

Section: Revenue Cycle	Originating Department: Patient Financial Services	Effective Date:09/09/1997
Title: FINANCIAL ASSISTANCE PROGRAM (FAP)	Executive Approval: Maryann Reese	
Date of Med.Exec. Committee Approval (If Applicable): N/A	Originator: JUSTIN WINKLER	
Required by(Agency): INTERNAL REVENUE SERVICE		

Saint Francis Medical Center Policy and Procedures

POLICY: To provide financial assistance to qualified patients for services provided by Saint Francis Medical Center (“SFMC”).

GOAL: To identify by written application, presumptive charity assessment, or payor source those patients who meet guidelines for financial assistance.

SCOPE OF PROGRAM

Saint Francis Medical System currently offers patients three options under its Financial Assistance Program including: (a) Uninsured Patient Assistance; (b) Presumptive Financial Assistance; and (c) Traditional Financial Assistance. This Program and these options reflect SFMC’s tradition as a Catholic institution and our commitment to serving the healthcare needs of our community. The Program is administered based on SFMC’s available financial resources and may be limited at the organization’s discretion. A list of providers who are covered by the Program is available at www.sfmc.net, or available in hard copy upon in-person request, or by mailed request to Customer Service, Saint Francis Medical Center, 211 Saint Francis Drive, Cape Girardeau, MO, 63703. Except where exclusions are indicated, the Program applies to: (a) facility charges by SFMC; (b) professional charges for services performed at SFMC’s hospital facility by those providers covered under this Program; and (c) charges for services performed at the provider practice locations (i.e., physician offices) of those providers covered under this Program.

The Program excludes services that are deemed to be elective in nature such as wellness programs, weight loss programs or weight loss surgery, cosmetic procedures, and items for patient convenience (including but not limited to hearing or visual aids). Also excluded are those services that are experimental services or services that are deemed to be non-reimbursable by traditional insurance carriers or government payers. Non-essential services and services that are not appropriate to a hospital setting may also be excluded from this policy. Procedures inconsistent with the Ethical and Religious Directives of the Roman Catholic Church are excluded from this Program.

SFMC’s policy is to provide services to patients without regard to race, creed, or ability to pay. Subject to the terms and conditions set forth below, patients who do not have the means to pay for services provided at SFMC’s hospital facility may request to be considered for awards of financial assistance under this Program.

SFMC’s Customer Service department is available to provide information regarding the FAP or to assist patients with the SFMC application process, and may be reached at 573-331-5217 or 1-866-304-3071.

This policy is reviewed and approved annually by the SFMC Board of Directors.

UNINSURED PATIENT ASSISTANCE

Purpose: To provide financial assistance in the form of discounted medical care to patients, who are uninsured or do not have coverage for services provided.

1. The definition of an “Uninsured Patient” is a patient: (a) without health insurance for services furnished during the current year; or (b) without health insurance for the services furnished by SFMC (i.e., the services furnished by SFMC are not included in the individual’s health benefits coverage through a health insurer, and for which there is no other legally liable third party).
2. Upon verification that the patient is uninsured, they shall only be billed an amount equivalent to the amounts generally charged to individuals with insurance, as determined by the “look back” method described in 26 C.F.R. § 1.501(r)-5(b) (3) (“AGB Amount”). Currently this AGB Amount shall be 25% of SFMC’s gross charges for which the Uninsured Patient has no health insurance coverage (i.e., a 75% discount from the gross charges for those services). This method is calculated on annual basis after fiscal year-end by using all claim amounts allowed by Medicare and commercial payers divided by gross charges.
3. No application shall be required for any financial assistance offered under this Option.
4. SFMC shall provide written notice to the patient of his or her qualification for financial assistance under this Option. In addition to assistance under this Option, an uninsured patient may be eligible to receive Presumptive Financial Assistance or Traditional Financial Assistance to pay their AGB Amount. Accordingly, they will automatically be evaluated for Presumptive Financial Assistance and will be provided with Notice on how to request an application for Traditional Financial Assistance.
5. If an uninsured patient does not pay the AGB Amount specified under this Option, SFMC may take those actions as specified under its Credit and Collections Policy, located at www.sfmc.net, or available in hard copy upon in-person request, or by mailed request to Customer Service, Saint Francis Medical Center, 211 Saint Francis Drive, Cape Girardeau, MO, 63703.
6. If the patient is later found to possess insurance coverage, third-party liability coverage, Medical Payment, PIP, or Workman’s Compensation Coverage, the Uninsured Discount will be reversed, and the patient’s insurance provider will be billed pursuant to SFMC’s regular billing policies at the insurance provider’s contracted discount.

PRESUMPTIVE FINANCIAL ASSISTANCE

Purpose: To provide financial assistance based on an evaluation of each patient’s ability to pay for services.

1. All self-pay accounts will be processed through a presumptive scoring program that uses third party sources to determine if the patient has taxable income at or below 200% of the national poverty guidelines (according to family size) and that their assets are less than \$50,000, excluding principle residence and personal vehicle. Data used to determine eligibility will be: household income, employment, estimate of household size, and estimate of residential value. No application shall be required for any financial assistance offered under this Option.
2. If the patient qualifies for Presumptive Financial Assistance, the patient’s account will be reduced to zero (i.e., the patient will not be charged for any medical care delivered by SFMC). Any and all collections and or legal proceedings will cease upon approval.

