

<b>Department:</b> ADMINISTRATION	Version: 7      Page 1 of 4
	Original Date: Not Set
<b>Category:</b>	Last Review/Revised Date: 03/22/2022
	Approved By: OPERATING COMMITTEE
<b>Title:</b> Financial Assistance	

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**Purpose:**

Stormont Vail Health’s mission is “Working together to improve the health of our community”. As part of our mission, Stormont Vail Health has established a financial assistance program (FAP) for patients who are financially unable to pay for emergency and other medically necessary care. This policy will ensure an equitable and consistent method for patients to apply for and be considered for financial assistance discounts.

A FAP-eligible individual will not be charged more for emergency or other medically necessary care than amounts generally billed to individuals who have insurance covering such care. This Financial Assistance Policy is in accordance with Section 501 (r) (4), (5) and (6) of the Code in order to be eligible for Section 501 (c) (3) status.

**Eligibility Requirements for Financial Assistance**

- 1) Eligibility for financial assistance requires the complete cooperation of the applicant during the application process.
- 2) Patient must receive non-elective emergency or medically necessary services. The following services are excluded from financial assistance discounts:
  - childhood vaccines covered under the Vaccines for Children program
  - adult vaccines (except flu, tetanus and pneumovax)
  - weight-loss related exams as administered in the clinic and surgery performed in the hospital, except that up to twenty (20) patients can be covered for such services under this policy in a calendar year – ten (10) non-surgical and 10 surgical
  - cosmetic procedures
  - drugs covered under a drug rebate program
  - drugs provided for non-emergent services
  - durable medical equipment
  - contraceptive drugs and devices as administered in the clinic, except that up to 100 patients in a calendar year may be covered for either contraceptive drugs or contraceptive devices under this policy
  - form completion fee
  - “No show” fee
  - medical testimony fee
  - Federal Aviation Administration and Department of Transportation exam fee
  - pre-employment exam fee
  - fertility testing
  - genetic testing

- 3) Patient must be a Kansas resident for the last 3 months.
- 4) If referred to the Hospital Assistance Program (HAP), patient must cooperate in seeking other resources for payment.
- 5) Patient must cooperate with requests of information from insurance carrier and provide requested insurance information before insurance carrier's timely filing requirements have expired.
- 6) Financial assistance, if applicable, is considered secondary to other liability- not just to include insurance.
- 7) Payments received by patient directly from their insurance carrier must be applied to outstanding balance.
- 8) Patient's account balance cannot have a court-ordered judgement applied to satisfy amount due.
- 9) Annual income must be below 400% of the most recently published Federal Poverty Guidelines, and have non-retirement liquid assets less than \$10,000.
- 10) Medicaid Spenddown does not qualify for Financial Assistance per Federal Regulations.
- 11) The Senior Vice President and Chief Financial Officer or System Director of Revenue Cycle may make exceptions to this policy on a case by case basis.

### **Financial Assistance Discounts**

For patients eligible for financial assistance, discounts from balances due involves free and discounted care based on household income, and non-retirement liquid assets and any health insurance coverage. All patients eligible for financial assistance will be charged less than gross charges for any emergency and medically necessary care they receive. For current financial assistance discounts applied under this section of the policy, refer to Exhibit A of this policy.

### **Basis for Calculating Financial Assistant Discounts and Amount Charged to Patients**

In accordance with section 501 (r) (5), SVH uses the "look-back" method and uses a combination of hospital Medicare and private health insurance paid claims to calculate the annual Amounts Generally Billed (AGB). For detailed explanation of the AGB calculation, refer to Exhibit A.

### **How To Apply For Financial Assistance**

Patients can apply for financial assistance by doing one of the following:

- 1) Obtaining a paper financial assistance application form with instructions on how to complete and required documentation to submit, free of charge, by visiting the hospital or clinic patient registration desks, or by calling Customer Service to have an application mailed.
- 2) Downloading and printing a financial assistance form from the SVH website.
- 3) Requesting a financial assistance application form from a collection agency if the account has been sent to a collect agency due to non-payment.

Supporting documentation that is required to be submitted with the application form is listed out on the application instruction form. Customer Service Representatives and Financial Counselors will be

available to assist patients with questions on how to complete financial assistance application form and the documentation required to be submitted.

Financial assistance will not be denied under this policy for applicant's failure to provide documentation not required on the application instruction form.

Patient point of contact for financial assistance information and questions:

- Visit the hospital (1500 SW 10th Ave. 1st floor office across from Patient Registration) or any clinic office registration desk.
- Call a Customer Service Representative at (785) 354-1150 or (800) 637-4716.
- Email at: [billinghelp@StormontVail.org](mailto:billinghelp@StormontVail.org)
- Visit website at <https://www.stormontvail.org/>

SVH will accept and process financial assistance application forms for no less than the 240th day after SVH provided the patient with the first post-discharge billing statement.

Patients are required to reapply for financial assistance for any new services provided more than 3 months after the original financial assistance application was approved.

### **Presumptive Financial Assistance Determinations**

For patients who fail to submit financial assistance applications, or fail to submit a complete application with required documentation, Stormont Vail Health will make reasonable efforts to presumptively determine if a patient is eligible for financial assistance. Stormont Vail Health may utilize a third-party vendor's propensity to pay software to obtain number in household, estimated annual income, estimated net worth and other financial information to determine eligibility for financial assistance.

If the presumptive financial assistance discount is less than full (100%), patients will be notified by letter of their new balance owed, and be given 30 days to apply for more generous financial assistance under this policy.

### **Providers Covered Under This Policy**

Stormont Vail Health employed medical providers are covered under this policy. A list of medical providers who are covered and not covered under this policy, will be published on the SV website and updated on a quarterly basis.

### **Actions That May Be Taken In The Event of Non-payment**

In accordance with section 501 (r) (6), SVH will not engage in extraordinary collections actions (ECA) against patient before making reasonable efforts to determine whether the patient has insurance coverage or is eligible for financial assistance. Patients will be mailed a letter 30 days before initiating an ECA. Patients who submit incomplete financial assistance applications will be notified in writing and given 30 days to provide the requested information.

For the purpose of this policy, ECA includes lawsuits, liens on residence, arrests, subjecting

individual to writ of body attachments, garnishment of wages, foreclosure of real property, seizure of bank account or other personal property, and reporting to credit agencies.

If there is no payment, or a financial assistance application has not been submitted by the 120<sup>th</sup> day after SVH provided the patient with the first post-discharge billing statement, SVH may engage in ECA. The Credit and Collections Supervisor, in the Patient Financial Services department, will have responsibility for determining if SVH made reasonable efforts to identify individuals, who are eligible for financial assistance, before proceeding with ECA.

ECAs will be suspended if patient submits a financial assistance application. The suspension of ECAs will continue until financial assistance eligibility can be determined and patient is notified of the determination. If patient is eligible for financial assistance, ECAs will be reversed.

### **Measures to Widely Publicize Financial Assistance Program (FAP) in the Community**

SVH will widely publicize the Financial Assistance Program by posting information on the SVH website, notifying and distributing financial assistance information to patients and the public at all SVH registration areas and emergency room when they present for service, making financial assistance information available in registration waiting rooms, including information on patient billing statements, mentioning the FAP when discussing an individual's overdue balance owed over the phone, and by publicizing the FAP to community health centers and social service agencies.

Original April 1, 2014

Revised: June 12, 2015, September 20, 2016, January 30, 2018, October 2021, March 22, 2022