Effective Date: January 1, 2017
Approval: CHRISTUS St. Vincent Regional Medical Center Board of Directors
Policy Initiated by: Finance Department
Application: CSVRMC

SCOPE: The provisions of this policy are applicable to CHRISTUS St. Vincent Regional Medical Center.

PURPOSE: To describe the CHRISTUS St. Vincent Financial Assistance Program, including how CHRISTUS St. Vincent Regional Medical Center will determine patients’ eligibility to receive free or discounted emergency and medically necessary health care. This Policy constitutes the Financial Assistance Policy and the Emergency Medical Care Policy (within the meaning of Section 501(r) of the Internal Revenue Code) for CHRISTUS St. Vincent Regional Medical Center.

POLICY: CHRISTUS St. Vincent Regional Medical Center is committed to minimizing the financial barriers to health care, especially to those who are not covered by health insurance or governmental health care programs. Consistent with its Mission and Values, CHRISTUS St. Vincent will provide financial assistance to patients who qualify pursuant to this Policy. CHRISTUS St. Vincent provides, without discrimination, care for emergency medical conditions to patients regardless of whether the patients are eligible for financial assistance.

PROCEDURES:

A. Program Eligibility

1. To be eligible for the CHRISTUS St. Vincent Financial Assistance Program under this Policy, the patient must be uninsured or participate in a government-sponsored program for the indigent, such as county health care assistance programs. Commercially-insured and Medicare/Tricare patients may be eligible for assistance under the CHRISTUS St. Vincent Hardship Policy.

2. Patients interested in financial assistance will receive free financial counseling from CHRISTUS St. Vincent to identify potential public or private health coverage programs to assist with long-term health care needs.

3. Except as otherwise described in this Policy, uninsured or indigent patients who apply for the Financial Assistance Program will qualify if their gross family income is at or below 400% of the then-current Federal Poverty Guidelines. Uninsured patients who apply for the Financial Assistance Program may also qualify for assistance under this Policy, regardless of income level, if they have medical or hospital bills that exceed 10% of the their gross family income.

4. CHRISTUS St. Vincent reserves the right to deny assistance to patients who meet the income level criteria if, in the judgment of CHRISTUS St. Vincent, such patients have sufficient net assets to pay for Covered Services (as defined in Section B.1) at usual and customary charges.
In reviewing available assets, CHRISTUS St. Vincent will not consider the value of a patient’s primary residence, primary vehicle, retirement account, or food stamps. Patients who disagree with the denial may appeal as described below in Section D.8.

5. Before finding a patient eligible for assistance under this Policy, CHRISTUS St. Vincent may require patients to apply for public health coverage programs for which CHRISTUS St. Vincent presumes the patients are eligible, as instructed by hospital financial counselors. CHRISTUS St. Vincent may deny eligibility for the Financial Assistance Program to patients who have been screened for a public health coverage program and are presumed to be eligible but are not cooperating with the process to apply for the health coverage program. As a condition to participation in the Financial Assistance Program, CHRISTUS St. Vincent may also require patients to apply for future health care coverage through the federal health care exchange if the individual is eligible for subsidized coverage.

6. Patients are not eligible for the Financial Assistance Program if the patient receives or is expected to receive a third-party financial settlement that includes payment intended to compensate the patient for charges related to medical care rendered by CHRISTUS St. Vincent. The patient is expected to use the settlement amount to satisfy any patient account balances.

7. In making eligibility determinations, CHRISTUS St. Vincent may consider factors such as: the patient’s and family’s earning status, sources of income and assets, nature and extent of liabilities, ability to obtain additional credit, amount of medical bills, and family size.

8. CHRISTUS St. Vincent may evaluate patients to determine if they meet presumptive eligibility criteria for the Financial Assistance Program without the patient completing an application. Uninsured patients are ordinarily presumed to be eligible for financial assistance in the following circumstances:

   a. The patient is homeless;
   b. The patient was not required to file a Federal tax return for the most recently concluded calendar year; or
   c. Electronic eligibility tools that use patient demographic data, credit reports, and other publicly available information indicate that the family’s income is less than 200% of the Federal Poverty Guidelines.

