



Financial Assistance	
Effective Date: 07/2021	Replaces Policy: N/A
	Policy Owner: Revenue Cycle; UCHealth Board

Introduction:

UCHealth is committed to providing access to quality healthcare for the community it serves including Patients in difficult financial circumstances, and offers Financial Assistance to those with an established need to receive emergency medical care and Medically Necessary hospital services. This policy serves to establish and ensure a fair and consistent method for Uninsured and Under-insured Patients to apply and be considered for Financial Assistance. Please note that not all medical services at UCHealth qualify for assistance under this Policy (as further outlined below).

Scope:

This policy applies to (1) University of Colorado Health (“UCHealth”); (2) any hospital or healthcare facility that UCHealth operates, whether directly or through one of its members, including but not limited to UCHealth Medical Group, Medical Center of the Rockies, Poudre Valley Hospital, UCH-MHS, Longs Peak Hospital, UCHealth Longs Peak Surgery Center, Yampa Valley Medical Center, Broomfield Hospital, Grandview Hospital, UCHealth Pikes Peak Regional Hospital, UCHealth Highlands Ranch Hospital, UCHealth Greeley Hospital, UCHealth Inverness Orthopedics and Spine Surgery Center, UCHealth Cherry Creek North Surgery Center, and University of Colorado Hospital Authority (each, a “UCHealth Facility”) (collectively, “UCHealth”); and (3) all medical staff members, care providers, management and staff at all UCHealth Facilities.

- I. This policy refers to any hospital or healthcare facility covered by this policy as “Hospital.”

Table of Contents

- I. General Information2
- II. Eligibility Criteria for Financial Assistance2
- III. Non-Covered Providers and Services2
- IV. Financial Assistance Policy and Application Availability3
- V. Documentation Requirements4
- VI. Application Guidelines and Process4
- VII. Discounts5
- VIII. Billing and Collections6

The current version of this policy can be viewed on The Source. Printing is discouraged.

UCHealth
Financial Assistance

IX. Relationship to Other Policies.....7
X. Confidentiality7
Definitions:.....7
Appendix A: Basis for Calculating Amount Generally Billed & Discounts Applicable to Patients Eligible for Financial Assistance9

Policy Details:

I. General Information

- A. The Colorado Indigent Care Program (CICP) and the UCHealth Financial Assistance (“Financial Assistance”) Program are not insurance programs, but rather discount programs for those who are Uninsured (“Uninsured”), or Under-insured (“Under-insured”) and have demonstrated financial need.
- B. UCHealth will not participate in or support any activities (including facilitating media access) related to fundraising efforts intended to pay for a specific Patient’s (“Patient”) care.
- C. UCHealth’s Financial Assistance Program is not responsible for providing housing, food, transportation, immigration status, or continuity of care to any individual.
- D. UCHealth is available to help identify community based resources, facilitate services, and provide appropriate referral assistance. A financial counselor may be contacted at 855.843.3547
- E. UCHealth acts in accordance with Colorado Revised Statute § 25-3-112 and 26 CFR 1.501(r)-0 through 26 CFR 1.501(r)-7.

II. Eligibility Criteria for Financial Assistance

- A. The granting of Financial Assistance shall be based on an individualized determination of financial need and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.
- B. An individual may qualify for Financial Assistance pursuant to this policy if he/she meets the following eligibility criteria:
 - 1. The Patient is Uninsured or Under-insured; and
 - 2. Guarantor’s (“Guarantor”) annual Family Income (“Family Income”) is not more than four hundred percent (400%) of the current federal poverty level (FPL) guidelines; and
 - 3. The Patient has been determined to be ineligible for government health care benefit programs such as Medicare, Medicaid, and the Colorado Indigent Care Program (CICP), after having complied with all federal, state and local government health care program application requirements. Financial Assistance is not a substitute for insurance.
- C. An individual does not qualify for Financial Assistance if he/she is non-compliant in furnishing documentation/information requested by the individual’s insurance company or UCHealth, as set forth in this policy.

