Valleywise Health Administrative Policy & Procedure

Effective Date: 11/15
Reviewed Dates: 06/18, 06/20, 05/22
Revision Dates: 03/16

Policy #: 99021 G – Finance

Policy Title: Financial Assistance

Scope: [X] District Governance (G)
[ ] System-Wide (S)
[ ] Division (D)
[ ] Multi-Division (MD)
[ ] Department (T)
[ ] Multi-Department (MT)
[ ] FQHC (F)

Purpose:
To identify and assist patients who do not qualify for a health care benefit program, or lack the financial resources to meet their total financial responsibility for services rendered

Policy:
Given the responsibility of the Board of Directors to manage the District’s resources in a fiscally responsible manner to ensure that the population it serves receives appropriate health care, it is the policy of the Board that:

a. all patients who come to Valleywise Health will receive appropriate treatment regardless of their ability to pay, and;

b. that all patients are expected to pay for those services based on their resources, and;

c. the financial assistance plans and processes adopted to implement this policy will be consistent with the District’s available resources.

A means test will be applied via a resource assessment process, which may permit the patient’s charges to be reduced, through such programs as a sliding fee schedule, discounts against billed charges, payment arrangements, and or other fair and equitable procedures.
In the case where a patient comes to Valleywise Health for elective or non-emergent procedures, appropriate financial and resource counseling and assessment for potential enrollment in a health care benefit program or participation in the financial assistance program(s) will be conducted. All payment arrangements will be constructed with due regard for the District’s available resources.

**References:**

Valleywise Health Federally Qualified Health Center Clinics Sliding Fee Discount Program and Schedule #23624 D, and

Board Policy Statement 99006 G - Discounts
Vallewise Health Policy & Procedure - Approval Sheet
(Before submitting, fill out COMPLETELY.)

POLICY RESPONSIBLE PARTY: Maricopa County Special Health Care District Board of Directors

DEVELOPMENT TEAM(S): Clerk’s Office

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e-Signers: Melanie Talbot, Chief Governance Officer and Clerk of the Board

Place an X on the right side of applicable description:

New -
Retire - Reviewed - X
Revised with Minor Changes -
Revised with Major Changes -
Please list revisions made below: (Other than grammatical changes or name and date changes)

Reviewed and Approved by in Addition to Responsible Party and E-Signer(s):

Committee: N/A
Committee: N/A
Committee: N/A
Reviewed for HR: N/A
Reviewed for EPIC: N/A
Other: N/A
Other: N/A
Other: N/A