

St. Dominic's

Title: Financial Assistance

Applies To: St. Dominic Hospital, St. Dominic Medical Associates, LLC, St. Dominic Hospital Medicine, LLC	Category: Fiscal Services
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Purpose:

This policy is intended to outline circumstances under which St. Dominic-Jackson Memorial Hospital (“Hospital”) and its physician groups, St. Dominic Medical Associates, LLC (“SDMA”) and St. Dominic Hospital Medicine, LLC (“Hospital Medicine”) (SDMA and Hospital Medicine are collectively referred to as “Groups” and the Hospital and Groups are collectively referred to as “St. Dominic’s”) will provide free or discounted care to patients who are unable to pay for medical care and to address how St. Dominic’s will calculate amounts charged to patients. This policy is specifically intended to meet the requirements of applicable federal, state and local laws, including without limitation, section 501(r) of the Internal Revenue Code of 1986 as amended, and the regulations thereunder. Accordingly, this policy establishes: (1) eligibility criteria for financial assistance; (2) the basis for calculating amounts charged to patients; (3) the method of applying for financial assistance; and (4) measures to widely publicize this policy within the community.

Definitions:

- 1. Amounts Generally Billed (“AGB”)** – The AGB is determined by multiplying the gross charges for the medical care provided by the AGB Percentage. The AGB Percentage is a percentage of gross charges and is calculated by St. Dominic’s at least once a year, using the look-back method. The look-back method divides (1) the sum of all claims for emergency or other medically necessary care that have been allowed by Medicaid, Medicare fee-for-service, and all private health insurers that pay claims to the facility during a prior 12-month period by (2) the sum of the associated gross charges for those claims. The Hospital and Groups use the same look-back method to determine the AGB Percentage, but the Hospital and each Group have separate AGB Percentages. All discounts outlined in this FAP shall apply to AGB for the care provided and not gross charges. The current AGB Percentage for the Hospital and Groups and a description of the calculation may be

readily obtained free of charge from the Patient Financial Services Department located in the Hospital's Medical Mall, which may be contacted at 601-200-5446.

2. **Emergency Medical Care** – Medical care provided by St. Dominic's pursuant to EMTALA to individuals with an emergency medical condition regardless of their eligibility for financial assistance under this FAP.
 3. **Emergency Medical Condition** – Conditions defined under EMTALA (42 U.S. Code § 1395dd(e); 42 CFR § 489.24(b)).
 4. **EMTALA** – The Emergency Medical Treatment and Active Labor Act (42 U.S.C. § 1395dd) and the regulations thereunder, including specifically 42 CFR § 489.24 (or any successor regulations).
 5. **Extraordinary Collection Actions ("ECA")** – ECA include:
 - 5.1. Selling an individual's debt to another party ("Purchaser") unless the Purchaser has entered into a prior written agreement
 - 5.1.1. prohibiting the Purchaser from engaging in any ECAs to obtain payment for care,
 - 5.1.2. prohibiting the Purchaser from charging interest in excess of the rate set forth in I.R.C. § 6621(a)(2) at the time the debt is sold,
 - 5.1.3. requiring the return to or recall by Hospital upon a determination that the individual is FAP eligible; and
 - 5.1.4. if the debt is not returned to or recalled by Hospital for a FAP eligible individual, requiring the Purchaser to adhere to procedures specified in the agreement that ensure that the individual does not pay, and has no obligation to pay, the Purchaser and the Hospital together more than he or she is personally responsible for paying under the FAP.
 - 5.2. Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus.
 - 5.3. Deferring or denying, or requiring payment before providing, medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under the Hospital's FAP.
 - 5.4. Any actions that require a legal or judicial process, including but not limited to
 - 5.4.1. placing a lien on an individual's property (other than liens permitted under state law on personal injury settlements related to the care),
 - 5.4.2. foreclosure on an individual's property,
 - 5.4.3. attaching or seizing an individual's bank account or any other personal property;
 - 5.4.4. commencing a civil action against an individual,
 - 5.4.5. causing an individual's arrest,
 - 5.4.6. causing an individual to be subject to a writ of body attachment; or
 - 5.4.7. garnishing an individual's wages.
- For this purpose, the filing of a claim in any bankruptcy proceeding is not an ECA.

