

**RIO GRANDE HOSPITAL AND CLINICS**  
**FINANCIAL ASSISTANCE POLICY**  
**PLAIN LANGUAGE SUMMARY**

Rio Grande Hospital and Clinics (RGH) are dedicated to providing medically necessary healthcare services. These services are available to all, regardless of age, gender, geographic location, cultural background, physical mobility, or ability to pay. We are committed to offering financial assistance to people who have healthcare needs and are unable to pay for care. We acknowledge that in some cases the patient will not be financially able to pay for the services received. Rio Grande Hospital and Clinics (RGH) strive to make sure that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving care.

You may be able to obtain financial assistance if you are uninsured, underinsured and are unable to pay for your care, based upon a determination of financial need. 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 immigrant status, or sexual orientation. RGH shall determine whether or not patients are eligible to receive financial assistance for deductibles, co-insurance, or other payment responsibilities.

The amount the patient is asked to pay and the amount of financial assistance offered depends on the patient's income. The Federal Income Poverty Guidelines will be used in determining the amount charged to patients. Amounts charged for services to eligible patients will not be more than the amount generally billed to individuals with insurance covering such care.

Patients will be considered for financial assistance based upon a sliding fee scale, in accordance with financial need, as determined by Federal Poverty Levels (FPL). The basis for calculating the amount of financial assistance RGH will offer to qualifying patients is as follows:

1. Patients whose family income is at or below 100% of the FPL are eligible to receive free care.
2. Patients whose family income is over 100% and below 125% of the FPL would be eligible for up to an 80% discount.
3. Patients whose family income is over 125% and below 150% of the FPL would be eligible for up to a 60% discount.
4. Patients whose family income is over 150% and below 200% of the FPL would be eligible for up to a 40% discount.
5. Patients whose family income exceeds 200% of the FPL will generally not be deemed eligible for financial assistance; but, may be considered for financial assistance on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of RGH.

**For more information regarding financial assistance,**  
**please contact Rio Grande Hospital at 719-657-2510.**

**RIO GRANDE HOSPITAL AND CLINICS**  
**FINANCIAL ASSISTANCE POLICY**

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FOR MORE INFORMATION ON FINANCIAL ASSISTANCE,  
PLEASE CONTACT RIO GRANDE HOSPITAL  
AT 719-657-2510

## 1. Overview

Rio Grande Hospital and Clinics (RGH) are dedicated to providing medically necessary healthcare services. These services are available to all, regardless of age, gender, geographic location, cultural background, physical mobility, or ability to pay. We are committed to offering financial assistance to people who have healthcare needs and are unable to pay for care. We acknowledge that in some cases the patients will not be financially able to pay for the services received. You may be able to obtain financial assistance if you are uninsured, underinsured. Rio Grande Hospital and Clinics (RGH) strive to make sure that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving care. This is a summary of the Rio Grande Hospital and Clinics (RGH) Financial Assistance Policy (FAP).

## 2. Financial Assistance

Financial Assistance is defined as healthcare services provided at no charge or at a reduced charge to patients who do not have nor cannot obtain adequate financial resources or other means to pay for their care. This is in contrast to bad debt, which is defined as a patient and/or guarantor who, having the financial resources to pay for healthcare services, has demonstrated by their actions an unwillingness to resolve a bill. The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account race, color, sex, age, national origin, disability, religion, gender identity, sexual orientation, or inability to pay.

## 3. Purpose

To establish policies and procedures necessary to insure that patients of RGH, who for economic and financial reasons cannot meet the requirements of the collection policy, are provided with RGH Financial Assistance Policy.

For the purpose of this policy, terms below are defined as follows:

**Financial Assistance:** Healthcare services that have been or will be provided but are never expected to result in cash inflows. Financial Assistance results from the organization's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

**Family:** Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to the Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

**Family Income:** Family income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- Includes earnings, 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 outside the household, and miscellaneous sources;

- Noncash benefits (such as food stamps and housing subsidies) do not count;
- Determined on a before-tax basis;
- Excludes capital gain or losses, and;
- If a person lives with a family, includes the income of all family members (Non-relatives, such as housemates, do not count).

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 out-of-pocket expenses that exceed his/her financial abilities.

Medically necessary: As defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury).

#### **4. Measures to Publicize the Financial Assistance Policy**

Notification about financial assistance available from RGH shall include patients being offered a copy of the plain language summary during the admission process, or upon discharge. Notice may also be disseminated by RGH through publication of notices in patient bills and by posting notices in emergency rooms, admitting and registration departments, and hospital business offices. RGH shall publish and widely publicize a summary of this Financial Assistance Policy on the facility website and may also develop brochures and make them available in patient access areas. Such notices and summary information shall be provided in the primary language spoken and any other language spoken by 5% of the community population serviced by RGH.

All notices and correspondence related to financial assistance shall include a contact number and the location of the office or department that can provide additional information.

