

SPANISH PEAKS REGIONAL HEALTH CENTER POLICY AND PROCEDURE

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POLICY NUMBER: PFS.F01

DEPARTMENT: PFS

POLICY DESCRIPTION: Compassionate Care Program

APPROVED BY:

BOARD CHAIR: Ron Nielsen

DATE: 10/27/2016

CEO: Kay Whitley

DATE: 10/27/2016

CFO: Barbara Miller

DATE: 09/20/2018

DPT. DIR.: Stephanie Warth

DATE: 07/01/2016

EFFECTIVE DATE: 07/01/2016

REVIEWED DATE: 04/09/2018

REVISED DATE: 04/09/2019, 04/14/2020

SCOPE: Huerfano County Hospital District

PURPOSE: To establish the framework by which staff identify patients who may qualify for the Huerfano County Hospital District (HCHD) Compassionate Care Program (CCP), to ensure that applications to the Program are processed accurately, and that those patients are adequately informed of the Policy.

POLICY:

Notice to Patients:

SPRHC will make this Policy available to its patients, in languages appropriate to the community, in the following manner:

- www.sprhc.org website
- Notify all patients prior to discharge that financial screening is available via the Conditions of Service general consent form

Policy:

Huerfano County Hospital District is committed to providing care for all persons who are suffering from illness or disability and do not have the financial means to pay for their care. The Patient Financial Services Department will administer the hospital's Compassionate Care Program by following the American Hospital Association's guiding principles:

- Treat all patients equitably, with dignity, with respect, and with compassion.
- Serve the emergency healthcare needs of everyone, regardless of a patient's ability to pay for care.
- Assist patients who cannot pay for part or all of the care they receive; and

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- Balance needed financial assistance for some patients with broader fiscal responsibilities in order to keep the hospital doors open for all who may need care in a community.

There will be no discrimination related to eligibility for the CCP because of race, color, creed, religion, gender, age, disability, national origin, or sexual orientation.

Applicants are not required to be either residents of Colorado or legal residents of the United States.

The Revenue Cycle Director will ensure that staff are knowledgeable and adhere to the following guidelines of the CCP:

A. Providers

The CCP is available only for services provided by HCHD. Other non-HCHD providers such as hospitals, physicians, pharmacies, or other healthcare professionals are not included in the CCP.

B. Third Party Benefits

Patients with a source of primary funding for medical services will have that primary source of funding billed first. Patients who do not cooperate with the hospital to gather information to obtain payment from a third party source are not eligible for the CCP. The CCP will provide benefits secondary to primary sources of payment. Any and all other payment sources are primary to the CCP. HCHD provides financial screening for Colorado Medicaid.

C. CCP Interviews

Interviews are scheduled during the Patient Financial Services Department's normal business hours between 8:00 a.m. and 5:00 p.m. MST. Patients are accommodated with appointments outside of these hours as needed.

Applicants are requested to bring copies of all required documentation to the interview. Handwritten or typed documents provided by individuals or businesses require notarization.

D. Application Information

Applications cannot be approved without the required information from the applicant. Failure to provide complete information is a reason for denial to the CCP.

1. Emergency services are available for coverage to all applicants
2. Proof that applicant either resides in Huerfano County for **elective services only**
3. Gross Income
4. Family Size
5. Employment Status
6. Asset Information Excluding Primary Residence (i.e. vehicle value per NADA and assets that can be converted to cash without a penalty)
7. Other Sources of Public Information

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E. Other Application Considerations

1. Mental Incapacity may render a patient unable to complete or follow through with a CCP application or to be unable to effectively deal with a medical bill. These patients may be approved for the CCP without a completed application. Mental incapacity may be determined via a documented diagnosis, a verbal or written interaction, or through a consistent pattern of behavior that exhibits mental incapacity. The standard CCP approval levels will apply.
2. Medically Indigent patients are those whose medical bills exceed their annual gross household income. These patients' assets will be considered in relation to the size of the bills.
3. Assets as mentioned in D. above will be considered and may be a reason for denial.

