

St. Francis' charity care is criticized

PROJECT RATES PRACTICES WORST IN COUNTY, CALLS FOR INVESTIGATION

By Shari Rudavsky

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The charity care practices of Franciscan St. Francis Health were rated as the worst of Marion County's not-for-profit hospitals and should be investigated by the state attorney general, an advocacy group said Wednesday.

With medical debt a leading cause of personal bankruptcy, the Hospital Accountability Project called on all Indianapolis not-for-profit hospital systems to do more to make sure those who can't pay can receive care.

Indiana University Health does the best job of providing patients with information about their payment options

and St. Francis does the worst, according to the second annual report of the project, a joint effort of the Citizens Action Coalition Education Fund and Indiana Legal Services.

Officials at Franciscan St. Francis Health did not have an immediate comment Wednesday but said they would respond today.

"Instead of finding information about Holiday World, there should be pamphlets about financial assistance" in hospital lobbies, said Lindsay Heinbock, project director. "There is a disconnect between what is written in their policies and what is being practiced."

Federal and state laws require hospitals with nonprofit status to provide low or no-cost care. They also must post information about financial assistance in the emergency room, near the billing office and near the registration area.

The accountability project Wednesday delivered a stack of 93 surveys detailing complaints about St. Francis to the Indiana attorney general's office.

"What we're simply asking hospitals to do is to do what you're legally required to do: to provide that information to every individual who comes into the hospital," said Stephen Byers, managing attorney for Indiana Legal Services.

No one ever mentioned financial assistance to Charles Melton when he had two outpatient surgeries performed at St. Francis Indianapolis last spring. He had his wife's insurance, but it didn't cover much.

When bills for more than \$7000 started pouring in, Melton, now 63, asked for help. The hospital sent paperwork, which he filled out. The bills continued to come, and he never got a response to his request for help.

Eventually his wife negotiated a deal whereby they paid \$226 a month. When poor health forced Melton into early retirement, she

managed to get the monthly payment down to \$100 a month. The couple scrimped to make the payment, still waiting for an answer on Melton's original aid request.

Melton, who recently filed a complaint with the attorney general, is still waiting. He's paid all but \$742 of his original bill, he said.

But the experience has left him worse off financially. He now has Wishard Advantage to cover his health needs.

The project cited other ways hospitals tried to avoid providing care that they wouldn't be reimbursed for.

Topping the stack of complaints was the tale of one would-be St. Francis patient who was experiencing symptoms of a mild heart attack or stroke.

The man went to the hospital's emergency room, only to be told by the woman at the registration desk that because he owed the hospital \$3,000, she wasn't sure whether he could be seen that day.

He walked out.

"We don't feel it is appropriate to stop someone from accessing care at the emergency room and haggle with them over an overdue bill," said Julia Vaughn, a consultant to the Citizens Action Coalition Education Fund.

The attorney general's office said that it would review the letter from the Citizens Action Coalition. The office had no additional comment.

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