6. **FAP** – This Financial Assistance policy.

- 7. Federal Poverty Guidelines (“FPG”)** – Poverty guidelines issued by the federal government at the beginning of each calendar year that are used to determine eligibility for poverty programs; the current FPG can be found on the U.S. Department of Health and Human Services website at <http://www.hhs.gov/>.
- 8. Medically Necessary** – Any procedure reasonably determined to prevent, diagnose, correct, cure, alleviate, or avert the worsening of conditions that endanger life, cause suffering or pain, result in illness or infirmity, threaten to cause or aggravate a handicap or cause physical deformity or malfunction, if there is no other equally effective, more conservative or less costly course of treatment available.

Policy:

- 1.** It is the policy of St. Dominic’s to provide, without discrimination, emergency and other medically necessary care to individuals regardless of the individual’s ability to pay or whether they are eligible for financial assistance.
 - 1.1.** St. Dominic’s will not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the nondiscriminatory provision of emergency medical care.
 - 1.2.** St. Dominic’s will provide care for emergency medical conditions that it is required to provide under EMTALA.
 - 1.3.** Financial assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with St. Dominic’s procedures for obtaining financial assistance and to contribute to the cost of their care based on their individual ability to pay.
 - 1.4.** In addition, St. Dominic’s is required by the Internal Revenue Service to adopt and widely publicize this FAP.

Procedures

- 2.** Upon registration, a plain language summary of the FAP shall be offered to all patients. For those patients that present to the emergency department, the plain language summary of the FAP will be offered after compliance with any EMTALA obligations.
 - 2.1.** For patients who are uninsured, underinsured or cannot pay their deductible or co-pays, St. Dominic’s will provide
 - 2.1.1.** a packet of information that contains the FAP and the FAP application, and
 - 2.1.2.** immediate financial counseling assistance from designated staff, including an explanation of and assistance with the FAP application process, if requested.
 - 2.2.** For all other patients, the FAP and the FAP application will be available free of charge as set forth herein.
- 3.** To qualify for financial assistance, a patient must:

- 3.1.** complete a FAP application or meet with a financial assistance representative for an interview to complete a FAP application;
 - 3.2.** submit supporting documentation, including proof of income (such as income tax returns for the most recently filed year, pay stubs for the past sixty (60) days, W-2 statements, social security checks, or other documentation supporting eligibility); and
 - 3.3.** meet the financial eligibility criteria set forth in this FAP.
- 4.** St. Dominic's will not deny financial assistance based upon a patient's failure to provide information or documentation unless that information or documentation is requested in the FAP or FAP application. However, St. Dominic's may grant financial assistance under its FAP even if a patient fails to provide information or documentation described in the FAP or FAP application form and may, for example, rely on other evidence of eligibility or a written attestation by the patient to determine that the applicant is eligible for financial assistance.
- 5.** The Patient Financial Services Department is the department of the Hospital with the authority and responsibility for determining whether an individual qualifies for financial assistance or whether an ECAs may be initiated against individuals.
 - 5.1.** The Patient Financial Services Department, located in Hospital's Medical Mall, is available to provide assistance with the FAP application process and information about the FAP and may be contacted at 601-200-5446.
- 6.** The FAP, FAP application, and a plain language summary of the FAP shall be available free of charge on St. Dominic's website.
 - 6.1.** Additionally, paper copies of the FAP, FAP application, and a plain language summary of the FAP shall be available upon request and free of charge, both by mail and in public locations in the Hospital (including each registration desk throughout the Hospital and the emergency room) and in Groups' medical clinics that provide physicians services in the Hospital.
 - 6.2.** A plain language summary of the FAP shall be offered to all patients during the registration process (and after compliance with any applicable EMTALA obligations).
- 7.** Each billing statement shall notify and inform recipients about the availability of financial assistance under the FAP and include the telephone numbers for the Patient Financial Services Department that can provide information about the FAP and FAP application process and the direct web address where copies of the FAP, FAP application, and the plain language summary of the FAP may be obtained.
 - 7.1.** The FAP, FAP application, and plain language summary shall be available in English and Spanish.
 - 7.2.** The FAP, FAP application, and plain language summary shall also be translated into the language spoken by each limited-English proficiency group that constitutes the lesser of 1,000 individuals or 5% of the population served by Hospital, as defined in its Community Health Needs Assessment.

