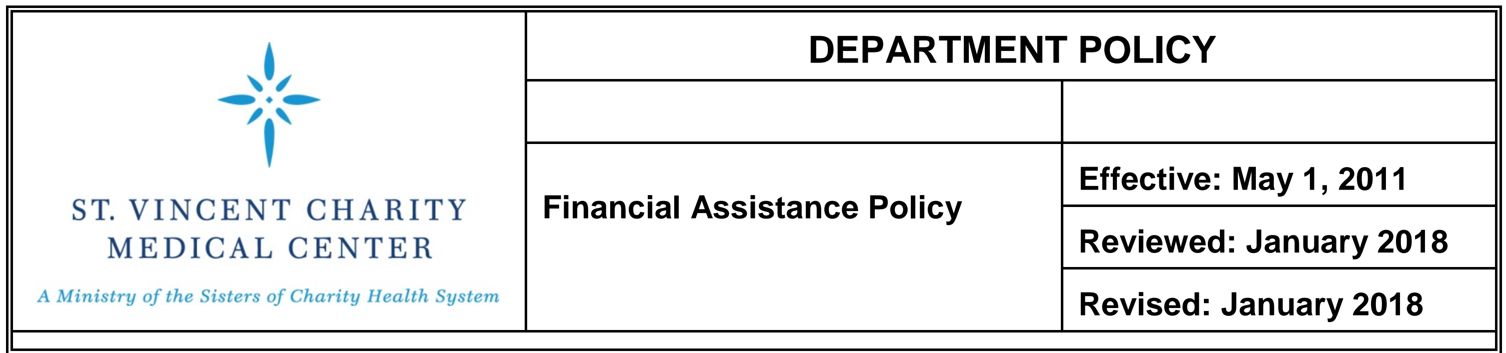


## SCOPE

St. Vincent Charity Medical Center (SVCMC), in fulfillment of its mission and values, will serve those with limited or no capacity to pay for medical services, with respect, compassion and sensitivity. SVCMC is committed to providing emergency and medically necessary services regardless of an individual's ability to pay. For the purpose of this policy, medically necessary care is defined by the State of Ohio Medicaid Program as procedures, items, or services that prevent, diagnose, evaluate, correct, improve, or treat an adverse health condition such as an illness, injury, disease or its symptoms, emotional or behavioral dysfunction, intellectual deficit, cognitive impairment, or developmental disability. SVCMC offers free medically necessary care for all uninsured patients and discounted care for underinsured patients. Final balances for uninsured patients will be discounted to the Amount Generally Billed (AGB). Underinsured patients, whose income falls between 101% and 400% of the Federal Poverty Level (FPL) will receive discounted care if found to meet requirements of the SVCMC Financial Assistance Policy.

## PURPOSE:

To provide financial screening and counseling to all uninsured and underinsured patients, receiving medically necessary care as defined above, and who are requesting or referred for this service. This includes assistance in understanding and applying for local, state and federal health care programs such as Medicaid, the Federal Insurance Marketplace, and the Ohio Health Care Assurance Program (HCAP). Patients can apply for financial assistance at any time up to two hundred forty (240) days after the date of their first post-discharge billing statement.

To offer free care and discounts on medically necessary services, as defined above, based on income-up to 400% of the Federal Poverty Level (FPL).

For those individuals not qualifying for the SVCMC Financial Assistance Program, to establish reasonable, interest-free payment mechanisms based on the patient's ability to make payments.

To forgo extraordinary collection activity (ECA) for non-payment against any patient who is unemployed and without access to health insurance or who is without other significant income or net worth. Before instituting ECA or taking legal action for non-payment against any patient SVCMC, or their representatives, will exhaust reasonable efforts made to ensure that the patient has been notified of the SVCMC financial assistance program as well as attempts to determine that the patient is not eligible for any third party program. These efforts will include attempts at verbal and written contact. SVCMC will notify the individual in writing 30 days prior to pursing ECA. SVCMC will not pursue ECA nor will legal collection actions be pursued if the only recovery available would be to place a lien on the patient's home, which would result in foreclosure activity.

foundation of its concern to respect the sacredness of every human life from the moment of conception until death. The first right of the human person, the right to life, entails a right to the means for the proper development of life, such as adequate health care.

