

POLICY TITLE: Financial Assistance Program	
CATEGORY: Revenue Cycle	ORIGINATION DATE: 9/1/2022
SUB-CATEGORY: Billing	PUBLICATION DATE: 5/2026
REVIEW/REVISION DATES PRIOR:	
COMMENTS:	
LAST REVIEW DATE: 5/2026	NEXT REVIEW DATE: 5/2027
APPROVAL BODY(IES): Revenue Cycle Director	APPROVAL DATE: 5/2026

SCOPE

This Policy applies to all SLV Health (SLV Health) licensed hospitals and providers listed in Addendum A.

STATEMENT OF POLICY/PURPOSE

SLV Health is dedicated to ensuring that emergency and other medically necessary care is accessible to all patients, regardless of ability to pay, ability to qualify for financial assistance, or the availability of third-party coverage. Accordingly, in compliance with applicable State and federal law, SLV Health Hospitals have adopted this Financial Assistance Program Policy (FAP). This FAP will be widely publicized and includes the eligibility criteria for financial assistance, the basis for calculating amounts charged to patients, the method for applying for financial assistance, the actions that may be taken in the event of nonpayment, and a list of the individual providers delivering care in the hospitals that specifies which are covered by this FAP and which are not.

Exception: Financial assistance under this policy is not available for services that are not medically necessary as determined by the patient’s treating provider.

DEFINITIONS

Adjusted Federal Poverty Level – Total household size, current income and liquid assets.

Amounts Generally Billed (AGB) - The amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care after discounts have been applied per the individual’s insurance contract. SLV Health calculates the AGB pursuant to the look-back method, as described by §1.501(r)-5. The look-back method is based on actual past claims paid to the hospital facility by Medicare Fee-for-Service along with all private health insurers paying claims to the hospital facility. The amounts billed for emergency and other medically necessary medical services will not be more than the AGB to individuals with insurance covering such care. The AGB percentage will be reviewed and updated annually by the 120th day

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after the 12-month period the hospital facility used in calculating the AGB percentage, which is November 1 for SLV Health.

Discount - A reduction from the full or gross charges for services rendered.

Extraordinary Collection Actions (ECA) – ECA’s are actions taken by a hospital facility against an individual related to obtaining payment of a bill for care and services provided that may require a legal or judicial process, involve selling an individual’s debt to another party or involve reporting adverse information about an individual to consumer reporting agencies or credit bureaus.

Federal Poverty Level (FPL) – Total household size and current income.

Gross Charges – The total charges for care and services provided, as listed on the hospital’s charge master, before any applicable discounts are applied.

Medically Necessary – Any service or procedure reasonably determined by the patient’s treating provider to prevent, diagnose, correct, cure, alleviate, or avert the worsening of conditions that endanger life. The physical, mental, cognitive, or developmental effects cause suffering or pain, result in illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, if there is no other equally effective, more conservative or less costly course of treatment available. It may also include a course of treatment that includes mere observation or no treatment at all.

PROCEDURE:

- A. **The Amounts Generally Billed (AGB) percentage discount for the current year July 1, 2025 – June 30, 2026 is 60.0%.**
- B. As described by SLV Health’s Emergency Medical Treatment & Active Labor Act (EMTALA) policy, a hospital will not delay the provision of a medical screening exam (MSE), stabilizing treatment, or appropriate transfer, or otherwise engage in any activities that would discourage an individual from seeking emergency medical care to inquire about the individual’s method of payment or insurance status. The hospital will not seek, request, direct an individual to seek, or allow a health plan coordinator to request prior authorization for services before the individual has received a MSE and initiation of stabilizing treatment as required by EMTALA.
- C. Financial Assistance Program Policies are transparent and available to the individuals served at any point in the care continuum. Each SLV Health hospital and physician practice will:
 - 1. Prominently and conspicuously post complete and current versions of the following on our website:
 - a) Financial Assistance Policy (FAP)
 - b) Financial Assistance Application Form (FAA Form)
 - c) Plain Language Summary of the FAP (PLS)

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d) Contact information for SLV Health facility Financial Counselors.

2. Make paper copies of the FAP, FAA Form, and the PLS available upon request and without

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charge, both in public locations in the hospital facility and practices (including without limitation, emergency rooms and admission and registration areas) and by mail.

