SAINT FRANCIS HEALTH SYSTEM	PATIENT FINANCIAL SERVICES POLICY
SUBJECT: Financial Assistance	**DEPT NAME:** Revenue Cycle
EFFECTIVE DATE: 02/01/2023	**DATE APPROVED: 01/25/2022**
	APPROVED BY: Board of Directors

PURPOSE:

The financial assistance program is used to help patients access medically necessary healthcare services when he/she does not have the financial resources, or access to third party health insurance to pay for all or part of the charges. Financial assistance discounts based upon financial need will not be provided for elective procedures, except as may be determined at the sole discretion of the Saint Francis Health System administration on a case-by-case basis. The judicious and appropriate use of this policy supports the mission, which is **"to extend the presence and healing ministry of Christ in all we do." This policy is intended to comply with section 501(r) of the Internal Revenue Code.**

This Financial Assistance Policy ("Policy") applies to the Saint Francis Health System affiliated entities listed on Appendix A (collectively referred to as "SFHS" or "Affiliated Entities"). Unless otherwise specified, this Policy does not apply to physicians or other medical providers, including emergency room physicians, anesthesiologists, radiologists, hospitalists, pathologists, etc., whose services are not included in a SFHS bill as outlined in "Providers Covered and Not Covered by the SFHS Financial Assistance Policy" provider list. This Policy does not create an obligation for SFHS to pay for such physicians' or other medical providers' services.

POLICY:

It is the policy of SFHS to provide Emergency and medically necessary services to all who seek our care regardless of race, creed or ability to pay. SFHS may offer financial assistance to patients who qualify under the guidelines set forth in this policy. This policy applies to all medically necessary services provided in either the inpatient or outpatient settings at all SFHS sites.

SFHS upholds and honors individual's right to appeal decisions and seek reconsideration.

PROCEDURE:

Measures to Publicize

1. SFHS will make a copy of its current policy available to the community by posting a plain English summary of the Policy on its website (www.saintfrancis.com), along with a downloadable copy of the Policy with instructions. There will be no fee for downloading a copy of the Policy, financial assistance application or plan language summary.
2. A copy of the Policy will be posted in locations throughout its facilities and/or by calling SFHS at 1-888-247-0125.
3. Paper copies of the Policy and its application form are available upon request and to the public free of charge in English, Spanish, Chinese and Vietnamese.
4. SFHS will have information printed on the billing statements that notifies and informs recipients about the availability of financial assistance under the Policy. This information will include a phone number for inquiries and the website where additional information can be obtained.
5. Financial Counselors and Registration staff will make a plain English summary of the Policy available to all uninsured patients and will provide a copy of the Policy to any person who requests one.
6. SFHS will conspicuously display items like signs or brochures with general information about the availability of financial assistance in public areas of the hospital including the emergency department, admitting areas and business offices of a SFHS Affiliated Entity.
7. A link is provided on MyChart, a secure online tool that allows patients to connect with their personal health information 24/7. This link will take the patient to the financial assistance letter and financial assistance application.
8. SFHS will run periodic public service announcements regarding the Policy through the appropriate media source.

Method for Applying or Obtaining Financial Assistance

1. A patient/guarantor can request financial assistance in person.
2. A patient/guarantor can request financial assistance by calling 1-918-404-6500
3. A patient/guarantor can request financial assistance through the mail
4. A patient/guarantor can request financial assistance via the SFHS website (www.saintfrancis.com/Pages/Patients-and-Visitors/For-Patients/After-Your-Visit/Patient-Billing.aspx).
5. Mailed applications should be sent to Saint Francis Health System, 6161 S. Yale Avenue, Tulsa OK 74136 Attention: Financial Counselors

6. It is ultimately the patient/guarantors responsibility to provide the necessary information to qualify for financial assistance. Patients who need additional information about this Policy, or who need assistance with the financial assistance application process, may call 1-888-247-0125 or visit the above location Monday through Friday from 8:00 a.m. to 4:30 p.m.