8. St. Dominic's shall notify and inform members of the community served by St. Dominic's about the FAP in a manner reasonably calculated to reach those members who are most likely to require financial assistance from St. Dominic's.
 - 8.1. St. Dominic's shall set up conspicuous public displays (or other measures reasonably calculated to attract patients' attention) that notify and inform patients about the FAP in public locations in the Hospital facility, including, at a minimum, the emergency department and admissions areas.

Eligibility

9. St. Dominic's will provide financial assistance for all emergency care and other medically necessary care on a sliding scale of up to 100% of charges and up to a full waiver of co-payments after third-party insurance proceeds based on indigence.
 - 9.1. The scale will offer discounts ranging from 20-100% of AGB based on family size and on published Federal Poverty Guidelines.
 - 9.2. Individuals whose family incomes are less than or equal to 350% of Federal Poverty Guidelines are eligible to receive free or discounted care on the following sliding scale basis:

Annual Family Income	Amount of Discount
Less than 200% of FPG	100%
201 – 225% of FPG	90%
226 – 250% of FPG	80%
251 – 275% of FPG	70%
276 – 300% of FPG	50%
301 – 325% of FPG	40%
326 – 350% of FPG	20%

- 9.3. In addition to the criteria listed above and the specific information required to be submitted as part of the FAP application, or in the event a patient fails to submit a FAP application or submits an incomplete FAP application, St. Dominic's may also consider other indicators of a patient's ability to pay such as third-party coverage, income, or other financial resources, and any publicly available data and reports from credit-reporting bureaus. As described in section 9.5 below, St. Dominic's may utilize prior FAP-eligibility determinations to presumptively determine a patient's eligibility for financial assistance.
 - 9.3.1. The financial resources of a parent or guardian may be considered in determining eligibility of a patient who is dependent on the parent or guardian for financial support.
 - 9.3.2. Hospital may also consider other extenuating circumstances such as medical hardship based on a patient's disposable income relative to the cost of the care.
- 9.4. This policy only applies to emergency or medically necessary care performed in the Hospital and provided by the Hospital, Groups and their employees.
 - 9.4.1. This policy will apply to professional billing for emergency and other medically necessary care provided in the Hospital by Groups' employed physicians.

the FAP application and providing required supporting documentation in a timely manner.

12.1. St. Dominic's shall provide the patient with a written notice that describes the additional information or documentation the patient must submit to complete his or her FAP application and include contact information (telephone and physical location) for the Patient Financial Services Department.

12.1.1. St. Dominic's shall suspend any ECAs against the patient until the completion deadline has passed without the patient having completed the FAP application.

12.1.2. If an individual who has submitted an incomplete FAP application during the application period subsequently completes the FAP application during such period or within a reasonable timeframe given to respond to requests for additional information and/or documentation, the individual will be considered to have submitted a complete FAP application during the application period and the provisions for handling complete FAP applications shall then apply.

13. Any written notice or communication required herein may be provided

13.1. on a billing statement or along with other descriptive or explanatory matter, provided that the required information is conspicuously placed and of sufficient size to be clearly readable or

13.2. electronically (for example, by e-mail) to any individual who indicates he or she prefers to receive the written notice or communications.

Billing and Collections

14. St. Dominic's has a separate Billing and Collections policy which outlines the actions Hospital may take in the event of nonpayment.

14.1. A copy of the Billing and Collections policy may be obtained free of charge by visiting St. Dominic's website, www.stdom.com, or by calling the Patient Financial Services Department at 601-200-5446.

Related Documents:

1. Billing and Collections, St. Dominic's policy
2. EMTALA and Emergency Medical Care, St. Dominic Hospital policy