

	TITLE CF.13.10.9– Financial Assistance Policy		IDENTIFICATION NUMBER CF.13.10.9
Department(s) <input checked="" type="checkbox"/> Clinical (C) <input checked="" type="checkbox"/> Facilities (F) <input type="checkbox"/> Administration (A)	Facility(s) <input checked="" type="checkbox"/> Critical Access Hospitals (1) <input type="checkbox"/> Assisted Living Facility (2) <input checked="" type="checkbox"/> Hospital Outpatient (3) Departments	Unit Number (S) 10	Policy Number 9
REVIEW CYCLE <input type="checkbox"/> 2YEAR <input checked="" type="checkbox"/> 3YEAR	CREATION DATE: 7/1/2010	REVIEW DATE: 06/30/2025	Revision Date: 06/30/2025

PURPOSE OF POLICY

Middle Park Health is committed to providing high-quality, viable health care to patients, regardless of their ability to pay. This policy sets out criteria for providing financial assistance services to patients in need.

POLICY STATEMENT

Middle Park Health is committed to providing high-quality, viable health care to patients, regardless of their ability to pay. Middle Park Health complies with all laws regarding emergency treatment and prohibits any action that might discourage people from seeking emergency medical care, such as by demanding that Emergency Department patients pay before receiving treatment for emergency medical conditions. Nothing in this Policy shall be deemed to limit the hospital's obligations under EMTALA to treat patients with emergency medical conditions.

SCOPE

This policy applies to health care services (as defined in the definitions section of this policy) including emergency and other medically necessary care provided by a Middle Park Health.

DEFINITIONS

Federal Poverty Level Guidelines. Means the federal poverty level guidelines established by the United States Department of Health and Human Services in effect on the date of the provision of the health care service for awards of financial assistance under this policy. [Poverty Guidelines | ASPE \(hhs.gov\)](http://www.hhs.gov/ASPE/poverty-guidelines)

Patient. Means person receiving or registered to receive medical treatment or in context of the policy, refers to the person responsible for payment.

Uninsured. Means a patient who has no level of insurance or third-party support to assist in meeting his or her payment obligations for health care services and is not covered by Medicare, Medicaid, Tricare, or any other health insurance program of any nation, state, territory, or commonwealth, or under any other governmental or privately sponsored health or accident insurance or benefit program including, but not limited to workers' compensation and awards, settlements or judgments arising from claims, suits or proceedings involving motor vehicle accidents or alleged negligence.

Underinsured. Means the Patient has some level of insurance or third-party assistance but still has out-of-pocket health care service expenses such as high- deductible plans that exceed the patient's level of financial resources.

DEFINITIONS OF ROLES AND RESPONSIBILITIES

None

PROCEDURE

Determining Eligibility

In determining eligibility for financial assistance, it is important that both Middle Park Health and the patient work collaboratively.

Eligibility for Financial Assistance. Patients who are uninsured or underinsured are ineligible for any government health care benefit program and unable to pay for their health care services may be eligible for financial assistance.

Decisions about financial assistance are made on a case-by-case basis and only consider financial need. Decisions never consider age, gender, race, color, national origin, marital status, social or immigrant status, sexual orientation, or religious affiliation. The Financial Assistance Application outlines the documents required to verify family size and income.

Further, to be eligible for financial assistance, an individual must cooperate with Middle Park Health, provide the requested information and documentation in a timely manner, complete the required application form truthfully, and notify Middle Park Health promptly of any change in his or her financial situation so that Middle Park Health can assess the change's impact on the individual's eligibility for financial assistance.

How is eligibility determined. Patients must complete an application and provide other financial information and documentation relevant to deciding financial eligibility. In reviewing applications, Middle Park Health may:

- Review publicly available information to verify the financial resources of the patient or a potential guarantor.
- Pursue alternative sources of payment from public and private payment benefit programs; and
- Review the Patient's prior payment history.

Processing Requests. Middle Park Health will do its best to process requests for financial assistance in a timely manner. During the eligibility determination process, Middle Park Health will at all times treat the patient or their authorized representative with dignity and respect.

Financial Assistance Guidelines. Eligibility criteria for financial assistance may include:

- Family size as determined by the number of dependents living in the household.
- Household Income.
- Employment status.
- Financial obligations.
- Amount and frequency of healthcare expense; and
- Other financial resources available to the patient.

Information collected will be used to corroborate and determine which financial assistance is available.

Evaluation Process

The process for determining which patients qualify for financial assistance will include:

Uninsured Patients

Hospital Discounted Care. Hospital Discounted Care was created by [House Bill \(HB\) 21-1198](#). Patients who are at or below 250% of the Federal Poverty Guidelines (FPG) are eligible for Hospital Discounted Care.

- All uninsured Patients will be offered to be screened for Hospital Discounted Care.
- Hospital Discounted care limits the amounts that low-income patients can be billed for health care services at hospitals and emergency rooms. It also limits amounts billed from providers who work at hospitals and emergency rooms. If the patient qualifies, their billed amounts will be limited to the rates set by the Department of Health Care Policy and Financing (Department). [Hospital Discounted Care Rates | Colorado Department of Health Care Policy & Financing](#).
- Payment plans for patients who qualify cannot be more than four (4) % of the patient's gross monthly income for bills from the hospital. Payment plans for each provider that bills separately from the hospital cannot be more than two (2) % of the patient's gross monthly household income. Payment plans cannot be longer than 36 months of payments. Once 36 payments have been made, the bill is considered paid in full.

