

Cibola General Hospital 1016 E. Roosevelt Ave. Grants, NM 87020 Phone: 505-287-4446 Fax: 505-287-5309		Policy # 902028
Title: Patient Payment Plan Policy		
Policy First Effective Date: 12/05/2025	Last Revision Date: 12/05/2025	Last Review Date: 12/05/2025

Purpose

The purpose of this policy is to ensure fair and consistent application of patient payment plans, making services accessible to individuals who may experience financial hardship, while maintaining compliance with applicable laws and regulations.

Scope

This policy applies to all patients receiving services from Cibola General Hospital Corporation, which includes Cibola General Hospital (CGH), Cibola Family Health Center (CFHC), Cibola Specialty Associates (CSA), and Cibola Behavioral Health and Wellness (CBHW) regardless of race, color, national origin, sex (including pregnancy, sexual orientation, and gender identity), age, disability, and other categories protected by law.

Eligibility Criteria

Payment Plans are available to patients who meet one or more of the following:

- Household income at or below 100% of the Federal Poverty Guidelines (FPG)
- Demonstrated financial hardship due to medical expenses or loss of income
- Special circumstances approved by the Financial Assistance Committee
- 902025 Sliding Fee Discount Program Policy

4. Payment Plan Structure

Parameters are configured in Cerner and may be updated by the CFO. Suggested defaults are provided to reduce rework.

4.1 Minimum Installment Table

Balance Upto	Monthly Payments											
	1	2	3	4	5	6	7	8	9	10	11	12
\$25.00-\$350.00	\$ 87.50	\$ 87.50	\$ 87.50	\$ 87.50								
\$350-\$1000.00	\$166.66	\$ 166.66	\$ 166.66	\$ 166.66	\$ 166.66	\$ 166.66						
\$1000-\$2500.00	\$357.14	\$ 357.14	\$ 357.14	\$ 357.14	\$ 357.14	\$ 357.14	\$ 357.14					
\$2500.00-\$4500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00			
\$4500.00-\$6500.00	\$650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00		
\$6500.00-\$8500.00	\$708.00	\$ 708.00	\$ 708.00	\$ 708.00	\$ 708.00	\$ 708.00	\$ 708.00	\$ 708.00	\$ 708.00	\$ 708.00	\$ 708.00	\$ 708.00
\$9000.00-\$10,000.00	\$833.33	\$ 833.33	\$ 833.33	\$ 833.33	\$ 833.33	\$ 833.33	\$ 833.33	\$ 833.33	\$ 833.33	\$ 833.33	\$ 833.33	\$ 833.33

Plans should retire balances within 12 months. Longer terms require an override per 4.3 with a rationale. If a patient can only afford a nominal amount that would exceed 12 months, route for CFO approval before establishing the plan.

4.2 Consolidation Choice for Non-Consolidated Encounters

Select one.

Payment plans for Sliding Fee Discounts for CFHC encounters are kept separate from payment plans for CGH, CSA, and CBHW encounters. Multiple CFHC encounters may be consolidated to one payment plan. Multiple CGH, CSA, and CBHW encounters can be consolidated into one payment plan.

4.3 Override Authority

Setting an installment below the minimum requires:

- Authority: CFO to designate titles or roles
- Required note: reason, patient attestation of hardship when applicable, and the new amount
- Term cap: do not exceed the payoff horizon in 4.1 without CFO approval
- Reporting: include override count, percent of plans with overrides, and average override delta in the monthly KPI pack

4.4 Grace Period for Communications

The grace period is 15 days. It governs when a plan is considered late for communications and reporting.

- Default: Payment counted on time if received within 10 calendar days after the due date.
- **Patient communication.** Display the grace period on statements and in scripts. Staff should not promise suppression of fees or interest unless configured. If payment is received within the grace period, do not label the plan as delinquent in patient communications.

5. Application Process

1. Patient completes the **Patient Discount Application Form**.
2. Submit proof of income (e.g., pay stubs, tax returns, unemployment benefits).
3. Financial Services reviews and determines eligibility within **10 business days**.
4. Written notification of approval or denial is provided to the patient with payment plan options.

6. Confidentiality

All patient financial information will be kept confidential in accordance with HIPAA and organizational privacy policies.

7. Exceptions

Any exceptions to this policy must be approved in writing by the Chief Finance Officer or designee.