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Owner Harold Dupper:
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Patient Financial Assistance Policy

I. POLICY OVERVIEW

- A. Cobre Valley Regional Medical Center (CVRMC) is committed to providing financial assistance to persons who have health care needs and are uninsured or enrolled in a high out-of-pocket cost health plan. Consistent with its mission to deliver quality healthcare in a safe, respectful, and efficient manner, CVRMC strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

II. PURPOSE

- A. This Policy provides a fair and comprehensive system of providing charity care service or discounted medical care to uninsured patients or patients with high out of pocket costs within the available resources of Cobre Valley Regional Medical Center (the "Hospital and/or Clinics"). The Policy addresses:
- Eligibility criteria for financial assistance;
 - The extent to which financial assistance includes charity care or discounted care;
 - The basis for calculating amounts charged to individuals who are eligible for assistance under this policy;
 - The method for applying for assistance;
 - Measures to widely publicize the Policy

III. RESPONSIBILITY

- A. It is the responsibility of the Hospital Board of Directors to ensure that this Policy is being administered and carried out in a consistent manner and within the guidelines set forth in controlling laws and regulations.

IV. SCOPE

- A. This Policy applies to all emergency and medically necessary inpatient and outpatient hospital services provided to individuals who qualify for assistance in accordance with the terms and conditions herein. It also applies to services provided by CVRMC employed physicians, clinic services, or other services that may be offered by the Hospital. Any services deemed non-medically necessary or cosmetic in nature are not eligible for financial assistance.

V. DEFINITIONS

The following definitions shall apply to this Policy:

- A. **"Average Generally Billed (AGB) percentage"** "ABG discount percentage" is determined by dividing the sum of all claims for Medically Necessary services provided at Cobre Valley Regional Medical Center paid during the Relevant Period by Medicare fee-for-service and all private health insurers as primary payors, together with any associated portions of these claims paid by Medicare beneficiaries or insured individuals in the form of co-pays, co-insurance or deductibles. AGB percentage will be updated annually and the updated AG percentage will apply no later than May 1 of each year. As of May 1, 2025, the AGB percentage is 36%.
- B. **"Application Period"**: The period during which the Hospital must accept and process an application for assistance under this Policy in order to have made "reasonable efforts" to determine whether the patient is an individual who is eligible for assistance under this Policy. The Application Period ends on the later of 150th day after the Hospital provides the individual with the first statement for care provided or 90 days following the date an account is referred to collections because the self-pay account balance is deemed uncollectible after normal Hospital self-pay collections efforts.
- C. **"Extraordinary Collection Action" or "ECA"**: Actions taken by the Hospital against a patient or any other individual who has accepted or is required to accept responsibility for the patient's bills that involve (i) a legal or judicial process; (ii) selling an individual's debt to a third party; or (iii) reporting adverse information about the individual to a consumer credit agency or credit bureau.
- D. **"Gross Charges"**: The Hospital's full, established price for medical care that it consistently and uniformly charges all patients before applying any contractual allowances, discounts, or deductions.
- E. **"Household Income"**: Means the total income of all members living in the individual's household.
- F. **"Individuals who are eligible for assistance under this Policy"**: An individual who is uninsured or under insured and is eligible for financial assistance under this Policy.
- G. **"Individuals who qualify for financial assistance"**: Individuals who are eligible for assistance under this Policy and who have submitted a completed financial assistance application within required time periods as set forth herein and have been approved for financial assistance according to the processes set forth herein.
- H. **"Medically Indigent"**: Individuals who do not have health insurance and who are not eligible for other health care coverage, such as Medicare, Medicaid, or private health insurance.

- I. **"Uninsured"**: A patient (or his or her financially responsible individual) has no insurance or medical coverage under governmental programs and is not eligible for any other third-party payment.
- J. **"Out-of-pocket costs"**: Expenses for medical care not reimbursed by insurance. This may include deductibles, coinsurance and copayments for covered services plus all costs for services that are not covered.

