

**St. Vincent Health**  
*St. Vincent Jennings Hospital, Inc.*

**FINANCIAL ASSISTANCE POLICY**  
02/01/18

**POLICY/PRINCIPLES**

It is the policy of St. Vincent Jennings Hospital, Inc. (the “Organization”) to ensure a socially just practice for providing emergency or other medically necessary care at the Organization’s facilities. This policy is specifically designed to address the financial assistance eligibility for patients who are in need of financial assistance and receive care from the Organization.

1. All financial assistance will reflect our commitment to and reverence for individual human dignity and the common good, our special concern for and solidarity with persons living in poverty and other vulnerable persons, and our commitment to distributive justice and stewardship.
2. This policy applies to all emergency and other medically necessary services provided by the Organization, including employed physician services and behavioral health. This policy does not apply to payment arrangements for elective procedures or other care that is not emergency care or otherwise medically necessary.
3. The List of Providers Covered by the Financial Assistance Policy provides a list of any providers delivering care within the Organization’s facilities that specifies which are covered by the financial assistance policy and which are not.

**DEFINITIONS**

For the purposes of this Policy, the following definitions apply:

- “**501(r)**” means Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder.
- “**Amount Generally Billed**” or “**AGB**” means, with respect to emergency or other medically necessary care, the amount generally billed to individuals who have insurance covering such care.
- “**Emergency Care**” means care to treat a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention may result in serious impairment to bodily function, serious dysfunction of any bodily organ or part, or placing the health of the individual in serious jeopardy.
- “**Medically Necessary Care**” means care that is determined to be medically necessary following a determination of clinical merit by a licensed provider. In the event that care requested by a Patient covered by this policy is determined not to be medically necessary by a reviewing physician, that determination also must be confirmed by the admitting or referring physician.
- “**Organization**” means St. Vincent Jennings Hospital, Inc.
- “**Patient**” means those persons who receive emergency or medically necessary care at the

Organization and the person who is financially responsible for the care of the patient.

**Financial Assistance Provided**

1. Patients with income less than or equal to 250% of the Federal Poverty Level (“FPL”), will be eligible for 100% charity care write off on that portion of the charges for services for which the Patient is responsible following payment by an insurer, if any.
2. At a minimum, Patients with incomes above 250% of the FPL but not exceeding 400% of the FPL, will receive a sliding scale discount on that portion of the charges for services provided for which the Patient is responsible following payment by an insurer, if any. A Patient eligible for the sliding scale discount will not be charged more than the calculated AGB charges. The sliding scale discount is as follows:

2018 HHS Poverty Guidelines Calculation Table*							
Hospital Based Services							
Household		Charity Care		Financial Assistance Program***			Uninsured with Means to Pay***, ****
Size	FPL*	0 to 138%	to 250%	to 300%	to 350%	to 400%	> 400%
1	\$ 12,140	\$ 16,753	\$30,350	\$36,420	\$42,490	\$48,560	
2	\$ 16,460	\$ 22,715	\$41,150	\$49,380	\$57,610	\$65,840	
3	\$ 20,780	\$ 28,676	\$51,950	\$62,340	\$72,730	\$83,120	
4	\$ 25,100	\$ 34,638	\$62,750	\$75,300	\$87,850	\$100,400	
5	\$ 29,420	\$ 40,600	\$73,550	\$88,260	\$102,970	\$117,680	
6	\$ 33,740	\$ 46,561	\$84,350	\$101,220	\$118,090	\$134,960	
7	\$ 38,060	\$ 52,523	\$95,150	\$114,180	\$133,210	\$152,240	
8**	\$ 42,380	\$ 58,484	\$105,950	\$127,140	\$148,330	\$169,520	
Classification		CCI	CC2	FAP3	FAP4	FAP5	Self - Pay
Discount		100%	100%	90%	80%	70%	40%****
Discount	1) Financial Assistance for the uninsured and Means to Pay discount is based on total charges.						
Application	2) Insured discount is based on patient liability or balance due.						
	3) Income levels are based on annual household income.						