3. Notify and inform members of the community served by the facility or practice about the FAP in a manner reasonably calculated to reach those members who are most likely to require financial assistance; and
 4. Notify and inform individuals who receive care from the hospital facility or practice about the FAP by: (1) offering a paper copy of the PLS to patients as part of the intake or discharge process; (2) including a conspicuous written notice on billing statements that notifies recipients about the availability of financial assistance under FAP and includes the telephone number of the hospital facility office or department that can provide information about the FAP and FAP application process and the direct web site address where copies of the FAP, FAP application form, and PLS of the FAP may be obtained; and (3) setting up conspicuous public displays that notify and inform patients about the FAP in public locations in the hospital facility and practice, including, at a minimum, the emergency room and admissions areas.
- D. Make available, through Financial Counselors and Care Coordinators, to all individuals admitted to a SLV Health facility or practice. Interpreters or other communication aids will be used, as indicated, to allow for meaningful communication with individuals, including those who have limited English proficiency, are deaf, or are hard of hearing.
1. Accessibility to limited English proficient individuals: SLV Health will translate its FAP, FAA Form, and PLS into each language that constitutes the lesser of 1,000 individuals or 5 percent of the community served by a SLV Health hospital or the population likely to be affected or encountered by the SLV Health hospital.
 - a) The basis for calculating each language: All patient visits where a preferred language was captured at the point of registration, and it exceeded 1,000 individuals or 5% of the patient population. The preferred language will be reviewed and updated by the 120th day after the 12th month period, which is November 1 for SLV Health.
 2. The FAP, FAA and PLS are available in English and Spanish.
- E. SLV Health and the individual patients served each hold accountability for the general processes related to the provision of financial assistance.
1. SLV Health Responsibilities:
 - a) SLV Health workforce members in Revenue Cycle and the hospital Patient Access areas understand the SLV Health FAP and can direct questions regarding the policy to the proper hospital representatives.

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- b) SLV Health will provide a refund to a patient if payments have been made more than the approved financial assistance rate and established copayment.
- c) SLV Health provides patients with options for payment arrangements.
- d) SLV Health upholds and honors individuals right to ask questions and seek reconsideration.
- e) SLV Health will annually review and incorporate federal poverty guidelines for updates published by the United States Department of Health and Human Services.
- f) SLV Health will make financial assistance eligibility determinations and the process of applying for financial assistance equitable, consistent, and timely. SLV Health will allow 15 days for processing of the application and 15 days to contact the patient with the determination in writing.

2. Individual Patient Responsibilities

- a) To be considered for a discount under the FAP, the individual must cooperate with SLV Health to provide the information and documentation necessary to determine eligibility and to apply for any financial assistance that may be available to pay for healthcare such as Medicare, Medicaid, third-party liability, etc. This includes completing the required application forms and cooperating fully with the information gathering and assessment process.
- b) An individual who qualifies for HDC must cooperate with the hospital to establish a payment plan as determined by the State of Colorado on their Hospital Discounted Care application and must make good faith efforts to honor the payment plans for their discounted hospital bills. The individual is responsible to promptly notify SLV Health of any change in financial situation so that the impact of this change may be evaluated against the FAP, their discounted hospital bills, or provisions of payment plans.

F. Eligibility Criteria and Basis for Calculating Federal Poverty Level (FPL)

- 1. A patient's Adjusted FPL will be calculated using the uniform application provided by the State of Colorado.
- 2. Patient must be ineligible for Medicaid, Child Health Plan+, Colorado Indigent Care Program (where applicable), or other financial assistance programs.
- 3. Medicaid patients who receive non-covered medically necessary services will be considered for financial assistance. Financial assistance may be approved in instances prior to the Medicaid effective date.
- 4. Insurance programs leaving a patient balance may be eligible for SLV Health financial assistance if the patient meets financial screening requirements. Financial assistance determinations will be based upon the patient's liability, not original charges.
- 5. Non-medically necessary services and procedures will not qualify for SLV Health's FAP.
- 6. Residents of countries outside the United States of America are not eligible for financial assistance without prior approval from the facility Chief Financial Officer.
- 7. Residents of any state other than Colorado are not eligible for financial assistance without prior approval from the facility Chief Financial Officer.
- 8. A third-party scoring tool will be used to justify FPL calculation.
- 9. When determining an individual's income, the following information is required:

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- a. Household size and income include all members of the immediate family and other dependents in the household as follows:
 - i. An adult and, if married, a spouse or civil union partner.
 - ii. Any natural or adopted minor children of the adult or spouse.
 - iii. Any minor for whom the adult or spouse has been given legal responsibility by a court.
 - iv. Any student over 18 years old, dependent on the family for over 50% support (current tax return of the responsible adult is required).
 - v. Any other person dependent on the family's income for over 50% support (current tax return of the responsible adult is required).
- 10. Proof of Physical address (at least 2 of the following: current month's utility, water, trash, or rent/mortgage)
- 11. Income documentation for the last 90 days
 - a) Income Tax Return
 - b) IRS form W-2
 - c) Paycheck stub
 - d) Complete bank statements (savings and checking)
 - e) Signed attestation to income
 - f) If no income documentation is available, a notarized letter, identifying how you are financially surviving is required
- G. Possible eligibility for Non-Responsive Patients: SLV Health recognizes that certain patients may be unwilling or unable to cooperate with SLV Health's application process. Under these circumstances, SLV Health may, but is not required to, utilize other sources of information to make an individual assessment of financial need. This information will enable SLV Health to make an informed decision on the financial need of non-responsive patients utilizing the best estimates available in the absence of information provided directly by the patient.
 - 1. SLV Health may utilize a third-party to conduct an electronic review of patient information to assess financial need. This review utilizes a healthcare industry-recognized model that is based on public record databases. This predictive model incorporates public record data to calculate a socio-economic and financial capacity score that includes estimates for income, assets, and liquidity. The electronic technology is designed to assess each patient to the same standards and is calibrated against historical approvals for SLV Health financial assistance under the traditional application process.
- H. Extraordinary Collection Activities ECAs will not be initiated earlier than 181 days after the first billing statement is sent to the individual. The notice of ECAs must be provided to the individual at least 30 days before the deadline specified in the notice.