III. Covered and Non-Covered Providers and Services

- A. Some services provided by physicians at UCHealth facilities **may or may not** be covered by the UCHealth Financial Assistance Policy (FAP).
 - 1. UCHealth maintains a document separate from the FAP that lists the physicians working at each facility who **are** and who are **not** covered by

UCHealth
Financial Assistance

UCHealth's FAP. The Provider List is updated quarterly and is available online at <https://www.uchealth.org/billing-and-pricing/financial-assistance>.

2. This list of providers is available free of charge in paper format in all UCHealth Emergency Departments and admissions areas, and upon request by calling UCHealth's Financial Counseling Team at 855.843.3547.
- B. Care and expenses not covered by the FAP:**
1. Healthcare services that are not emergent or Medically Necessary ("Medically Necessary"), including elective or cosmetic surgery; and
 2. Healthcare services related to a transplant procedure, self-pay package, single case agreement, grants & research, or when there is a legal obligation for a third party (i.e. certain individuals, entities, insurers or programs) to pay a claim.

IV. Financial Assistance Policy and Application Availability

- A.** Financial Assistance policies are transparent and available to the individuals served by UCHealth at any point in the care continuum.
- B.** This Financial Assistance Policy, as well as the FAP Plain Language Summary ("FAP Plain Language Summary") and the FAP Application ("Application") are available through the following:
1. Online
 - a. At the following website: <https://www.uchealth.org/billing-and-pricing/financial-assistance>. Click on "Financial Assistance" to download a copy of this Financial Assistance Policy and Application in English or Spanish.
 2. Telephone
 - a. At 866-429-6045. Customer service is available Monday through Friday 8:00am to 5:00 pm (MST) to answer questions and mail hard copies of the Application, upon request and without charge.
 3. In person
 - a. Upon request and without charge, at each UCHealth Hospital: complete and current versions of the FAP, Application, and FAP Plain Language Summary will be prominently and conspicuously posted in each Hospital Emergency Department, at all Admissions areas, and at each UCHealth Financial Counseling office.
- C.** Copies of the policy, Application and FAP Plain Language Summary are available in English and Spanish.
- D.** UCHealth will notify and inform members of the community served by the Hospital about the Financial Assistance policy in a manner reasonably calculated to reach those members who are most likely to require Financial Assistance from the Hospital.
- E.** Each Hospital will notify and inform the Hospital's Patients about the Financial Assistance policy by:
1. Offering a paper copy of the FAP Plain Language Summary to Patients as part of the intake or discharge process; and
 2. Including a conspicuous written notice on Billing Statements ("Billing Statement") that notifies recipients about the availability of Financial Assistance under this policy, and includes the direct web address for accessing the policy, FAP Plain Language Summary and Application, and includes the telephone number of the Financial Counseling department,

UCHealth
Financial Assistance

which can provide information about this policy, Financial Assistance available and the application process.

V. Documentation Requirements

- A. To expedite processing of the application, individuals must submit a complete application form with all required attachments, including the Family Income verification documents outlined below in Section V.B. Failure to do so may result in a delayed determination or denied application.
- B. UCHealth requires an applicant to submit at least one of the following acceptable forms of Family Income verification:
 - 1. Last three month's pay check stubs.
 - a. In cases where the Patient or Guarantor is undocumented and they are unable to provide any of the below forms of documentation, they must provide their last three months of pay stubs.
 - 2. Three most recent bank statements from all banking or credit union institutions
 - 3. The previous year's tax return
 - 4. Current W-2 form
 - 5. Unemployment benefit letter
 - 6. Social Security letter
 - 7. Educational assistance (grant letter)
 - 8. Official documentation of spousal maintenance
- C. Family Income
 - 1. Income documentation must be provided for each Family ("Family") member listed on the application.
- D. Assets
 - 1. The applicant's household savings, checking, investment assets, real property assets, and overall financial position will be considered.
- E. Family expenses
 - 1. Monthly expenses (e.g. mortgage, utility, etc.) are not considered in the Financial Assistance Application. The application has a section that requires expense disclosure, which is intended for governmental program eligibility screening only.