The biblical mandate to care for the poor requires us to express this in concrete action at all levels of Catholic health care. This mandate prompts us to work to ensure that our country's health care delivery system provides adequate health care for the poor. In Catholic institutions, particular attention should be given to the health care needs of the poor, the uninsured, and the underinsured."
(Ethical and Religious Directives, page 7)

## POLICY:

This Financial Assistance Policy (FAP) applies to medically necessary hospital services, as defined above, provided and billed by SVCMC. The policy does not apply to physicians services, but may be adopted by physicians providing services to SVCMC patients. Physicians providing these services bill separately from the hospital. They are not obliged to, but may offer, free or discounted care as described in this policy or follow their own policy. Examples of physician services that may be provided, and for which the patient may receive a separate bill, are Emergency Room services, Anesthesia services, Healthcare Clinic, Radiology, and Pathology services. A listing of free or discounted care policies for physician groups mentioned here is included in Addendum D.

**SVCMC will provide, without discrimination, care for emergency medical conditions, consistent with Section 1867 of the Social Security Act (EMTALA), to individuals regardless of their eligibility under this policy.**

Uninsured patients residing in Cuyahoga County requiring inpatient psychiatric treatment will be treated as necessary until such time they can be transferred to the county psychiatric hospital as per our agreement with Cuyahoga County.

## UNINSURED PATIENT POLICY:

Uninsured patients will be screened for free care or discounts based on income. Patients with income levels up to 200% of the FPL automatically qualify for free care based on the State of Ohio Hospital Care Assurance Program (HCAP) or the SVCMC Financial Assistance Policy. Balances over 200% of the FPL will be discounted based on AGB %. Balances on accounts for medically necessary services, as defined above, and rendered to uninsured patients who do not qualify for HCAP, will be discounted to the AGB% at time of final bill, with the exception of certain elective procedures (I.e., bariatric and cosmetic surgery) for which flat fee rates are applied. Final discount will be the greater of the initial AGB discount, qualified free care or discounting after financial screening. Patients may file a Financial Aid Application within 240 days after the first post-discharge billing statement date to determine eligibility for additional discounts. All normal collection activities will be placed on hold until a financial assistance determination has been made.

**Discounts for Uninsured Individuals**

| Federal Poverty Level | % Discount on Charges |
| --- | --- |
| Below 200% of FPL | 100% Discount |
| Over 200% of Poverty Level | Discounted to AGB % |

**Process:**

At the time a patient is scheduled for, or receives, medically necessary services as defined above, a

determination will be made of the patient's insurance status. Uninsured patients will be screened for HCAP at time of scheduling or registration. The patient, family, or guarantor will complete and sign an HCAP application. This application may also be completed via phone; however it is preferable to have patient sign at time of service. If income qualifies patient for HCAP, patient will be registered using the Hospital Care Assurance mnemonic. Use of this mnemonic ensures free care and that 100% of the balance for services rendered will be written off at time of final bill. Uninsured patients, not qualifying for HCAP, will automatically qualify for discount off of total charges, based on AGB %. The account will be registered using a Self Pay mnemonic and discount will be taken at time of final bill.
Uninsured patients will be referred to a Financial Counselor for an assessment of eligibility for governmental or third party payment programs (i.e. HCAP, Medicaid, and Federal Insurance Marketplace). Effective 1/1/14, as outlined in the Patient Protection and Affordable Care Act of 2010, all uninsured persons are required to obtain health insurance. Government income-based subsidies are available through the Government Insurance Marketplace. Patients determined ineligible for insurance coverage, or with limited or high-deductible third party healthcare coverage, (governmental or private) and residing in SVCMC primary service area may be eligible for assistance through SVCMC FAP, if income is less than 400% of the FPL. This service area includes the following Ohio counties: Ashtabula, Cuyahoga, Geauga, Lorain, Lake, Medina, Portage, Stark & Summit.
The Financial Counselor will request income documents to determine if individuals may qualify for free or additional discounted care through SVCMC FAP. After individual is found to qualify for additional discount(s), any amounts paid on qualifying accounts ***in excess of balance after discount*** will be promptly refunded ***if no other self - pay balances exist***. The financial counselor will notify the Business Office, via email, to process the refund. The request will include all applicable patient account numbers and amounts to be refunded.

