San Juan Regional Medical Center

801 West Maple Street • Farmington, NM 87401
Telephone: 505.609.2000 • sanjuanregional.com

San Juan Regional Medical Center Financial Assistance Policy

1.0 Policy:

San Juan Regional Medical Center's (SJRMC) mission is to personalize healthcare and to create enthusiasm and vitality in healing. One of the ways San Juan Regional Medical Center fulfills this mission is to provide financial assistance to those members of the community who are most in need.

All individuals who come to the San Juan Regional Medical Center Emergency Department, or on to San Juan Regional Medical Center property, for an examination or treatment for a medical condition will be screened to determine whether an emergency medical condition exists consistent with San Juan Regional Medical Center's Emergency Medical Care Policy. Neither the initial medical screening nor life-saving treatment will be impeded by inquiries about the individual's method of payment or insurance status.

2.0 Scope:

This Policy applies to San Juan Regional Medical Center and certain other providers. The list of those providers who are covered and who are not covered under this Financial Assistance Policy may be obtained online at http://www.sanjuanregional.com. To request a paper copy of this list, contact business services at 505.609.2800 or toll free at 505.609.6288.

3.0 Purpose:

This Policy is intended as a guideline to define the parameters of the eligibility requirements and assistance offered under the Policy. This Policy also serves to meet the requirements set forth in the Internal Revenue Code Section 501(r).

4.0 Eligibility Criteria

Eligibility for financial assistance under this Policy will be based on a number of factors, including, but not limited to: income level and household size.

Patients who are self-pay, or who have an outstanding bill after all insurance payments have been received, may qualify for financial assistance if their outstanding bill amount is $1,000 or greater per episode of care. An episode of care consists of all clinically related services for one inpatient for a discrete diagnostic condition from the onset of symptoms until treatment is complete or for a single outpatient clinic visit, including testing and referrals, across a continuum of care.

4.1 Patients who are determined to be financially indigent with a gross household income of 0% to 200% of the Federal Poverty Guidelines, as updated by the U.S. Department of Health and Human Services, may be eligible for a financial assistance discount of 100% reduction from gross charges (full write-off).

801 West Maple Street • Farmington, NM 87401
Telephone: 505.609.2000 • sanjuanregional.com

4.2 Patients who are determined to be financially indigent with a gross household income of 201% to 240% of the Federal Poverty Guidelines, as updated by the U.S. Department of Health and Human Services, may be eligible for a financial assistance discount of 80%.

4.3 Patients who are determined to be financially indigent with a gross household income of 241% to 260% of the Federal Poverty Guidelines, as updated by the U.S. Department of Health and Human Services, may be eligible for a Financial Assistance discount of 60%.

4.4 Patients who are determined to be financially indigent with a gross household income of 261% to 300% of the Federal Poverty Guidelines, as updated by the U.S. Department of Health and Human Services, may be eligible for a financial assistance discount of 40%.

4.5 Patients who are determined to be financially indigent with a gross household income of 301% to 400% of the Federal Poverty Guidelines, as updated by the U.S. Department of Health and Human Services, may be eligible for a financial assistance discount of 15%.

4.6 Patients with income exceeding 400% of the Federal Poverty Guidelines may qualify as Medically Indigent if their outstanding bill amount is more than a specified percentage of their income. Discounts are as follows:

If Balance Due is:	Discount is:
Equal to or greater than 100% of yearly income	90% of balance due
90-99% of yearly income	85% of balance due
80-89% of yearly income	80% of balance due
70-79% of yearly income	75% of balance due
60-69% of yearly income	70% of balance due
50-59% of yearly income	65% of balance due

4.7 Patients determined Presumptively Eligible under 10.1.4 may be eligible for a financial assistance discount of 100% from gross charges (full write-off).

See Schedule A of the Financial Assistance Discount Guidelines for current Federal Poverty Guidelines.

5.0 Services Not Covered Under this Policy

San Juan Regional Medical Center reserves the right to limit the services covered by the Policy. Services not covered by this Policy include, but are not limited to: non-medically necessary treatment.

Medical necessity will be determined based on New Mexico Medicaid guidelines for coverage.

801 West Maple Street • Farmington, NM 87401
Telephone: 505.609.2000 • sanjuanregional.com

6.0 Limitation on Charges

In the case of emergency or other medically necessary care, a patient who is eligible for assistance under this Policy will not be charged more than the amounts generally billed (AGB) San Juan Regional Medical Center calculates AGB using the look-back method consistent with the 501(r) requirements. AGB is determined by multiplying the gross charges for any emergency or other medically necessary care it provides by AGB percentages, which are based on claims allowed by Medicaid, in combination with Medicare fee-for-service and all private health insurers.

