

FINANCIAL ASSISTANCE POLICY

OBJECTIVE:

Consistent with its mission to provide high quality health and wellness services for the community, Uintah Basin Healthcare is committed to providing financial assistance to uninsured or underinsured individuals who are in need of emergency or medically necessary treatment and have a household income up to 250% of the Federal Poverty Guidelines (FPG).

In addition to quality healthcare, patients may seek financial counseling by someone who can understand and offer possible solutions for those who cannot pay in full. The financial counselor's role is that of patient advocate, that is, one who works with the patient and/or guarantor to find reasonable payment alternatives.

In accordance with the Affordable Care Act (ACA), any patient eligible for financial assistance under Uintah Basin Healthcare's financial assistance policy will not be charged more for emergency or medically necessary care than the amount generally billed (AGB) to insured patients.

POLICY:

Financial assistance is provided only when care is deemed medically necessary and after patients have found to meet all financial criteria. Uintah Basin Healthcare offers both free care and discounted care, depending on individual's family size and income.

Patients seeking assistance may first be asked to apply for other external programs (such as Medicaid or insurance through the public marketplace) as appropriate before eligibility under this policy is determined. Additionally, any uninsured patients who are believed to have the financial ability to purchase health insurance may be encouraged to do so to help ensure healthcare accessibility and overall well-being.

Uninsured or underinsured patients who do not qualify for free care will receive a sliding scale discount off the gross charges for their medically necessary services based on their family income as a percent of the Federal Poverty Guidelines. These patients are expected to pay their remaining balance for care, and may work with financial counselors to set up a payment plan based on their financial situation.

All patients seeking medically necessary healthcare services at Uintah Basin Healthcare are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay.

DEFINITIONS:

The following terms are meant to be interpreted as follows within this policy:

1. Charity Care: Medically necessary services rendered without the expectation of full payment to patients meeting the criteria established by this policy.

2. **Medically Necessary:** Any medical service that, a) is reasonably calculated to prevent, diagnose, or cure conditions in the recipient that endanger life, cause suffering or pain, cause physical deformity or malfunction, or threaten to cause a handicap, and b) there is no equally effective course of treatment available or suitable for the recipient requesting the service that is more conservative or substantially less costing.
3. **Emergency Care:** Immediate care that is necessary to prevent putting the patient's health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts.
4. **Urgent Care:** Medically necessary care to treat medical conditions that are not immediately life-threatening, but could result in the onset of illness or injury, disability, death, or serious impairment or dysfunction if not treated within 12-24 hours.
5. **Uninsured:** Patient with no insurance or third-party assistance to help resolve the financial liability to healthcare providers.
6. **Underinsured:** Insured patients whose out-of-pocket medical costs exceed 10% of their annual family income.
7. **Amount Generally Billed (AGB):** The amount generally billed to insured patients for emergent or medically necessary care (determined as described in section (B) of the policy below).
8. **Gross Charges:** The full amount charged by Uintah Basin Healthcare for items and services before any discounts, contractual allowances, or deductions are applied.
9. **Presumptive Eligibility:** The process by which the Uintah Basin Healthcare may use previous eligibility determinations and/or information from sources other than the individual to determine eligibility for financial assistance.
10. **Family:** A group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of the family.
11. **Income:** Includes earnings, unemployment compensation, workers' compensation, Social 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. *Noncash benefits (such as food stamps and housing subsidies) do not count.*

PROCEDURE:

A. Notification

Uintah Basin Healthcare places notification of financial assistance in our patient waiting areas. An explanation of our Financial Assistance Policy and our application forms are also available on Uintah Basin Healthcare's website.

B. Eligibility

Uintah Basin Healthcare will not charge patients who are eligible for financial assistance more for emergency or medically necessary care than the amounts generally billed to insured patients.

Services eligible for financial assistance include: emergency or urgent care, services deemed medically necessary by Uintah Basin Healthcare, and in general, care that is non-elective and needed in order to prevent death or adverse effects to the patient's health.

Patients who are uninsured or underinsured and have a family income at or below 150% of the Federal Poverty Guidelines (FPG) may receive free care (a 100% discount). Individuals with annual household incomes between 151% and 250% FPG will be eligible for up to an 80% discount off of gross charges.

Uninsured patients who do not meet these income requirements will receive a discount of 25% on gross charges for medically necessary and emergency care that they receive.

Determinations for financial assistance eligibility will require patients to submit a completed financial assistance application including all documentation required by the application and may require appointments or discussion with hospital financial counselors.

When determining patients' eligibility, Uintah Basin Healthcare does not take into account race, gender, age, sexual orientation, religious affiliation, or social or immigrant status.

C. Income Verification

Applicants must provide copies of their current federal tax return with all schedules, including W-2s and family income verification (paycheck stubs) for the last two pay periods. Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program. Self-declaration of Income may only be used in special circumstances. Specific examples include participants who are homeless. Patients who are unable to provide written verification must provide a signed statement of income, and why (s)he is unable to provide independent verification.

D. Determining Eligibility

Once eligibility for financial assistance has been established, Uintah Basin Healthcare will not charge patients who are eligible for financial assistance more than the amounts generally billed (AGB) to insured patients for emergency or medically necessary care.

