

Ascension St. Vincent

FINANCIAL ASSISTANCE POLICY

07/01/21

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. Mary’s Health, Inc. d/b/a Ascension St. Vincent Evansville

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 Evansville’s primary service area, although not exclusive to, is Vanderburgh County which is in southern 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. Mary's Health, Inc. d/b/a Ascension St. Vincent Evansville*.
- **"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:

2021 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	\$ 12,880	\$17,774	\$32,200	\$38,640	\$45,080	\$51,520
2	\$ 17,420	\$24,040	\$43,550	\$52,260	\$60,970	\$69,680
3	\$ 21,960	\$30,305	\$54,900	\$65,880	\$76,860	\$87,840
4	\$ 26,500	\$36,570	\$66,250	\$79,500	\$92,750	\$106,000
5	\$ 31,040	\$42,835	\$77,600	\$93,120	\$108,640	\$124,160
6	\$ 35,580	\$49,100	\$88,950	\$106,740	\$124,530	\$142,320
7	\$ 40,120	\$55,366	\$100,300	\$120,360	\$140,420	\$160,480
8**	\$ 44,660	\$61,631	\$111,650	\$133,980	\$156,310	\$178,640
Classification		CCI	CC2	FAP3	FAP4	FAP5
Discount		100%	100%	90%	80%	70%
Discount Application	1) Financial Assistance for the uninsured and Means to Pay discount is based on total charges. 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 \$4540 (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 Evansville

LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY

07/01/21

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. Mary's Medical Group Physicians	Joshua Aaron MD
All St. Vincent Employed Physicians	Herbert Adams MD
Team Health, LLC.	Bruce Adye MD
	Peter Airel MD
	Maria Aljabi MD
	Mohammed Allaw MD
	Paul Alley MD
	Terence Alvey DPM
	Frank Amodio MD
	John Ansbro MD
	William Ante MD
	Roy Arnold MD
	Santiago Arruffat MD
	Anjum Ashraf MD
	Leyte Asuncion MD
	Donald Bailey MD
	Nihal Bakeer MD
	Sridhar Banuru MD
	Hamid Bashir MD
	Cindy Basinski MD
	Bradley Bath DDS
	John Beman MD
	Martin Bender MD
	Sridhar Bhaskara MD
	John Bizal MD
	Wayland Blikken MD
	Michael Boger MD
	Jeffrey Bohling MD
	Shafe Boles MD
	Phillip Boren MD
	Konstantin Boroda MD

	Michael Boyd DO
	Matthew Boyer MD
	Robert Bradfield MD
	Carla Brandt MD
	Mallory Bray MD
	Bruce Brink DO
	Suzette Broshears MD
	David Brougher MD
	Thomas Brummer MD
	James Buckmaster MD
	Kent Burress DPM
	Todd Burry MD
	Tai Byun MD
	Juan Cabrera MD
	Shannon Calhoun DO
	Kathryn Cambron MD
	Harold Cannon MD
	David Carlson MD
	Joseph Carr MD
	Craig Carter MD
	Marcia Cave MD
	Dominic Cefali MD
	Chris Chacko MD
	Jeffery Chandler MD
	Chandrasekhar Cherukupalli MD
	Eugene Chung MD
	Ashley Cobb DO
	Jason Conaughty MD
	James Conkright MD
	David Cottom MD
	Jeffrey Coursen MD
	Nidal Dabbasi MD
	Edward Daetwyler MD
	Paul Daines DPM
	Joseph Dalton MD
	Jason Denton DPM
	John Deppe MD
	Richard D'Mello MD
	John Doepker MD
	Pedro Dominguez MD

	Michael Drake MD
	Leonid Drozhinin MD
	Omar Dukar MD
	Michael Dukes MD
	Dion Dulay MD
	Michael Dymond MD
	Franklin Edge DMD
	David Eggers MD
	Ahmed Elantably MD
	Clinton Ellingson MD
	Donald Elshoff MD
	Quentin Emerson MD
	Judith Englert MD
	Craig Erickson MD
	Faris Fadheel MD
	John Fallon MD
	Dusky Rideout Farmer DPM
	William Farnsworth DDS
	Robert Fawcett MD
	Geoffrey Fey MD
	Matthew Field MD
	Laura Finch MD
	Charles Fischer MD
	Kathleen Flannagan MD
	Gene Flick MD
	Kimberly Foster MD
	Jason Franklin DO
	Jon Frazier MD
	Minot Fryer MD
	Bradley Fulkerson DMD
	Anthony Funke MD
	Prasad Gade MD
	Renee Galen MD
	John Gallagher MD
	James Gamble MD
	Kara Geoghegan MD
	Gardar Gislason MD
	Eric Goebel MD
	E. Gourieux MD
	David Greer MD

	Jason Grennan MD
	Aaron Gries MD
	Darla Grossman MD
	John Guletz MD
	Mythili Gurram MD
	Guido Gutter MD
	Lotfi Hadad MD
	Timothy Hamby MD
	Walter Hancock DPM
	Cary Hanni MD
	Scott Hardigree MD
	Isaac Hargett MD
	Thomas Harmon MD
	Ben Harned MD
	Ellen Harpole MD
	Gregory Hayden MD
	David Hayes MD
	David Hayhurst DDS
	Corazon Hazlett MD
	John Heidingsfelder MD
	Irvin Heimbürger MD
	Anna Helms MD
	Jeffrey Hemmerlein MD
	David Henley MD
	Steven Herf MD
	Jeffrey Hiestler DDS
	Chester Higdon MD
	Frank Hilton MD
	Geoffrey Hulse MD
	Vernon Humbert MD
	Roberto Iglesias MD
	Thomas Ison DMD
	David Jackson MD
	Umesh Jairath MD
	Jonathan Jaksha MD
	Kamran Janjua MD
	Maritza Jenkins DMD
	Andrea Jester MD
	Aditi Jindal DMD
	Alan Johnson MD

