

**HONORHEALTH®**

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Last Revised 1/31/2025  
Next Review 12/31/2026

Owner Krystal Powell:  
Director - Self  
Pay Revenue  
Cycle  
Area Revenue Cycle  
Applicability All HonorHealth  
Entities

## Financial Assistance Policy

### PURPOSE

Ensure a consistent mechanism for the application of the Financial Assistance Policy "FAP" to our patients for Emergency and Other Medically Necessary Care provided at an HonorHealth location as well as care provided by an HonorHealth employed physician provided at those locations. The policy provides:

- Consistent application throughout HonorHealth Wholly Owned Facilities
- Compliance with the Internal Revenue Code § 501(r) in furtherance of its tax-exempt status

### POLICY

HonorHealth is committed to providing the best care possible for all our patients and assisting each person entrusted to our care to enjoy the fullest gift of health possible. In pursuit of this goal, HonorHealth will provide financial assistance for Covered Services to patients who meet the eligibility criteria defined in this policy.

This policy does not apply where HonorHealth has lien rights pursuant to A.R.S. § 33-931, *et seq.*, meaning if there is a lien settlement, HonorHealth will collect lien funds.

Financial assistance under this policy is available for inpatient and outpatient services provided within a Wholly Owned HonorHealth Facility. This includes services provided by HonorHealth employed physician provided within an HonorHealth Facility.

HonorHealth Facilities include:

John C. Lincoln Medical Center

Deer Valley Medical Center

Florence Medical Center

Greenbaum Specialty Hospital

Four Peaks Medical Center

Scottsdale Osborn Medical Center

Scottsdale Shea Medical Center

Scottsdale Thompson Peak Medical Center

Sonoran Crossing Medical Center

Tempe Medical Center

HonorHealth Free-Standing Emergency Departments, Urgent Cares and Medical Groups

**DEFINITIONS:**

1. Amount Generally Billed (AGB): The amount generally billed to a hospital patient/guarantor who has insurance coverage as defined in IRS Section 501(r). The AGB is determined using the Look-Back Method defined below. The AGB percentage is calculated for each HonorHealth Hospital Facility and the most favorable discount is applied across all HonorHealth's Hospital Facilities. The AGB percentage is posted at Attachment B.
2. Bad Debt: Uncollected patient financial liabilities that have not been resolved at the end of the patient billing cycle.
3. Covered Providers: Those providers whose Emergency or Other Medically Necessary Care are covered under the Financial Assistance Policy.
4. Covered Services: Emergency and Other Medically Necessary Care provided by HonorHealth and within an HonorHealth Hospital Facility.
5. Emergency and Other Medically Necessary Care: Medical services provided for Emergency Care and Medically Necessary Care as defined herein.
6. Emergency Care: The medical services necessary and appropriate to treat emergency conditions and as such are deemed to be Medically Necessary Care. Emergency conditions result from the sudden onset of a health condition with acute symptoms and in the absence of immediate medical attention, are reasonably likely to place the patient's health in serious jeopardy and result in serious impairment to bodily functions.
7. Extraordinary Collection Actions (ECAs): Actions which require a legal or judicial process, involve selling a debt to another party or reporting adverse information to credit agencies or bureaus.
8. Family Income: Total compensation received by all family members aged 18 or older living in the same household.
9. Federal Poverty Guidelines (FPG): The FPG is published annually by the U.S. Department of Health and Human Services and in effect on the date(s) of service for which financial assistance may be available.
10. Look-Back Method: The method to determine AGB, which requires determining the total amount received by each HonorHealth Hospital Facility for Medicare fee-for-service and private health insurers allowed claims divided by the gross charges for those claims for a

12-month period. The current AGB will be set by the Patient Financial Services Department on January 1 each year and is based on the lookback period of October through September annually. The AGB is posted as Attachment B of this policy and [HonorHealth.com/FinancialAssistance](https://www.honorhealth.com/financialassistance). Additionally, this information can be provided, free of charge upon request to the Patient Financial Services Dept. at 623-300-9044.