The patient may also be referred to an outside service representative expert in securing benefits for qualified applicants. If a patient, family or guarantor does not comply with the above, they may not be eligible for additional discounts as outlined in this policy.

(Exceptions will be made for patients whose religious beliefs prohibit them from accepting financial assistance/insurance from the state or federal government-see "Religious Exemptions" below)

**SVCMC may not deny financial assistance to the uninsured under this policy based on an individual's failure to provide information or documentation that is not clearly described in this policy or the financial assistance application.**

## PATIENTS WITH OUTSTANDING BALANCES DUE AFTER INSURANCE HAS PAID OR DENIED:

Patients with outstanding balances after insurance has paid or denied, are also eligible to apply for and receive assistance through the Financial Assistance Program (FAP) outlined in this policy, **providing that they comply with the application requirements** and meet qualifications for free or discounted care as specified.

Qualification for the *Balance after insurance/Underinsured program* described in this policy will be determined using a calculation methodology found in Addendum B. Financial need will be determined through an assessment of the patient and/or family financial need based on current Federal Poverty Levels (FPL).

***Applicants for financial assistance will be required to co-operate and to supply personal, financial and other documentation necessary to make a determination of financial need.*** **Management reserves the right to review assets as part of the financial screening.**

If an underinsured patient does not qualify for HCAP, Medicaid or other third party programs, a Financial Counselor will assist the patient by determining qualification for Financial Assistance Program (FAP), which offers free and discounted care. Applicants will be required to submit supporting documentation of income. Proof of income documentation includes, but is not limited to, **current** pay stubs, W2 forms, tax returns and/ or Social Security benefit statements.

***Patients with balances after insurance pays may qualify for financial assistance through the FAP if they meet all of the following eligibility criteria:***

Attest that they had limited health insurance benefits during the period that hospital services were provided, have balances after insurance that they are unable to pay, and have provided required financial information;

Do not participate in, and are not eligible for, any third party payment program, health savings account, medical savings account and/or similar types of health insurance-like programs available to pay for hospital services rendered (***Patients with insurance through a SVCMC non-contracted provider (out of network) without an individual payment agreement with said insurance who choose to obtain non-emergent services at SVCMC may not be eligible for financial assistance.***);

Have insurance that does not provide coverage for services provided, has limited benefits, lifetime maximum benefits that have been exhausted, or has a high-deductible and/or coinsurance;

Are residents of Northeast Ohio, are patients residing in SVCMC primary and secondary service areas, or have received emergency services at SVCMC. These service areas include the following Ohio counties: Ashtabula, Cuyahoga, Geauga, Lake, Lorain, Medina, Portage, Stark & Summit;

Are at or below 400% of the Federal Poverty Level (FPL);

Have applied for third party payment programs but were found not to qualify.

**DETERMINATION OF ELIGIBILITY:**

Income and family size are used for determining eligibility for SVCMC Financial Assistance Program. The Financial Counselor will review the application and proof of income documents to assess eligibility.

Individuals with a combined household income below 100% of the Federal Poverty Level (FPL) will qualify for free care/100% write-off under the state of Ohio Hospital Care Assurance Program (HCAP). The Medicaid application process will also be started for individuals qualifying for HCAP.

Individuals with a combined household income of 138% or below will be screened for Medicaid through Ohio Medicaid Expansion program.

Individuals with a combined household income of 101-200% of the FPL will qualify for SVCMC AGB discount (rate indicated in Addendum A)

Individuals with a combined household income of 201-400% of the FPL will qualify for discounted care at rates indicated in Addendum A.

Once qualified using free care and discounted care criteria mentioned above, the Financial Counselor will assign an adjustment appropriate to the level of indigence for which the patient qualifies or assign the correct mnemonic to the patient account. This process may occur prior to, or after, services have been provided.