Members of the public may readily obtain the applicable AGB percentage and a description of the calculation in writing and free of charge by contacting the business services at 1.505.609.2800 or toll free at 1.800.878.6180, or online at sanjuanregional.com.

7.0 Method for Applying for Financial Assistance

Information about the Financial Assistance Policy and assistance with the application process can be obtained by a patient in person at the Emergency Department Admissions, at the Registration Department, at the Outpatient Diagnostic Center, or at any clinic reception desk; over the phone by calling 505.609.2800 or 505.609.6006; through the mail at San Juan Regional Medical Center Business Office at 300 West Arrington Street, Suite 101, Farmington, New Mexico, 87401; or via the San Juan Regional Medical Center website at sanjuanregional.com.

It is ultimately the patient's responsibility to provide the necessary information to qualify for financial assistance. There is no assurance that the patient will qualify for financial assistance.

8.0 Measures to Publicize The Financial Assistance Policy

The following measures are used to publicize the Policy to the community and patients:

8.1 Posting the Financial Assistance Policy, Financial Assistance Application and a summary of the Policy on the SJRMC website at the following location: sanjuanregional.com.

8.2 Providing paper copies of the Policy, application and summary of the Policy upon request in the Emergency Department Admissions and the Registration Department at San Juan Medical Center.

8.3 Posting notices about the Policy in the emergency department, admitting areas and the patient financial services office of San Juan Regional Medical Center.

8.4 Distributing an information sheet about the Policy to the local United Way office.

8.5 Offering a plain language summary of the Policy and offering a financial assistance application to patients as part of the intake or discharge process.

8.6 Informing patients about the Policy in person or during billing and customer service phone contacts.

801 West Maple Street • Farmington, NM 87401
Telephone: 505.609.2000 • sanjuanregional.com

8.7 Including a conspicuous written notice on billing statements that notifies and informs patients about the availability of financial assistance under the Policy and includes the telephone number of the department that can provide information about the Policy and the application process, and the web site address where copies of the Policy, application form and plain language summary of the Policy may be obtained.

9.0 Billing and Collections Policy

The patient has, in general, 240 days after the date of the first post-discharge billing statement to submit a Financial Assistance Application. After the patient's bill is reduced by the discounts based on the Financial Assistance Discount Guidelines, the patient is responsible for the remainder of the outstanding patient account balances. Patients will be invoiced for any remaining amounts in accordance with this Policy.

9.1 Processes, Time Frames and Notifications:

- The hospital must refrain from initiating Extraordinary Collection Actions (ECA's) for at least 120 days from the date of the first post-discharge billing statement.
- The hospital must notify the patient about the Financial Assistance Policy before initiating any Extraordinary Collection Actions. The hospital must make a reasonable effort to orally notify the individual about the Policy and how to obtain assistance with the process. The hospital must also provide a written statement to the individual with the following information:
  a) States availability of financial assistance;
  b) Identifies the ECA's that hospital intends to initiate;
  c) States deadline after which ECA's may be initiated, which can be no earlier than 30 days after this written notice; and
  d) Includes a plain language summary.

9.2 San Juan Regional Medical Center may take the following Extraordinary Collection Actions (ECA's) in order to obtain payment of a bill for medical care:

- Report adverse information about the individual to consumer credit reporting agencies and/or credit bureaus;
- Defer, deny or require a payment before providing medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under this Policy;
- Place a lien on an individual's property;
- Attach or seize an individual's bank account;
- Commence a civil action against an individual;
- Garnish an individual's wages.

9.3 Reasonable efforts the hospital will take to determine whether the patient is financial assistance eligible before engaging in Extraordinary Collection Actions (ECA's):

- Notify the patient about the Financial Assistance Policy (See 8.0 of this Policy);
- Refrain from initiating ECA's for at least 120 days from the first post-discharge billing statement;
- If the hospital aggregates outstanding bills for multiple episodes of care, the hospital will refrain from initiating ECA's for at least 120 days after the first post-discharge billing statement for the most recent episode of care included in the aggregation;
- If the patient submits an incomplete financial assistance application, the hospital will notify the patient in writing about how to complete the application and give the patient a reasonable opportunity to do so. If ECA's have been initiated, the hospital will suspend them;
- If the patient submits a complete financial assistance application, the hospital will suspend any ECA's, make a determination as to whether the patient is eligible and will notify the patient in writing with the basis for the determination;
- If the patient is eligible for assistance other than free care, the hospital will provide a billing statement that indicates the amount the patient owes and how that amount was determined (or describes how the patient can get that information);
- Refund any amount the patient paid for the care that exceeds the amount the patient is determined to be responsible for, unless it is less than $5; and
- Take all reasonably available measures to reverse any ECA.