Eligibility Criteria

1. The granting of financial assistance shall be based on an individualized determination of financial need and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.
2. An individual may qualify for financial assistance pursuant to this policy if he/she meets any of the following eligibility criteria:
    a. Financial assistance based on family income (regardless of balance):
        i. The patient is uninsured or under-insured; and
        ii. The patient has been determined to be ineligible for government health care benefit programs such as Medicare or Medicaid and after having complied with all federal, state and local government health care program application requirements. Financial assistance is not a substitute for insurance.
        iii. The annual family income (regardless of balance) is not more than the current federal poverty levels (FPL) in the FPL and Discount table below:

Assistance Level	% of Federal Poverty Level	Discount
Free care	0% to 250%	100%
Discounted care	251% to 300%	80%
	301% to 400%	70%
Catastrophic		65%

    b. Financial assistance for catastrophic balances:
        i. The patient's outstanding episode balance due after all insurance or third-party payments and/or the application of financial assistance based on total household income alone (for those who qualify) is greater than 50% of the patient's total annual family income; then
        ii. The patient will receive an additional discount of 65% off current balance after approved financial assistance, if any, is applied.

    c. Financial assistance (100%) presumptive eligibility:
        i. Individual is homeless
        ii. Individual is deceased and has no known estate able to pay hospital debts (account written off to charity when the system identifies the deceased flag is on the account)

iii. Individual is incarcerated for a felony with the exception of prison liability encounters, e.g. patient injured during transport or in custody
iv. Individual is currently eligible for Medicaid, but was not at the time of service
v. Individual who is approved for financial assistance at the Xavier Medical and Pregnancy Clinic or other government sponsored assistance program with the same (as Saint Francis) financial eligibility criteria (Appendix B)

3. If the patient had opportunities to ensure insurance coverage (e.g. Medicaid, Third party liability or Patient Affordable Care through Healthcare.gov) and did not cooperate or follow through with his/her responsibility, this factor may disqualify the patient from consideration for financial assistance.

4. Financial assistance is used as an option of last resort. Because financial assistance will provide no reimbursement for prior services, all sponsorship and payment options should be aggressively pursued with the patient before financial assistance is proposed.

5. Financial assistance is calculated on the balance due or estimated for future services at the time the application is made.

6. The general eligibility period for financial assistance approval covers a time period of 3 months prior to and 3 months after the date the financial assistance application is received. This time period could be reduced for patients who secure insurance, sponsorship or other payment options within the general eligibility period. This time period could be extended based on length of treatment plan and continued eligibility.

7. If patient/guarantor is approved for financial assistance a letter of approval will be and sent to guarantor.

PLEASE NOTE: The financial assistance offered under this Policy generally excludes the following, unless it is determined to be medically necessary:

- Laureate eating disorder patients
- MVA (Auto Accident) visits until all other third party liability payers are exhausted
- Cosmetic procedures
- Patients having transplants
- Bariatric patients
- Retail pharmacy (with approved exceptions for Saint Francis Cancer Center patients)
- Charges occurring after a patient is appropriate for another level of care

- Charges needed to facilitate eligibility for long term or healthcare benefits
- Financial assistance for Saint Francis Health System rehabilitation and dialysis is based on bed/unit availability
- Birth control
- Cardiac and Lung Screenings (flat rate)
- Research standard of care
- Video visits.
- Consumables such as hearing aids, lenses, allergy treatments, certain in-office tests.

Determination of Financial Assistance

An application may be needed to determine financial assistance, along with household gross income, family size and potential use of credit reports to determine ability to pay.

The following documentation may be requested to verify income and process the request for financial assistance:

- W-2
- Prior year's tax return
- Paycheck or retirement check stubs
- Social Security letters or deposit slips showing the amount of the deposit
- U.S. unemployment check stubs
- Bank account statements
- Documentation of government-sponsored assistance program participation (Exhibit B)
- Letters of explanation of special circumstances. The Director of Patient accounting has final approval authority regarding verbal or written attestation.
- A credit report may be pulled, with the patient's approval, to determine ability to pay.

Basis for Calculating Amounts Charged

1. No patient who qualifies for financial assistance will be charged more for emergency or other medically necessary care than amounts generally billed (AGB) to patients having insurance.
2. The AGB language is included in the FAP as required by Internal Revenue Code (IRC) Section 501(r).
3. Amounts generally billed are determined under the prospective method using Medicaid reimbursement rates. However, once the patient is determined to qualify for financial assistance, the individual may receive (based on financial need) a 100% discount for emergency or other medically necessary care which is less than the AGB.