#### **5. Procedure**

For purposes of this policy, “charity” or “financial assistance” refers to healthcare services provided by RGH without charge, or at a discount, to qualifying patients. The following healthcare services are eligible for financial assistance:

1. Emergency medical services provided in an emergency room setting;
2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting, and;
4. Medically necessary services, evaluated on a case-by-case basis at RGH’s discretion.

Eligibility for financial assistance will be considered for those individuals who are uninsured, underinsured, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account race, color, sex, age, national origin, disability, religion, gender identity, sexual orientation, or ability to pay. RGH shall determine whether or not patients are eligible to receive financial assistance for deductibles, co-insurance, or other payment responsibilities.

## **6. Exclusions**

Financial assistance cannot be offered for physician fees or other charges incurred from non-employee providers at Rio Grande Hospital and Clinics. Non-employee service providers include, but are not limited to: (1) Rocky Mountain Radiology; (2) Aurora Denver Cardiology; (3) Urology Associates; (4) North Colorado Springs Foot Clinic; (5) San Luis Valley Health; (5) Dr. Matthew K. Chang.

## **7. Basis for Calculating the Amounts Generally Billed**

The amount the patient is expected to pay and the amount of financial assistance offered depends on the patient's income and family size. The Federal Income Poverty Guidelines will be used in determining the amount of the write-off and the amount charged to the patient. Amounts charged for emergency and medically necessary medical services to FAP-eligible patients will not be more than the amount generally billed to individuals with insurance covering such care.

As the basis used for calculating amounts charged to patients, RGH has chosen to use the look-back method; based on actual past claims paid to RGH by either Medicare fee-for-services only or Medicare fee-for-service together with all private health insurers. RGH will provide an itemized statement to the patient showing the charges and the discount amount applied to the patients account. The discount will be applied once the patient has submitted a completed application for financial assistance.

## **8. Method of Applying for Financial Assistance**

It is preferred, but not required, that a request for financial assistance and a determination of financial need occur prior to rendering of non-emergent, medically necessary services. However, the determination may be done at any point in the collection cycle. The need for financial assistance shall be re-evaluated every 12 months or if your financial situation changes.

Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may:

- Include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need;
- Include the use of external publically available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring);

- Include reasonable efforts by RGH to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs;
- Include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.

The patient must submit a completed Financial Assistance Application, along with documentation of their financial status.

- As a minimum requirement, the patient must furnish at least one of the following: (1) copy of last year's tax return; (2) IRS Form W-2; (3) Paycheck stubs from the past six months; (4) bank statements from the last three months; (5) signed letter from employer on company letterhead verifying gross monthly income for past six months; (6) Social Security award letter; (7) proof of direct deposit.
- Accounts eligible for Financial Assistance are to be addressed within 240 days of first bill.
- Accounts may be considered for financial assistance up to six months prior to the determination date and up to one year after the determination date.

RGH's values of human dignity and stewardship shall be reflected in the application process, financial need determination, and granting of financial assistance. Requests for financial assistance shall be processed promptly and RGH shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

There are instances when a patient may appear eligible for financial assistance discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient through other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for charity care, RGH may use outside agencies in determining estimated income amounts for the basis of determining financial assistance eligibility and potential discount amounts. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

1. State-funded prescription programs;
2. Homeless or received care from a homeless clinic;
3. Participation in Women, Infants and Children programs (WIC);
4. Food stamp eligibility;
5. Subsidized school lunch program eligibility;
6. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
7. Low income/subsidized housing is provided as a valid address, and;
8. Patient is deceased with no known estate.

Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in

effect at the time of the determination. The basis for calculating the amount of financial assistance RGH will offer to qualifying patients is as follows:

1. Patients whose family income is at or below 100% of the FPL are eligible to receive free care.
2. Patients whose family income is over 100% and below 125% of the FPL would be eligible for up to an 80% discount.
3. Patients whose family income is over 125% and below 150% of the FPL would be eligible for up to a 60% discount.
4. Patients whose family income is over 150% and below 200% of the FPL would be eligible for up to a 40% discount.
5. Patients whose family income exceeds 200% of the FPL will generally not be deemed eligible for financial assistance; but, may be considered for financial assistance on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of RGH.

Discounted rates shall not be greater than the amounts generally billed to commercially insured patients. Once the patient has been deemed eligible, RGH will apply the FAP discount to the patients account.

Financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with RGH's procedures for obtaining financial assistance or other forms of payment and to contribute to the cost of their care based upon their individual ability to pay.

## **9. Collection Policies**

RGH's management shall develop policies and procedures for internal and external collection practices, including actions RGH may take in the event of non-payment, including collection actions and reporting to credit agencies. These policies will take into account the extent to which the patient qualifies for financial assistance, a patient's good faith effort to apply for a governmental program or for financial assistance, and a patient's good faith effort to comply with his or her payment agreements with RGH.

