Ascension St. Vincent

经济援助政策

10/01/2026

政策/原则

这是本段下文所列各组织（每个组织都简称“组织”）的政策，旨在确保以促进社会公正的做法在组织设施提供急救或其他医学必要护理。本政策专门设计用于解决需要经济援助且接受组织护理的患者的经济援助资格问题。本政策适用于 Ascension St. Vincent 中的以下每个组织：

St. Vincent Hospital and Healthcare Center, Inc. 经营别称 Ascension St. Vincent – Castleton

1. 所有经济援助都将反映我们对个人尊严和公共利益的承诺和尊重，对生活在贫困之中的人群和其他弱势群体的特别关注和休戚与共，以及我们对公平分配和尽责管理的承诺。

2. 本政策适用于组织提供的所有急救和其他医学必要护理，包括雇用医生的服务和行为健康。本政策不适用于非急救及其他医学必要护理的收费。

3. 经济援助政策涵盖的提供者列表提供了在组织设施内提供护理的所有服务提供者名单，并指明了哪些服务提供者属于经济援助政策的涵盖范围，哪些不是。

定义

就本政策而言，下列定义适用：

- “**501(r)**”是指《美国国内税收法典》(Internal Revenue Code) 的第 501 项第 (r) 款，以及根据该条款颁布的条例。
- “**通常计费金额**”或“**AGB**”是指进行急救护理及其他医学必要护理时，通常向拥有此类护理保险的个人所计费的金额。
- “**社区**”是指 Ascension St. Vincent – Castleton 的主要服务区域，包括但不限于印第安纳州中部的马里恩县。如果患者需要的急救及其他医学必要护理是在另一家 Ascension Health 机构接受的连续性护理，并且该患者有资格就此类护理获得经济援助，则该患者也将被视为组织社区的成员。
- “**急救护理**”是指治疗显现出充分严重性的急症症状（包括严重疼痛）的医疗状况的护理，且如果不立即进行医疗救治，则可能导致身体功能的严重损害、任何身体器官或部分的严重功能障碍，或个人的健康受到严重危害。
- “**医学必要护理**”是指该护理 (1) 与患者病情的预防、诊断或治疗相适应并对其至关重要；(2) 能够针对患者病情安全地提供最适合的服务供应或服务水平；(3) 并非主要为了患者、患者家属、医师或陪护者的方便而提供；以及 (4) 更有可能给患者带来好处而不是伤害。要使将来的预定护理成为“医学必要护理”，该护理和护理时间必须得到组织首席医疗官（或指定人员）的批准。医学必要护理的确定必须由向患者提供医疗护理的持照提供者提出，并根据组织的酌情决定，由收治医师、转诊医师和/或首席医疗官或其他审核医师（取决于推荐的护理类型）进行确认。如果患者要求的本政策所涵盖护理被审核医师判定为不具有医学必要性，这种判定结果也必须由收治或转诊医师进行确认。
- “**组织**”是指 St. Vincent Hospital and Healthcare Center, Inc. 经营别称 Ascension St. Vincent - Castleton。
- “**患者**”是指在组织接受急救及其他医学必要护理的患者，以及负责支付患者护理费用的人员。

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<u>所提供的经济援助</u>

本节所述的经济援助仅限于居住在“社区”的患者：

1. 除非本经济援助政策另有其他条款，对于收入低于或等于联邦贫困线 (“FPL”) 的 250% 的患者，如果该患者根据推定评分（见下文第 5 段所述）被确定符合资格，或者在其首张出院账单之后不超过 240 天提交了经济援助申请（简称“申请”）并且该申请得到了组织的批准，则该患者将有资格对于保险公司付款（如果有）后的患者负责服务费用部分获得 100% 慈善医疗福利。如果患者在其首张出院账单后超过 240 天提交申请，则该患者将有资格获得最高 100% 的经济援助，但为此类患者提供的经济援助金额，仅限于在考虑患者账户上任何已付款项后的患者未付余额。对于符合此类经济援助资格的患者，向其收取的费用将不会超过所计算的 AGB 费用。

2. 除非本经济援助政策另有其他条款，对于收入高于 FPL 的 250% 但不超过 FPL 的 400% 的患者，如果该患者在其首张出院账单之后不超过 240 天提交了申请并且该申请得到了组织的批准，则该患者将对于保险公司付款（如果有）后的患者负责服务费用部分获得浮动计算折扣。如果患者在其首张出院账单后超过 240 天提交申请，则该患者将有资格获得浮动计算折扣经济援助，但为此类患者提供的经济援助金额，仅限于在考虑患者账户上任何已付款项后的患者未付余额。对于符合此类经济援助资格的患者，向其收取的费用将不会超过所计算的 AGB 费用。浮动比例折扣如下：

