

# St. Francis Health

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## Financial Assistance Policy

Financial Counseling #: (317) 528-5367 or (866) 865-0363

Request an Application: 1-855-376-0014

Website: <http://www.franciscanalliance.org/hospitals/indianapolis/patients/billing/Pages/financial-counseling.aspx>

### Charity Care:

- A two-step test is applied to determine eligibility: (1) a minimum income test, and (2) a means test.
- Minimum Income Test:
  - o Family income is compared to the Federal Poverty Guidelines (FPG) under the minimum income test
  - o Full free care is available to patients at or below 200% of FPG.
  - o Partial free care is available to patients between 201%-400% of the FPG, based on a sliding fee scale.
- Means Test:
  - o Means test evaluates medical bills, assets, liabilities, income and expenses reported on the application.
- The amount of charity care may be reduced by the amount of qualified assets.
  - o Qualified assets are not defined, but assets will not be considered if that would send the family into medical indigence or “adversely affect the well-being of the patient or the patient’s family.”
- Eligibility for Charity Care may be determined at any point in the collections cycle (e.g., prior to services, during the normal collections cycle, or it may be used to re-classify accounts after being returned from a third-party collection agency).
- Patients who may qualify for Medicaid, HCI, or any other governmental assistance must be denied coverage or assistance prior to receiving approval for charity care.

### Medical Hardship Adjustment:

- May be applied to uninsured and underinsured patients who do not qualify for charity care, but have medical bills that exceed 20% of their annual income (unless they have qualifying assets).
- Initiated through the completion of a financial assistance application.

### Additional Circumstances recognized as Charity Care:

- Patient who has filed bankruptcy and whose debts to St. Francis have been fully or partially discharged by the Court.
- Deceased patient with no estate and no other guarantor requiring the discharge of debt by St. Francis.
- Homeless patient with no evidence of income or assets as demonstrated by communication with the patient, credit reports, and other appropriate means.
- An undocumented immigrant with no evidence of income (same as homeless patient criteria above).
- Newly eligible Medicaid patient with unpaid accounts for dates of service 90 days prior to patient’s Medicaid effective date.

### Uninsured Patient Discount:

- The discount is based on the average rate of the hospital's three best negotiated managed care contracts.
- This is calculated on an annual basis.
- For 2012, the discount is 34.3%.
- Uninsured patients are identified in the registration/admissions process.
- The discount is applied automatically at the time of the initial bill, and the statement to patients will indicate the adjustment.
- Patients who are not able to pay the remaining balance are able to apply for charity care.

## Charity Care Sliding Fee Scale

ANNUAL FAMILY INCOME	AMOUNT OF WRITE-OFF
At or below 200% of FPG	100%
201-250% of FPG	80%
251-300% of FPG	60%
351-400% of FPG	20%

## Medical Financial Hardship Adjustment Table

MEDICAL BILL AS % of ANNUAL FAMILY INCOME	ADJUSTMENT
20-29%	15%
30-39%	20%
40-49%	25%
50-59%	30%
60-69%	35%
70-79%	40%
80-89%	45%
90-100%	50%

## Financial Assistance Process and Application

### Notification:

- Signs/postings in the Emergency Room, admitting/registration areas, billing offices, outpatient service settings, and on the website.
- Financial counselors and business office personnel are available.
- All billing statements and statements for services will inform uninsured patients about the availability of financial assistance.
- Applications are made available by calling the billing office, or they can be found on the website.
- Prior to transfer to a collection agency, a minimum of 4 statements and 7 phone attempts will be made to contact the patient with notification of the amount due; and if they cannot pay their balance, they will be notified of the availability of financial assistance.

- Annual education programs are offered yearly to inform staff and collection agencies on the provisions of the policy.

#### **Application:**

- Applications are available to patients prior to treatment, throughout treatment, and up to the resolution of the account.
- Patients are given 30 days to complete the application and submit supporting documents.
- Accounts are placed on hold once a financial assistance application has been requested and until a determination has been made.
- Patients will be informed via written letter about the determination within 45 days after St. Francis receives a completed application.
- If a balance remains, patients can set up a “mutually agreed upon” payment plan within 30 days of their notice of determination.
- Payment plans will not exceed 10% of the patient’s family income per year, unless the family has qualified assets for which a higher payment plan may be established.
- The minimum monthly payment amount is \$25.
- A minimum of 2 statements is sent to patients who fail to make payment arrangements after their notice of determination or who do not comply with the agreed upon plan.
- A credit history may be requested to confirm a patient’s financial assistance information.
- A financial assistance determination can be appealed by providing additional information or a written explanation of special circumstances to the billing office within 30 days of receiving the notice of determination.
- An appeal may only be allowed one time for each determination.

### **Further Collection Practices**

- Involuntary bankruptcy proceedings will not be pursued by St. Francis or external collection agencies.
- Involuntary liens will not be placed on a patient’s primary residence if they qualify for full or partial charity care.
- If a voluntary lien has secured a St. Francis debt, St. Francis will not execute a lien that forces the sale, vacancy or foreclosure of a patient’s primary residency to pay for an outstanding bill.
- Garnishment of wages is permitted only if the patient does not qualify for full or partial charity care and a court determines that the patient’s wages are sufficient for garnishment.
- Credit reporting agencies will only be notified of nonpayment if the patient does not qualify for full or partial charity care.
- External collection agencies will be educated on financial assistance programs and the provisions of this policy.