To calculate the AGB, Uintah Basin Healthcare uses the "look-back" method described in section 4(b)(2) of the IRS and Treasury's 501(r) final rule.

In this method, Uintah Basin Healthcare uses data based on claims sent to Medicare fee-for-service and all private commercial insurers for emergency or medically necessary care over the

past year to determine the percentage of gross charges that is typically allowed by these insurers.

The AGB percentage is then multiplied by gross charges for emergency and medically necessary care to determine the AGB.

Example

If the gross charge for a medically necessary surgical procedure is \$1,000 and the AGB percentage is 65%, any patient eligible for financial assistance under this policy will not be personally responsible for paying more than \$650 for the procedure.

Because the AGB percentage is 65%, and because the minimum amount of assistance available under this policy is a 35% discount off of gross charges, no patient eligible for financial assistance will be required to pay an amount in excess of AGB.

E. Applying for Financial Assistance

To apply for financial assistance, patients must submit a complete application (including supporting documents) on the Uintah Basin Healthcare's website or to 250 West 300 North, Roosevelt, Utah 84066, either in person or by mail.

Applications can be accessed:

1. At the facility at the registration desk or financial counseling offices.
2. By mail, if individuals make a request by phone (call 435-725-2060) or by mail (send request to 250 West 300 North 75-2, Roosevelt, Utah 84066).
3. Online at ubh.org

To be considered eligible for financial assistance, patients must cooperate to explore alternative means of assistance if necessary, including Medicare and Medicaid. Patients will be required to provide necessary information and documentation when applying for financial assistance or other private or public payment programs.

In addition to completing an application, individuals should be prepared to supply the following documentation:

1. Bank statements
2. Proof of income for applicant (and spouse if applicable), such as the two most recent pay stubs, unemployment insurance payments stubs, or sufficient information on how patients are currently financially supporting themselves
3. Copy of most recent federal tax return
4. Payment history of any outstanding accounts for prior healthcare services
5. Documentation of qualification for any other state funded assistance programs

Individuals who do not have any of the documentation listed above; have questions about Uintah Basin Healthcare's financial assistance application; or would like assistance with completing the financial assistance application may contact our financial counselors either in person at 250 West 300 North, Roosevelt, Utah or over the phone at 435-725-2060.

Financial counseling office hours are Monday through Friday, 8:30 a.m. to 5:00 p.m.

F. Applicant notification

The financial assistance determination will be provided to the applicant(s) in writing, and will include the percentage of write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with Uintah Basin Healthcare. Financial assistance applications cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last financial assistance application.

G. Actions in the Event of non-Payment

The collection actions Uintah Basin Healthcare may take if a financial assistance application and/or payment is not received are described in a separate policy.

In brief, Uintah Basin Healthcare will make certain efforts to provide patients with information about our financial assistance policy before we or our agency representatives take certain actions to collect your bill (these actions may include civil actions, debt sales, or reporting negative information to credit bureaus).

For more information on these steps Uintah Basin Healthcare will take to inform uninsured patients of our financial assistance policy and the collection activities we may pursue, please see Uintah Basin Healthcare's Billing and Collections Policy.

You can request a free copy of this full policy in person at Uintah Basin Healthcare at our facility at 250 West 300 North, Roosevelt, Utah, by mail by calling us at 435-725-2060 or online here: ubh.org.

H. Presumptive Eligibility

If patients fail to supply sufficient information to support financial assistance eligibility, Uintah Basin Healthcare may refer to or rely on the following external sources and/or other program enrollment resources to determine eligibility.

1. Patient is homeless
2. Patient is eligible for other state or local assistance programs
3. Patient is eligible for food stamps
4. Patient qualifies through Self Pay Compass

Uintah Basin Healthcare may also use previous financial assistance eligibility determinations as a basis for determining eligibility in the event that the patient does not provide sufficient documentation to support an eligibility determination. Financial assistance applications on file at Uintah Basin Healthcare may be used for a time period of up to 12 months after the date of submission.

All patients presumptively determined to be eligible for less than the most generous amount of assistance available under this policy (free care) will be informed about how the discount amount was calculated and given a reasonable amount of time to submit an application for further assistance.

I. Eligible Providers

In addition to care delivered by Uintah Basin Medical Center, emergency and medically necessary care delivered by the providers listed below is also covered under this financial assistance policy:

The Clinic at UBMC
Uintah Basin Home Health and Hospice
Uintah Basin Durable Medical Equipment
Uintah Basin Dialysis

Patients concerned about their ability to pay for services or who would like to learn more about financial assistance should contact the Patient Financial Services Department at 435-725-2060.

Non Eligible Providers/Services

Care provided or products received by any of the providers listed below at Uintah Basin Healthcare will **NOT** be covered under this policy. This list is subject to change at any time as providers enter and leave our organization and are not employed by Uintah Basin Healthcare.

Uintah Basin Rehabilitation and Senior Villa
Outpatient retail products, i.e. eyeglasses, DME supplies, braces, etc.
UBMC Outpatient Pharmacy
Immunizations
Elective specialty treatments, i.e. Suboxone, cosmetic procedures

“Visiting Physicians” at The Clinic

To view current providers at Uintah Basin Healthcare, visit the “physicians” page of our website.