- Qualification is for patients residing in Colorado, who meet income and resource guidelines.
- Middle Park Health follows the Hospital Discounted guidelines established by the Colorado Department of Healthcare Policy & Financing.

AccessOne. AccessOne is offered by Middle Park Health to provide patients with an additional payment option. AccessOne payment plans are designed to take financial fear out of healthcare, helping patients get the medical care they need when they need it. Manageable monthly payments include:

- 0% Interest.
- No credit reporting.
- No application, annual or hidden fees.
- Easy payment methods: online, phone, check, auto-pay.
- Allows you to combine all bills from the health system where you had services into a single monthly payment for you and your family members.'
- Patients may qualify for this payment option with one visit or multiple visits. Patients can contact our Customer Service team to help with AccessOne payments at 1-970-887-5885.

Payment Plans. Middle Park Health also offers internal payment plans for those that qualify up to 12 months with a minimum payment of \$25 a month.

Patients can contact our Customer Service team to assist with setting up an internal payment plan at 1-970-887-5885.

Internal Charity. Eligibility shall be based on financial need at the time of the application. Internal charity is not limited to the state of Colorado applicants.

Eligibility shall be based solely on the total gross family income adjusted for family size and is only applicable to outpatient services. Assets shall not be considered and will be based on Middle Park Health's internal sliding scale. For more information or to obtain the internal charity application, please contact the Middle Park Health Patient Financial Navigator at 1-970-724-3151.

The process for determining which patients qualify for internal charity care will include:

- Exhausted or not eligible for any third-party payment sources (Hospital Discounted Care, Access One, Medicare, and/or Medicaid).
- All insurance payers have been billed and settled.
- Patients requesting charity on accounts may be required to apply for Medicaid benefits.
- Making an initial determination whether the patient is eligible for charity care, prior to initiating any collection efforts, assuming the patient cooperates with the organization's attempt to make the determination.
- Making the initial determination prior to service, at the time of service, or as soon as

- practical after service has been provided to the patient.
- Making reasonable attempts to determine if a third-party payor or sponsor may pay some or all of the charges.
 - Not imposing any unreasonable burden upon the patient to provide relevant information when considering the application for charity care.
 - The organization may require the patient to validate the accuracy of any information provided.
 - Any of the following documents shall be considered sufficient evidence upon which to base a determination of eligibility for charity care: last 2 months of pay stubs, current bank statements and/or income tax return from the previous year, W-2 statements from the previous year, unemployment compensation forms, forms approving or denying Medicaid or written statements from employers or welfare agencies: or federal or state award letters.
 - If financial information is not provided to support a completed application for charity assistance within 45 days, it will be considered denied.
 - Notifying the patient of the organization's decision, (approval or denial), the grounds for reaching the decision, and the process for appealing the decision if the organization deems the patient ineligible for charity care.
 - If charity care is denied, the patient with thirty (30) calendar days within which to appeal the decision, correct any deficiencies in documentation, or request a review of the denial.
 - Charity approval will affect all accounts for which the approved guarantor is responsible for, within 6 months of the signed application date. In cases where the application exceeds the 6-month period, discretion may be exercised by the leadership team for further review. The approved charity percentage will be applied to all existing accounts with patient balances 6 months prior to the application signed date. If the patient is self-pay and has received a discount, the full charity discount will be taken off of the remaining balance. Any patient credit balance created by applying the charity percentage will be refunded to the guarantor within thirty (30) days of receiving the charity care designation. Patients requesting charity may be required to apply for Medicaid (or other government sponsored program) benefits prior to charity assistance, if applicable. If Medicaid eligibility was established for dates of service covered under charity, those charity adjustments will be reversed, and the services will be billed to Medicaid for processing.

Underinsured Patients

Coinsurance, deductibles, co-payment, and non-covered charge amounts related to insured patient balances after insurance benefits have been applied may be considered for financial assistance (i.e., high-deductible health plans).

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How to Apply

Get a Financial Assistance application. It is available

- **By Phone**, by calling our Patient Financial Navigator at 970-724-3151.
- **In person**, at any Middle Park Health facility. Information about financial assistance will be available in the hospital emergency departments and patient registration areas.
- **By mail and email**, by calling our Patient Financial Navigator at 970-724-3151 or emailing at FinancialAid@middleparkhealth.org.

A list of required documents will be provided with the application. Applications must be accompanied by all required documents to verify eligibility.

Incomplete applications

If Middle Park Health receives an incomplete application form, it will provide the patient (or his or her legal representative) with a list of the missing information or documentation. If a patient does not respond within the 45-day period after their date of service or date of discharge, Middle Park Health will deny the financial assistance application.

Complete applications

If Middle Park Health receives a completed application form, it will make and document eligibility determinations in a timely manner. If an application is deemed complete Middle Park Health will provide the patient (or his or her legal representative), with a written/verbal determination of financial eligibility.

POLICY VIOLATION

ANY MIDDLE PARK HEALTH ASSOCIATE WHO FAILS TO ABIDE BY THIS POLICY MAY BE SUBJECT TO DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION.

ASSOCIATED DOCUMENTS

None

REFERENCES