11. **Medically Indigent Household:** A household with medical expenses incurred during the previous 12 months for which the household is responsible which exceeds 50% of the household's total income for that year. All medical expenses, including non-HonorHealth medical expenses, are included for the purposes of determining whether a household is Medically Indigent.
12. **Medically Necessary Care:** Those medical services required to identify or treat an illness or injury that is either diagnosed or reasonably suspected to be necessary taking into consideration the most appropriate level of care. The most appropriate setting for the care may be a home, physician's office, outpatient facility, specialty hospital, or an acute care hospital. To be considered medically necessary a service must:
  - a. be required to treat the illness or injury,
  - b. be consistent with the diagnosis and treatment for the patient's condition,
  - c. be in accordance with standards of good medical practice,
  - d. not be for convenience of the patient or the physician, and
  - e. be appropriate for the level of care and location of service.
13. **Presumptive Charity:** A process allowing evaluation of accounts through software applications. Accounts deemed likely to qualify for financial assistance based on specific credit reporting service algorithms are used to assist the financial assistance process.
14. **Uninsured Patient:** An uninsured patient is someone who does not have health coverage, whether through insurance or any government program, and who does not have any right to be reimbursed by anyone else, including third party liability. If the patient's insurance coverage is exhausted, or the patient's insurance does not pay for Covered Services, the patient will be considered uninsured for the purposes of this policy and may apply for financial assistance under this policy
15. **Usual and Customary Charges:** The rates for Covered Services as set forth in the chargemaster for the hospital at the time the Covered Services are rendered.

## **PROCEDURES:**

HonorHealth provides without discrimination, care for emergency medical conditions to individuals regardless of whether they are FAP-eligible (see also HonorHealth's EMTALA policy). HonorHealth does not engage in actions that discourage individuals from seeking emergency medical care including demanding payment or engaging in collection activities before providing treatment from emergency department patients.

I. **Eligibility Criteria for Financial Assistance:** HonorHealth's use of federal poverty guidelines (FPG) are used to determine financial assistance eligibility. The FPG is updated annually in conjunction with the United States Department of Health and Human Services publication. In determining whether a patient meets the eligibility criteria for financial assistance, HonorHealth considers the extent to which the

person has income that could be used to satisfy his or her financial obligation. In some circumstances, presumptive charity may be used. In extraordinary cases, where patients' assets appear to be disproportionately large compared to income or the amount due to the hospital, HonorHealth reserves the right to treat assets as income for purposes of qualifying for assistance and will communicate with the patient in those situations. All discounts are subject to HonorHealth's income verification processes and other financial assistance eligibility requirements described in this policy. Discretionary authority is used in cases of extreme hardship or for compassionate circumstances.

The Director of Patient Financial Services ("Director") or designee has discretionary judgment to grant assistance to patients who would not otherwise qualify for financial assistance. In cases where the patient is unable or unwilling to cooperate, or if documentation provided is insufficient to fully evaluate a patient's financial situation, the Director will use best efforts to identify potential needs using credit reports, propensity to pay algorithm, and prior or current AHCCCS enrollment. In such cases, the Director will have discretionary authority to grant Free Care or Discounted Care to a patient where the authorized employee is satisfied that the client is unable to pay rather than unwilling to pay his or her financial obligation.

Financial assistance is not available to those who have insurance but choose not to use it. Patients who do not cooperate with insurance, guarantor or third-party liability processes when HonorHealth requests information needed to determine eligibility may not be eligible for financial assistance.

Where a patient does not have income that can be used to satisfy their bill for Covered Services, financial assistance is available. No person who is eligible for assistance under this policy will be charged more for Covered Services than the AGB found at Attachment B.

The following categories are commonly used when applying financial assistance:

1. Free Care: A patient will receive a full (100%) discount against Covered Services charges if he or she can demonstrate Family Income at or below 200% of FPG, or is qualified under the Federal Emergency Services Program (FESP) as specified under Title 8 of US Code Section 1611. When qualified under FESP, Free Care only applies to Covered Services not reimbursable or covered by FESP.
2. Discounted Care: A patient will receive an 84% discount against gross charges if he or she can demonstrate family income above 200% but less than 400% of FPG listed on Attachment A. Discounted Care may use a Basic Financial Assistance Attestation Process. Patients may qualify for a discount based on an attestation process which provides a basic financial assistance discount from billed charges. Only uninsured patients may complete an attestation of income in lieu of a full financial assistance application. Additional discounts are available if patient can demonstrate income below the federal poverty limit of 200% as per Attachment A.
3. Medically Indigent Household: Any patient qualifying as a member of a Medically Indigent Household is responsible for 16% of the patient liability. For insured patients this means the amounts due by the patient after insurance adjudication is complete.