All self-pay accounts are outsourced, to facilitate payment for services on the account, for 120 days through the use of statements, letters and telephone contacts. If the account is not paid or satisfactory payment arrangements made and followed, self-pay accounts will be returned to the hospital and may be sent to outside collection agencies.

For patients who qualify for financial assistance and who are cooperating in good faith to resolve their discounted hospital bills, RGH will not send unpaid bills to outside collection agencies, may offer extended payment plans, and will cease all collection efforts. RGH will not engage in or impose extraordinary collection actions such as wage garnishments, liens on primary residences, or other legal actions for any patient without first making reasonable efforts to determine whether that patient is eligible for financial assistance under this financial assistance policy. Reasonable efforts shall include:

1. Validating that the patient owes the unpaid bills and that all sources of third-party payment have been identified and billed by the hospital.
2. Documentation that RGH has, or has attempted to offer the patient the opportunity to apply for financial assistance 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.

If a patient is identified by a collection agency as meeting financial assistance eligibility criteria, the patient's account may be considered for financial assistance. Collection activity will be suspended on accounts while the financial assistance application is being reviewed. If the entire account balance is adjusted, the account will be returned. If a partial adjustment occurs, or the patient fails to cooperate with the financial assistance process, or if the patient is not eligible for financial assistance, collection activity will resume.

#### **10. Contact Information**

For more information regarding financial assistance, please contact Rio Grande Hospital at 719-657-2510.

In implementing this Policy, RGH shall comply with all other federal, state, and local laws, rules and regulations that may apply to activities conducted pursuant to this Policy.

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## **RIO GRANDE HOSPITAL AND CLINCS FINANCIAL ASSISTANCE APPLICATION**

Rio Grande Hospital and Clinics (RGH) are dedicated to providing medically necessary healthcare services. These services are available to all, regardless of age, gender, geographic location, cultural background, physical mobility, or ability to pay. We are committed to offering financial assistance to people who have healthcare needs and are unable to pay for care. We acknowledge that in some cases the patient will not be financially able to pay for the services received. You may be able to obtain financial assistance if you are uninsured, underinsured, and ineligible for any government healthcare program such as Medicare or Medicaid. Rio Grande Hospital and Clinics (RGH) strive to make sure that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving care. This is a summary of the Rio Grande Hospital and Clinics (RGH) Financial Assistance Policy (FAP).

This financial assistance application has been designed to assist Rio Grande Hospital and Clinics (RGH) in determining your eligibility for financial assistance for healthcare services provided to you and your family.

You may be eligible for financial assistance if you:

- Have limited or no health insurance;
- Demonstrate financial need and eligibility

Please fill out the application completely. If an item does not apply to you, please write in “N/A” on the corresponding line.

Please attach all required supporting documentation to the application.

- As a minimum requirement, the patient must furnish at least one of the following: (1) copy of last year’s tax return; (2) IRS Form W-2; (3) Paycheck stubs from the past six months; (4) bank statements from the last three months; (5) signed letter from employer on company letterhead verifying gross monthly income for past six months; (6) Social Security award letter; (7) proof of direct deposit.

Please return your completed application and all supporting documentation to Rio Grande Hospital, 310 County Road 14, Del Norte, Colorado 81132. You may return via mail or delivery. For additional information or questions regarding this application or any other financial assistance matter, **please contact Rio Grande Hospital at 719-657-2510**.

RGH will review your application and all documentation provided. Upon making a determination, RGH will notify you promptly if you are eligible. We can also assist in arranging a payment plan for any residual charges which may not be covered by financial assistance.

All information given is confidential and will be treated as such. We look forward to assisting you.

## **RIO GRANDE HOSPITAL AND CLINCS FINANCIAL ASSISTANCE APPLICATION**

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PATIENT NAME: \_\_\_\_\_ Medical Record Number \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS (if different): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PATIENT SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

SPOUSE'S SSN: \_\_\_\_\_ SPOUSE'S DOB: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ OVER 65: \_\_\_\_\_ BLIND: \_\_\_\_\_ DISABLED: \_\_\_\_\_

PHONE (HOME): \_\_\_\_\_ (CELL): \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

SPOUSE'S EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

HEALTH INSURANCE: \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_

(Please provide a copy of your insurance card)

MONTHLY HOUSEHOLD INCOME: \$ \_\_\_\_\_

(This amount should represent the total monthly income of all members of the household.)  
(For supporting documentation, please refer to Paragraph 8 of the Financial Assistance Policy.)

NUMBER IN HOUSEHOLD: Adults: \_\_\_\_\_ Children: \_\_\_\_\_

NOTES: \_\_\_\_\_

I understand that the information I provide will be used only to determine my eligibility for financial assistance from RGH and will be kept confidential. I understand that the information which I submit may be verified by RGH. I understand that if the information I have provided is determined to be false, my application for financial assistance may be denied. My signature below authorizes RGH to verify any information which I have provided. I certify that the above information is true and accurate to the best of my knowledge:

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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