Powell Valley Healthcare
Compassionate Quality Care

Financial Assistance Acuity Indicators

PURPOSE

The 501r tax regulation requires that financial assistance policies define what services are eligible for coverage under financial assistance. Powell Valley Healthcare Inc will consider services that are defined as urgent and semi-urgent, by the treating clinical provider, in the financial assistance process. Elective services are not considered for financial assistance. Occasionally the level of urgency may be increased based on a special consideration/hardship that is well documented by the provider and/or applicable financial assistance committee staff.

A non-emergent service treated in an emergent setting will not be considered emergent for the purpose of financial assistance. The level of urgency is based on the clinical opinion of the treating clinician and not the location of the service.

URGENT / EMERGENT / NON-ELECTIVE

Urgent/emergent/non-elective services are those deemed necessary, in the opinion of the treating clinician, to save life and/or limb. A condition causing severe pain, dysfunction, or disability and cannot be delayed more than 24 hours.

SEMI-URGENT / SEMI-EMERGENT / SEMI-ELECTIVE

Semi-urgent/semi-emergent/semi-elective care are those services deemed necessary, in the opinion of the treating clinician, to preserve the patient's life/limb, but do not need to be performed immediately. A condition causing moderate pain, dysfunction, or disability and is likely to deteriorate quickly or become an emergency.

ELECTIVE

Care at some time in the future for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become an emergency. For the purpose of financial assistance obstetric services have also been deemed elective.

SPECIAL CONSIDERATIONS / HARDSHIP

The level of urgency for any given service may be increased based on special considerations/hardship. Patients, family of patients, clinicians, and Patient Financial Services staff can request that medical services be reviewed on a case by case basis. Special considerations may include but are not limited to those listed below:

- Diagnosis (i.e. cancer)
- Potential to deteriorate to an emergency situation
- Patient demographics (travel hardship)
- Availability of external resource
- Patient co-morbidities
- Mental/emotional health
- Level of pain/dysfunction/disability
- Continuation of care for traumatic injury/illness
- Confirmed Active Out of State Medicaid Coverage (non-elective services only)