	Lawrence Judy MD
	David Julian MD
	Rupal Juran MD
	Francis Kadiyamkuttiyil MD
	Anthony Kaiser MD
	Edwin Kasha MD
	Maurice Keller DDS
	Kari Kernek MD
	Samir Khanjar MD
	Amneet Khera DO
	Dawn Kirkwood MD
	Philip Kline MD
	Peter Knoll MD
	Jane Koch DPM
	Alvin Korba MD
	Radomir Kosanovic MD
	Maragowdanahall Krishna MD
	Nicholas Kuchle MD
	Duane Kuhlenschmidt MD
	Chandrashekar Kumbar MD
	Randy Lance MD
	Alexander Lanigan MD
	Sean Larner DO
	John Lawler MD
	Steven Ledford DDS
	William Lehmkuhler MD
	Susan Leinenbach MD
	Alfred Lessure MD
	David Lippman MD
	Mark Logan MD
	Jason Lowrey MD
	Larry Lutz MD
	Michael Malchioni MD
	David Malitz MD
	Clovis Manley MD
	Stelios Mantis MD
	Ross Marburger MD
	Angela Martin MD
	Heather Matheson MD
	Mario Matos-Cruz MD

	Barney Maynard MD
	Joseph McConaughy MD
	Kevin McConnell MD
	Gregory McCord MD
	Steven McCormack MD
	Francis McDonnell MD
	Michael McFadden MD
	Aziz-Ullah Mehrzad MD
	Matthew Mendlick MD
	Farukh Mian MD
	Daniel Michel MD
	Lorin Mickelsen DPM
	Josel Mijares MD
	Charles Milem MD
	Mark Morrison MD
	Samuel Murala MD
	Kenneth Nachtnebel MD
	Tyler Neitlich MD
	Glenn Norton DMD
	John Oak MD
	Robert Oswald MD
	Young Paik MD
	Kenneth Parker MD
	Reinaldo Pastora MD
	Maria Pedeut MD
	Robert Penkava MD
	William Penland MD
	Maruthi Penumetsa MD
	Ahmet Percinel MD
	Paul Perry MD
	Andrew Piering MD
	John Polin MD
	Alejandro Pontaoe MD
	Rodney Porro MD
	David Powell DPM
	Vajravel Prasad MD
	Sally Primus MD
	Richard Probert MD
	Donald Pruitt MD
	Aaron Pugh DO

	John Pulcini MD
	Mohammed Quraishi MD
	Andrew Rader DPM
	Norman Radtke MD
	James Rang MD
	Christie Reagan MD
	Nathan Reed MD
	Charlotte Reisinger DPM
	Nicholas Rensing MD
	Arich Reynolds MD
	Gary Riddle MD
	Richard Rink MD
	Lowell Rogers MD
	James Rold MD
	Allison Royer MD
	Herman Rusche MD
	Andrew Saltzman MD
	Jason Samuel MD
	Mahendra Sanapati MD
	Reginald Sandy DO
	Robert Sauer MD
	Christine Schaffer DO
	Sanford Schen MD
	Caitlin Schultheis MD
	David Schultz MD
	Constantine Scordalakes MD
	Darin Serletic DPM
	Frank Sewell MD
	Rajiv Sharma MD
	Glenn Sherman DO
	Devdas Sheth MD
	Curtis Shinabarger MD
	Roger Shinnerl MD
	Daniel Shirey MD
	Mark Shockley MD
	Robert Shumate DMD
	Dwight Silvera MD
	Larry Sims MD
	Moges Sisay MD
	Richard Sloan MD

	Christopher Sneed MD
	Michael Snyder MD
	Walter Sobczyk MD
	Drew Sommerville MD
	Terry South MD
	Harold Sparks DO
	Robert Spear MD
	Robert Starrett MD
	James Stearns MD
	Randall Stoltz MD
	Jennifer Stone MD
	Andrew Strand DO
	Michael Sutton MD
	Terry Talley MD
	Satyam Tatineni MD
	Naji Tawfik MD
	David Tenbarga MD
	Terry Thacker MD
	Killol Thakore MD
	Andrew Tharp MD
	John Thole MD
	Srinivasa Thota MD
	Erik Throop MD
	Richard Tibbals MD
	Tyler Tidwell DPM
	Mary Tisserand MD
	Hoang Tran MD
	Neil Troffkin MD
	Mitchell Troyer DDS
	Gary Underhill MD
	Santi Vibul MD
	Robert Vogt MD
	Thomas VonderHaar MD
	Ketan Vyas MD
	J Waddell MD
	Lee Wagmeister MD
	David Wahle MD
	Joseph Waling MD
	Allen Walker MD
	Todd Wannemuehler MD

	Roderick Warren MD
	Lisle Wayne MD
	Emil Weber MD
	Brett Weinzapfel MD
	Mell Welborn MD
	Frank Welte MD
	Stacie Wenk DO
	Ryan Wetzel MD
	David Whitney MD
	Danica Wilking MD
	Mark Wohlford DDS
	Robert Woodall MD
	Jay Woodland MD
	Mona Wooten MD
	Brandon Wynn DO
	David Yates DMD
	Prasanna Yelamanchili MD
	Mubashir Zahid MD
	Joshua Zara MD
	Paul Zieg MD