FAP information can be found on patient statements, at SVCMC registration areas, at www.stvincentcharity.com or by contacting a financial counselor at **216-694-4652, 216-694-4653 or 800-721-6097.**

**PATIENTS DEEMED INELIGIBLE:**

Patients, who are determined not to be eligible under the SVCMC Financial Assistance guidelines, will be screened by the financial counselor prior to the scheduled elective inpatient or outpatient procedure and requested to pay a deposit equal to at least 50% of the estimated patient responsibility. Arrangements to pay the remaining balance must be made at the time of financial screening as well. Elective procedures for ineligible patients, if deemed medically appropriate, may be deferred until financial screening has been completed.

**EXCEPTIONAL MEDICAL CIRCUMSTANCES-MEDICAL INDIGENCY:**
Patients not qualifying under this policy, but believing that they have special circumstances, can request that the case be reviewed further by a Financial Counselor by calling **216-694-4652, 216-694-4653 or 800-721-6097.**

If family income for insured patients exceeds 400% of the FPL, and information is supplied to support exceptional medical circumstances (examples of medical indigence may be, but are not limited to, excessive medical and/or medication bills that the patient is unable to pay, terminal illness, etc.), patient will be considered for free or discounted care on an individual basis for assistance, regardless of income status Final decision to allow free or discounted care based on medical indigence will be made by the Director of Revenue Cycle Operations and/or the Senior VP/CFO.

**RELIGIOUS EXEMPTIONS:**

Patients whose religious affiliation prohibits them from applying for state/government assistance or accepting charity care from the state, may still be considered for financial assistance as detailed in this policy. The patient must supply proof of religious affiliation and income. Discounts will be calculated based on the *underinsured* criteria detailed in this policy as well as consideration of the patient's desire to satisfy their obligation without assistance. Payments may be made by the patient, or the church organization (insurance fund) on behalf of the patient. Good faith payment of at least 50% is to be made in advance of the service. Payment arrangements may be made for balance due after initial payment. **PATIENTS OUT OF SERVICE AREA/STATE/COUNTRY:**

Uninsured patients out of SVCMC primary & secondary service areas (Ohio Counties; Ashtabula, Cuyahoga, Geauga, Lake, Lorain, Medina, Portage, Stark & Summit), out of state, or out of country, seeking elective services/procedures are welcome. Payment for services for this patient population is required *prior to service* and will be calculated at 180% of Medicare payment rate for the service being provided. Physician services are not subject to this discount methodology. Payment for physician services will be coordinated directly with the physician office and paid separately.

**INCOMPLETE APPLICATIONS:**

Patients, submitting an incomplete FAP application, may have admission and/or treatment deferred until the application process is complete, if deemed medically appropriate. An application may be deemed incomplete if missing required information, is unsigned, proof of income documents have not been received, or other factors contributing to the inability of the Financial Counselor to make a determination of financial need.
**ELIGIBILITY:**

Each inpatient and outpatient procedure represents a separate financial encounter and will be evaluated with new data if or when it is determined that a change in the patient's financial status has occurred. Individuals with a change in financial situation may be re-evaluated by contacting a Financial Counselor at **216-694-4652, 216-694-4653 or 800-721-6097.**

**FAP DISCOUNT:**

Discounts are based on Federal Poverty Levels (FPL) as defined by the federal government and updated on an annual basis. Free care will be provided to patients with family income between 100%-200% of current FPL. If

a patient's family income is over 200% of the FPL, bills will be discounted using the methodology described in Addendum A.

**Discounts for Insured Individuals**

| Federal Poverty Level | % Discount on Charges |
|---|---|
| At or below 100% of Poverty Level | 100% Discount |
| Over 101% of Poverty Level | Discounted as shown in Addendum A |

Interest free payment plans will be established for discounted account balances. All outstanding balances will be accumulated within one payment plan and, as additional obligations are incurred, the plan will be amended. Monthly payment amounts will not exceed 5% of income for qualifying individuals.

If, after application of applicable discounts, and financial review, it is determined that the patient is unable to pay the yearly payment balance owed under the payment plan, then the patient will be screened for medical indigence. Determination of the patient's ability to pay will be made by comparing the balance owed to the available disposable income.

After approval of FAP application, any amounts paid on qualifying accounts ***in excess of balance after discount*** will be promptly refunded ***if no other self - pay balances exist***.
The financial counselor will notify the Business Office, via email, to process the refund. The request will include all applicable patient account numbers and amounts to be refunded.

