

## Ascension St. Vincent

### FINANCIAL ASSISTANCE POLICY

01/01/23

#### POLICY/PRINCIPLES

It is the policy of the organizations listed below this paragraph (each one being the “Organization”) to ensure a socially just practice for providing emergency and 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. This policy applies to each of the following Organizations within Ascension St. Vincent:

*St. Vincent Carmel Hospital, Inc. d/b/a Ascension St. Vincent Carmel*

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 care provided by the Organization, including employed physician services and behavioral health. This policy does not apply to charges for care that is not emergency and other medically necessary care.
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 and other medically necessary care, the amount generally billed to individuals who have insurance covering such care.
- “**Community**” means Ascension St. Vincent Carmel’s primary service area, although not exclusive to, is Hamilton County which is in Central Indiana. A Patient will also be deemed to be a member of the Organization’s Community if the emergency and medically necessary care the Patient requires is continuity of emergency and medically necessary care received at another Ascension Health facility where the Patient has qualified for financial assistance for such emergency and medically necessary 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 (1) appropriate and consistent with and essential for the prevention, diagnosis, or treatment of a Patient’s condition; (2) the most appropriate supply or level of service for the Patient’s condition that can be provided safely; (3) not provided primarily

for the convenience of the Patient, the Patient's family, physician or caretaker; and (4) more likely to result in a benefit to the Patient rather than harm. For future scheduled care to be "medically necessary care," the care and the timing of care must be approved by the Organization's Chief Medical Officer (or designee). The determination of medically necessary care must be made by a licensed provider that is providing medical care to the Patient and, at the Organization's discretion, by the admitting physician, referring physician, and/or Chief Medical Officer or other reviewing physician (depending on the type of care being recommended). 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 Carmel Hospital, Inc. d/b/a Ascension St. Vincent Carmel*.
- **"Patient"** means those persons who receive emergency and other medically necessary care at the Organization and the person who is financially responsible for the care of the patient.

### **Financial Assistance Provided**

Financial assistance described in this section is limited to Patients that live in the Community:

1. Subject to the other provisions of this Financial Assistance Policy, Patients with income less than or equal to 250% of the Federal Poverty Level income ("FPL"), will be eligible for 100% charity care on that portion of the charges for services for which the Patient is responsible following payment by an insurer, if any, if such Patient determined to be eligible pursuant to presumptive scoring (described in Paragraph 5 below) or submits a financial assistance application (an "Application") on or prior to the 240th day after the Patient's first discharge bill and the Application is approved by the Organization. Patient will be eligible for up to 100% financial assistance if Patient submits the Application after the 240th day after the Patient's first discharge bill, but then the amount of financial assistance available to a Patient in this category is limited to Patient's unpaid balance after taking into account any payments made on Patient's account. A Patient eligible for this category of financial assistance will not be charged more than the calculated AGB charges.
2. Subject to the other provisions of this Financial Assistance Policy, 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, if such Patient submits an Application on or prior to the 240th day after the Patient's first discharge bill and the Application is approved by the Organization. Patient will be eligible for the sliding scale discount financial assistance if Patient submits the Application after the 240th day after the Patient's first discharge bill, but then the amount of financial assistance available to a Patient in this category is limited to Patient's unpaid balance after taking into account any payments made on Patient's account. A Patient eligible for this category of financial assistance will not be charged more than the calculated AGB charges. The sliding scale discount is as follows:

2022 HHS Poverty Guidelines Calculation Table*						
Hospital Based Services						
Household Size	FPL*	Charity Care		Financial Assistance Program		
		0 to 138%	to 250%	to 300%	to 350%	to 400%
1	\$ 13,590	\$18,754	\$33,975	\$40,770	\$47,565	\$54,360
2	\$ 18,310	\$25,268	\$45,775	\$54,930	\$64,085	\$73,240
3	\$ 23,030	\$31,781	\$57,575	\$69,090	\$80,605	\$92,120
4	\$ 27,750	\$38,295	\$69,375	\$83,250	\$97,125	\$111,000
5	\$ 32,470	\$44,809	\$81,175	\$97,410	\$113,645	\$129,880
6	\$ 37,190	\$51,322	\$92,975	\$111,570	\$130,165	\$148,760
7	\$ 41,910	\$57,836	\$104,775	\$125,730	\$146,685	\$167,640
8**	\$ 46,630	\$64,349	\$116,575	\$139,890	\$163,205	\$186,520
Classification		CCI	CC2	FAP3	FAP4	FAP5
Discount		100%	100%	90%	80%	70%
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.					
**the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2)."						
* See <a href="https://aspe.hhs.gov/poverty-guidelines">https://aspe.hhs.gov/poverty-guidelines</a>						
** For each additional person at 100% poverty, add \$4,720 ( then, if necessary, multiply accordingly up to 400%)						
***A patient will be eligible for financial assistance pursuant to the means test if the patient has excessive total medical debt, which includes medical debt to Ascension and any other health care provider for emergency and other medically necessary care, that is equal to or greater than such patient's household's gross income. The level of financial assistance provided pursuant to the means test will be granted at the lowest discount level (i.e., greatest amount of patient responsibility) available under the sliding scale						