   251% FPL 和 300% FPL 之间的患者将获得 90% 的援助

   301% FPL 和 350% FPL 之间的患者将获得 80% 的援助

   351% FPL 和 400% FPL 之间的患者将获得 75% 的援助

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3. 除非本经济援助政策另有其他条款，收入高于 FPL 的 400% 的患者可能有资格根据“经济情况调查”获得经济援助，即根据患者的医疗债务总额对患者接受组织服务的费用给予一定的折扣。如果患者的医疗债务总额（包括因急救及其他医学必要护理而欠 Ascension 和任何其他医疗护理提供者的医疗债务）等于或大于其家庭总收入，则该患者将有资格根据经济情况调查获得经济援助。根据经济情况调查提供的经济援助水平与上文第 2 段中向收入达到 FPL 400% 的患者提供的经济援助水平相同，前提是该患者在其首张出院账单之后不超过 240 天提交了申请并且该申请得到了组织的批准。如果患者在其首张出院账单后超过 240 天提交申请，则该患者将有资格获得经济情况调查折扣经济援助，但为此类患者提供的经济援助金额，仅限于在考虑患者账户上任何已付款项后的患者未付余额。对于符合此类经济援助资格的患者，向其收取的费用将不会超过所计算的 AGB 费用。如果根据“资产调查”认为患者有足够的资产支付费用，则该患者可能没有资格获得上文第 1 至 3 段所述的经济援助。资产调查包括根据 FAP 申请表中衡量的资产类别对患者的支付能力进行实质性评估。此类资产超过其 FPL 金额 250％ 的患者可能没有资格获得经济援助。

4. 经济援助资格的确定可在收入周期中的任何时间点进行，并且可能包括使用推定评分，对于在其首张出院账单后的头 240 天内有足够未付余额的患者，即使该患者没有完成经济援助申请（“FAP 申请”），也可以对其使用推定评分来确定是否有资格获得 100% 慈善医疗。如果患者没有提交完整 FAP 申请，仅通过推定评分获得 100% 慈善医疗福利，则该患者有资格获得的经济援助金额，仅限于在考虑患者账户上任何已付款项后的患者未付余额。基于推定评分的资格确定仅适用于就其实施推定评分的护理项目。

5. 如果患者参与了某些视本组织为“网络外”机构的保险计划，则组织根据对患者的保险信息以及其他相关事实与情况的审查，可能会减少或拒绝本来可授予患者的经济援助。

6. 患者可以在收到拒绝通知后的十四 (14) 个日历日内，通过向组织提供额外信息，对经济援助资格的拒绝判定提出上诉。组织将审查所有上诉，得出最终确定结果。如果最终确定结果确认了先前的经济援助拒绝判定，将向患者提供书面通知。患者和家属针对组织有关经济援助资格的决定提出上诉的程序如下：
    a. 所有上诉均需以书面形式通过邮件提交至：Ascension St. Vincent, Vice President of Revenue Cycle, PO Box 713441, Chicago, IL 60677-4341.
    b. 组织的经济援助上诉委员会将审议所有上诉，并将委员会的决定以书面形式发送给提出上诉的患者或家属。

对不符合经济援助资格的患者的其他援助

上述不符合经济援助资格的患者，仍可能有资格获得组织提供的其他类型援助。出于完整性考虑，在这里列出了一些其他类型的援助，虽然这些援助并非必要，也不受 501(r) 的约束，但为了方便组织所服务的社区，我们将其列在此处。

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1. 未投保且不符合经济援助资格的患者，将根据为该组织支付最高金额的付款人享受的折扣而获得折扣。最高金额付款人必须至少占组织总人数的 3%（根据营业额或患者收入总额进行计算）。如果某个付款人未计入这个最低营业额水平，那么应该对多个付款人合约进行平均计算，以便参与平均计算的付款项目至少占该年度组织营业额的 3%。
2. 不符合经济援助资格的未投保和有保险的患者可以享受即时支付折扣。即时支付折扣可作为上段所述无保险折扣的补充福利。