If, due to unemployment or a major change in the financial position, there is a change in the patient's ability to comply with the payment arrangement, the patient may request a re-evaluation and a new financial screening will be conducted. At that time, if patient is found to qualify for 100% free care write off to charity under guidelines of this policy, all accounts associated with the payment plan will be written off/discounted completely and classified as charity care in the year the patient's inability to pay is determined.

**PRESUMPTIVE ELIGIBILITY:**

An uninsured individual, receiving Outpatient services, will be considered "presumptively eligible" for financial assistance if during the previous three (3) months, the individual has qualified for HCAP. Individuals receiving Inpatient care will be financially screened at each Inpatient visit and a new HCAP application will be completed. An individual, who has been found presumptively eligible for HCAP for Outpatient services and receives other outpatient services within three (3) months, shall receive 100% discount without having to submit another application.

Patients receiving 100% discount through the HCAP program will not receive written notification of qualification for this program.

An insured individual who previously received free or discounted care through SVCMC FAP may be considered presumptively eligible to receive the same discount, or free care, from SVCMC on all medically necessary services for six (6) months from the date of the initial financial assistance determination. After 6 months, individuals will be required to complete the financial screening process again.
Patients qualifying for FAP discounts will be notified in writing of the amount of financial assistance given and be provided with information on how to apply for additional financial assistance. SVCMC may review credit reports and other publicly available information to determine, consistent with applicable legal requirements, estimated household size and income amounts for the basis of determining financial assistance eligibility for patients not submitting a Financial Assistance Application or supporting documentation. At any time, patients may contact a Financial Counselor to be re-screened if they feel that there has been a significant change in income status. Financial counselors may be reached at **216-694-4652, 216-694-4653 or 800-721-6097.**

**PAYMENT PLAN PROCESS:**

Upon reaching acceptable payment arrangements with the patient, a system note must be entered on the patient account stating that a patient payment contract plan has been reached, along with the contract start date and first payment due date.
A contract payment agreement letter will be sent to the patient confirming the agreed upon payment arrangements and is to be signed, dated and returned to the hospital representative initiating the action. The patient must agree to the financial assistance plan in writing. The signed agreement will be scanned.

No coupon book for installment payments will be issued. Defaulting on the monthly payment arrangement for one (1) month will result in a delinquent contract letter being sent to the patient. Failure to respond to the letter, or failure to pay per agreement, without contacting a Financial Counselor, or the Financial Services Center (FSC) will result in termination of the arrangement and the account will be turned over to an outside collection agency in order to pursue payment in full.
If a patient defaults on the payment plan for two (2) consecutive months, SVCMC reserves the right to initiate normal collection activities for the remaining discounted balances. Normal collection activities shall not be considered ECA and shall be considered “reasonable efforts” on behalf of a hospital facility to notify an individual about his/her ability to apply for financial assistance under this policy. Such normal collection activities and reasonable efforts may include:

- Sending billing statements which include information on applying for financial assistance.
- Initiating collection calls and letters each of which shall include information to the individual on how to apply for financial assistance.
- Engage third party collection agency for additional collection efforts; however such third party shall not engage in ECA until after the appropriate notice is given as described below.

**Before engaging in extraordinary collection actions (ECA) SVCMC, or their representatives, will make reasonable efforts to determine the patient’s eligibility for financial assistance, as outlined above. Attempts will be made to verbally contact the patient to explain the FAP process and offer assistance. Medically necessary care will not be deferred or denied and/or ECA initiated until 120 days after the date of the first post-discharge bill. Written notice will be provided at least 30 days prior to the deadline specified in the notice, informing the individual of intended extraordinary collection actions.**

## IMPLEMENTATION:

Each department providing Patient Access, Financial Counseling, or Patient Accounting services is responsible for following the procedures outlined in this policy. Reasonable measures will be taken to widely publicize a summary of this policy or a within the community served including, but not limited to:

Written notice at time of service
Signs and brochures in hospital registration and patient access areas
Posting on the SVCMC website
Inclusion on patient statements
Through any methods required by state or federal legislation

Education related to this policy and necessary documentation will be provided to above-mentioned staff. Performance improvement procedures will be instituted to support compliance with the provisions of this policy.