- Subject to the other provisions of this Financial Assistance Policy, a Patient with income greater than 400% of the FPL may be eligible for financial assistance under a “Means Test” for some discount of Patient’s charges for services from the Organization based on a Patient’s total medical debt. A Patient will be eligible for financial assistance pursuant to the Means Test if the Patient has excessive total medical debt, which includes medical debt to Ascension and any other health care provider, for emergency and other medically necessary care, that is equal to or greater than such Patient’s household’s gross income. The level of financial assistance provided pursuant to the Means Test is the same as is granted to a patient with income at 400% of the FPL under Paragraph 2 above, if such Patient submits an Application on or prior to the 240th day after the Patient’s first discharge bill and the Application is approved by the Organization. Patient will be eligible for the means test discount financial assistance if such Patient submits the Application after the 240th day after the Patient’s first discharge bill, but then the amount of financial assistance available to a Patient in this category is limited to Patient’s unpaid balance after taking into account any payments made on Patient’s account. A Patient eligible for this category of financial assistance will not be charged more than the calculated AGB charges.
- A Patient may not be eligible for the financial assistance described in Paragraphs 1 through 3 above if such Patient is deemed to have sufficient assets to pay pursuant to an “Asset Test.” The Asset Test involves a substantive assessment of a Patient’s ability to pay based on the categories of assets measured in the FAP Application. A Patient with such assets that exceed that exceed 250% of such Patient’s FPL amount may not be eligible for financial assistance.

5. Eligibility for financial assistance may be determined at any point in the revenue cycle and may include the use of presumptive scoring for a Patient with a sufficient unpaid balance within the first 240 days after the Patient's first discharge bill to determine eligibility for 100% charity care notwithstanding Patient's failure to complete a financial assistance application ("FAP Application"). If Patient is granted 100% charity care without submitting a completed FAP Application and via presumptive scoring only, the amount of financial assistance for which Patient is eligible is limited to Patient's unpaid balance after taking into account any payments made on Patient's account. A determination of eligibility based on presumptive scoring only applies to the episode of care for which the presumptive scoring is conducted.
6. 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.
7. The Patient may appeal any denial of eligibility for Financial Assistance by providing additional information to the Organization within fourteen (14) calendar days of receipt of notification of denial. All appeals will be reviewed by the Organization for a final determination. If the final determination affirms the previous denial of Financial Assistance, written notification will be sent to Patient. The process for Patients and families to appeal the Organization's decisions regarding eligibility for financial assistance is as follows:
  - a. All appeals will need to be submitted in writing via mail to: Ascension St. Vincent, Vice President of Revenue Cycle, 2001 W 86<sup>th</sup> St. Indianapolis, IN 46260.
  - b. All appeals will be considered by the Organization's 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 Organization.

1. 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.
2. Uninsured and insured Patients who are not eligible for financial assistance may receive a prompt pay discount. The prompt pay discount may be offered in addition to the uninsured discount described in the immediately preceding paragraph.

## **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 on the Organization’s website or by visiting any Patient Registration department or 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. The FAP Application and FAP Application Instructions are available on the Organization’s website or by visiting any Patient Registration department or via mail by calling our Customer Service Department. The Organization will require the uninsured to work with a financial counselor to apply for Medicaid or other public assistance programs for which the patient is deemed to be potentially eligible in order to qualify for financial assistance (except where eligible and approved via presumptive scoring). 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, if the patient refuses to assign insurance proceeds or the right to be paid directly by an insurance company that may be obligated to pay for the care provided, or if the patient refuses to work with a financial counselor to apply for Medicaid or other public assistance programs for which the patient is deemed to be potentially eligible in order to qualify for financial assistance (except where eligible and approved via presumptive scoring). The Organization may consider a FAP Application completed less than six months prior to any eligibility determination date in making a determination about eligibility for a current episode of care. The Organization will not consider a FAP Application completed more than six months prior to any eligibility determination date.

