



PURPOSE

As a non-profit organization, Vail Health, including Vail Health Clinics, provides financial assistance to patients who may not have sufficient financial resources to pay for services. Financial assistance is available for patients with established need to receive emergency medical care and medically necessary healthcare services.

SCOPE

This policy applies to services to all medically necessary services provided by Vail Health, including the hospital and associated clinics. Services that are **not** covered by this policy include:

1. Services conducted by a non-Vail Health medical provider (even if performed in a Vail health facility). Patients may refer to the Vail Health website, VailHealth.org, for a list of Vail Health providers in the doctor directory.
2. Services provided at Vail Valley Surgery Center, The Steadman Clinic, Vail-Summit Orthopedics & Neurosurgery and Colorado Mountain Medical.

FINANCIAL ASSISTANCE POLICY AVAILABILITY

This Financial Assistance policy, plain language summary and application are available through the following:

1. At each patient registration/admission interaction and in all oral communications regarding the amount due that occur during the notification period (defined below), Vail Health shall advise the patient of the availability of Vail Health's financial assistance program, where to obtain additional information about eligibility, and how to apply.
2. All public areas of the hospital, including at a minimum, points of check-in/registration areas for the hospital and hospital owned physician practices, patient waiting areas, as well as emergency department locations, shall have written paper materials regarding the financial assistance program and such information shall be offered to every inpatient and surgery patient.
3. On the hospital's website with the ability to download and print the financial assistance application without any special hardware or software.
4. Vail Health shall translate financial assistance program documents, including the full financial assistance policy and applications, into Spanish.
5. Conspicuous notice of financial assistance availability shall be noted on every patient billing statement sent out from Vail Health, which shall include notice about and how to get a copy of the financial assistance policy.

NOTIFICATION AND APPLICATION PERIOD

1. Vail Health will notify patients its financial assistance policy beginning the first date that an episode of care is provided and ending the 120th day after Vail Health provides the first billing statement to the patient for the care.
2. Vail Health must accept and process a financial assistance application for a period up to 240 days after Vail Health provides the first billing statement to the patient (defined as the Application Period).

3. Vail Health Statements shall include a description of any extraordinary collection actions that Vail Health intends to initiate. Notification efforts are deemed reasonable if Vail Health notifies the patient about its financial assistance program as described above and follows the requirements for incomplete and complete financial assistance applications described in the 'Review and Approval' section below.
4. If a financial assistance application is received during the application period and deemed incomplete, a written notice to the patient/guarantor will be sent within 15 days of receipt of the incomplete application requesting the missing information be returned within 30 days of the date of the notice. Such notice shall include contact information for the facility or department that can provide assistance with the financial assistance process. Any extraordinary collection actions in progress at the time a complete application is received must be suspended. Such collections may be initiated or resumed if deemed not eligible.

ELIGIBILITY REQUIREMENTS

Eligibility for Vail Health's financial assistance program is based on residency requirements, 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 (FPG).

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 a.m. to 5:00 p.m. 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
- **EMAIL:** FinancialAssistance@VailHealth.org
- **PHONE:** (970) 477-3116
- **IN PERSON:** Call to set up an appointment (970) 477-3116
Vail Health Hospital - Admissions Department 180 South Frontage Road West, Vail, CO 81657
Edwards Pavilion 320 Beard Creek Road, Edwards, CO 81632

Financial assistance qualification is considered based on one of the following types of eligibility:

1. Presumptive Eligibility

There are instances when a patient may qualify for financial assistance, however a full application is not required. Certain circumstances provide sufficient information to qualify the patient for financial assistance and are deemed presumptively eligible. Presumptive eligibility may be determined based on one or more of the following:

- Homelessness: Self-attestation required
- Medicaid eligibility: Not active for a date of service prior to the Medicaid effective date
- Mental incapacitation: No one to act on patient's behalf. Documentation required*
- Enrollment in assistance programs for low income individuals: Proof of eligibility is required.

* Examples include:

Women, Infants & Children program (WIC)
Food Stamps
Low Income Energy Assistance Programs
Low Income Housing Assistance
Medicaid QMB eligibility (Medicaid pays Part B premium)

* An application is required for these programs to establish eligibility with documentation of the above which supports eligibility.