VI. Application Guidelines and Process

- A. Applicants for Financial Assistance can contact the UCHealth Financial Counseling Department at 855.843.3547 or visit financial counseling offices located at the following UCHealth Hospital locations to receive assistance with the application or to receive more information about this Policy: Poudre Valley Hospital, Medical Center of the Rockies, University of Colorado Hospital, Memorial Hospital Central, Memorial Hospital North, Longs Peak Hospital and Yampa Valley Medical Center.
- B. Applicants may request a copy of this policy, the Financial Assistance Application, and the FAP Plain Language Summary free of charge, by using one of the methods outlined in Section IV.B.
- C. Patients and Guarantors must submit a complete application along with all required income documentation attachments, as described in Section V. Completed applications shall be submitted to the UCHealth Financial Counseling Department in person, online or by mail at the locations described in Sections VI.A and Section VI.B.
- D. Applicants have the later of (a) 240 days from the date of the first post-discharge Billing Statement, or (b) 30 days after notice of the initiation of one or more

UCHealth
Financial Assistance

- Extraordinary Collection Actions (“ECA”) has been provided, to submit an application or to request a reconsideration of an incomplete and denied application (upon promptly furnishing all required information) This is known as the Application Period.
- E.** UCHealth will process applications within 30 days of UCHealth’s receipt, and will send a written notice of determination to the applicant. This written notification will also detail the level of assistance for which the Patient is eligible, if applicable.
 - F.** Eligibility for Financial Assistance is re-evaluated every 90 days from the date of the last signed and dated Financial Assistance Application, which means Patients must re-submit an application for Financial Assistance if more than 90 days has passed from the last signed and dated Financial Assistance Application (unless an exception applies). UCHealth considers the following situations to be exceptions to the 90-day period, meaning that the following Patients are not required to re-submit an application for Financial Assistance:
 - 1.** Patients receiving acute care over a significant period of time, as determined by the UCHealth Financial Counseling department.
 - 2.** Patients receiving prenatal care, whose initial application submitted during the Patient’s pregnancy will cover all qualifying medical care provided by UCHealth during the prenatal period and ending at discharge from the acute hospital following birth or end of pregnancy.
 - G.** If an applicant submits an incomplete application within the application period, UCHealth will deny the application and notify the applicant by mail. In such case, UCHealth will not initiate ECAs and will ensure that no further action is taken on previously initiated ECAs until UCHealth has provided the applicant with a written notice that describes the missing information required under the FAP and how the individual can obtain assistance in completing the application, and a reasonable opportunity to submit the required information. If the applicant subsequently completes the application during the application period or within 30 days of receiving the above notice, UCHealth will process the application as outlined in this policy.
 - H.** If UCHealth determines that an individual is eligible for Financial Assistance following UCHealth’s review of a complete application, UCHealth will reverse ECAs (if any) and will refund amounts previously paid for care covered by this policy in excess of the amount owed, except overpayments that are \$5 or less. If the Guarantor still owes any amount, UCHealth will provide an updated Billing Statement showing how the adjusted amount was determined.

VII. Discounts

- A.** Patients eligible for Financial Assistance with an annual Family Income of 250% of FPL guidelines (or less) will receive a 100% discount on gross charges for care covered by this policy.
- B.** Patients eligible for Financial Assistance will an annual Family Income between 251% and 400% of FPL guidelines will receive a discount on gross charges as outlined in Appendix A.
- C.** UCHealth will not charge Patients eligible for Financial Assistance more than the amount generally billed (AGB) by UCHealth to insured Patients for emergency or Medically Necessary care covered by this policy. As used in this policy, AGB has the meaning set forth at 26 CFR § 1.501(r)-1 and any other guidance issued by the United States Department of Treasury or the Internal Revenue Service. See Appendix A for a detailed explanation of how AGB is calculated.
- D.** If the self-pay discount for a hospital facility is greater than AGB, a discount equal to the self-pay discount will be applied to gross charges.

