



## **Policy: Financial Assistance Policy**

### **Purpose:**

- A. The purpose of this policy is to provide guidelines for; UNCOMPENSATED AND UNDERCOMPENSATED PATIENTS including emergency and other medically necessary care.

### **Definitions:**

FPL: Federal Poverty Limit

Underinsured: the level of insurance coverage for medical treatment

Uninsured: individuals who are not covered by insurance

Family Income: the gross family income for a household

Financial Assistance: when a patient is approved for Charity based on the inability to pay.

### **Scope:**

- A. Ensure that University of Utah Health, hereafter referred to as U of U Health uniformly fulfills its mission and commitment to unfunded or under-funded patients/guarantors on an ongoing basis. Financial assistance is provided for those patients/guarantors who are unable to fulfill their financial obligation. Financial assistance approval is determined after services are rendered, services will not be pre-approved for financial assistance. Medical necessity and department financial admission policies apply.

### **Description:**

- A. Financial Assistance is defined as care for which patients/guarantors demonstrate inability to pay for services rendered or can only partially pay for services rendered. Any payment made prior to the application for Financial Assistance would not be included since the ability to pay has previously been demonstrated. U of U Health uses a sliding scale for

assistance based upon FPL income\* that will not exceed 300% of FPL income to determine if assistance is partial or full. Financial assistance approval is based upon verification of family income, family size and established due diligence process.

1. U of U Health may require the following documents to determine eligibility for financial assistance:
  - Completed financial application form
  - Letter explaining current financial status
  - Copy of current bank statement(s)
  - Copy of current credit card statement(s)
  - Copy of previous year's tax returns
  - Copy of paycheck stubs and/or other income from the past two (2) months
- B. U of U Health understands that certain patients may be unable to complete a financial assistance application, comply with requests for documentation, or are otherwise non-responsive to the application process. As a result, there may be circumstances under which a patient's qualification for financial assistance is established without completing the formal assistance application. Under these circumstances, U of U Health may utilize other sources of information to make an individual assessment of financial need. A credit bureau report may also be utilized in the determination of eligibility. This information will enable U of U Health to make an informed decision on the financial need of non-responsive patients utilizing the best estimates available in the absence of information provided directly by the patient.
- C. If required information is not received, the balance is patient/guarantor responsibility as documented in University of Utah Health Self Pay Collection Policy.
- D. The cost of uncompensated health care provided to the indigent shall be planned for, budgeted and reported in the U of U Health Hospital's & UUMG's internal and external financial statements in accordance with generally accepted accounting principles. The Amount Generally Billed (AGB) for charges to the patient for visits is determined by the Look Back



methodology – University of Utah Health facility current AGB is 45% percentage. Following an eligibility determination amounts billed will not be more than the Amount Generally Billed.

- E. The Hospital CFO or Medical Director has the authority to approve or deny financial assistance that does not meet the required criteria.
- F. Financial Assistance periods will not exceed six months. If ongoing assistance following six months is requested, the patient/ guarantor must reapply and meet qualification requirements every six months.
- G. A copy of the Financial Assistance Application, Self-Pay Billing and Collection Policy or a plain language summary of this policy may be obtained by the following:
  - 1. Phone at (801) 587-6303
  - 2. Web <http://healthcare.utah.edu/bill/#hardship>
  - 3. Financial Counseling Office
  - 4. Business Service Building Office
  - 5. The applications must be submitted by mail to P O Box 30465, Salt Lake City, UT 84130, fax at (801)213-3385 or by email [billing@healthcare.utah.edu](mailto:billing@healthcare.utah.edu)
- H. Services not eligible to receive financial assistance:
  - 1. Cash-based services
  - 2. Non-emergent dental services
  - 3. Misuse of hospital resources
  - 4. Misuse of pharmaceutical services
  - 5. Refusal to apply or follow through for available funding

NON-DISCRIMINATION. UUHC does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, national origin, religion, sex, sexual orientation, gender identity/expression, genetic information, protected veteran status, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by UUHC directly or through a contractor or agent. For further information about this policy, contact the University's ADA/Section 504 Coordinator at: Director, Office of Equal Opportunity and Affirmative Action, (801) 581-8365 (Voice/TTY), (801) 585-5746 (Fax), or through Relay Utah at 711 or toll free: (800) 735-2258 or Spanish Relay Utah at: (888) 346-3162.