



OVERVIEW

The purpose of this document is to summarize Vail Health's financial assistance policy ("FAP") as a means of providing an overview understanding for the patient, and is not intended to represent a complete explanation of the FAP. The entire FAP, as well as a copy of the financial assistance application form, are available on Vail Health's website at vailhealth.org/financialassistance.

Financial assistance is available to patients who do not have sufficient financial resources to pay for services. Eligibility is based on household income and assets. Vail Health provides financial assistance on a sliding scale to individuals with an annual household income up to 500% of the annually published Federal Poverty Guidelines.

The Vail Health financial assistance program is only applicable for Vail Health medical bills. Services conducted by a different medical provider other than Vail Health (even if performed in a Vail Health facility) fall outside of the policy scope and are not eligible for Vail Health financial assistance. Examples include Vail Valley Surgery Center, The Steadman Clinic, Vail-Summit Orthopaedics & Neurosurgery, Colorado Mountain Medical, an anesthesiologist physician, etc.

Our financial counselors are available to assist patients going through the financial assistance application process and can be reached Monday through Friday, from 8:00 am to 5:00 pm at (970) 477-3116. The financial counselors can also be reached in the following ways:

- **MAIL:** PO Box 40,000 Vail, CO 81658 | Attn: Financial Assistance Department
- **IN PERSON:** (call to set up an appointment)
Vail Health Hospital - Admissions Department 181 W Meadow Dr, Vail, CO 81657
Edwards Pavilion 320 Beard Creek Rd., Edwards, CO 81632

DETERMINING FINANCIAL ASSISTANCE ELIGIBILITY

Guidelines for determining eligibility for financial assistance will be applied consistently with all patients. In determining a patient's eligibility for financial assistance, Vail Health's financial counselors and patient financial services department will also assist the patient in determining eligibility for external resources such as government-sponsored programs. During this process, patients may also be educated on and assisted with insurance coverage options offered through the Colorado health insurance marketplace.

RESIDENCY REQUIREMENTS

Financial assistance is available to all individuals for emergent or urgent medical care services (non-elective) that meet one of the following conditions:

- US citizen
- Living in US on work VISA in Eagle County/Lake County for six months or more
- Undocumented and reside in Eagle County or Lake County for six months or more

Eligibility is based on one of three category levels listed below:

- **Financial Need:** Based on a sliding scale up to 500% of the financial poverty level (FPL) and net assets.
- **Catastrophic Eligibility:** Patient responsibility exceeds 20% of annual household income.
- **Presumptive Eligibility:** Eligibility in state or federally funded programs. Examples include housing assistance; food stamps and Women, Infants & Children program (WIC).

APPLICATION PROCESS

After submitting a completed application with requested supporting documentation, the patient will receive an eligibility letter from the Vail Health financial assistance department within sixty days. The submitted documentation may be independently verified by Vail Health to ensure its completeness and accuracy.

If a financial assistance application is received within 240 days of Vail Health'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 that the missing information be returned within 30 days of the date of the notice.

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

APPEAL PROCESS

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, which were not part of the initial consideration. Appeals will be referred to 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 Vail Health chief financial officer will be asked to review and assist with the determination.

FINANCIAL ASSISTANCE APPROVAL PERIOD

Once a patient has been approved for financial assistance, the patient will be deemed to have approval for financial assistance towards services rendered by Vail Health for six months subsequent to approval.

If a patient is granted financial assistance on a portion of the bill and the patient subsequently does not pay his/her remaining portion of the bill, Vail Health will not reverse the amount of financial assistance granted.

CHARGE LIMITATION

Individuals who qualify for financial assistance or individuals with a primary residence in Eagle County (six months out of the year) who are uninsured and have an individual or family net worth of \$250,000 or less (excluding net worth in primary homes of up to \$500,000) and have applied for financial assistance, but do not qualify, will not be charged more than the average amounts that Vail Health collects from insurance companies and Medicare.