\*based on the Federal Register / document citation: Federal Register Vol. 83 / January 18, 2018 / pgs. 2642-2644

\* See <https://www.federalregister.gov/d/2018-00814/page-2644>

\*\* For each additional person at 100% poverty, add \$4320 ( then, if necessary, multiply accordingly up to 400%)

\*\*\* Maximum owed by any patient per episode of care or account is 10% of gross household income

\*\*\*\* The self-pay discount constitutes other assistance for patients not eligible for financial assistance and is not intended to be subject to 501(r) but is included here for the convenience of the community served.

3. Patients with demonstrated financial needs with income greater than 400% of the FPL may be eligible for consideration under a “Means Test” for some discount of their charges for services from the Organization based on a substantive assessment of their ability to pay. Maximum owed by any patient per episode of care or account is 10% of gross household income.
4. For a Patient that participates in certain insurance plans that deem the Organization to be “out-of-network,” the Organization may reduce or deny the financial assistance that would otherwise be available to Patient based upon a review of Patient’s insurance

- information and other pertinent facts and circumstances.
5. Eligibility for financial assistance may be determined at any point in the revenue cycle and may include the use of presumptive scoring to determine eligibility notwithstanding an applicant's failure to complete a financial assistance application ("FAP Application").
  6. Eligibility for financial assistance must be determined for any balance for which the patient with financial need is responsible.
  7. The process for Patients and families to appeal an Organization's decisions regarding eligibility for financial assistance is as follows:
    - a. All appeals will need to be submitted in writing via mail to: St. Vincent Health, Vice President of Revenue Cycle, 10330 North Meridian Street, Suite 220, Indianapolis, IN 46290
    - b. All appeals will be considered by St. Vincent Health's 100% charity care and financial assistance appeals committee, and decisions of the committee will be sent in writing to the Patient or family that filed the appeal.

### **Other Assistance for Patients Not Eligible for Financial Assistance**

Patients who are not eligible for financial assistance, as described above, still may qualify for other types of assistance offered by the Organization. In the interest of completeness, these other types of assistance are listed here, although they are not need-based and are not intended to be subject to 501(r) but are included here for the convenience of the community served by St. Vincent Health.

Uninsured Patients who are not eligible for financial assistance will be provided a discount based on the discount provided to the highest-paying payor for that Organization. The highest paying payor must account for at least 3% of the Organization's population as measured by volume or gross patient revenues. If a single payor does not account for this minimum level of volume, more than one payor contract should be averaged such that the payment terms that are used for averaging account for at least 3% of the volume of the Organization's business for that given year.

### **Limitations on Charges for Patients Eligible for Financial Assistance**

Patients eligible for Financial Assistance will not be charged individually more than AGB for emergency and other medically necessary care and not more than gross charges for all other medical care. The Organization calculates one or more AGB percentages using the "look-back" method and including Medicare fee-for-service and all private health insurers that pay claims to the Organization, all in accordance with 501(r). A free copy of the AGB calculation description and percentage(s) may be obtained by visiting any Patient Registration department, or via mail by calling our Customer Service Department.

## **Applying for Financial Assistance and Other Assistance**

A Patient may qualify for financial assistance through presumptive scoring eligibility or by applying for financial assistance by submitting a completed FAP Application. A Patient may be denied financial assistance if the Patient provides false information on a FAP Application or in connection with the presumptive scoring eligibility process. The FAP Application and FAP Application Instructions are available online at [www.stvincent.org](http://www.stvincent.org), visiting any Patient Registration department or via mail by calling our Customer Service Department.