4. SFHS, in accordance with applicable regulations, may change the methodology for calculating the AGB in the future.

Actions Taken in the Event of Non-Payment (Collections)

Reasonable efforts are taken to determine a patient's eligibility for financial assistance under this Policy with respect to covered services prior to engaging in collection efforts with the patient. Such efforts include notifying a patient about this Policy, helping a patient remedy an incomplete financial assistance application and informing an applicant about his/her eligibility determination once a completed application has been received.

If the patient is found to either not qualify for financial assistance under this Policy or is unresponsive to SFHS's efforts to obtain the information necessary to determine eligibility for financial assistance the guarantor will be sent a financial assistance denial letter. Subsequent to financial assistance denial, the patient statements will be mailed and proactive phone calls to assist with payment will be made. The patient may establish a payment plan for balances remaining. The patient's account may be moved to bad debt and the delinquent account turned over to collections if outstanding balances are not resolved.

The notification period for the availability of the financial assistance program begins on the date the care is provided to the patient. Collection efforts may begin after the 120th day notification period from the first post-discharge billing statement, however, financial assistance applications must be accepted, processed, and an eligibility determination made when the Financial Assessment Application form is received. It is the goal of SFHS to make a determination concerning the patient's eligibility for financial assistance as soon as sufficient information is available concerning the patient's financial resources which may be completed before services are rendered.

No extraordinary collection activity will occur until 120 days after the first post-discharge billing statement. Extraordinary collection activity (ECA) is defined as allowing a collection agency to report the account to a credit reporting agency and/or allowing anyone including an outside vendor to sue for non-payment without establishing patients FAP eligibility. If at any time during a 240 day time span from the first post-discharge billing statement the patient requests assistance, any ECA in progress will be suspended until such time that eligibility can be determined.

At least 30 days before any Extraordinary Collection Actions ("ECA") are initiated by SFHS, a patient is notified, in writing , regarding any ECA's SFHS intends to initiate to obtain payment, as well as the availability of financial assistance for eligible individuals. Along with this notice, the patient is again provided a plain language summary of this Policy. SFHS will also make a reasonable effort to orally notify its patients about this Policy and how they may obtain assistance with the Financial Assessment Application process during the period between mailing the ECA initiation notice and resuming or initiating ECAs. ECAs may occur no earlier than 120 days from the provision of a patient's first post-discharge billing statement, as

outlined in Treas. Reg. Sec. 1.501(r)-6(c)(3)(i). ECAs may include credit reporting and suit authorization.

The Director of Patient Accounting is responsible for determining that SFHS has made reasonable efforts to determine a patient's eligibility for financial assistance under this Policy before engaging in any ECAs.

Providers that are/are not covered Under the FAP

A separate list of providers whose services are covered and not covered by the SFHS Policy is available to any member of the public and may be readily obtained, free of charge either over the phone at 1 (888) 247-0125, through the mail, or via the SFHS website (www.saintfrancis.com). Mailed requests should be sent to Saint Francis Health System, Central Billing Office, 6600 S. Yale, Ste. 500, and Tulsa, OK 74136.

The Provider List may be reviewed and updated quarterly, if necessary. For assistance with questions regarding the Policy or the Provider List, please call the Central Billing Office at 1 (888) 247-0125.

Laureate Psychiatric Clinic and Hospital, Inc.
Saint Francis Home Health, Inc. dba Saint Francis Hospice and/or Saint Francis Home Health
Saint Francis Hospital, Inc.
Saint Francis Hospital South, LLC
Saint Francis Hospital Vinita, Inc.
Saint Francis Hospital Muskogee
Saint Francis Trauma Institute
Saint Francis Outreach Services, LLC
Saint Francis Pharmacy Services
The Children's Hospital Foundation at Saint Francis
Tulsa Rehabilitation Hospital
Warren Clinic, Inc.

Government Sponsored Assistance Programs
Appendix B

Office of the Administration for Children & Families

- Head Start Services

US Department of Agriculture

- National School Lunch Program

US Department of Housing and Urban Development

- Section 8 Housing

Oklahoma Human Service Programs

- Temporary Assistance for Needy Families (TANF)
- Supplemental Nutrition Assistance Program (SNAP)
- Low Income Home Energy Assistance Program (LIHEAP)

Oklahoma Healthcare Authority Programs

- SoonerCare
- Expanded Medicaid
- Pregnant Women
- Breast and Cervical cancer program
- Soon-to-be-Sooners

Oklahoma State Department of Health

- Women, Infants & Children Program (WIC)