VI. ELIGIBILITY FOR FINANCIAL ASSISTANCE

- A. Uninsured or high out-of-pocket costs - Status to be verified through state websites or other third-party eligibility system
- B. Citizenship
 - I. Patients who are not legal U.S. citizens are encouraged to inquire about emergency health care services through the Federal Emergency Services Program (FESP) provided by AHCCCS. Eligibility for Financial Assistance is not dependent on FESP application. https://www.azahcccs.gov/PlansProviders/Downloads/FFSPProviderManual/FFS_Chap18EmergencyServicesProgram.pdf
- C. Federal Poverty Level - The applicant's household income must be at or below 400% of the Federal Poverty Guidelines <http://aspe.hhs.gov/poverty/14poverty.cfm>
- D. Homeless - Individuals without a payment source may be classified as eligible for Financial Assistance if it is determined that they do not have a job, mailing address, residence, or insurance. Consideration must also be given to qualifying emergency room patients who do not provide adequate information as to their financial status.
- E. Bankruptcy - Individuals who are in bankruptcy or recently completed bankruptcy may be eligible for Financial Assistance.
- F. Special circumstances - In rare occasions, a patient's individual circumstances may be such that while they do not meet the regular Financial Assistance criteria in this policy, they do not have the ability to pay their Hospital bill. In these situations, with the approval of the CVRMC CEO/CFO, part or all of their cost of care may qualify to be discounted under this Policy. There must be complete documentation of why the decision was made to do so and why the patient did not meet the regular criteria.
- G. Deceased patients without an estate or third-party coverage will be eligible for financial assistance.

VII. DETERMINATION OF FINANCIAL ASSISTANCE ELIGIBILITY

- A. Financial assistance will be determined through an individual assessment of financial need, including an application process in which the patient or the patient's guarantor is required to cooperate and submit all documentation necessary to make the determination of financial need; a reasonable effort by the CVRMC to explore and assist patients in applying for appropriate alternative sources of payment and coverage from public and private payment programs; and will take into account the patient's other financial resources.

- B. It is preferred but not required that a request for financial assistance and a determination of financial need occur prior to rendering of medically necessary services. The need for financial assistance shall be re-evaluated every 180 days or at any time information relevant to the eligibility of the patient for financial assistance changes. It is the patient's responsibility to disclose to Hospital any changes to patient's status that impacts eligibility for financial assistance.
- C. The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, socio-economic, sexual orientation or religious affiliation.
- D. In determining whether each individual qualifies for Financial Assistance, only those patient billings not covered by other county or governmental assistance programs should be considered. Many applicants are not aware that they may be eligible for assistance such as AHCCCS or other government or private funded programs.
- E. Persons eligible for programs such as AHCCCS but whose eligibility status is not established for the period during which the medical services were rendered may be granted Financial Assistance for those services. For patients requiring ongoing services, CVRMC will make every effort to assist the patient in applying for other government assistance programs for which the patient may be eligible and to assure continuity of care.

VIII. EXCLUSIONS

- A. This policy and the Financial Assistance Program do **not** apply to:
 - 1. patients whose household income exceeds 400% of the poverty guidelines, except as may be considered medically indigent under "Discounts" below.
 - 2. elective procedures except as may be determined in the sole discretion of CVRMC on a case-by-case basis.

IX. METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE

- A. A copy of this Policy and Financial Assistance applications will be made available at the Hospital or by contacting Patient Accounts/Billing Office at 928-425-3261.
- B. Individuals who feel that they qualify for financial assistance under this Policy, or have requested that financial assistance be provided, are required to submit an application on the Hospital provided form during the Application Period. It is the applicant's responsibility to provide proof of household income and/or any other information provided on the application as requested by the Hospital.
- C. The applicant is required to submit all information required on the financial assistance application form, including, but not limited to, the following information:
 - 1. Copies of pay stubs for the last 2 pay periods
 - 2. Number of dependents claimed on tax return
 - 3. Copies of bills showing expenses
 - 4. If the patient has applied and been denied for AHCCCS, the application may be used

to support the Financial Assistance application.

- D. Failure to provide this information will result in an incomplete application, which may result in the individual being denied assistance under this Policy.
- E. Completed applications shall be returned to the Patient Accounts/Billing Department within the Application Period. All eligible applications will be processed within 30 calendar days.

X. DISCOUNT

- A. Household incomes that exceed 400% of the FPG, where the patient is medically indigent, are evaluated based on their special circumstances.

