

## **PLAIN LANGUAGE SUMMARY OF VAIL HEALTH FINANCIAL ASSISTANCE POLICY**

As a non-profit organization, Vail Health, including Vail Health Diversified Services (collectively referred to as “Vail Health”), provides financial assistance to patients that may not have sufficient financial resources to pay for services.

### **Financial Assistance Eligibility Requirements**

Eligibility for financial assistance is both income and asset based, using a sliding scale. Income level eligibility is up to 350% of the federal poverty level.

Financial assistance is available to all individuals for emergent/urgent care regardless of where they live, and to individuals with a primary residence (live in for over 6 months out of the year) in Eagle County for all services provided by Vail Health, except elective services such as teeth extractions, voluntary sterilizations, cosmetic surgery and routine eye exams. Financial assistance is also available for individuals obtaining services from Vail Health that are offered at Vail Health locations outside of Eagle County for individuals with a primary residence in the county in which Vail Health services are provided.

Guidelines for determining eligibility for financial assistance shall be applied consistently. In determining a patient’s eligibility for financial assistance, Patient Financial Services and Vail Health’s financial counselors will assist the patient (including referral to outside resources) in determining if he/she is eligible for government-sponsored programs, and to educate and assist them in understanding insurance coverages offered through the Colorado health insurance exchange.

### **Application Process**

The application specifies certain information that is required to be submitted with the application. This information 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 the missing information be returned within 30 days of the date of the notice. Notice of approval or denial of an application shall generally be sent to the patient within 30 days of receipt of application.

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 exchange. If the patient chooses not to purchase insurance coverage through the Colorado health insurance exchange and does not qualify for Colorado Medicaid, then the patient will be required to submit a Financial Assistance Application Form.

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.

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 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 Chief Financial Officer will be asked to review and assist with the determination.

### **Period that Approved Financial Assistance Will Be Provided**

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

- There is a change in financial status as described below. After six months, the patient will be required to re-apply for financial assistance, and the appropriate verifications of information will need to be made.
- In Vail Health's reasonable estimation, patient can afford to purchase insurance coverage through the Colorado health insurance exchange and the period for which such coverage can be obtained is in less than six months from the time financial assistance is granted by Vail Health.

If a patient is granted financial assistance on a portion of their bill, and the patient subsequently does not pay their 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 (live in for over 6 months out of the year) in Eagle County that 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.

This document summarizes the Vail Health financial assistance policy ("FAP") and is not intended to represent a complete explanation of the FAP. A complete copy of the FAP, as well as a copy of the Financial Assistance Application Form, is available on Vail Health's website at [www.vailhealth.org](http://www.vailhealth.org), and from our financial counselors who are located both at our main Vail campus at 180 S. Frontage Road West in the main hospital registration area, and our Edwards campus at 322 Beard Creek Road in the

Edwards Pavilion area. Our financial counselors can be reached Monday through Friday from 8:00 am to 5:00 pm at (970) 477-3116 and are available to assist patients with the financial assistance application process.