## **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 on the Organization’s website or by visiting any Patient Registration department or via mail by calling our Customer Service Department.

## **Interpretation**

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

**Ascension St. Vincent Carmel**

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

01/01/23

The list below specifies which providers of emergency and other medically necessary care delivered in the hospital facility are covered by the Financial Assistance Policy (FAP). *Please note that any care that is not emergency and other medically necessary care is not covered by the FAP for any providers.*

Providers covered by FAP

Providers not covered by FAP

All St. Vincent Medical Group Physicians	John Abrams MD
All St. Vincent Employed Physicians	Leslie Abrams Tobe MD
St. Vincent Emergency Physicians, Inc.	Noah Agada MD
Indiana Physician Management, LLC.	Vaibhav Agrawal MD
	Jeffrey Agricola DPM
	John Aker MD
	Mona Alqulali MD
	Sewit Amde MD
	Caryn Anderson MD
	Stanton Angermeier MD
	Erica Anspach Will MD
	John Arbuckle MD
	Rickinder Bains DO
	Robert Baltera MD
	Kevin Beadle DDS
	Jay Beagle DDS
	Teresa Beam MD
	Vinayak Belamkar MD
	Bridgit Bell MD
	Cynthia Benedict MD
	Barry Berch MD
	Debra Bergman MD
	Stephanie Bergstein MD
	Feriyil Bhaijee MD
	Richard Biggerstaff MD
	Ruemu Birhiray MD
	Kristine Bolin MD
	Sally Booth MD
	Bradford Bopp MD
	John Bozic DDS
	Kathleen Bradley DDS

	Adam Brazus MD
	Margaret Brengle MD
	Paul Broderick DO
	Mary Brunner MD
	Rodney Bucher MD
	Jason Buckner MD
	Tovah Buikema DO
	Samuel Bullard DDS
	Katherine Bumgardner DDS
	Brenda Cacucci MD
	Rachel Chhiba DPM
	Euna Choi MD
	Tae Kae Chong MD
	James Christenson MD
	Craig Cieciora MD
	Douglas Cifuentes DO
	Anne Clark MD
	Brian Clarke MD
	Ann Collins MD
	Robert Colver MD
	James Cox MD
	Michael Crovello MD
	James Cumming DO
	Kara Czarkowski DDS
	Ann Daniel MD
	Robert Darragh MD
	Casey Delcoco MD
	Dale Dellacqua MD
	George Desilvester MD
	Komal Dhiran MD
	David Diaz MD
	Timothy Dicke MD
	Gregory Dikos MD
	John Dinsmore MD
	Danh Do MD
	Sangeeth Dubbireddi MD
	Don Dubois MD
	Elaine Dupler MD
	Natalie Eden DDS
	Adrienne Einhorn MD

	Maria Ermitano MD
	Christopher Evanson MD
	Joseph Fata MD
	William Fecht MD
	Clifford Fetters MD
	William Finkelmeier MD
	Adam Fisch MD
	Denise Flanagan DDS
	Mary Forkin MD
	Douglas Franke MD
	Shelagh Fraser MD
	Paul Frederick MD
	Arthur Galstian MD
	Jonathan Gentile MD
	Matthew Gentry MD
	Kristi George MD
	Aaron Gerstein MD
	Anna Georgina Gilley MD
	Mahendra Govani MD
	Stephen Greenfield MD
	Aparajita Gupta DDS
	Robert Habig MD
	Scott Hackett MD
	Fyeza Haider MD
	Richard Hallett MD
	Mark Hamilton MD
	Flora Hammond MD
	Carl Hanke MD
	James Hardacker MD
	Samuel Harmon MD
	Montgomery Harrison DO
	Steven Haug DDS
	Chad Hazelrigg DDS
	Michael Henry MD
	Sarah Hill MD
	Scott Himmelstein MD
	Julie Hirsch MD
	John Hockema DDS
	Mark Holbreich MD
	Michael Hopen MD



