

# Saint Francis Healthcare System Policy

Title: FINANCIAL ASSISTANCE PROGRAM

Effective Date: 09/09/1997

Last Review/Revision Date: 07/01/2022

Required by (Agency & Standard) INTERNAL REVENUE SERVICE

## A: **PURPOSE/POLICY**

To provide financial assistance to qualified patients for services provided by Saint Francis Medical Center.

## B: **SCOPE**

Any accounts billed using the Saint Francis Medical Center or Saint Francis Medical Partners Tax ID.

## C: **PROCEDURE**

### **PROGRAMS OFFERED:**

Saint Francis Medical System currently offers patients three options under its Financial Assistance Program (FAP) including:

1. Uninsured Patient Assistance
2. Presumptive Financial Assistance
3. Traditional Financial Assistance

This Program and these options reflect Saint Francis Medical Center's tradition as a Catholic institution and our commitment to serving the healthcare needs of our community. The Program is administered based on Saint Francis Medical Center'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](http://www.sfmc.net), or available in hard copy upon in-person request, or by mailed request to Patient Financial Services, Saint Francis Medical Center, 211 Saint Francis Drive, Cape Girardeau, MO, 63703. Except where exclusions are indicated, the Program applies to:

1. Facility charges by Saint Francis Medical Center;
2. Professional charges for services performed at Saint Francis Medical Center's hospital facility by those providers covered under this Program; and
3. 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, weight loss surgery, cosmetic procedures without medical necessity, and items for patient convenience (including but not limited to hearing or visual aids). Procedures inconsistent with the Ethical and Religious Directives of the Roman Catholic Church are excluded from this Program.

Saint Francis Medical Center'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 Saint Francis Medical Center's hospital facility may request to be considered for awards of financial assistance under this Program.

Saint Francis Medical Center's Patient Financial Services department is available to provide information regarding the FAP or to assist patients with the Saint Francis Medical Center application process, and may be reached at 573-331-5217 or 1-866-304-3071.

This policy is reviewed and approved annually by the Saint Francis Medical Center 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 any type of coverage for services furnished; or
    - a. Coverage is defined as: insurance, third-party liability, Medical Payment, PIP, Cost Share plans, or Workman's Compensation
  - B. Without health insurance or covered benefits for the services furnished by Saint Francis Medical Center (i.e., the services furnished by Saint Francis Medical Center 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 Saint Francis Medical Center'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. Saint Francis Medical Center 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, Saint Francis

Medical Center may take those actions as specified under its Credit and Collections Policy, located at [www.sfmc.net](http://www.sfmc.net), or available in hard copy upon in-person request, or by mailed request to Patient Financial Services, 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, Cost Share plans, or Workman's Compensation Coverage, the Uninsured Discount will be reversed, and the patient's insurance or coverage provider will be billed pursuant to Saint Francis Medical Center'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. Prior to classifying a balance as bad debt and being referred to a bad debt collection agency, all self-pay balances will be processed through a presumptive scoring program that uses third party sources to determine if the patient has income at or below 200% of the national poverty guidelines (according to family size). 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. Saint Francis Medical Center reserves the right to provide Presumptive Financial Assistance and use the following criterion to determine if a patient is eligible without further scrutiny by Saint Francis Medical Center:
  - A. Homelessness.
  - B. Deceased patient with no estate.
  - C. Mentally incapacitated with no one to act on their behalf.
  - D. Resident of shelter facility with no insurance.
  - E. Incarcerated patient found to be uninsured and/or without resources.
  - F. Non-covered vaccines for children charges.
  - G. Nonpaying out of State Medicaid Program.
  - H. COVID-19 vaccinations, testing, or treatment for the uninsured through the duration of the public health emergency or in accordance with federal healthcare regulations.
3. 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 Saint Francis Medical Center). Any and all collections and or legal proceedings will cease upon approval.
  - A. Funds received from patients prior to approval for Presumptive 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.
4. A patient who does not qualify for Presumptive Financial Assistance will be provided notice of how to apply for Traditional Financial Assistance.
5. If the patient does not qualify for Presumptive Financial Assistance and does not pay the balance of their account, Saint Francis Medical Center may take those actions specified under its Credit and Collections Policy, located at [www.sfmc.net](http://www.sfmc.net), or available in hardcopy upon in-person

request, or by mailed request to Patient Financial Services, Saint Francis Medical Center, 211 Saint Francis Drive, Cape Girardeau, MO, 63703.

6. Presumptive Financial Assistance will only be provided after insurance and/or coverage 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 income is at or below 300% of the national poverty guidelines (according to family size published by the United States Department of Health and Human Services) will qualify for Traditional Financial Assistance for emergency or medically necessary services for past care or for a time period of 90 days for future care. Patients must submit a completed application. The requested applicant information of social security number and monthly expenses are optional and hold no impact on qualification for this program.
  - A. Using a scoring program that uses third party sources to determine if the patient has income at or below 300% will determine qualification for this program. If the scoring program is unable to return FPL data, the patient is required to submit a completed application with supporting financial documentation to establish an FPL.
  - B. If the patient wishes to appeal the scoring programs FPL %, they can provide the 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 to appeal or establish an FPL when the scoring program is unable to provide a score:
  - A. Complete copies of the most current Federal Income Tax return, including all applicable 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. Most recent paycheck 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, ATTN: Patient Financial Services, 211 Saint Francis Drive, Cape Girardeau, MO, 63703, and it may also be accessed on Saint Francis Medical Center's website at [www.sfmc.net](http://www.sfmc.net) or is available to be completed and submitted via our patient portal.
  - B. A completed application and supporting documentation for financial assistance under this option must be returned to Saint Francis Medical Center's Financial Counselors, located at Patient Financial Services, 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 Saint Francis Medical Center in order to determine the patient's eligibility.

D. Upon receipt of a patient's completed application packet for financial assistance, Saint Francis Medical Center 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 Saint Francis Medical Center's decision regarding the patient's eligibility by phone and/or mail.

F. The amount due from patient will be adjusted according to Saint Francis Medical Center's decision on the patient's application. Funds received from patient 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 maybe granted for previously provided services or anticipated future services for a time period of up to 90 days.

- 1) 0-200% FPL will receive a 100% reduction of the self-pay balance due
- 2) 201-250% FPL will receive a 50% reduction of the self-pay balance due
- 3) 251-300% FPL will receive a 25% reduction of the self-pay balance due

H. Traditional Financial Assistance will only be provided after insurance or coverage benefits, if any, have been exhausted.

I. If the patient does not qualify for Traditional Financial Assistance, and does not pay the balance of their account, Saint Francis Medical Center may take those actions specified under its Credit and Collections Policy, located at [www.sfmc.net](http://www.sfmc.net), or available in hard copy upon in-person request, or by mailed request to Patient Financial Services, Saint Francis Medical Center, 211 Saint Francis Drive, Cape Girardeau, MO, 63703.

J. If Saint Francis Medical Center determines that a patient is eligible for financial assistance under this option after Saint Francis Medical Center 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 Saint Francis Medical Center's website at [www.sfmc.net](http://www.sfmc.net), or available in hardcopy upon in-person request, or by mailed request to Patient Financial Services, Saint Francis Medical Center, 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 Saint Francis Medical Center department that can provide assistance with this Program shall be placed on all billing statements issued by Saint Francis Medical Center.

**D: REQUIRED EDUCATION**

None

**E: DEFINITIONS**

None

**REFERENCES:**

\* \* \* END OF POLICY \* \* \*