

CENTRAL VALLEY MEDICAL CENTER

Dept.: BUSINESS OFFICE

Subject: Financial Assistance Policy

Effective Date: July 1, 2016 (Amended)

Purpose

Central Valley Medical Center (CVMC) is committed to providing financial assistance to persons who have health care needs and are uninsured or under-insured, and otherwise unable to pay for medically necessary care based on their individual situations. Financial assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with CVMC's procedures for obtaining financial assistance, and to contribute to the cost of their care.

Financial Assistance is defined as medically necessary healthcare services provided at a reduced charge to patients without sufficient insurance or government assistance to pay for the necessary medical care. The granting of financial assistance shall not take into account race, creed, national origin, disability, age, social immigrant status, or sexual orientation.

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

Amount Generally Billed (AGB): The look back method is used to determine the average amounts paid by the Medicare & Medicaid Programs and Commercial Insurance programs over the past 12 month period. That percentage is 75% of charges.

Charity Care: Healthcare services that have been or will be provided but are never expected to result in cash inflows. Charity care results from the organization's policy to provide healthcare services at a discount to individuals who meet established criteria.

Medically Necessary: As defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury).

Presumptive Eligibility: Based on experience in Juab County and surrounding counties, it is presumed that uninsured patients would meet the criteria for financial assistance.

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

Underinsured: The patient has some level of insurance or third-party assistance but still has significant out-of-pocket expenses that exceed the Amount Generally Billed.

Eligibility for Financial Assistance and Assistance Offered

Eligibility for financial assistance will be considered for those individuals who are uninsured, under-insured or meeting income discount criteria. Eligibility for financial assistance is based on multiple factors, including condition and care required, insurance coverage or other sources of payment

(including personal injury claims), income (Federal Poverty Level guidelines used to determine the amount of financial assistance offered), family size.

The following methods are available to qualify for the Financial Assistance Program:

1. Presumptive eligibility will be assumed to all patients that require medically necessary care and are without insurance and are ineligible for a government health care program. CVMC will apply the look-back method to determine the Amount Generally Billed (AGB) on average to the Medicare and Medicaid Programs and other commercial insurances. The amount of financial assistance will be at least as great as the AGB . The patient will be presented with a bill showing the charges and the discount amount applied to the patient's account. Patient's will be responsible for payment of the remaining balance after the AGB discount has been applied.
2. Underinsured patients are defined as patients with insurance or government assistance that would be required to pay more than the AGB as defined above. CVMC will apply the look-back method to determine the AGB on average to the Medicare and Medicaid Programs and other commercial insurances. The discount would be provided after the insurance company or government payer has fully adjudicated the claim amounting to the difference between insurance discounts and AGB. The patient will be responsible for payment of the remaining balance after the AGB discount has been applied.
3. Additional assistance may be provided based on CVMC's income discount schedule after an application for assistance is completed and income level is determined by verification (see attached income discount schedule).

Patients must comply with the application process, including submitting tax returns, bank statements, and pay stubs, as well as completing the application process for all available sources of assistance, including Medicaid or other Medical Assistance. Patients will be given 120 days to complete the application process. If not completed within 120 days, collection activities may be continued. A formal application process is not necessary to receive the AGB discount for patients without insurance. In addition to the assistance provided in this policy a cash discount may be granted to help satisfy any remaining balances after the AGB discount is applied.

How to Apply for Assistance

The patient or any person involved in the care of the patient, including a family member or provider, can express financial concerns during the patient's care. The patient or responsible party will then be encouraged to complete a Financial Assistance Application. Eligibility for financial assistance will be determined by the CFO or revenue Cycle Director.

Financial assistance is limited to medical care provided at Central Valley Medical Center. Central Valley Medical Center will uphold the confidentiality and dignity of each patient, and any information submitted for consideration of financial assistance will be treated as protected health information under the Health Insurance Portability and Accountability Act (HIPPA).