2. Uninsured Eligibility

- Eligibility for all uninsured patients will be based on meeting residency and income/assets requirements.
- Financial Assistance is not available to patients with insurance coverage.

INCOME AND ASSETS ANALYSIS

If the patient does not qualify for presumptive eligibility, an application for financial assistance must be submitted. If an application qualifies under the income analysis, it must also meet the assets analysis. Financial assistance applications will be considered for individual or household unit income up to 500% of the federal poverty level.

1. Income Analysis

Income will be based on supporting documentation for all jobs held throughout the current year. Employment status shall be considered when determining income levels. If at the time of the application, the applicant has been unemployed for a continuous period of more than 90 days and is receiving or eligible to receive unemployment benefits, prior income will not be considered in the income analysis.

2. Assets

Individual or household unit net worth up to \$250,000 (excluding primary home residence) will be excluded from the application process. These exclusions include: retirement plan accounts including IRA, 401k and 403b balances, irrevocable trusts for burial purposes, and/or federal and state administered college savings plans. All other assets will be considered available for payment of healthcare expenditures. Business ownership and self-employment will be used to determine net worth on an individual basis.

The required supporting documentation described above may be waived in lieu of information Vail Health obtains through use of technology tools or other methods of presumptive assumptions as predictive measures of a patient's ability to pay and financial status.

RESIDENCY REQUIREMENTS

Financial assistance is available for emergent or medically necessary care to all individuals who reside in Eagle, Summit or Lake County for three months or more, and have received care from Vail Health.

DETERMINING ELIGIBILITY

Vail Health may use third party solutions to evaluate the patient's ability to pay based on an evaluation of recent credit extension and current available credit.

Approval of financial assistance will be denied if Vail Health reasonably believes that the patient could qualify for Medicaid or other health and welfare eligibility and the patient refuses to apply. If the patient does not qualify for Colorado Medicaid, then the patient will be required to submit a financial assistance application.

Guidelines for determining eligibility for financial assistance shall be applied consistently. Vail Health shall not discriminate against patients applying for financial assistance based on race, color, national origin, sex, age, or disability. In determining a patient's eligibility for financial assistance, the Vail Health financial counselors will assist the patient in determining if he/she is eligible for government-sponsored programs (including referral to outside resources), and to direct patients on where to find information about insurance coverages offered through the Colorado health insurance exchange.

All requests for financial assistance must be signed by either the patient or authorized patient representative attesting that the information provided on the application is true and accurate. When possible, Vail Health shall screen each uninsured patient for eligibility for financial assistance.

REVIEW AND APPROVAL

Vail Health's financial counselor will approve financial assistance for initial amounts up to \$9,999. The Director of Patient Access must review and approve applications with initial amounts of \$10,000 - \$24,999. Applications with initial amounts of \$25,000 or great will be approved by Vail Health's Chief Financial Officer. Financial counselors will document receipt, review and approval of the financial assistance application.

Upon approval or denial of financial assistance, a letter shall be sent to the patient or responsible party as notification of the decision made. The letter will be sent no later than sixty (60) days of receipt the completed financial assistance application.

Upon approval of a financial assistance request, Vail Health shall do the following:

- Provide the patient a card that will be presented at all registrations during the eligibility period to identify the level of financial assistance eligibility.
- Adjust all patient due amounts covered by the financial assistance eligibility period.
- Refund any payments made by the patient within sixty (60) days of the application in excess of amounts approved for financial assistance in accordance with the separate patient refund policy.
- Take reasonable measures to vacate or reverse any extraordinary collection actions, such as lifting a lien and removing adverse information on credit reports.

APPEALS

Denials of financial assistance may be appealed. Appeals must include an appeal letter from the patient or party with financial responsibility requesting reevaluation. The appeal must also include any supporting documents that may prove inability to pay that were not part of the initial consideration. Appeals will be referred to and reviewed by the financial counselors within thirty (30) days of being received.

If subsequent to review and determination of financial assistance it is found that the information relied on was in error, the following shall occur:

- If the corrected information in a prior denial of financial assistance now qualifies the patient for financial assistance, the patient will be notified that they are now eligible for financial assistance and the account(s) will be processed as described above.
- If the corrected information in a prior granting of financial assistance now disqualifies the patient for financial assistance, the patient will be notified that they are not eligible for financial assistance and payment is expected on their account(s).

