



Policy Title: Sliding Fee Schedule/ Charity Care Policy	
Department: Business Office	Origination Date: 1/1/2008
Category: Business Office	Effective Date: 1/1/2008

STATEMENT OF POLICY

To provide free or discounted healthcare services to persons who cannot afford to pay, including those who are uninsured or underinsured.

PROCEDURE

1. Free or discounted health services may be provided to persons who cannot afford to pay including those who are uninsured or underinsured and/or not eligible for any private or public health care program. Individuals qualifying for financial assistance must meet established criteria.
2. When no resources for payment are available, the Registration staff will look at the income criteria provided in the green notebook and determine if the patient needs to apply for Medicaid or will determine if the patient qualifies for the Colorado Indigent Care Program (CICP). If the patient does not qualify for Medicaid or CICP then the sliding fee application will be offered to the patient.
3. All patients will be treated with respect and fairness regardless of their ability to pay. Qualification for financial assistance shall be based on the patient's ability to pay at the time of application, and not on age, sex, race, creed, disability, sexual orientation or national origin.
4. The sliding fee scale program will be modified to adhere to the established Federal and Colorado poverty guidelines and qualification requirements. Financial assistance (charity care) will be provided to serve patients, while maintaining fiscal responsibility to the hospital. Eligibility criteria and amounts of assistance may be modified based on budget constraints.
5. Appropriate signage will be displayed in the facility, specifically in patient intake areas, to create awareness of the financial assistance programs available.
6. Professional fees for physicians employed by SVGHD will be included when calculating discounts.

Qualifications and Criteria

- 1) To qualify for financial assistance, the patient, guardian, relative, or patient representative must complete the financial assistance application and provide required supporting documentation.
- 2) The patient shall generally start the application process prior to provision of services unless the patient is in an urgent or emergent care situation. The application processes may be delayed for a limited time while attending to the patient's medical needs. Applicants will have 180 days from the initial date of billing to complete the application process to be considered for financial assistance. If there is a question regarding the urgency of the patient's need for care, the Collections Lead should immediately consult with the clinical department manager before postponing care.
- 3) The hospital will notify applicants when the application is deemed complete, and will normally make a decision on completed applications within 30 days.
- 4) All patients shall be considered fairly and equally using objective criteria that is compliant with federal and state regulations. Decisions shall be made after examining a patient's resources, which could include, but are not limited to, an analysis of assets, liabilities, income and expenses and any extenuating circumstances that would affect the decision. Decisions on financial assistance will be documented and include information to substantiate the decision.
- 5) A patient may appeal the financial assistance decision to the Charity Care Committee.
- 6) The Charity Care Committee shall be made up of the Chief Financial Officer, the Collections Lead, Registration Lead, and any ad hoc member as required.

Types of Financial Assistance: Patients may qualify for one or more of the following financial assistance programs:

1. Full Financial Assistance: Patients whose income level is at or below 150% of the Federal Poverty guidelines may be considered for a full waiver of their medical bill.
2. Partial Financial Assistance: Patients whose income level is between 151% and 299% of the Federal Poverty guidelines may receive a partial medical bill waiver of 80% and patient's whose income level is between 300% and 399% of the Federal Poverty guidelines may receive a partial medical bill waiver of 70%.
3. Catastrophic Financial Assistance: Partial or full medical bill waiver for a patient with qualified medical bills in excess of \$50,000 and:
 - a. Who has suffered a catastrophic medical event as defined in the policy definitions, and/or

- b. Does not have the resources, income and assets to pay the bill as determined by the Financial Assistance Committee.

DEFINITIONS

- Catastrophic Medical Event: An accident or illness which causes a patient's medical or hospital bills after payment by third-party payers to exceed 100 percent of the person's annual disposable income. A patient who incurs catastrophic medical expenses may qualify for financial assistance when payment would require liquidation of assets critical to living.
- Eligible Medical Services: include medically necessary inpatient and outpatient medical treatment; urgent and emergent diagnostic and ancillary services.
- Emergency care: care provided to a patient with an emergent medical condition as defined in the Emergency Medical Treatment and Active Labor Act (EMTALA).
- Financial Assistance (Charity Care): A mechanism for discounting charges and/or assisting patients to pay for their medical care.
- Limited Resources: A person, who is uninsured, underinsured and/or who has income at or below two hundred percent (200%) of the federal poverty levels for Colorado.
- Medically Necessary Treatment: those services determined to be necessary as defined by utilization criteria for inpatient and outpatient care.

Confidentiality: The need for Financial Assistance is a sensitive and personal issue for recipients. Confidentiality of information and preservation of individual dignity shall be maintained for all who seek Financial Assistance. Orientation of staff and the selection of personnel who will implement this policy shall be guided by SVGHD values. No information obtained in the patient's Financial Assistance application may be released to a third party unless the patient gives express permission for such release

Record Retention: Financial Assistance documents shall be retained in accordance with established record retention policy.

REFERENCES AND SOURCES OF EVIDENCE

None

POLICY VIOLATION

Any SVGHD employee who fails to abide by this policy may be subject to disciplinary action, up to and including termination.

REVIEW/APPROVAL SUMMARY

REVIEW/REVISION DATES: 1/1/2008, 01/16/2020 <i>(Dates in parentheses include review but no revision)</i>	
APPROVAL BODY (IES): SVGHD Policy-Procedure Committee: Administrator/CEO: Gary Campbell Medical Executive: Dr. Lisa Zwerdlinger	APPROVAL DATE: January 1, 2008

All official St. Vincent General Hospital District policies are maintained electronically and are subject to change. No printed policy should be taken as the official policy except to the extent it is consistent with the current policy that is electronically maintained.