



# Memorial Hospital

UNIVERSITY OF COLORADO HEALTH

**Revised:** June 1, 2014

**Title:** Financial Assistance Policy (FAP) for Memorial Hospital

## FINANCIAL ASSISTANCE POLICY (FAP)

Memorial Hospital is committed to caring for our patients, regardless of their financial circumstances. We work hard to help address our patients' financial responsibilities in a way that is sensitive and fair to their circumstances. The FAP policy applies to all patients and guarantors who receive services provided by Memorial Hospital.

## KEY TERM(S)

**Patient:** An individual who receives medical care.

**Guarantor:** An individual who is ultimately financially responsible for healthcare services and who is typically 18 years of age and older. Pregnant/expecting mothers under the age of 18 are also individuals who are ultimately responsible for paying their healthcare bills. A patient may be his/her own guarantor.

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

**Underinsured:** 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.

**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.

**Family Income:** 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 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 Memorial Hospital Financial Assistance Program (FAP) helps guarantors who cannot pay for medically necessary healthcare services provided by Memorial Hospital providers and meets the eligibility criteria listed below (see "ELIGIBILITY GUIDELINE(S)").

**Billing Statement:** Memorial Hospital sends four statements within a 120 day period for balances owed by the guarantor. The statement includes charges, payments, and discounts (adjustments). Memorial Hospital applies pricing to relevant charges regardless of insurance or ability to pay.

## POLICY PUBLICATION

Existing or prospective patients and guarantors may access Memorial Hospital's FAP through our online website:

<https://www.uchealth.org/southerncolorado/Pages/Patients-and-Visitors/Patient-Information/Billing.aspx>

- ❖ Click on "Financial Assistance" to download a copy of the FAP. A Spanish version is also available

## ELIGIBILITY GUIDELINE(S)

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.

Memorial Hospital provides discounts to patients who are uninsured. Underinsured guarantors may access discounts negotiated by Memorial Hospital and the insurance plan.

Both uninsured and underinsured patients may apply for FAP and upon approval, access additional discounted care. Eligibility restrictions apply; see below for further details.

### Discounts:

**Uninsured guarantors** receive an automatic 40% discount on total billed charges. On a billing statement, guarantors will see the gross (full) charges, less discount to view the remaining balanced owed.

**Underinsured guarantors** receive a negotiated insurance discount rate. Discounts are negotiated by the hospital and insurance plan. For further information, consult with the insurance plan or information is also available in the explanation of benefits (EOB) after insurance claim adjudication.

**Eligibility:** Individuals may qualify for financial assistance if they meet the below criteria:

- Uninsured or under-insured AND
- Annual family income is not more than four hundred percent (400%) of the current federal poverty guidelines AND
- Patients who qualify for government health care benefit programs such as Medicare, Medicaid, and the Colorado Indigent Care Program (CICP) must comply with federal, state and local program requirements. **Financial assistance is not a substitute for insurance.**

**Ineligibility:** Individuals *do not* qualify for financial assistance if they:

- Receive transplant, self-pay package, single case agreement, grants & research, or third party liability services
- Are non-compliant in furnishing documentation/information requested by their insurance company or Memorial Hospital.

<b>DOCUMENTATION REQUIREMENT(S)</b>
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In order to expedite a smooth processing of the FAP application, please be sure to send all applicable documents. Please submit original or notarized copies. Failure to submit a complete application with all required attachments may result in delays or in a denied application.

**Documentation requirements for Income Verification:**

- Last 3 Month's Pay Check Stubs
- The previous year's tax return
- Current W-2 Form
- Unemployment Benefit Letter
- Social Security Letter
- In cases where the patient or guarantor is undocumented and they are unable to provide any of the above, they must provide their last 3 months of pay stubs
- Educational Assistance (Grant Letter)
- Spousal Maintenance

**Family expenses:** 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.

**Family income:** Provide income documentation for *each family member* listed on the application.

<b>APPLICATION GUIDELINE(S)</b>
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**Where to Apply:**

- Guarantors may acquire a FAP application through any of the following methods:
  - **WEB:** Guarantors may retrieve the application directly online.  
<https://www.uchealth.org/southerncolorado/Pages/Patients-and-Visitors/Patient-Information/Billing.aspx>
  - **CALL US** at our Toll free number: (877) 711-7420. Customer service is available Monday through Friday 8:00am to 5:00 pm (MST) to answer questions and send applications.
  - **ASK US** by visiting our Financial Counseling office. Additional information listed below:  
**Location:** 1400 E. Boulder, Colorado Springs , CO 80909  
**Phone:** 719-365-5681, open Monday – Friday 8:00am – 4:00pm

### FAP Application guideline and process:

- ❖ Guarantor must submit a complete financial assistance application along with all income documentation attachments (see above Family Income and Documentation requirements).
- ❖ UCHHealth will process applications within 21 days of receipt and a determination letter will be sent to the guarantor.
- ❖ **Automatic denials:** Income information not received within 30 days from the application date will result in an automatic denial which will be mailed to the guarantor. Guarantors have up to 240 days from the first billing statement to request a reconsideration of an incomplete and denied application upon promptly furnishing all required information.
- ❖ **Application renewals:** Financial Assistance is re-evaluated every 90 days from the last signed and dated Financial Assistance Application. Exceptions to the 90 day rule are:
  - Patients receiving acute care over a significant period of time
  - Patients receiving prenatal care

<b>PAYING YOUR BILL</b>
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Memorial Hospital sends four billing statements, including a final notice to guarantors owing a balance. Prompt payment is due within 30 days of the statement date.

We offer flexible payment plans, in addition to any approved FAP discounts. Please call our customer service number listed below for further details.

Failure to pay your bills may result in a referral to an outside collection agency. In the event Memorial Hospital has an invalid/bad address on file, accounts may be referred to collections within the 120 day billing cycle. Once referred, we may take actions such as reporting payment delinquencies to a credit bureau.

**Customer Service:** (877) 711-7420. Hours of operation: Monday – Friday 8:00am to 5:00pm (MST)