F. Request For Reconsideration

Applicants who are denied may appeal the decision in writing to the Revenue Cycle Director within 10 working days after receipt of the denial letter.

G. Failure To Cooperate

Failure to provide complete and accurate information will result in a denial. Failure to disclose eligibility for other sources of payment will be cause for denial. Failure to cooperate with the hospital to gather information to obtain payment from a third party source will result in a denial. Misrepresentation or falsification of facts or information will be cause for the CCP to be withdrawn retroactively and currently and may be subject to legal action.

H. Duration of Eligibility

Approved applicants are eligible for the CCP for up to 12 months from the application date. Applicants will receive an approval letter along with the CCP card in the mail. Patients with accounts prior to the application eligibility date will have the same co-pays applied to those accounts, including accounts in bad debt.

I. Assumed Eligibility

Patients are assumed to be eligible for the CCP in the following situations:

- Applicant became CICIP, CHP, or Medicaid-eligible and has balances prior to the effective date
- Applicant is eligible for CICIP, CHP, or Medicaid but incurs a non-covered service
- Applicant is eligible for out-of-state Medicaid and SPRHC does not participate in that state's Medicaid program
- Applicant has a mental incapacity and is unable to complete the application.
- Patient is deceased and left no estate

J. Non-Covered Services

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All HCHD services are included in the CCP for Huerfano County patients who live and work in Huerfano County. Non-Huerfano County residents are eligible for emergency services only under the CCP.

K. Income Determination

Gross personal and net business income will be used. Income for all members of the household and legally responsible parties not in the household will be considered.

Income includes, but is not limited to, wages and salaries, disability benefits, retirement or pension benefits, SSI, unemployment, and alimony.

Applicants are required to provide verification of income through paycheck stubs, W-2, bank statements, or other information as requested. Unearned income will be considered.

L. Co-Payment Determination

The applicant's co-payment and cap for hospital and professional services will be based on the income determination as a percentage of the Federal Poverty Guidelines as follows:

| Place of Service | Poverty Level | Co-Payment |
|--------------------------------|----------------|-------------------------------------|
| Hospital | | Follow CICP Co-Pay Schedule |
| ER MD Pro Fees | All up to 250% | \$50 |
| CRNA Pro Fees | All up to 250% | \$75 |
| SPRHC Ambulance | All up to 250% | \$0 to \$50 (see CICP co-pay scale) |
| SPFC & SPFCLV Clinics Pro Fees | All up to 250% | \$25 OV/\$50 OP/\$100 Hospital |
| SPOWC Clinic Pro Fees | All up to 250% | \$25 OV |
| SPSC Pro Fees | All up to 250% | \$50 OV/\$100 OP/Hospital \$150 |

M. Federal Poverty Level Guidelines 2020*

| Percent of FPL | Family Size 1 | Family Size 2 | Family Size 3 | Family Size 4 | Family Size 5 | Family Size 6 | Family Size 7 | Family Size 8 |
|----------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| 100% | \$12,760 | \$17,240 | \$21,720 | \$26,200 | \$30,680 | \$35,160 | \$39,640 | \$44,120 |
| 159% | \$20,288 | \$27,412 | \$34,535 | \$41,658 | \$48,781 | \$55,904 | \$63,028 | \$70,151 |
| 200% | \$25,520 | \$34,480 | \$43,440 | \$52,400 | \$61,360 | \$70,320 | \$79,280 | \$88,240 |
| 250% | \$31,900 | \$43,100 | \$54,300 | \$65,500 | \$76,700 | \$87,900 | \$99,100 | \$110,300 |

*Add \$4,480 for each additional person

REFERENCES:

C.R.S. 25-3-112 Colorado Hospital Payment Assistance Program

I.R.S 501(r) Financial Assistance