



Facility: St. Bernards Five Rivers Medical Center  
Department: Business Office

Title: Financial Assistance Policy (FAP)

Policy Number: 1253

#### Purpose:

In accordance with its stated mission, Five Rivers Medical Center, Inc., d.b.a. St. Bernards Five Rivers (SBFR) is committed to providing financial assistance to people who are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for emergency and other medically necessary care. SBFR will provide care of emergency medical conditions to individuals regardless of their ability to pay.

#### Scope:

- Uninsured: Patients or guarantors that have no third party payer source at the time of admission
- Underinsured: Patients or guarantors that have a third party payer source at the time of admission but do not have the means to pay for residual healthcare account balances after the third party pays
- Non-Covered Services: The following charges are excluded from any consideration for financial assistance:
  - Cosmetic procedures not covered by any payer
  - Elective procedures not covered by any payer
  - Penalties assessed by the payer because the patient failed to abide by their insurance plan rules
- Household Income: The combined gross income of all the members of a household who are 15 years old and older is considered to be household income. Individuals do not have to be related in any way to be considered members of the same household.
- Presumptive Eligibility: A determination that a patient is presumed eligible for charity when adequate information is provided by the patient or other sources which allow SBFR to determine that the patient qualifies for charity.

#### Policy:

- SBFR will provide direct financial assistance (charity) using a sliding scale (25% - 100%) based upon income levels up to 300% of the current Federal Income Poverty Guidelines as established by the Department of Health and Human Services. Eligibility for financial assistance (direct, payment plan or discount) will be subject to a review of income and reasonable expenses for the purposes of:
  - Establishing proof of income and indigence
  - Standardizing and equalizing the process of granting assistance

- Assuring that all relevant considerations are made in reviewing the request for assistance

Procedures:

1. In order to be eligible for financial assistance, a Financial Assistance Application must be completed and submitted along with the required documentation. Patients will be offered a Financial Assistance Application with their discharge papers. Additionally, the application will be available free of charge on the St Bernards Five Rivers website or upon request (see forms section below). The following documents must be submitted in order to be evaluated:
  - a. Financial Assistance Application (Completed and Signed)
  - b. Proof of Income (W-2, Income Tax Forms, Check Stubs, etc.)
  - c. Proof of Public Assistance (Proof of Food Stamps & HUD)
2. Completed Financial Assistance Applications that have been evaluated and approved by a related/affiliated facility of SBFR will be accepted as approved.
3. The application will be evaluated as follows:
  - a. Evaluate the patient’s income and compare with the sliding scale income tables based on the Poverty Guidelines.

**Poverty Income Guideline for 2022:**

<b>2022 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA</b>	
<b>Persons in family/household</b>	<b>Poverty guideline</b>
1	\$13,590
2	\$18,310
3	\$23,030
4	\$27,750
5	\$32,470
6	\$37,190
7	\$41,910
8	\$46,630
For families/households with more than 8 persons, add \$4,720 for each additional person.	

(Note: This table is to be updated annually as the Poverty guidelines are published)

- Match the patient’s immediate family size and annualized house hold income with the sliding

- scale amount in the table. The amount to reduce/write off will be the% at the top of the table.
  - The FAP eligible determination will be considered to be effective for a period of 12 months following the date of approval unless evidence is received of a change in income or family size that would deem the eligibility no longer valid.
- 4. Patients/guarantors receiving less than 100% financial assistance must set up a payment plan for the remaining balance with the following guidelines:
  - a. Sixty (60) months maximum preferred
  - b. Minimum payment of \$50.00 per month expected, but a \$25.00 per month payment may be accepted based on ability to pay.
- 5. Presumptive eligibility for charity will be considered in instances when a patient may appear eligible for charity discount, but there is no financial assistance form on file due to lack of supporting documentation, an incomplete or no application available. In the event there is no evidence to support a patient's eligibility for charity, SBFR will base their determination on the below criteria:
  - a. Means-tested public program eligibility
  - b. Patient is deceased with no known estate
  - c. Transient, homeless persons
  - d. International student with no support group
  - e. Persons with unknown identity
  - f. 3<sup>rd</sup> party score below 100% FPG establishing charity-qualified conditions
  - g. Validated 3<sup>rd</sup> party score from 100% - 149% FPG income level and/or another one of the criteria listed
- 6. SBFR offers charity to patients with Medicaid as primary payer or secondary payer on billable patient charges.
- 7. A charity write-off will be given to any account with a balance of \$9.99 or below.
- 8. Patients who desire to pay their account balances quickly may be offered a PROMPT PAY discount of 5% on remaining balance. Discounts will NOT be given on accounts that have already been turned over for collections to a credit bureau.
- 9. No financial assistance will be granted on accounts that are in bankruptcy or have been finalized for legal action.

#### Billing & Collection:

- When allowed by contract or regulatory statute, SBFR will send regular summary patient statements and detail itemized statements when requested by the patient or responsible party. Any attorney request for billing statements will be fulfilled by sending detail itemized statements when proper patient or legal authorization is provided.
- SBFR sends a letter to all Commercial, Managed Care, and Medicare patients 2 days after final bill to verify insurance coverage. A request is made to the patient at that time to contact the Business Office with any corrections or additions to their current insurance coverage. Once the primary insurance plan has paid and amounts due from the patient/guarantor are determined, the accounts begin the billing cycle described below for self-pay patients/guarantors. SBFR billing cycles for sending self-pay patient/guarantor statements are as stated below:
  - Statement cycle commences at discharge
  - First bill is produced with Financial Assistance Summary (FAS) included on second page of bill. It is the obligation of the patient/guarantor to provide a correct mailing address at the time of service or upon moving.
  - Successive statements sent at a minimum of 21 days, but not greater than 30 days.

- After 90 day period has lapsed, a notification letter is sent stating a deadline that is no earlier than 30 days after the date that the written notice is provided at which time the account will be assigned to collection agency and reported as a negative item with a credit bureau. After 120 day notification period, SBFR Business Office Director or assigned manager will review accounts to ensure all reasonable efforts to determine FAP eligibility have been made and approve accounts prior to assigning to a collection agency.
- SBFR will accept and process Financial Assistance Applications from an individual that has not previously been determined whether FAP eligible from day 121 to day 240 from first post-discharge statement.
- Patients with Medicaid as the primary payer or Medicare patients with Medicaid as secondary payer should not have statements mailed to them.
- SBFR and its external collection agencies may also take any and all legal actions including, but not limited to, telephone calls, emails, mailing notices, and skip tracing to obtain payment for medical services provided.
- SBFR will make a reasonable effort to orally communicate with the patient/guarantor about its FAP and about how assistance may be obtained with the FAP application process before an account is turned over to a collection agency and reported as a negative item with a credit bureau.

Forms:

- The Financial Assistance Application form is available free of charge on the SBFR website and upon request.
- A printed copy of this Financial Assistance Policy is available free of charge on the SBFR website and upon request.
- A Financial Assistance Summary is available free of charge on the SBFR website, upon display at the facility, included in the self-pay admission packet, and upon request.

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