Where to Obtain Copies

Our Financial Assistance Program and Application are available free of charge by contacting our Patient Billing Department at 435-623-3000 and requesting a copy by mail. The policy and application are also available online at <http://www.centralvalleymedicalcenter.com/info/accounts-billing> for downloading and printing. Copies of the policy and application are also available at Admissions and the Patient Accounts Department, as well as the Emergency Department.

Contact for Information and Assistance

Additional information about the Financial Assistance Program and assistance with the application process can be obtained from Patient Financial Services:

- Online at <http://www.centralvalleymedicalcenter.com/info/accounts-billing>
- You may also call 435-623-3000 or visit our Patient Accounts Department

No More Than Amount Generally Billed (AGB)

A patient determined to be eligible for financial assistance may not be charged more than the amounts generally billed for emergency or other medically necessary care to patients who have insurance for such care.

Collection Activity

CVMC will not engage in extraordinary collection actions before it makes reasonable effort to determine whether a patient is eligible for financial assistance under this policy. Reasonable efforts shall include:

1. Validating that the patient owes the unpaid bills and that all sources of third party payment have been identified and billed by the hospital;
2. Documentation that Central Valley Medical Center has offered or has attempted to offer the patient the opportunity to apply for charity care pursuant to this policy and that the patient has not complied with the hospital's application requirements;
3. Documentation that the patient has been offered a payment plan but has not honored the terms of that plan.

Extraordinary Collections Actions may include actions such as wage garnishments and other legal means.

If our collection agency identifies a patient is meeting financial assistance eligibility criteria, the patient's account may be considered for financial assistance. Collection activity will be suspended on accounts, and the financial assistance application will be reviewed. If the entire account balance is adjusted, the account will be returned. If a partial adjustment occurs, the patient fails to cooperate with the financial assistance process, or if the patient is not eligible for financial assistance, collection activity will resume.

Measures to Publish the Financial Assistance Policy

Notification about financial assistance available from CVMC will include dissemination of a contact number by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in emergency rooms, admitting and registration departments, hospital business offices. CVMC may also publish and widely publicize a summary of this Financial Assistance Policy on the facility website and in brochures available at patient access sites.

Providers Covered and Not Covered By This Policy

Central Valley Medical Center and Physicians in the CVMC Emergency Department, Nephi Medical Clinic and Fountain Green Medical Clinic are covered under this financial assistance policy. The following providers are not covered by this policy: Central Utah Radiology, Mount Nebo Anesthesia, Richard Anderson, MD, Aspen Dermatology, Peak ENT Associates, Jared Clegg, DPM, Excel Eye Center, Revere Health, Utah Valley Pain Management, LLC.

**Financial Assistance Policy
Income Guidelines 2017**

Size of Family	Less Than	Greater Than	Up To	Greater Than	Up To	Greater Than	Up To	Greater Than	Up To
1	11,880	11,880	17,820	17,820	26,730	26,730	31,190	31,190	35,640
2	16,020	16,020	24,030	24,030	36,050	36,050	42,050	42,050	48,060
3	20,160	20,160	30,240	30,240	45,360	45,360	52,920	52,920	60,480
4	24,300	24,300	36,450	36,450	54,680	54,680	63,790	63,790	72,900
5	28,440	28,440	42,660	42,660	63,990	63,990	74,660	74,660	81,050
6	32,580	32,580	48,870	48,870	73,310	73,310	80,640	80,640	85,520
7	36,730	36,730	55,100	55,100	82,650	82,650	88,160	88,160	93,670
8	40,890	40,890	51,110	51,110	69,000	69,000	81,780	81,780	86,890
Patient share of usual charges not covered by Insurance, Medicare, Medicaid, etc.	\$0 of amount owed.	The first \$500 of amount owed.		The first \$1,000 of amount owed.		The first \$1,500 of amount owed.		The first \$2,000 of amount owed.	