	Emily Hrisomalos MD
	Melissa Huebner MD
	Brandy Hughes MD
	Tod Huntley MD
	Karen Israel MD
	Kiran Ivaturi MD
	Susan Jacob MD
	Marianne Jacobs DO
	Christopher Jones MD
	Laura Juntgen DMD
	Martin Kaefer MD
	David Kaehr MD
	Marc Kappelman MD
	Christine Kelley MD
	Jennie Kho-Duffin MD
	Kristin Kindred DPM
	Katherine Kobza MD
	Stephen Kollias MD
	Edward Kowlowitz MD
	Diana Kozlowski DDS
	Kathryn Krause DMD
	Edward Krowiak MD
	Kenneth Krueger DPM
	Jennifer Kugar DDS
	Christine Kuhn MD
	Dhananjay Kulkarni MD
	Peter Kunz MD
	Benjamin Kuzma MD
	Kent Lancaster MD
	Meredith Langhorst MD
	Earl Lanter MD
	Carlo Lazzaro MD
	Bradford Legge DPM
	Jeffrie Leibovitz DPM
	Timothy Lein MD
	Kimberly Lentz MD
	Raymond Loffer MD
	Andrew Louden MD
	Aaron Ludwig MD
	James Malenkos MD

	Leah Martinson MD
	Patrick Matoole MD
	Raj Maturi MD
	Ian McAlister MD
	Mary Mcateer MD
	Clement Mcdonald MD
	Grant Mcdougal MD
	Melissa Mchenry DDS
	Jaime Mckeever MD
	Anthony Miller DPM
	Norman Mindrebo MD
	Amy Moon MD
	David Morgan DDS
	Jack Moss MD
	Brian Mulherin MD
	Marwan Mustaklem MD
	Martina Mutone MD
	Charles Nakar MD
	David Nathan MD
	Kenneth Ney MD
	Katherine Nichols DDS
	Christopher Obeime MD
	Wojciech Ornowski MD
	Vincent Ostrowski MD
	Michael Pannunzio MD
	David Patterson MD
	Donnis Patton MD
	James Phelps MD
	Erin Phillips DDS
	James Pike DO
	Gregory Poulter MD
	Kofi Quist MD
	Rachael Raffle MD
	Angeli Rampersad MD
	John Ramsey MD
	Pavan Rao MD
	Adrienne Rasbach MD
	David Ratzman MD
	Arthur Rettig MD
	Gregory Reveal MD

	Keith Ridel MD
	Maysa Ridha MD
	Stephanie Rikken MD
	Troy Roberson MD
	Gavin Roberts MD
	Douglas Robertson MD
	Ashley Robey MD
	Bruce Rougraff MD
	Alan Sadove MD
	Maram Said DO
	Peter Sallay MD
	Rick Sasso MD
	Jennifer Satterfield-Siegel DDS
	Andrew Satz MD
	David Scheidler MD
	Donald Schilson MD
	John Schlueter MD
	Wendy Schulte MD
	Alan Schwartz MD
	Jonathan Shook MD
	Jerome Silver MD
	Barbara Siwy MD
	Jerry Smartt MD
	Jonathan Smerek MD
	William Sobat MD
	Leo Solito MD
	Nicole Sonn MD
	Jeremy Spaulding DPM
	Karl Stein MD
	Kira Stockton DDS
	Randall Stoesz MD
	Timothy Story MD
	Daniel Stout MD
	Donald Strobel MD
	Ronald Suh MD
	David Sullivan DPM
	James Sumners MD
	Jessica Swenberg MD
	James Teter MD
	Aiden Thompson MD

	Jeremy Thurgood MD
	Jason Tomsic DO
	Joseph Tortorich DO
	Bruce Van Natta MD
	Jyothi Varanasi MD
	Ashwin Vasudevamurthy MD
	Jeffery Vaught MD
	Steven Veatch MD
	Alejandro Vega MD
	Jose Vitto MD
	Jennifer Vivio MD
	Helen Wang MD
	Brittany Ward MD
	Aaron Warnock DPM
	Michael Welsh MD
	Hiram Whitaker MD
	Christopher Wickman MD
	Matthew Will MD
	Christopher Winters DPM
	Mark Wyant MD
	Shira Yahalom MD
	Abideen Yekinni MD
	Juan Yepes DDS
	Mohamad Yousef MD
	Edward Zdobyak MD
	Rao Zhou MD
	Steven Zirkelbach MD
	Charles Zollman MD