II. Communication of Financial Assistance Policy: Individuals in HonorHealth's Patient Financial Services Department and Registration areas are assigned to explain this policy and assist patients in the

application process. HonorHealth will communicate the availability of financial assistance to all patients in a language of any population with limited English proficiency that constitutes the lesser of 1,000 individuals or 5% of the community served by the HonorHealth Facilities as a whole. Methods HonorHealth uses to communicate this policy include, but are not limited to, the following:

1. Information available includes the financial assistance policy, the plain language summary, the financial assistance application(s) and the provider list on our website,
2. Paper copies are available upon request at no charge via mail or in public areas including Emergency Departments and Admitting areas,
3. Billing statements will include a statement informing patients about availability of financial assistance including a phone number and website address which provides information and forms available for use.
4. Notification and informing visitors and members of our community is available via signage posted in HonorHealth Facilities in hospital registration, waiting areas, including the Emergency Department.
5. A list of providers, other than the hospital facility itself, delivering Emergency or Other Medically Necessary Services in the HonorHealth facility is available [HonorHealth.com/FinancialAssistance](https://www.honorhealth.com/FinancialAssistance). HonorHealth lists all physicians and other providers that are covered by the hospitals' financial assistance policy and also provides a list of physicians and providers not covered under the hospital financial assistance policy.

### III. Applying for Financial Assistance

1. Timeframe: HonorHealth provide a 120-day notification period beginning on the first post-discharge billing statement. HonorHealth will accept and process applications for financial assistance under this policy for 240 days after the date of the first billing statement of the eligible services. Individuals submitting incomplete financial assistance applications within 240 days after the network provides the first post discharge billing statement will be given a reasonable opportunity to complete their application. The application period may be longer than 240 days because HonorHealth must notify an individual at least 30-days before pursuing collection activities. In the event the patient does not initially qualify for financial assistance after providing the requested information and documentation, patients may reapply within a 2-year period if there is a change in their income, or family size responsibility.
2. Where to Apply: Financial assistance applications and advice may be obtained by contacting HonorHealth Customer Service at 623-300-9044, in any of the public Hospital Admitting and Emergency Department areas, in the Patient Financial Services offices at 2500 W. Utopia, Suite 100 Phoenix, Arizona 85027, or on the website at [HonorHealth.com/FinancialAssistance](https://www.honorhealth.com/FinancialAssistance).
3. Method for Applying for Financial Assistance: Patients may apply for financial assistance by completing the application either in person or by mail, through MyChart, through a surrogate, through a family member, or through another appropriate party. HonorHealth will make every effort to determine if patients are eligible for assistance within 30 days of receipt of the completed financial assistance application and supporting documentation. The patient or their authorized representative will

cooperate with financial and other information needed and apply for other existing financial resources that may be available to pay for his or her health care. (e.g., Medicare, Medicaid, AHCCCS, third-party liability, etc.). Visits within 6 months of treatment may be covered without having to complete a new financial assistance application.

IV. Notification of Decision: HonorHealth will notify the patient within a reasonable period (usually 30 days) after receiving the patient's request for financial assistance and any financial information or other documentation needed to determine eligibility for financial assistance. HonorHealth will also advise the patient of his or her responsibilities under these financial assistance guidelines. When the patient has been approved under this policy for assistance, HonorHealth will work with the patient or responsible party to establish a reasonable payment plan that considers available income, the amount of the discounted bill(s), and any prior payments.

#### V. Billing and Collections Actions

1. Reasonable Inquiry: HonorHealth will make reasonable efforts to determine whether an individual is eligible for financial assistance. Reasonable efforts include providing the plain language summary at the time of registration and with the initial billing statement sent to patients. Statements also contain a financial assistance notice with a phone number and website.
2. Collection Methods: 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 collection. Hospitals will assign any uncollected patient liability, where a patient has not made payment arrangements with the hospital to a Collection Agency. HonorHealth will not engage in ECAs. HonorHealth and any collection agencies will make reasonable efforts to orally inform patients of the availability of financial assistance during the collection process. The patient is responsible for communicating changes in income that may impact their ability to pay HonorHealth. HonorHealth will ensure that the guidelines outlined above are followed by any external collection agency engaged to assist in obtaining payment on outstanding bills from patients. External collection agencies are notified when a patient account has been adjusted for financial assistance purposes.