A patient presumptively found to be eligible may be asked to verify basic financial information before receiving financial assistance.

B. **Covered Services**

1. Benefits under the Financial Assistance Program may be applied to any emergency and medically necessary health care services provided at the hospitals listed in Exhibit A ("Covered Services"). This Policy uses the Medicare definition of “medically necessary,” which is “health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.”
2. Certain services are not eligible for benefits and are not considered Covered Services under the CHRISTUS St. Vincent Financial Assistance Program. These include, but are not limited to, the following:
   a. Elective or lifestyle services that are not considered emergent or medically necessary as determined by a physician at a CHRISTUS St. Vincent facility; and
   b. Services provided for workers’ compensation care or when a third party is liable for the injuries or illness requiring medical services.

Medically necessary services provided by CHRISTUS St. Vincent employed physicians outside of the hospital setting (i.e., in physician clinics) are not covered by this Policy, but patients eligible for discounts for hospital services under this Policy will receive substantively the same discounts for services provided in CHRISTUS St. Vincent physician clinics. Patients who seek to receive assistance under this Policy will automatically be considered for financial assistance in the clinic setting.

3. CHRISTUS St. Vincent provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this Policy. CHRISTUS St. Vincent will not engage in actions that discourage individuals from seeking emergency medical care, such as demanding that patients pay before receiving treatment for emergency medical conditions. Emergency medical services are provided to all CHRISTUS St. Vincent patients in a non-discriminatory manner, pursuant to each hospital’s Emergency Medical Treatment and Active Labor Act (EMTALA) policy.

C. How to Apply for Financial Assistance

1. The patient or patient’s guarantor should complete and submit a Financial Assistance Program application to apply for financial assistance.
   a. Patients and guarantors may request applications by:
      i. Asking a financial counselor within the Admitting Department at CHRISTUS St. Vincent hospital
      ii. Calling Customer Service at 505-913-5220, Monday through Friday, 8 a.m. to 5 p.m. (mountain time)
      iii. Mailing a written request to CHRISTUS St. Vincent Customer Service, 455 St. Michael’s Drive, Santa Fe, NM 87505
      iv. Downloading an application at www.stvin.org/charitycare
   b. The application describes all the personal, financial, and other information or documentation that an individual must submit to be considered for eligibility in the CHRISTUS St. Vincent Financial Assistance Program. If patients have questions or need help completing the application, they should call the Customer Service number above.
   c. CHRISTUS St. Vincent may presumptively qualify some patients for the most generous discount offered under the Financial Assistance Program based on external data sources and electronic eligibility tools that use patient demographic data, credit reports and other publicly available information. Patients who do not presumptively qualify may apply for the Financial Assistance Program using the application.
2. The application for the Financial Assistance Program must be submitted to CHRISTUS St. Vincent within 8 months of the date of the first post-discharge billing statement that pertains to the care for which the patient or guarantor is seeking financial assistance.

3. Completed applications, including all required information and documentation, should be submitted to CHRISTUS St. Vincent for eligibility determination. Completed applications may be:
   a. Submitted by mail to Customer Service using the address on the application; or
   b. Delivered in person to the hospital Customer Service department.

4. Applicants are notified by mail when their application is incomplete and are given an opportunity to provide the missing documentation or information within 60 days of the date of notification. Written notices to persons with incomplete applications will include:
   a. Instructions for how to submit the requested documentation or information;
   b. A plain language summary of this policy;
   c. Information about Extraordinary Collection Actions (ECAs) that the hospital might take if it does not receive the information requested within the 60-day period; and
   d. Contact information for a CHRISTUS St. Vincent department that can provide assistance with the application process.

In addition to the written notice, applicants may also receive a phone call if their application is incomplete.