9.4 Patient Financial Services Management has the final authority for determining that the hospital has made reasonable efforts to determine if the patient is charity care eligible and may therefore engage in ECA's against the individual.

10.0 Determination of Financial Assistance

Financial Assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with San Juan Regional Medical Center's procedures for qualifying for financial assistance. Financial Assistance discounts are to be assessed only as a last resort, and all current or potential third party coverage is to be considered primary to a discount. This includes, but is not limited to, any coverage such as commercial insurance, Medicare, Workers Compensation, COBRA, Medicaid, San Juan County Indigent Health Care Program, and liability or auto insurance that covers the medical service in question.

The patient is required to apply for all applicable programs for which he/she may be eligible as a condition for applying for financial assistance discounts, and failure to seek eligibility from these sources may result in a denial of financial assistance under this Policy.

10.1 Financial Assistance Assessment
Determination of financial assistance will be made in accordance with procedures that may involve:

10.1.1 An application process, in which the patient or patient's guarantor is required to supply information and documentation relevant to making a determination of financial need;

801 West Maple Street • Farmington, NM 87401
Telephone: 505.609.2000 • sanjuanregional.com

10.1.2 A review of household size and the household gross income for the twelve months prior to the date of service;

10.1.3 Response from Credit Inquiry;

10.1.4 A presumptive eligibility determination in unusual or extenuating circumstances when a patient is unable to submit a complete application. Presumptive eligibility may be determined on the basis of individual life circumstances which may include, but is not limited to:

- Homelessness or receipt of care from a homeless shelter;
- Eligibility for out of state or out of area medical assistance programs;
- Patient is deceased with no known estate;
- Eligibility for SNAP (food stamps);
- Patient who has filed bankruptcy and whose bill has been fully discharged by the court.

10.2 Definition of Household Size. For purposes of this Policy the household consists of:

10.2.1 The patient/guarantor;

10.2.2 The spouse or domestic partner of the patient/guarantor;

10.2.3 Biological, adoptive or step children if they live in that household for more than 50% of the time;

10.2.4 Children related to the patient/guarantor within the fifth degree of relationship by blood or marriage if they live in that household for more than 50% of the time; and

10.2.5 Dependent children who are 18 years old, who are still in high school.

10.2.6 An unborn fetus is counted as a household member.

10.3 Definition of Household Income
Household income includes, but is not limited to:

- earned income;
- unemployment compensation;
- workers' compensation;
- Social Security benefits;
- Supplemental Security Income;
- public assistance;
- veterans' payments;
- survivor benefits;
- pension or retirement income;
- interest, dividends, rents, royalties;
- income from estates and trusts;
- educational assistance;
- alimony;
- child support;
- capital gains;
- cash assistance from outside the household.

Household income does not include:

- non-cash benefits such as food stamps and subsidies.

801 West Maple Street • Farmington, NM 87401
Telephone: 505.609.2000 • sanjuanregional.com

10.4 Income Verification
Income verification will be documented with the financial assistance application through one or more of the following mechanisms:

10.4.1 Payroll stubs showing gross income;

10.4.2 Copies of all income checks;

10.4.3 Signed letters from employers on business letterhead stating gross income for the specified time;

10.4.4 Letter from a state or federal agency showing amount of income received from that agency;

10.4.5 Bank statements showing direct deposits;

10.4.6 If self-employed a statement from a certified public accountant verifying gross income, including a list of expenses, then net income. The same information is required for those who had a loss in their business income total and an explanation of how you are supporting yourself/family. If you do not have an accountant prepare your taxes, then the Federal income tax return and Schedule C from the prior calendar year;

10.4.7 Interest statements from banks, savings and loans or other investment sources;

10.4.8 IRS Income Tax Return forms;

10.4.9 W2 forms.

11.0 Length of Eligibility

Once financial assistance has been approved, the discount is effective for the current dates of service and for emergent or medically necessary services received within 12 months of the date of the approval notice. Patients will not need to re-apply for financial assistance within that 12 month period if they inform the hospital about their prior approval, or if they bring the approval notice with them.

12.0 Notification of Eligibility Determination

Patients/Guarantors will be notified by letter of the final determination of eligibility for financial assistance and the basis for the determination.