on 'Financial Assistance' to download a copy of the financial assistance policy in English or Spanish.
 2. CALL – (970) 879-1322. Customer service is available Monday through Friday 8:00am to 4:30 pm (MST) to answer questions and send applications.
 3. VISIT – The Financial Counseling office is located at 1024 Central Park Dr., Steamboat Springs, CO 80487. Phone: (970) 879-1322, open Monday - Friday 8:00am-4:30pm. Paper copies are available upon request and without charge, both in public locations in the hospital and by mail.
- B. Application Guideline and Process
 1. Guarantor must submit a complete financial assistance application along with all income documentation attachments (see documentation requirements above).
 2. Applications will be processed within 30 days of receipt and a determination letter will be sent to the guarantor.

3. Income information not received within 30 days from the application date will result in an automatic denial which will be mailed to the guarantor. Guarantors have up to 240 days from the first billing statement to request a reconsideration of an incomplete and denied application upon promptly furnishing all required information.
4. Financial Assistance is re-evaluated every 90 days from the last signed and dated Financial Assistance Application. Exceptions to the 90 day rule are: patients receiving acute care over a significant period of time or patients receiving prenatal care.
5. If an incomplete application is submitted within the application period, the individual will have 30 days to complete the application before ECAs will occur. If ECAs have already started, YVMC will stop ECAs during the 30 day period. At this time the individual will be informed about missing information and how to get assistance.
6. If a complete application is received, ECAs will be suspended until a determination is made and, if the individual is found eligible, ECAs will be reversed, refunds made if applicable, and if amounts are still owed a statement will be provided showing how that amount was determined.

IV. Discounts

- A. An individual eligible for financial assistance will not be charged more than the Amounts Generally Billed (AGB) for emergency and other medically necessary care.
- B. Uninsured guarantors receive a 10% discount on total billed charges. On a billing statement, guarantors will see the gross (full) charges, less discount to view the remaining balance owed.
- C. Under-insured guarantors receive a negotiated insurance discount on total billed charges. Discounts are negotiated by the hospital and insurance plan. For more information, you can speak with the insurance plan or information is also available in the explanation of benefits (EOB) provided after the insurance claim is adjudicated.

V. Emergency Services

- A. Yampa Valley Medical Center provides medical screening examinations and emergency care to stabilize patients, regardless of their ability to pay and in compliance with the Emergency Medical Treatment and Labor Act (EMTALA). Yampa Valley Medical Center prohibits any actions that would discourage individuals from seeking emergency medical care and does not perform debt collection activity in the Emergency Department.

VI. Billing and Collections

- A. YVMC will seek payment on accounts with balances in self-pay (i.e., patient liability). YVMC does not take part in extraordinary collection actions (ECA) before making reasonable efforts to decide whether financial assistance is available. Any itemized statement requested by a guarantor shall be made available either within 10 business days of the request, or 30 days after discharge for inpatients, or 30 days after the service is rendered for outpatients – whichever is later., in compliance with 6 CCR 1011-1 Chap 02 - 6.104 PATIENT RIGHTS POLICY.
- B. YVMC will make reasonable efforts to notify patients and families about the FAP through the following methods:

1. Orally notify individuals about the FAP and how to obtain assistance with the application process.
 - a. YVMC will refrain from initiating ECAs for at least 120 days from the date the hospital facility provides the first post-discharge billing statement for the care.
 2. YVMC will send at least three (3) monthly billing notices, every thirty (30) days, to the guarantor of an account informing of a balance due.
 - a. First Notice informs the guarantor that there is an unpaid balance due on an account and information about YVMC's FAP
 - b. Second Notice reminds the guarantor of continued unpaid balance and information about YVMC's FAP;
 - c. Final Notice of the past due account notifies the guarantor that he/she has thirty (30) days to resolve the debt or complete an FAP application. If the debt or a FAP application is not completed ECAs may be taken on the debt and will specify the ECAs that YVMC intends to take. In addition a copy of the Plain Language Summary will be provided.
 - d. Note: The account can either be paid in full, set up on a payment plan, referred to financial counseling, or more insurance information obtained during this timeline. A Plain Language Summary notice of YVMC's FAP is provided in both English and Spanish on every billing statement.
- C.** After three (3) billing notices have been sent and no payment is received within thirty (30) days of the Final Notice, the account may be turned to Bad Debt and ECAs may be taken.
1. Accounts qualify for Bad Debt (through an agency) when patient balances have not been paid and the hospital has made reasonable efforts, that include but are not limited to phone calls, statements or letters, to decide whether the individual is eligible for financial assistance.
 2. The bad debt agency will report to the credit bureau sixty (60) days after an account is placed with such bad debt agency if no action is taken by the guarantor to resolve the balance either by making a payment or by submitting additional dispute information.
 3. If all other options to collect payment have been taken and an account in bad debt has aged more than sixty (60) days without contact from the guarantor or the guarantor refuses to resolve the balance, legal action may be taken.
- D.** Initiation of a Financial Assistance Application
1. The application period for financial assistance will end no earlier than 240 days from the first post-discharge billing statement
 2. All parties engaged in collection actions for YVMC will follow to this policy.

