

EFFECTIVE DATE:
REVISION OF:
PREPARED BY:
DIRECTOR'S _____
APPROVAL:

SUBJECT: FINANCIAL ASSISTANCE POLICY

I. PURPOSE:

To comply with Internal Revenue Code Section 501 (r).

II. AUTHORITY AND RESPONSIBILITY:

Finance, Business Office Management and Patient Registration Staff.

III. PROCEDURE:

A. Discounts to Uninsured/Direct Pay Pricing

1. Any uninsured or direct pay patient shall be eligible for discounted care at Copper Queen Community Hospital.
2. This policy shall not apply to patient portions of insured accounts, such as co-pays, deductibles or uncovered services.
3. Uninsured patients will be informed of the discount at the time of registration.
4. Inpatient and outpatient services will be discounted at 50% of charges.
5. 50% discount is less than the amount generally billed (AGB) to patients with insurance.

B. Eligibility for Financial Assistance

1. There is no income requirement to receive the 50% discount. The policy applies to any patient that does not have insurance. To receive Charity Care which also applies to balances due after insurance, income guidelines according to the Charity Care section of the policy must be met.

C. Charity Care

1. Eligibility for charity is dependent on the patient's income being below the Federal Poverty Guidelines (Appendix C) and having been denied coverage from AHCCCS. Patients must provide proof of income and assets as required in Appendix B.

D. High Deductible Insurance Exchange Plans.

1. For patients that purchased high deductible plans on the health insurance exchange, a discount of 50% will apply if the entire allowed amount from the insurance company is applied to the patient's deductible.

E. Billing and Collection

1. Patients will receive billing statements on unpaid balances, monthly, for a period of 120 days. If satisfactory payment arrangements are not made in the 90 day period, the patient will be notified 30 days in advance that they may be sent to a collection agency, adverse information may be sent to a credit reporting agency, and they may be subject to legal action to collect the debt.
2. Patients will be notified on the admission form completed before each hospital service of the availability of the Financial assistance Program. Patient will be notified on the monthly statements of the availability of the Financial Assistance Program. Financial Assistance Program information is available on the Copper Queen Community Hospital website at cqch.org and can be obtained by calling (520)432-5383.

F. Community Health Needs Assessment

1. A Community Health Needs Assessment will be conducted every three years and an implementation strategy will be adopted to meet the needs identified in the Assessment.

G. Emergency Room

1. Patients presenting in the Emergency Room will be treated according to EMTALA policy. No financial information shall be obtained until the patient is examined by a qualified medical professional.