## DOCUMENT RETENTION:

All information related to the Financial Assistance application, proof of income, and other related information will be stored electronically by patient name and account number in the SVCMC online imaging system.

**POLICY PUBLICATION:**

SVCMC shall make this policy, financial assistance applications and additional information about financial assistance available in the following ways:

The financial assistance application form and plain language summary of this form may be obtained at www.stvincentcharity.com.

Paper copies of a plain language summary of this policy will print at time of registration. This policy, financial assistance application form and plain language summaries will also be available upon request both by mail and in public locations in SVCMC facilities. These areas include emergency room, admission areas, hospital registration areas, and financial counseling offices.

Information about how to apply for financial assistance can be found on all SVCMC billing statements, including telephone numbers of persons who can provide information about this policy, the application process, and the SVCMC website address.

Public displays about the SVCMC Financial Assistance Program will be prominently displayed in the registration areas at each SVCMC facility.

**RESPONSIBILITY:**

SVCMC Senior VP/CFO is responsible for implementation, review and update of this policy. SVCMC Management, with the approval of the Board of Directors, reserves the right to amend the criteria by which an individual qualifies for assistance under this Policy.

**Referenced Policies:** Authorization for Write-Off Policy
HCAP Policy
Credit and Collection Policy

**Referenced Documents**:

FAP Application
Bariatric Self Pay Fee Schedule
Cosmetic Surgery Fee Schedule
Addenda A, B, C, D
Payment Plan Schedule

**Addendum A**

Financial Assistance Grid-**Uninsured**

| FPL | 0-100% | 101-200% | >201% |
|---|---|---|---|
| Uninsured Patient | *100% | 100% | AGB-70% |

*Ohio HCAP law

Financial Assistance Grid-**Insured**

| FPL | 0-100% | 101-200% | 201-300% | 301-400% | >401% |
|---|---|---|---|---|---|
| Insured Patient | 100% | AGB-70% | 35% | 20% | No discount |

## Addendum B
## Amounts Generally Billed

Per IRC 501(r), hospitals must limit charges to patients and services qualified under our Financial Assistance Policy (FAP) to the Amounts Generally Billed (AGB) to Medicare and Managed Care payers.

SVCMC Amount Generally Billed Rate is 70%
**Uninsured Patient Discount 70%**

The AGB calculation is the percentage of expected reimbursement divided by total charges for all insurances combined.

The calculation will be refreshed every year on December 31 and put into effect on January 1 of the following year. That calculation will be used to discount balances for services in the next fiscal year.

Insurances included in the calculation are Medicare, Anthem, Medical Mutual of Ohio and United Healthcare.

Insurance categories excluded from the calculation are Medicaid, Medicaid HMOs, other government payers, patient self pay, and other expected self pay plans.

Example:

| | |
|---|---|
| Total Charges | $10,000 |
| Expected Reimbursement | 3,000 |
| AGB Rate (discount)- 70% | 7,000 |

Patients who qualify for an AGB discount will have their outstanding balances reduced to no more than the AGB rate for that episode of care unless determined presumptively eligible per SVCMC Financial Assistance Policy.

**Addendum C**
**Hospital Facilities Providing Financial Assistance**

- St. Vincent Charity Medical Center
- St. Vincent Charity Surgery Center at Rockside
- St. Vincent Charity Medical Center Diagnostic Imaging Center at Rockside
- St. Vincent Charity Medical Center Rehab Services at Rockside
- St. Vincent Charity Medical Center Solon Urgent Care
- St. Vincent Charity Medical Center Solon Rehab Services
- St. Vincent Charity Medical Center Cardiac Services in Rocky River

## Addendum D
## Non-Hospital providers from whom hospital patients may receive bills

### Providers Offering Financial Assistance

- Emergency Room Physician Group
  Team Health-888-952-6772
- Radiologists
  University Radiology Group-216-844-8299
- St. Vincent Medical Group-855-477-2477
- Anesthesia Physician Services
  Cleveland Anesthesia Group-216-674-5230
- Pathologist Services
  APS Pathology Billing-800-873-7909

### Providers Not Offering Financial Assistance

- Ashis Rakhit-Cardiology
- Ohio Cardiology Association-Dr. Gupta-Rakhit