VII. General Information

- A.** As described by YVMC's Emergency Medical Treatment & Active Labor Act (EMTALA) policy, the Hospital will not delay the provision of a medical screening exam (MSE), stabilizing treatment, or appropriate transfer, or otherwise engage in any activities that would discourage an individual from seeking emergency medical care, in order to inquire about the individual's

method of payment or insurance status. The Hospital will not seek, request, direct an individual to seek, or allow a health plan coordinator to request prior authorization for services before the individual has received a MSE and initiation of stabilizing treatment as required by EMTALA.

- B.** Financial Assistance Policies are transparent and available to the individuals served at any point in the care continuum. YVMC will:
 - 1.** Prominently and conspicuously post complete and current versions of the following on YVMC website:
 - a.** Financial Assistance Policy (FAP)
 - b.** Financial Assistance Application Form
 - c.** Plain Language Summary of the FAP
 - d.** Contact information for Financial Counselors
- C.** Make paper copies of the FAP, FAP application Form, and the Plain Language Summary available upon request and without charge, both in public locations in the hospital facility (including without limitation, emergency rooms and admission and registration areas) and by mail.
- D.** Notify and inform members of the community served by the hospital facility about the FAP in a manner reasonably calculated to reach those members who are most likely to require financial assistance from the hospital facility; and
- E.** Notify and inform individuals who receive care from the hospital facility about the FAP by: (1) offering a paper copy of the Plain Language Summary to patients as part of the intake or discharge process; (2) including a conspicuous written notice on billing statements that notifies recipients about the availability of financial assistance under FAP and includes the telephone number of the department that can provide information about the FAP and FAP application process and the direct website address where copies of the FAP, FAP application form, and the Plain Language Summary may be obtained; and (3) setting up conspicuous public displays that notify and inform patients about the FAP in public locations in the hospital facility, including, at a minimum, the emergency room and admissions areas.
- F.** CACP and the YVMC Financial Assistance Program are not insurance programs, but rather discount programs for those who are uninsured, or under-insured and have demonstrated financial need.
- G.** YVMC will not participate in nor support any activities (including media access) related to fundraising efforts intended to pay for a specific patient's care.
- H.** YVMC's Financial Assistance Program is not responsible for housing, food, transportation, immigration status, or continuity of care.
- I.** YVMC is available to help identify community based resources, facilitate services, and provide appropriate referral assistance. A Financial Counselor may be contacted at (970) 879-1322.
- J.** YVMC is not obligated to provide Financial Assistance for non-emergency or non-medically necessary services.
- K.** YVMC acts in accordance with Colorado Revised Statute § 25-3-112 and 26 CFR 1.501(r)-0 through 26 CFR 1.501(r)-7.
- L.** Copies of the policy, application and plain language summary are available English and Spanish.

VIII. Amounts Generally Billed (AGB)

YVMC limits the amount charged for care it provides to any individual who is eligible for assistance under its Financial Assistance Policy (FAP). The amounts billed for emergency and medically necessary medical services to patients eligible for Financial Assistance are calculated based on the look-back method and will not be more than the AGB to individuals with insurance covering such care. YVMC is using the “look-back” method based on actual past claims paid to the hospital facility by Medicare fee-for-service together with all private health insurers paying claims to the hospital facility (including, in each case, any associated portions of these claims paid by Medicare beneficiaries or insured individuals). YVMC calculates an AGB percentage for each facility and uses the lowest percentage for all facilities, which is 71.18%. The AGB percentage will be reviewed and updated by the 120th day after the 12 month period the hospital facility used in calculating the AGB percentage. The 12 month period is measured from April through March; therefore the AGB percentage will be updated by July 31st every year for YVMC.