Family size (See Note For More Than 8 Members)	2024 Federal Poverty Guideline (FPG) 100%	150% of Federal Poverty Guidelines	200% of Federal Poverty Guidelines	250% of Federal Poverty Guidelines	300% of Federal Poverty Guidelines	400% of Federal Poverty Guidelines
1	\$15,650	\$23,475	\$31,300	\$39,125	\$46,950	\$62,600
2	\$21,150	\$31,725	\$42,300	\$52,875	\$63,450	\$84,600
3	\$26,650	\$39,975	\$53,300	\$66,625	\$79,950	\$106,600
4	\$32,150	\$48,225	\$64,300	\$80,375	\$96,450	\$128,600
5	\$37,650	\$56,475	\$75,300	\$94,125	\$112,950	\$150,600
6	\$43,150	\$64,725	\$86,300	\$107,875	\$129,450	\$172,600
7	\$48,650	\$72,975	\$97,300	\$121,625	\$145,950	\$194,600
8	\$54,150	\$81,225	\$108,300	\$135,375	\$162,450	\$216,600

Note: For each additional family member add \$5,500

Gross Charges	<\$1,000	\$1,001 - \$2,000	\$2,001 - \$3,500	\$3,501 - \$5,000	\$5,001 - \$10,000	>\$10,000
Income Level & Discount Percentage for Gross Charge level Above ** (1-AGB=64%)						
0-100% FPG	100%	100%	100%	100%	100%	100%
>100% AND <150% FPG	80%	85%	90%	95%	95%	95%
>150% AND <200% FPG	70%	75%	80%	85%	85%	85%
>200% AND <250% FPG	I-AGB	I-AGB	I-AGB	I-AGB	I-AGB	I-AGB
>250% AND <300% FPG	I-AGB	I-AGB	I-AGB	I-AGB	I-AGB	I-AGB
>300% AND <400% FPG	I-AGB	I-AGB	I-AGB	I-AGB	I-AGB	I-AGB
**Note: Hospital may evaluate special circumstances and apply a maximum patient liability where discounted patient liability is greater than 15% of a household's annual income.						

XI. PUBLICATION OF POLICY

- A. This Policy, an application, a plain language summary of the Policy, and any notices or publications regarding the Policy will be made available on the Hospital's website (www.CVRMC.org) in pdf form.
- B. The Policy, applications, and plain language summaries shall be available upon request, without charge at the Patient Registration Desk, Patient Accounts/Billing Department and by mail.
- C. A plain language summary shall be conspicuously displayed in Hospital patient waiting areas and in the Patient Accounts/Billing Department in a manner that is reasonably calculated to attract visitors' attention.
- D. A plain language summary of this Policy and a copy of the financial assistance application will be provided to all patients upon admission or registration at the Hospital or Clinics

ACTIONS THAT MAY BE TAKEN IN EVENT OF NONPAYMENT OR INSUFFICIENT PAYMENT

- A. Accounts for hospital services for patients who are able, but unwilling, to pay are considered uncollectible bad debts and will be referred to outside agencies for collections.

REGULATORY REQUIREMENTS

- A. In implementing this policy, CVRMC management and CVRMC facilities shall comply with all federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this policy.

ACCOUNTING FOR FINANCIAL ASSISTANCE

- A. CVRMC will track and monitor Financial Assistance care being granted and will account for the write-offs as a separate general ledger Deduction account in the Revenue section of the Hospital general ledger.

RECORDKEEPING

- A. Records relating to potential Financial Assistance applicants must be readily available. CVRMC will maintain a spreadsheet of all applicants and final disposition.
- B. Notes relating to the Financial Assistance application and approval or denial should be entered on the patient's account.

APPLICATION OF POLICY

- A. This policy does not create an obligation to discount for any charges or services not included in the Hospital bill at the time of service. This policy does not apply to services provided within the Hospital by physicians or other medical providers not directly employed by Hospital, including Emergency physicians Anesthesiologists, Radiologists, Pathologist, etc.

XII. RELATED WEBSITES

- A. AHCCCS: <https://azahcccs.gov/Members/ProgramsAndCoveredServices/>
- B. FES: https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap18EmergencyServicesProgram.pdf
- C. Federal Healthcare Exchange: <https://www.healthcare.gov/>
- D. Cobre Valley Regional Medical Center's website: <http://www.cvrmc.org/>
- E. Federal Poverty Guidelines: <https://aspe.hhs.gov/poverty-guidelines>

Approval Signatures

Step Description	Approver	Date
Final Approver	Harold Dupper: CFO	02/2025
	Harold Dupper: CFO	02/2025