

Sacred Heart Health System, Inc
aka Sacred Heart Medical Group
aka Panhandle Emergency Physicians

Providence Health System, Inc
aka Providence Medical Group
aka Seton Medical Management

POLICY/PRINCIPLES

It is the policy of the above entities (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.

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 the entities listed above.
- “**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:

Sacred Heart Hospital Pensacola 2017 HHS Poverty Guidelines Calculation Table*							
Hospital Based Services							
Household Size	FPL*	Charity Care		Financial Assistance Program***			Uninsured with Means to Pay > 400%
		0 to 200%	to 250%	to 300%	to 350%	to 400%	
1	\$ 12,060	\$ 24,120	\$30,150	\$36,180	\$42,210	\$48,240	
2	\$ 16,240	\$ 32,480	\$40,600	\$48,720	\$56,840	\$64,960	
3	\$ 20,420	\$ 40,840	\$51,050	\$61,260	\$71,470	\$81,680	
4	\$ 24,600	\$ 49,200	\$61,500	\$73,800	\$86,100	\$98,400	
5	\$ 28,780	\$ 57,560	\$71,950	\$86,340	\$100,730	\$115,120	
6	\$ 32,960	\$ 65,920	\$82,400	\$98,880	\$115,360	\$131,840	
7	\$ 37,140	\$ 74,280	\$92,850	\$111,420	\$129,990	\$148,560	
8**	\$ 41,320	\$ 82,640	\$103,300	\$123,960	\$144,620	\$165,280	
Classification		CCI	CC2	FAP3	FAP4	FAP5	Uninsured
Discount		100%	100%	90%	80%	72%	51%
Discount Application	1) Financial Assistance for the uninsured with Means to Pay discount is based on total charges. 2) Insured discount is based on patient liability or balance due.						

* Based on the Federal Register / document citation: Federal Register Vol. 82 / January 26, 2017 / pgs. 8831-8832
 * See <https://www.federalregister.gov/documents/2017/01/31/2017-02076/annual-update-of-the-hhs-poverty-guidelines>
 ** For each additional person at 100% poverty, add \$4180 (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

Providence Hospital, Mobile AL 2017 HHS Poverty Guidelines Calculation Table*							
Hospital Based Services							
Household Size	FPL*	Charity Care		Financial Assistance Program***			Uninsured with Means to Pay > 400%
		0 to 200%	to 250%	to 300%	to 350%	to 400%	
1	\$ 12,060	\$ 24,120	\$30,150	\$36,180	\$42,210	\$48,240	
2	\$ 16,240	\$ 32,480	\$40,600	\$48,720	\$56,840	\$64,960	
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8**	\$ 41,320	\$ 82,640	\$103,300	\$123,960	\$144,620	\$165,280	
Classification		CCI	CC2	FAP3	FAP4	FAP5	Uninsured
Discount		100%	100%	90%	80%	66%	66%
Discount Application	1) Financial Assistance for the uninsured with Means to Pay discount is based on total charges. 2) Insured discount is based on patient liability or balance due.						

* Based on the Federal Register / document citation: Federal Register Vol. 82 / January 26, 2017 / pgs. 8831-8832
 * See <https://www.federalregister.gov/documents/2017/01/31/2017-02076/annual-update-of-the-hhs-poverty-guidelines>
 ** For each additional person at 100% poverty, add \$4180 (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

- 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. A Patient eligible for the “Means Test” discount will not be charged more than the calculated AGB charges.

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:
NRSC, Executive Director of Revenue Cycle/Financial Assistance
10330 N. Meridian Street, 2N PFS
Indianapolis, IN 46290
 - b. All appeals will be considered by the above entities 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 the above entities. 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 and percentage may be obtained 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 <https://sacred-heart.org/MedicalGroup/Patient-Billing>, 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 calling Customer Service, 844-366-9666.

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

Customer Service:

844-366-9666

Financial Assistance Team:

800-566-5050

Mailing Address:

NRSC, Financial Assistance Representative
10330 N. Meridian Street, 2N PFS
Indianapolis, IN 46290