UCHealth
Financial Assistance

VIII. Billing and Collections

- A.** UCHealth will seek payment on accounts with balances in self-pay (i.e., Patient liability). UCHealth does not initiate ECAs prior to (a) 120 days from the date UCHealth provides the first post-discharge Billing Statement to the Patient; and (b) reasonable efforts have been made to determine whether a Guarantor is eligible for Financial Assistance under this policy, as described in this section.
- B.** UCHealth will provide any itemized statement requested by a Guarantor, in compliance with Colorado law, either within: 10 business days of the request; 30 days after discharge for inpatients; or 30 days after the service is rendered for outpatients, whichever is later.
- C.** UCHealth will make reasonable efforts to determine whether an individual is FAP-eligible for care provided by UCHealth by:
 - 1.** Making a reasonable effort to provide oral notification to individuals, at least 30 days prior to initiating an ECA, about the FAP and how to obtain assistance with the application process;
 - 2.** Providing a written notice to Patients at least 30 days prior to initiating an ECA indicating that Financial Assistance is available to eligible Patients, identifying the ECAs that UCHealth intends to initiate, and stating a deadline after which ECAs may be initiated that is no sooner than 30 days after the date the written notice is provided; and
 - 3.** Including a FAP Plain Language Summary with the notice described above in Section VIII.C.2.
- D.** UCHealth will send at least four (4) monthly Billing Statements, mailed every thirty (30) days, to the Guarantor of an account informing of a balance due.
 - 1.** Billing Statements will include information about UCHealth's FAP and how a Patient or Guarantor can obtain an application and assistance in completing the application.
 - 2.** During this timeline, the Guarantor may either pay the account in full, set up a payment plan, seek financial counseling, provide additional insurance information, or submit a completed application.
- E.** After UCHealth has sent four (4) Billing Statements and received no payment and no application within thirty days of the final Billing Statement, UCHealth may refer the account to collections.
 - 1.** UCHealth will refer accounts to collections when Patient balances have not been paid for 120 days or more.
 - 2.** If no action is taken by the Guarantor to resolve the balance sixty (60) days after UCHealth refers an account to collections, either by making a payment, submitting additional information or a completed application, or setting up a payment plan, the collections agency may initiate ECAs, such as reporting the account to the credit bureau or initiating legal action, such as wage garnishment.
 - 3.** UCHealth will refrain from initiating ECAs for at least 120 days from the date the Hospital mails the first post-discharge Billing Statement to the Guarantor for the care, and will make reasonable efforts as described above and as required by law, at least 30 days in advance of initiating ECAs, to determine if the Patient is eligible for Financial Assistance.
- F.** All parties engaged in collection actions on behalf of UCHealth will be required to follow this policy, including contracted collection agencies.

UCHealth Financial Assistance

- G.** The UCHealth Financial Counseling department will have final authority to decide whether UCHealth has made reasonable efforts to determine whether a Patient is eligible for Financial Assistance under this policy, and therefore whether UCHealth may engage in ECAs against the Guarantor.

IX. Relationship to Other Policies

- A.** UCHealth Emergency Medical Treatment and Labor Act Policy
1. As described by UCHealth's Emergency Medical Treatment and Labor Act (EMTALA) policy, the Hospital will not delay examination or treatment of individuals to inquire about the method of payment or insurance status. Hospital will provide a medical screening exam (MSE) and, when appropriate, stabilizing treatment without regard to age, race, color, sex, gender identity, economic status, ability to pay, or insurance status. The Hospital will not seek, or direct a patient to seek, authorization from an individual's insurance company for screening and stabilization services until after the MSE and treatment and exams necessary to stabilize the emergency medical condition have been completed.
- B.** UCHealth Uninsured and Self-Pay Discount Policy
1. Self-pay Guarantors automatically receive a discount on total billed charges at time of billing. When Patients are eligible for Financial Assistance, the self-pay discount will be reversed and Patients will receive a discount on gross charges as outlined in Section VII and Appendix A of this policy. On a Billing Statement, Guarantors will see the gross (full) charges, less the applicable discount, and the remaining balance owed.

X. Confidentiality

- A.** UCHealth staff will uphold the confidentiality and individual dignity of each Patient.
- B.** UCHealth will comply with the Health Insurance Portability and Accountability Act (HIPAA) and all relevant state and federal laws in its treatment of protected health information (PHI) in relation to determining eligibility for Financial Assistance.

Definitions:

Billing Statement: The statement which sets forth charges, payments, and discounts (adjustments).

Extraordinary Collection Actions (ECA): ECAs are actions taken by UCHealth or a third party against an individual related to obtaining payment of a bill for care provided by UCHealth that require a legal or judicial process (except certain liens or bankruptcy claims), selling an individual's debt to another party (unless certain contractual terms are in place), or reporting adverse information about an individual to consumer credit reporting agencies or credit bureaus (collectively, "credit agencies").