The following guidelines are utilized to determine presumptive eligibility:

- a. For the purpose of helping Patients that need financial assistance, Organization may utilize a third-party to review Patient's information to assess financial need. This review utilizes a healthcare industry recognized, predictive model that is based on public record databases. The model incorporates public record data to calculate a socio-economic and financial capacity score that includes estimates for income, assets and liquidity. The model's rule set is designed to assess each Patient to the same standards and is calibrated against historical financial assistance approvals for the Organization. The predictive model enables the Organization to assess whether a Patient is characteristic of other Patients who have historically qualified for financial assistance under the FAP Application.
- b. After efforts to confirm coverage availability, the predictive model provides a systematic method to grant presumptive financial assistance to Patients with appropriate financial needs. When predictive modeling is the basis for presumptive eligibility, an appropriate discount based upon the score will be granted for eligible services for retrospective dates of service only. For those Patients not awarded 100% charity care, a letter will be generated notifying the Patient of the level of financial assistance awarded and giving instructions on how to appeal the decision.
- c. In addition to the use of the predictive model outlined above, presumptive financial assistance will also be provided at the 100% charity care level in the following situations:
  - i. Deceased Patients where the Organization has verified there is no estate and no surviving spouse.
  - ii. Patients who are eligible for Medicaid from another state in which the Organization is not a participating provider and does not intend to become a participating provider.
  - iii. Patients who qualify for other government assistance programs, such as food stamps, subsidized housing, and Women's Infants and Children's Program (WIC).

## **Billing and Collections**

The actions that the Organization may take in the event of nonpayment are described in a separate billing and collections policy. A free copy of the billing and collections policy may be

obtained by visiting any Patient Registration department or via mail by calling our Customer Service Department.

### **Interpretation**

This policy is intended to comply with 501(r), except where specifically indicated. This policy, together with all applicable procedures, shall be interpreted and applied in accordance with 501(r) except where specifically indicated.

### **Contact Information**

**St. Vincent Jennings Hospital, Financial Counselor:** 812-352-4223

**Customer Service Toll Free Phone Number:** 866-435-2078

#### **Mailing Address:**

St. Vincent Health, Customer Service Dept.

10330 North Meridian Street, Suite 200

Indianapolis, IN 46290

**Exhibit A**

**St. Vincent Jennings Hospital**

**LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY**

02/01/18

Per Reg. Sec. 1.504(r)-4(b)(1)(iii)(F) and Notice 2015-46, this list specifies which providers of emergency and medically necessary care delivered in the hospital facility are covered by the Financial Assistance Policy (FAP). Elective procedures and other care that is not emergency care or otherwise medically necessary are not covered by the FAP for any providers.

<u>Providers covered by FAP</u>	<u>Providers not covered by FAP</u>
All St. Vincent Medical Group Physicians	LARISA I ALLAKHVERDOVA MD
All St. Vincent Employed Physicians	CARYN C ANDERSON MD
Indiana Physician Management, LLC.	EDWIN J APENBRINCK MD
	PETER D ARFKEN MD
	ANWAR T ASHRAF MD
	ATUL BARRY MD
	EDWARD R BARTLEY MD
	JOHN DAMIAN BEIERLE MD
	HOMER F BELTZ MD
	ERIC E BELTZ MD
	MICHAEL MARION BERMUDEZ MD
	ELIZABETH CORINNE BERTSCH MD
	PARIN M BHAYANI MD
	MARTIN DEE BONNEY MD
	JANICE L BRASHEAR NP
	MARGARET A BRENGLE MD
	JUSTIN JAMES BURDICK MD
	WILLIAM D BURNETT OD
	JOHN M CHAPPO DO
	KATHY SANDS CLARK MD
	MICHAEL S CONLEY MD
	LEO T D'AMBROSIO MD
	TIMOTHY LLOYD DAVIS MD PHD
	KATHRYN D DAVIS NP
	RICHARD ANTHONY DE FELICE MD
	CURTIS K DEASON MD
	ANDREW EDWIN DICK MD
	JOSHUA D DOWELL MD