Vail Health may initiate or resume extraordinary collection actions, i.e., transfer account to a collection agency, against an individual who has submitted an incomplete financial assistance application and who has not provided the missing information necessary to complete the application any earlier than the later of:

- Thirty (30) days after Vail Health provides written notice that the additional information is required, or
- The last day of the application period.

ACCOUNTING FOR AND TRACKING FINANCIAL ASSISTANCE DATA

Reports will be maintained to show the following data on a monthly basis: number of applications for financial assistance received.

- Number of individuals granted financial assistance
- Number of appeals received
- Percentage of appeals reviewed with a reversed decision
- Total monthly write offs for financial assistance.

Finance shall calculate the cost associated with the services approved for financial assistance for disclosure in the annual financial statements and tax return.

The completed financial assistance application and all related supporting documentation will be stored on a secure Vail Health drive for the required retention timeframe.

- Signed financial assistance application
- Signed financial assistance program worksheet
- Patient approval / denial letter

CHARGE LIMITATION

Patients eligible for financial assistance with an FPL less than 250% of will not be charged more than the amount collected from Vail Health's lowest commercial contracted payer. Discounts will be applied against total charge amounts as listed below:

FPL	Discount
</= 200%	100%
201% - 300%	80%
301% - 400%	60%
401% - 500%	50%

Average generally billed (AGB) amounts shall be calculated by the 45th day after October 31st each year for the 12-month period ended October 31st to insure discounts to patients are below the AGB amounts. The billing statement to a patient will state the standard gross charge but must show a financial assistance write-off.

This policy is not required to be approved by the Vail Health Board of Directors each year for updates to the AGB.

Average generally billed discount amounts calculated for fiscal year 2019 (November 1, 2019 through October 31, 2020) are as follows:

- Vail Health Hospital 37%
- Vail Health Clinics 47%

DEFINITIONS

Extraordinary Collection Actions: Actions taken by the hospital against an individual related to obtaining payment of a bill for care covered under the hospital's financial assistance policy that require a legal or judicial process, involve selling an individual's debt to another party, or involve reporting adverse information about an individual to consumer reporting credit agencies or credit bureaus. Filing a claim in a bankruptcy proceeding is not deemed to be an extraordinary collection action.

Gross Charge: An established price, listed on the hospital's charge master, for a service or item that is charged consistently and uniformly to all patients before applying any contractual allowances, discounts or deductions.

Household Unit: One or more persons who reside together and are related by birth, marriage, or adoption (i.e. parents and children who are filed as dependents on their tax return), or reside together and share joint assets, such as credit cards, bank accounts or real estate. Patients over the age of 18, such as adult children living with their parents, siblings or friends are not considered part of the household unit unless such persons are legally obligated for the debts of the patient.

Income: Income includes salary and wages, interest income, dividend income, social security, workers compensation, disability payments, unemployment compensation, business income, pensions and annuities, farm income, rentals and royalties, inheritance, strike benefits, and alimony payments. Income is also defined as payments from the state for legal guardianship or custody.

Plain Language Summary: A statement written in clear, concise and easy to understand language notifying individuals that Vail Health offers a financial assistance program and describing the program.

Uninsured: A patient who does not have third party coverage from a health insurance plan, Medicare or state funded Medicaid, or whose injury is not a compensated injury for purposes of workers compensation, automobile insurance, or other insurances as determined and documented by the hospital.

Medically Necessary: Healthcare services provided to a patient for the purpose of preventing, diagnosing, or testing an illness, injury, disease or its symptoms.

Established Care: The applicant has received care at one of Vail Health's service locations prior to applying for financial assistance.

REFERENCES

Health Care Financial Management Association
Principles and Practices Board Statement 15,
"Valuation and Financial Statement Presentation of
Charity Care and Bad Debts.

American Hospital Association Hospital Billing and
Collection Practices Statement of Principles and
Guidelines May 5, 2012

Patient Protection and Affordable Care Act

IRS Notice 2014-2 issued on December 30, 2013

IRS CFR Parts 1,53, and 602 (issued
December 29, 2014)

Colorado SB14-50, Hospital Financial Assistance
CRS 25-3-112

Affordable Care Act Section 1557