Family: The United States Census Bureau defines a Family as a group of two or more people who reside together and who are related by birth, marriage or adoption. Family members are not responsible for services rendered to Patients ages 18 and older, unless the Family member agrees to be the Patient's Guarantor.

Family Income: Aggregate income of all Family members of Guarantor. Income is determined on a before-tax basis and excludes capital gains or losses. Financial Assistance Applications consider various sources of income as listed below:

- Wages, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from

UCHealth

Financial Assistance

outside the household, and other miscellaneous sources.

- Non-cash benefits (such as food stamps and housing subsidies) are excluded.
- Includes spousal income generated from any of the above sources

Financial Assistance: The cost of providing free or discounted care to individuals who cannot afford to pay all or a portion of their Hospital medical bills based on the eligibility rules identified in this policy. UCHealth may determine inability to pay before or after Medically Necessary services are provided.

Guarantor: An individual who is ultimately financially responsible for healthcare services and who is typically 18 years of age and older. In some instances, minors are legally capable of consenting to certain treatment (e.g., pregnancy), in which case the minor is responsible for paying for his/her health care bills. A Patient may be his/her own Guarantor.

Medically Necessary: Healthcare services or products that a prudent physician would provide to a Patient for the purpose of preventing, diagnosing, or treating an illness, injury, disease or its symptoms in a manner that is:

- In accordance with generally accepted standards of medical practice;
- Clinically appropriate in terms of type, frequency, extent, site and duration; and
- Not primarily for the economic benefit of the health plans and purchasers or for the convenience of the Patient, treating physician, or other healthcare provider.
- Emergent services are deemed to be Medically Necessary.

Patient: An individual who receives medical care.

Under-insured: The Guarantor has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her ability to pay.

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

UCHealth
Financial Assistance

Appendix A: Basis for Calculating Amount Generally Billed & Discounts Applicable to Patients Eligible for Financial Assistance

UCHealth utilizes the “look-back” method to determine the “amount generally billed” (AGB) to individuals who have insurance covering emergency or other Medically Necessary care. The percentages were calculated using all claims allowed by both private pay insurers (including Medicare Advantage) and Medicare (traditional) for both inpatient and outpatient services having discharge dates from November 14, 2019 to November 15, 2020. Expected or actual payment from allowed claims was divided by total billed charges for such claims for all facilities where this data was available. AGB was calculated using this private pay plus Medicare approach for each of the UCHealth hospital facilities.

The AGB percentage applicable as of 2/1/21 at each of our facilities is:

Facility	Amount Generally Billed (AGB)	Discount Applied to Gross Charges for Patients Eligible for Financial Assistance
Broomfield Hospital	34%	66%
Cherry Creek Surgery Center**	23%	77%
Grandview Hospital	27%	73%
Greeley Hospital	33%	67%
Highlands Ranch Hospital	25%	75%
Inverness Surgery Center	23%	77%
Longs Peak Hospital	26%	74%
Longs Peak Surgery Center	17%	83%
Medical Center of the Rockies	36%	64%
Memorial Hospital – Central and North	27%	73%
Pikes Peak Regional Hospital	48%	52%
Poudre Valley Hospital	37%	63%
University of Colorado Hospital	27%	73%
Yampa Valley Medical Center	64%	36%
Professional Services (UCHealth Medical Group, UCHealth Emergency Physician Services, UCHealth Imaging Services, Inverness Medical Office Building, Poudre Valley Hospital, Yampa Valley Medical Center)*	41%	59%

Patients eligible for Financial Assistance with an annual Family Income of 250% of FPL guidelines or less will receive a 100% discount on gross charges for care covered by this policy.

Patients eligible for Financial Assistance with an annual Family Income between 251% and 400% of FPL guidelines will receive a discount on gross charges as outlined in the table above.

* The AGB calculation for professional services utilizes all claims for both private pay insurers (including Medicare Advantage) and Medicare (traditional). UCHealth has elected to discount professional services at the highest/best AGB-calculated discount amongst all the professional services entities required to comply with 501(r).

** This is a recently opened facility and therefore inadequate historical data is available to complete the AGB calculation. UCHealth relied on a reasonable proxy.

The current version of this policy can be viewed on The Source. Printing is discouraged.