	JACK M DREW MD
	LAURA O DUGAN MD
	CHELSEA FAITH DUGLE PA-C
	MARTHA J DWENGER MD
	ERIC D ELLIOTT MD
	JANALYN P FERGUSON MD
	JOHN F FIEDERLEIN MD
	ADAM J FISCH MD
	WILLIAM C FISCHER MD
	VINCENT J. L. FLANDERS MD
	WILLIAM C FREUDENTHAL MD
	STEVEN A FRITSCH MD
	MATTHEW G GENTRY MD
	JOSEPH C GEORGE MD
	ROY L GOODE MD
	BRIAN DONALD GRANER MD
	DAVID J GULLIVER MD
	THOMAS F HAGMAN MD
	RICHARD L HALLETT MD
	WARREN KENT HANSEN MD
	JOY HARRISON MD
	KIRK A HEARNE OD
	ROBIN A HELMUTH MD
	CAROLYN R HERMAN MD
	CRAIG E HERRMAN MD
	JEFFREY W HILBURN MD
	ANGELA JEANNETTE HIPSKIND NP
	KELLY K HORST MD
	GEOFFREY M HOSTA MD
	JAIMIE M HOWELL MD
	REED W. HOYER MD
	TRAVIS MATTHEW HUBBUCH DPM
	ANTHONY CHRISTOPHER ILLING MD
	ADAM JAMES JABLONSKI MD
	THEODORE BAUER JENNERMANN MD
	MATTHEW M JONES MD
	DAVID A JOSEPHSON MD
	COREY B KENDALL MD
	RIZWAN N. KHAN MD
	MAZEN KHAYAT MD
	CARISSA L KLAAS MD

	KATHERINE T KOBZA MD
	BENJAMIN B KUZMA MD
	THEODORE P LABUS MD
	PATRICIA E LADD MD
	DEBRA ANN LADD MD
	KENT T LANCASTER MD
	CARLO R LAZZARO MD
	CHARLES A LERNER MD
	MATTHEW J LOCKER MD
	MATTHEW E LOVELL MD
	JAMES WILLIAM MALENKOS MD
	VERONICA J MARTIN MD
	MARY C MCANDREWS NP
	CYNTHIA K MCGARVEY MD
	LISA A MCHONE NP
	GORDON C MCLAUGHLIN MD
	SCOTT W MCMULLEN MD
	JESSICA M MERIWETHER PA-C
	RISHI S MHAPSEKAR MD
	JOHN MARK MICHAEL MD
	JANE S MITCHELL MD
	KUIMIL K MOHAN MD
	JOHN A MORTON MD
	JACK J MOSS MD
	CHARLES C MULRY MD
	MICHAEL E MURPHY MD
	BRIAN PATRICK MURPHY MD
	JOSHUA S NEUCKS MD
	JONATHAN F. NOEL MD
	MICHAEL J PANKRATZ MD
	KELLIE ADRIENNE PARK MD
	ANUJ A PATEL MD
	JAMES MICHAEL PHELPS MD
	FRANK J PISTOIA MD
	LOUIS M PROFETA MD
	DAVID L PROFFER CRNA
	KRISTOPHER R PUGH MD
	NOEL C. PUTMAN CRNA
	KELLEY L RAMEY MD
	NARAHARISSETTY ARUNA RAU MD
	MELISSA LYNN REED MD



	JEFFREY I REIDER MD
	SCOTT F ROBINSON MD
	MICHAEL ALAN SAMUEL MD
	RYAN NATHAN SAUER MD
	STEPHEN PATRICK SAVAGE MD
	MICHAEL A SERMERSHEIM MD
	STEVEN R SHELTON MD
	CHRISTINA N SHINAVER MD
	EDWARD SIERRA MD
	PETER M SIMMONS MD
	MICHAEL S SKULSKI MD
	ELIZABETH ANN SMOOT NP
	CATHERINE I SOCEC MD
	SAMUEL JOSEPH STEFFEY MD
	MATTHEW R STEINER MD
	SUZANNE D STOUT RRA
	LARRY L STOVER MD
	AUDRA L SUMMERS NP
	DAVID M THOMPSON MD
	RORY TROPP MD
	MARC P UNDERHILL MD
	WALTER G WARREN DPM
	LORI J WELLS MD
	MICHAEL G WELSH MD
	BRIAN J WIEGEL MD
	STEVEN J WILLING MD
	JEFFREY ALLEN YABLONG MD
	EDWARD D ZDOBYLAK MD