#### VI. Patient Responsibilities

1. Complete the financial assistance application and provide the required supporting documentation listed on the application.
2. Actively participate with HonorHealth and its representatives to apply for other existing financial resources that may be available to pay for his or her health care (e.g., Medicaid or AHCCCS) by providing financial and other information needed to HonorHealth, its representatives, and governmental agencies. A denial for services rendered by government agencies or third-party payers may be required for financial assistance to be pursued/approved.
3. A financial assistance application is not necessary, but supporting documentation or notification is required for the circumstances listed below:
  - a. Deceased Patients: Death Certificate or Obituary



- b. Homeless Patients: AHCCCS website verification or account notes.
  - c. AHCCCS Qualified: Notification of eligibility (this includes patients who become eligible within 30 days of the date of service). AHCCCS website verification.
  - d. Follow-up Care within six (6) Months: Follow-up care on an account approved for financial assistance within the prior six (6) months.
- 4. Those applying as a Medically Indigent household must include their medical bills for the last 12 months.
  - 5. Cooperate with HonorHealth to establish a reasonable payment plan, which takes into account available income and the amount of the discounted bill(s), and any prior payments.
  - 6. Make a good faith effort to honor the payment plans for their discounted HonorHealth bills.
  - 7. Communicate to HonorHealth any change in their financial situation that may impact their ability to pay their discounted HonorHealth bills or to honor the provisions of their payment plans.
  - 8. Uninsured patients may utilize the Basic Financial Assistance Attestation in lieu of a full financial assistance application and receive discounted services.

VII. Right to appeal: Patients may appeal a financial assistance denial in writing to the Director, Patient Financial Services at HonorHealth, Patient Financial Services, 2500 N. Utopia Rd, Phoenix, AZ 85027. Any extenuating circumstances will be considered as part of the overall review.

VIII. Covered and Non-Covered Providers: Common examples include, but are not limited to, emergency department physicians, radiologists, pathologists, surgeons, anesthesiologists and hospitalists. Most physicians and other providers are not substantially related to the hospital. The list of Participating Providers is located at [HonorHealth.com/FinancialAssistance](https://www.honorhealth.com/FinancialAssistance). This is updated quarterly if there are changes.

IX. Right to seek reimbursement of charges from third parties: In the event any first or third-party payer is liable for any portion of an uninsured patient's bill, hospital will seek full reimbursement of all charges incurred by the patient at the hospital's usual and customary charges from such first or third-party payers, including those governed by the provisions of A.R.S. § 33-931, et seq., despite any financial assistance granted under this policy.

X. Refunds: If an individual has paid for services and is subsequently determined to be eligible for a financial assistance reduction under this policy, HonorHealth will refund any amount greater than \$5 for care by such individual.

## ATTACHMENTS/FORMS:

Attachment A: Financial Assistance Income Guidelines

Attachment B: AGB Percentage

## All Revision Dates

1/31/2025, 1/21/2025, 1/12/2022, 10/1/2021, 4/15/2019

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## Attachments

 [A: Financial Assistance Income Guidelines](#)

 [B: AGB Percentage](#)

## Approval Signatures

Step Description	Approver	Date
Final Approval	Karen Cheek: NTKW SR DIR-PATIENT ACCESS	1/31/2025
Committee Approval	Karen Cheek: NTKW SR DIR-PATIENT ACCESS	1/31/2025
Management Review	Rachell Briggs: DIRECTOR-SELF PAY REV CYCLE	1/31/2025
	Rachell Briggs: DIRECTOR-SELF PAY REV CYCLE	1/31/2025

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## Applicability

Deer Valley Medical Center, Florence Medical Center, Four Peaks Medical Center, HonorHealth Foundation, HonorHealth Network Services, John C. Lincoln Medical Center, Osborn Medical Center, Physician Network/Outpatient Sites, Shea Medical Center, Sonoran Crossing Medical Center, Tempe Medical Center, Thompson Peak Medical Center