3. A patient who does not qualify for Presumptive Financial Assistance will be provided notice of how to apply for Traditional Financial Assistance.
4. If the patient does not qualify for Presumptive Financial Assistance and does not pay the balance of their account, SFMC may take those actions specified under its Credit and Collections Policy, located at www.sfmc.net, or available in hardcopy upon in-person request, or by mailed request to Customer Service, Saint Francis Medical Center, 211 Saint Francis Drive, Cape Girardeau, MO, 63703.
5. Presumptive Financial Assistance will only be provided after insurance benefits, if any, have been exhausted.

TRADITIONAL FINANCIAL ASSISTANCE:

Purpose: To provide financial assistance for emergency and medically necessary services for those patients who can demonstrate a financial inability to pay for services.

1. Any patient with a self-pay responsibility who provides documentation that their taxable income is at or below 200% of the national poverty guidelines (according to family size published by the United States Department of Health and Human Services), and has been denied or is unable to obtain state Medicaid coverage, will qualify for Traditional Financial Assistance for emergency or medically necessary services for past care or for a time period of thirty days for future care. Patients must submit a completed application and necessary documentation, as specified below, to verify their qualification with the requirements of this Option.
2. The following documentation must be submitted with the completed application:
 - a. Complete copies of the most current Federal Income Tax return, including all attached schedules/forms for all applicants or IRS verification of non-filing. Also acceptable is a Social Security/Disability benefits statement. If these documents are unattainable, an Income Verification Letter from an employer will be accepted.
 - b. Current and complete bank statements for all accounts; summary is not acceptable.
 - c. Most recent pay check stub for all working adults within the household.
3. Traditional Financial Assistance Process:
 - a. An application for financial assistance under this Option shall be provided to Saint Francis Medical Center, 211 Saint Francis Drive, Cape Girardeau, MO, 63703, and it may also be accessed on SFMC's website at www.sfmc.net.
 - b. A completed application and supporting documentation for financial assistance under this Option must be returned to SFMC's Financial Counselors, located at Customer Service, Saint Francis Medical Center, 211 Saint Francis Drive, Cape Girardeau, MO 63703.
 - c. An incomplete application will be returned to the patient with instructions as to how to fully complete the application, as well as a description of any additional required information needed by SFMC in order to determine the patient's eligibility.
 - d. Upon receipt of a patient's completed application packet for financial assistance, SFMC shall suspend any ECA proceedings as specified in its Credit and Collections Policy.
 - e. A patient who has applied for Traditional Financial Assistance will be notified of SFMC's decision regarding the patient's eligibility by phone and/or mail.
 - f. The amount due from patient will be adjusted according to SFMC's decision on the patient's application. Funds received from patients prior to approval or Traditional Financial Assistance

will be refunded or returned if the amount exceeds \$5.49 and the patient does not have any other outstanding balances with the Medical Center.

- g. If the patient qualifies for Traditional Financial Assistance for emergency or medically necessary services, then the patient's account will be reduced in accordance with the sliding fee scale below, to be applied after any applicable uninsured discount. Traditional Financial Assistance may be granted for previously provided services or anticipated future services for a time period of up to thirty days.
 - 0-125% FPL will receive a 100% reduction of the self-pay balance due
 - 126-150% FPL will receive a 75% reduction of the self-pay balance due
 - 151-200% FPL will receive a 50% reduction of the self-pay balance due
- h. Traditional Financial Assistance may only be granted to those patients residing within counties included in SFMC primary, secondary, and tertiary service areas. Counties included are:
 - In Missouri: Bollinger, Butler, Cape Girardeau, Carter, Dunklin, Iron, Madison, Mississippi, New Madrid, Perry, Pemiscot, Reynolds, Ripley, Scott, Ste. Genevieve, St. Francois, Stoddard, Wayne.
 - In Illinois: Alexander, Jackson, Johnson, Pulaski, Randolph, Union, Williamson.
 - In Kentucky: Ballard, Carlisle, Fulton, Hickman, Lake, Obion.
 - In Arkansas: Clay, Randolph.
- i. Traditional Financial Assistance will only be provided after insurance benefits, if any, have been exhausted.
- j. If the patient does not qualify for Traditional Financial Assistance, and does not pay the balance of their account, SFMC may take those actions specified under its Credit and Collections Policy, located at www.sfmc.net, or available in hard copy upon in-person request, or by mailed request to Customer Service, Saint Francis Medical Center, 211 Saint Francis Drive, Cape Girardeau, MO, 63703.
- k. If SFMC determines that a patient is eligible for financial assistance under this Option after SFMC has initiated extraordinary collection action proceedings (ECAs) under its Credit and Collections Policy, such collection proceeding shall cease and be reversed (i.e., removing adverse information from credit reports), and the patient will be granted assistance under this Option.

PUBLICATION

1. A conspicuous notice regarding this Program; the availability of financial assistance under this Program; copies of this Program, a plain language version of this Program, and any application for Traditional Financial Assistance shall be available at SFMC's website at www.sfmc.net, or available in hardcopy upon in-person request, or by mailed request to Customer Service, Saint Francis Medical System, 211 Saint Francis Drive, Cape Girardeau, MO, 63703.
2. A plain language version of this Program shall be offered to patients as part of the discharge process.
3. A conspicuous notice regarding this Program and a telephone number of the SFMC department that can provide assistance with this Program shall be placed on all billing statements issued by SFMC.

Reviewed Date: 06/2000, 04/2010, 02/2011, 01/28/2013, 2/3/15

Revised Date: 04/13/06,05/11/06,05/08,10/03/2008,10/03/2008, 05/09, 07/2011, 02/20/2012,
01/01/2014, 04/30/2014, 09/12/2014, 10/06/2014, 2/3/15,05/20/15, 07/27/15, 11/04/2015,12/15/1,
01/26/17, 10/26/17, 1/18/18, 11/01/18 ,05/06/19