

## CENTRAL VALLEY MEDICAL CENTER

Dept.: BUSINESS OFFICE

Subject: Financial Assistance Policy

Effective Date: July 1, 2022

### **Purpose**

Central Valley Medical Center (CVMC) is committed to providing financial assistance to persons who have health care needs and are uninsured or underinsured, 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.

**Charity Care:** Healthcare services that have been or will be provided but are never expected to result in net 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 amounts due 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, Underinsured or meeting Charity Care 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 payments/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 Charity Care 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 income verification (submitting pay stubs, tax returns or bank statements), 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 if paid timely 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 appropriate billing department directors.

Financial assistance is limited to medical care provided at Central Valley Medical Center and related clinics. 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/patients-visitors/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 the Patient Billing Department:

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

### **No More Than Amount Generally Billed (AGB)**

A patient determined to be eligible for financial assistance may not be charged more than the Amount 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 amounts 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 cancelled. If a partial adjustment occurs, or the patient fails to cooperate with the financial assistance process, or 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 account statements and by posting notices in the emergency department, admitting and registration departments, and hospital billing 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, Santaquin 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, Salt Creek Anesthesia, Richard Anderson, MD, Aspen Dermatology, Peak ENT Associates, Jared Clegg, DPM, Excel Eye Center, Revere Health, Southwest Spine & Pain.

**Financial Assistance Policy  
Income Guidelines 2024**

Poverty Level	100%		150%		200%		225%		250%	
Size of Family	Less Than	Greater Than	Up To	Greater Than	Up To	Greater Than	Up To	Greater Than	Up To	
1	15,060	15,060	22,590	22,590	30,120	30,120	33,890	33,890	37,650	
2	20,440	20,440	30,660	30,660	40,880	40,880	45,990	45,990	51,100	
3	25,820	25,820	38,730	38,730	51,640	51,640	58,100	58,100	64,550	
4	31,200	31,200	46,800	46,800	62,400	62,400	70,200	70,200	78,000	
5	36,580	36,580	54,870	54,870	73,160	73,160	82,310	82,310	91,450	
6	41,960	41,960	62,940	62,940	79,720	79,720	94,410	94,410	104,900	
7	47,340	47,340	63,910	63,910	87,580	87,580	99,410	99,410	111,250	
8	52,720	52,720	65,900	65,900	92,260	92,260	105,440	105,440	118,620	
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.		