D. Eligibility Determinations

1. For completed applications, CHRISTUS St. Vincent will make a determination regarding the applicant’s eligibility within 30 days of receiving the completed application.
   a. If CHRISTUS St. Vincent believes an individual who has submitted a completed application may qualify for Medicaid, CHRISTUS St. Vincent may postpone making a financial assistance eligibility determination until after a Medicaid application has been submitted and the Medicaid eligibility determination has been made.
   b. Upon receipt of a completed application, CHRISTUS St. Vincent may not initiate or resume any ECAs to obtain payment for the care at issue until the eligibility determination has been made.

2. If CHRISTUS St. Vincent finds the applicant is eligible for free care (100% discount), CHRISTUS St. Vincent will:
   a. Provide the applicant with a written notice that indicates the individual was determined to be eligible for free care;
   b. Refund to the individual any amount that he or she has previously paid for the care, unless that amount is less than $5; and
   c. Take all reasonably available measures to reverse any ECA taken against the individual, including removing any adverse information from a credit report that
arose as a result of a CHRISTUS St. Vincent credit disclosure made for the relevant episode of care.

3. If CHRISTUS St. Vincent finds the applicant is eligible for assistance other than free care, CHRISTUS St. Vincent will:
   a. Provide the applicant with a billing statement and written notice that indicates the amount the individual owes based on the financial assistance given, how the amount was determined, and how the individual may obtain information regarding the amounts generally billed (AGB) for the care;
   b. Refund to the individual any amount that he or she has previously paid for the care that exceeds the amount he or she is personally responsible for as a person eligible for financial assistance, unless that amount is less than $5; and
   c. Take all reasonably available measures to reverse any ECA taken against the individual, including removing any adverse information from a credit report that arose as a result of a CHRISTUS St. Vincent credit disclosure made for the relevant episode of care.

4. If CHRISTUS St. Vincent finds the applicant is not eligible for assistance, CHRISTUS St. Vincent will provide the applicant with a billing statement and written notice that indicates the amount the applicant owes and the basis for the determination that the applicant was ineligible for financial assistance. The denial letter will also include information on how the applicant may appeal the decision, as described in Section D.10 below.

5. Under the following circumstances, CHRISTUS St. Vincent may revoke, rescind, or amend the financial assistance provided:
   a. Fraud, theft, or misrepresentation by the patient or guarantor, or other circumstances that undermine the integrity of the Financial Assistance Program;
   or
   b. Identification of a third-party payor, including a public or private health coverage program, workers’ compensation, or third-party liability insurance.

6. If a denied applicant believes that his or her application was not properly considered, he or she may submit a written request for reconsideration within 60 days of the date of determination. The request should include information that was not submitted with the original application that supports the applicant’s reason for appealing. The denial letter provides additional information about the appeal process. Appeals are reviewed by designated hospital staff, and appeal decisions are final.

7. Eligibility determinations will not be based on information that CHRISTUS St. Vincent has reason to believe is unreliable or incorrect or on information obtained from the applicant under duress or through the use of coercive practices. Coercive practices include delaying or denying emergency medical care to an individual until the individual has provided information requested to determine whether the individual is eligible for assistance under this Policy.
E. **Length of Eligibility Determination**

At the discretion of CHRISTUS St. Vincent, Financial Assistance Program eligibility will apply:

a. To a particular episode of care or dates of service; or
b. For up to a 12-month period from the initial eligibility determination.

If the eligibility determination is expected to last for a period of time following the date of the eligibility determination, CHRISTUS St. Vincent, at its discretion, may ask for an updated application or adjust the financial assistance for future episodes of care based on changes to the patient’s or guarantor’s demonstrated financial need.

F. **Discounts Available Under the Financial Assistance Program**

1. Following a determination of eligibility under this Financial Assistance Policy, a patient deemed to be eligible for financial assistance (“Eligible Patient”) will not be charged more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance covering such care (“AGB”).

2. In general, Eligible Patients with a gross family income at or below 200% of the Federal Poverty Guidelines will qualify for 100% discount (free care) on all Covered Services.

3. In general, Eligible Patients with a gross family income between 201% and 300% of the Federal Poverty Guidelines will qualify for a discount that results in the patient paying 60% of Medicare fee-for-service rates for the Covered Services that were provided.