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对符合经济援助资格的患者的收费限制

对于符合获得经济援助资格的患者，针对其获得的急救护理及其他医学必要护理，将不会向其个人收取超过 AGB 的费用，并且不会超过所有其他医疗护理的总费用。组织将使用“回溯”方法计算一个或多个 AGB 百分比，包括 Medicare 医疗费和向组织支付索赔的所有私人医疗保险公司，全部依照第 501 项第 (r) 款。可在组织的网站上获取关于 AGB 计算说明和百分比的免费副本，请前往患者注册部门或致电客户服务部门邮寄。

申请经济援助和其他援助

通过推定评分资格或者通过提交完整的 FAP 申请来申请经济援助，患者可能有资格获得经济援助。FAP 申请表和 FAP 申请说明可在组织的网站上获取，或者在任何患者登记部门索取，还可以致电我们的客户服务部门要求邮寄这些资料。组织将要求未投保的患者与财务顾问合作，申请该患者可能符合条件的 Medicaid 或其他公共援助计划，以便有资格获得经济援助（除非通过推定评分符合资格并得到批准）。在以下情况下可能会拒绝向患者提供经济援助：患者在 FAP 申请表上或在与推定评分资格过程相关的调查中提供虚假信息；患者拒绝转让由可能有义务支付护理费用的保险公司直接支付的保险赔偿金或权利；或者，患者拒绝与财务顾问合作，申请该患者可能符合条件的 Medicaid 或其他公共援助计划，以便有资格获得经济援助（除非通过推定评分符合资格并得到批准）。在针对当前护理项目确定资格时，组织可能会考虑在任何资格确定日期之前六个月内完成的 FAP 申请。组织不会考虑在任何资格确定日期之前六个月以上完成的 FAP 申请。

开立账单与托收

关于组织针对拒付情况可能采取的行动，请参阅单独的开立账单与托收政策。开立账单与托收政策的免费副本可在组织的网站上获取，或者在任何患者登记部门索取，还可以致电我们的客户服务部门要求邮寄这些资料。

解释

本政策及所有适用程序均应符合 501(r) 的规定并据其解释和应用，除非另有特别说明。

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Ascension St. Vincent - Castleton

经济援助政策涵盖的提供者列表
10/01/2026

下表指明了哪些在医院设施中提供急救及其他医学必要护理的提供者属于经济援助政策 (FAP) 的涵盖范围。***请注意，对于任何提供者，FAP 均不涵盖任何非急救及其他医学必要护理。***

FAP 涵盖的提供者	FAP 未涵盖的提供者
All St. Vincent Medical Group Physicians	HOUSTON AARON II MD
All St. Vincent Employed Physicians	TARICK ABDO DPM
St. Vincent Emergency Physicians, Inc.	LESLIE ABRAMS TOBE MD
Indiana Physician Management, LLC.	CYNTHIA ACKLEY DA
CEP America d/b/a Vituity	THOMAS ACOTT MD
CHRISTOPHER BELCHER MD	WILLIAM ADAIR MD
MARKIAN BOCHAN MD	ANDREW ADAMS MD
ANGELA COREA MD	LAURENCE ADAMS MD
FRANCISCO DELGADO MD	NICHOLAS ADDLEMAN MD
TRACEY IKERD MD	ROBERT ADDLEMAN MD
BRADFORD BICHEY MD	SUE ADKINS RN
Yara Catoira-Boyle MD	SUSAN ADKINS NP
	JOSEPH AESCHLIMAN MD
	MICHAEL AGOSTINO MD
	VAIBHAV AGRAWAL MD
	JEFFREY AGRICOLA DPM
	ELIZABETH AHAUS RN
	STEVEN AHLFELD MD
	ERIC AITKEN MD
	LUKE AKARD MD
	JOHN AKER MD
	SYED AKHTAR MD
	CATHERINE ALBRIGHT NP
	ANDREW ALDEN MD
	MEGAN ALDERMAN MD
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	VINCENT ALENTADO MD
	MUDDASSIR ALINIAZEE MD
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	KRISHNA AMULURU MD
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	SYDNEY ANDERSON PHD
	CHRISTOPHER ANDERSON MD
	CARYN ANDERSON MD
	MARK ANDERSON DDS
	STANTON ANGERMEIER MD
	ELIZABETH ANSERT RN
	ERICA ANSPACH WILL MD
	DANIEL ANZALDUA MD
	JOHN ARBUCKLE MD
	PETER ARFKEN MD
	HASSAN ARIF MD
	JEANNE ARMSTRONG MD
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	SUSAN BALLINGER MD
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