IX. Provider Information

- A.** Completed financial assessments will apply to the professional charges, providers covered under YVMC FAP include:
 - 1.** YVMC Physician Clinic Services (e.g., Heart & Vascular Clinic, Women’s Care, Primary Care, Pain Management Clinic)
- B.** The following professional charges will not be covered by YVMC FAP. These organizations may have their own financial assistance policies and inquiries should be made directly by the patient.
 - 1.** Northwest Colorado Dental Coalition
 - 2.** A Kidz Dentist
 - 3.** Alpine Oral and Facial Surgery
 - 4.** Alpine Surgical
 - 5.** Colorado Pathology Consultants
 - 6.** Dermatology Center of Steamboat Springs
 - 7.** Elk River Anesthesia
 - 8.** Helm Eye Center
 - 9.** Northwest Colorado E.N.T. and Facial Plastic Surgery
 - 10.** Orthopaedics of Steamboat Springs
 - 11.** Pediatrics of Steamboat
 - 12.** Rocky Mountain Radiologists
 - 13.** The Urology Clinic
 - 14.** Sleeping Bear Pediatrics
 - 15.** Steamboat Emergency Associates
 - 16.** Steamboat Family Medicine
 - 17.** Steamboat Medical Group
 - 18.** Storm Mountain Orthopaedics
 - 19.** Steamboat Orthopaedic Associates

20. Western Surgical
21. Yampa Valley Medical Associates
22. Yampa Valley OB/GYN

X. Access to Policy, Application, and Plain Language Summary

A copy of this policy, the application, and the plain language summary are available for free:

- A. Online (<https://www.uchealthbillpay.org>);
- B. At 1024 Central Park Drive, Steamboat Springs, CO 80487;
- C. Financial Counselor at (970) 879-1322; or

Federal Poverty Level (FPL) income guidelines chart are used to determine YVMC Financial Assistance Program annual maximum income guidelines.

XI. Confidentiality

- A. Yampa Valley Medical Center staff will uphold the confidentiality and individual dignity of each patient. Yampa Valley Medical Center will meet all the HIPAA requirements for handling personal health information.

XII. Approval

- A. This policy is reviewed and approved by the Board of Trustees on an annual basis.

Definitions:

Patient: An individual who receives medical care.

Guarantor: An individual who is ultimately financially responsible for healthcare services and who is typically 18 years of age and older. Pregnant/expecting mothers under the age of 18 are also individuals who are ultimately responsible for paying their healthcare bills. A patient may be his/her own guarantor.

Uninsured: The guarantor has no insurance or third party assistance to assist with meeting his/her payment obligations.

Underinsured: The guarantor has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her ability to pay.

Family: The United States Census Bureau defines a family as a group of two or more people who reside together and who are related by birth, marriage or adoption. Family members are not responsible for services rendered to patients ages 18 and older.

Family Income: Income is determined on a before-tax basis and excludes capital gains or losses. Financial Assistance applications consider various sources of income as listed below:

- Wages, Unemployment compensation, Worker's Compensation, Social Security, Supplemental Security Income, Public Assistance, Veterans' Payments, Survivor Benefits, Pension or Retirement Income, Interest, Dividends, Rents, Royalties, Income from Estates, Trusts, Educational Assistance, Alimony, Child Support, Assistance from outside the household, and other miscellaneous sources.
- Non-cash benefits (such as food stamps and housing subsidies) are excluded.
- Includes spousal income generated from any of the above sources

Financial Assistance: The cost of providing free or discounted care to individuals who cannot afford to pay all or a portion of their hospital medical bills based on the eligibility rules identified in this policy. Yampa Valley Medical Center may determine inability to pay before or after medically necessary services are provided.

Billing Statement: Four billing statements will be sent within a 120 day period for balances owed by the guarantor. The statement includes charges, payments, and discounts (adjustments).

Extraordinary Collection Actions (ECA): ECAs are actions taken by YVMC or a third party against an individual related to obtaining payment of a bill for care provided by YVMC that require a legal or judicial process (except certain liens or bankruptcy claims), involve selling an individual's debt to another party unless certain contractual terms are in place, or involve reporting adverse information about an individual to consumer credit reporting agencies or credit bureaus (collectively, "credit agencies").

Medically Necessary Care: Health care services or products that a prudent physician would provide to a patient for the purpose of preventing, diagnosing, or treating an illness, injury, disease or its symptoms in a manner that is:

- In accordance with generally accepted standards of medical practice;
- Clinically appropriate in terms of type, frequency, extent, site and duration; and
- Not primarily for the economic benefit of the health plans and purchasers or for the convenience of the patient, treating physician, or other healthcare provider.

Emergent services are deemed to be Medically Necessary.