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1. The final notice will include:
 - a) Amount due and owing
 - b) The name, address, and telephone number of the health care provider
 - c) Where payment may be made
 - d) The date of service
 - e) Plain language summary regarding availability of financial assistance, where to receive help for applying for assistance, where to obtain the FAA and FAP

I. Incomplete FAA Form Submitted

1. If an individual submits an incomplete FAA Form, SLV Health may take the following actions:
 - a) Suspend any reporting to consumer credit reporting agencies/credit bureaus.
 - b) Provide the individual with a written notice that describes the additional information and/or documentation required under the FAP or FAA Form that the individual must submit to complete his or her FAA Form and include the hospital's PLS with the notice.
 - c) Provide the individual with at least one written notice that informs the individual that the hospital may engage in adverse reporting to consumer credit reporting agencies/credit bureaus if the individual does not complete the FAA Form or pay the amount due by a specified deadline. The deadline must not be earlier than the last day of the application period or 30 days after the written notice is provided to the individual. Individuals will be given 60 days to resubmit a completed form before extraordinary collection activities (ECA's) will occur. If ECA's have already started, SLV Health will stop ECA's during the 60-day period.

I. Method for Obtaining Assistance with or Applying for Financial Assistance

1. SLV Health will use the FAA Form date to assess eligibility based on the patient's most recent financial status.
2. Patients interested in obtaining assistance with or applying for financial assistance may:
 - a) Contact the hospital financial counselor
 - b) Visit the SLV Health website at [Hospital Discounted Care | San Luis Valley Health](#) to obtain a copy of the FAA.
 - c) Log into the SLV Health Patient Portal at [Patient Portal | San Luis Valley Health](#)

J. Individual Payment Plans

1. Payment plans will be individually developed with the individual patient. All collection activities will be conducted in conformance with the federal and state laws governing debt collection practices. No interest will accrue to account balances while payments are being made.
2. All payment plans will follow the SLV Health payment plan guidelines except where Hospital Discounted Care has been approved. For those applicants, their payment plan will follow the HDC card provided by the State of Colorado's application.

ACCOUNT BALANCE	PLAN DURATION
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< \$500	No more than 10 months
\$500 - \$750	No more than 12 months
\$751-\$1999	No more than 18 months
\$2000-\$4999	No more than 24 months
>\$5000	No more than 36 months

3. All payment plans should be at least \$50 per month. If the patient requests payments of less than \$50 or a longer payment plan than outlined above, the proposed payment plan must be approved by one of the following:
 - a) Facility Patient Access Director
 - b) Facility CFO or Controller
4. If an individual complies with the terms of his or her individually developed payment plan, no collection action will be taken.

K. Record-Keeping

1. SLV Health maintains (and requires billing contractors to maintain, where applicable) documentation that supports the offer, application for, and provision of financial assistance, including income verification and available assets, for a minimum period of seven years.
2. The cost of financial assistance will be reported annually in the Community Benefit Report. Financial Assistance (Charity Care) will be reported as the cost of care provided (not charges) using the most recently available operating costs and the associated cost to charge ratio.

L. Approval Levels for Financial Assistance

1. The SLV Health Revenue Cycle department provides organizational oversight for the provision of financial assistance and the FAP.
2. Any required approval request will be e-mailed to the appropriate person based on the internal approval levels. The e-mail response will be scanned into the patient's electronic record. The adjustment will occur after the appropriate approval has been obtained.
3. Note: if patient meets criteria and qualifies, there is no need for approvals
4. Approved applicants will be informed of the approved amount and their patient responsibility, along with instructions to contact SLV Health to arrange for payment of any outstanding amount. On denied applications a letter explaining the reason for the denial and a contact number will be sent.

- M. Each facility retains the right to require a patient to re-apply if new income level information becomes available and could change the charity status. Patients may also request to reapply if their income level reduces significantly, or their family status changes. Previous patient payments will be applied to the patient's responsibility.

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All SLV Health facilities delegate the approval of this policy to SLV Health. SLV Health delegates the responsibility to develop, publish and maintain the policies, instructions and procedures necessary for the implementation and continuance of this policy to the SLV Health Finance Committee. This policy shall supersede all other applicable policies.

Resources

- Centers for Medicare & Medicaid Services at <https://www.cms.gov/medicare/coverage/determination-process/local>
- Internal Revenue Service at www.irs.gov

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