

Ascension St. Vincent

FINANCIAL ASSISTANCE POLICY

10/01/22

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 Fishers Hospital, Inc. d/b/a Ascension St. Vincent Fishers

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 Fishers’ 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 Fishers Hospital, Inc. d/b/a Ascension St. Vincent Fishers*.
- **"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%	73%
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 https://aspe.hhs.gov/poverty-guidelines						
** 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 86th 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 Fishers

LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY

10/01/22

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	Steven Ahlfeld MD
All St. Vincent Employed Physicians	Eric Aitken MD
Indiana Physician Management – Northeast, LLC.	Leyla Akanli MD
Francisco Delgado MD	Kirk Akaydin MD
Hassan Elmalik MD	Andrew Alden MD
Tracey Ikerd MD	Megan Alderman MD
	Hayma Al-Ghawi MD
	Krishna Amuluru MD
	Daniel Anzaldua MD
	Gary Ayres MD
	Brian Badman MD
	Nihal Bakeer MD
	Aaron Balanoff MD
	Elizabeth Barr MD
	Edward Bartley MD
	James Bastnagel MD
	Eric Beltz MD
	Jonathan Bennett MD
	Alexander Berrebi MD
	Elizabeth Bertsch MD
	Bradford Bichey MD
	Carly Blankenship MD
	Jason Blocksom MD
	Kristen Blume MD
	Sridhar Bolla MD
	Barrett Boody MD
	Katherine Brundage MD
	Mary Burden DO
	Jennifer Bush MD
	Gabrielle Butts DO
	Benjamin Campbell MD

	Juan Cardenas MD
	Burke Chegar MD
	Maret Cline MD
	Aaron Coats MD
	Neal Coleman MD
	Brian Compton MD
	Michael Conley MD
	Angela Corea MD
	Elizabeth Cottongim MD
	Christopher Crawford MD
	Renn Crichlow MD
	David Crook MD
	Terence Cudahy MD
	Leo D'Ambrosio MD
	Brent Damer DO
	Francisco Delgado MD
	Andrew Denardo MD
	John Depowell MD
	Darin Dill MD
	Larissa Dimitrov MD
	Martha Dwenger MD
	Stephen Eberwine MD
	Hassan Elmalik MD
	Luis Escobar MD
	Modeson Ferrer MD
	John Fiederlein MD
	David Fisher MD
	Charles Fleming MD
	Whitney Fraiz MD
	Brendan Frank MD
	Jenna Fritsch MD
	Anjali Godambe DO
	Laura Goode DDS
	Kalyan Gorantla MD
	David Graybill MD
	Anne Greist MD
	Hitesh Gulliya DO
	Jennifer Haddad MD
	Brandon Hardesty MD
	Charles Hasbrook MD

	Robert Hastings MD
	Fadi Hayek MD
	Ann Hedderman MD
	David Hedrick MD
	David Held MD
	Steven Herbst MD
	Amarilys Heredia MD
	Carolyn Herman MD
	Craig Herrman MD
	Jeffrey Hilburn MD
	James Hoffman MD
	Eric Horn MD
	Douglas Horton MD
	Jamie Howell MD
	Tracey Ikerd MD
	Eric Inman MD
	Leah Jamison MD
	Joseph Jares MD
	James Jarrett MD
	Sridhar Jatla MD
	Theodore Jennermann MD
	David Josephson MD
	Adam Juersivich MD
	Arzu Karaman Gonulalan MD
	Patrick Kay MD
	Kosmas Kayes MD
	Saad Khairi MD
	Anmol Kharbanda MD
	Sunah Kim-Dorantes MD
	Gerald Kirk MD
	Kevin Kirtley MD
	Daniel Klink MD
	David Lasbury MD
	Daniel Leas MD
	Albert Lee MD
	Charles Lerner MD
	Magdalena Lewandowska MD
	Emily Lo MD
	John Lucia MD
	Irwin Malament DPM

	Phyllis Marlar MD
	Anne Marnocha MD
	Viney Mathavan MD
	Shannon Mccanna MD
	Andrew Mcdaniel MD
	Emily Meier MD
	Greg Merrell MD
	Juliana Meyer MD
	Alex Meyers MD
	Daniel Milton MD
	Richard Miyamoto MD
	Jean-Pierre Mobasser MD
	Kuimil Mohan MD
	Amanda Morris MD
	John Morton MD
	Melinda Mumford-Dawdy MD
	Venkatesh Nagaraddi MD
	Raymond Nanko MD
	Michelle Neff MD
	Joshua Neucks MD
	Shani Norberg MD
	Elizabeth Nowacki DO
	Andrew Oberlin MD
	Bradley Orris MD
	John Oscherwitz MD
	Francisco Padron MD
	Jeffrey Pauloski MD
	Richard Payne MD
	Troy Payner MD
	Praveen Perni MD
	Jody Petts MD
	Christopher Pomeroy MD
	Steven Porto DO
	Eric Potts MD
	Misti Pratt DDS
	Robert Quirey MD
	Mark Rafalko MD
	Watcharasarn Rattananan MD
	Naraharisetty Rau MD
	Chad Reichard MD

	Jeremy Remus MD
	Kenneth Renkens MD
	Richard Rink MD
	Richard Rodgers MD
	Joseph Rumer MD
	Daniel Sahlein MD
	Carl Sartorius MD
	Anurag Satsangi MD
	Andrew Schubeck MD
	Glenn Schwenk MD
	Cynthia Seffernick MD
	Michael Sermersheim MD
	Imran Sethi MD
	Shoaib Shafique MD
	Amy Shapiro MD
	Kimberly Short MD
	Joseph Smucker MD
	Catherine Socec MD
	Jeffery Soldatis MD
	William Somerset DO
	Angela Stevens MD
	Stephen Stitle MD
	Ramindrajit Sufi MD
	Michael Thieken MD
	Garrett Thiel MD
	Niharika Thota MD
	Ron Tintner MD
	Michael Tomlin MD
	Thomas Trancik MD
	Andrew Trobridge MD
	Janet Turkle MD
	Ana Vazquez DMD
	Ryan Venis MD
	George Vestermark MD
	Johanna Wallisa MD
	Dan Waxman MD
	Lori Wells MD
	Joseph Whelan MD
	Phillip Whitley MD
	Thomas Whitten MD

	Steven Willing MD
	Edward Wills MD
	Steven Wise MD
	Anil Yakhmi MD