4. In general, Eligible Patients with a gross family income between 301% and 400% of the Federal Poverty Guidelines will qualify for a discount that results in the patient paying Medicare fee-for-service rates for the Covered Services that were provided.

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<th>Gross Family Income (% of Federal Poverty Guidelines)</th>
<th>Amount Eligible Uninsured Patient Will Owe</th>
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<td>201% to 300%</td>
<td>60% of Medicare fee-for-service rate</td>
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<tr>
<td>301% to 400%</td>
<td>100% of Medicare fee-for-service rate</td>
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5. There may be circumstances in which CHRISTUS St. Vincent has billed a patient more than AGB before the patient had submitted a completed application or before CHRISTUS St. Vincent determined the patient was an Eligible Patient. If an Eligible Patient has paid charges in excess of AGB, the hospital will refund any amount the individual has paid for the care that exceeds the amount he or she is determined to be personally responsible for paying as an individual eligible for financial assistance, unless such excess payment is less than $5.

6. Eligibility determinations will be made and discounts will be offered without regard to race, creed, color, religion, gender, orientation, national origin, or physical disability.
G. **Amounts Generally Billed Calculation**

CHRISTUS St. Vincent uses the Prospective Medicare Method to determine AGB, by using the billing and coding process it would use if the individual were a Medicare fee-for-service beneficiary and setting AGB for the care at the amount it determines Medicare and the Medicare beneficiary together would be expected to pay for the care.

H. **Actions in the Event of Non-Payment**

1. Unpaid discounted balances of patients who qualify for the Financial Assistance Program are considered uncollectible bad debts.

2. CHRISTUS St. Vincent may engage in Extraordinary Collection Actions (ECAs), as defined under Internal Revenue Code Section 501(r), to collect unpaid balances. The ECAs CHRISTUS St. Vincent may use are: reporting to credit bureaus, attaching a lien to property, making a claim against property in a bank account, and in rare cases, commencing a civil court action.

3. CHRISTUS St. Vincent does not conduct, or permit collection agencies to conduct on its behalf, ECAs against individuals before reasonable efforts have been made to determine whether the patient is eligible for the Financial Assistance Program.

4. The Patient Access Services Director maintains oversight and responsibility for determining if CHRISTUS St. Vincent has made reasonable efforts and whether an ECA is appropriate. If a patient believes an ECA was initiated improperly, the patient should contact the CHRISTUS Health Integrity Line at 1-888-728-8383 and provide his/her contact information for follow up.

5. Under no circumstance will CHRISTUS St. Vincent pursue an ECA until 120 days after the date of the first post-discharge billing statement for the care at issue.

6. At least 30 days before initiating an ECA, CHRISTUS St. Vincent will:

   a. Provide the individual with a written notice that: indicates financial assistance is available for eligible individuals, identifies the ECAs that the hospital intends to initiate to obtain payment for the care, and states that ECAs will be initiated 30 days after the date of the written notice;

   b. Provide the individual with a plain language summary of this Policy; and

   c. Make a reasonable effort to orally notify the individual about this Policy and about how the individual may obtain assistance with the application process.

7. As authorized by state and federal law, CHRISTUS St. Vincent may file a hospital lien on the proceeds of a judgment, settlement, or compromise owed to a patient (or his or her representative) as a result of personal injuries for which a CHRISTUS St. Vincent hospital provided care. This type of lien is not considered an ECA and does not require advance notice be given to the patient. CHRISTUS St. Vincent will notify the patient of such a lien in accordance with state law.
I. **Providers Who Participate in the Financial Assistance Program**

CHRISTUS St. Vincent hospital may contract with physician groups and other independent contractors that provide medically necessary care but do not participate in the CHRISTUS St. Vincent Financial Assistance Program. Therefore, a patient who is eligible for the Financial Assistance Program will not necessarily receive financial assistance from those non-participating providers. Attachment A lists these contracted providers and indicates whether or not they participate in this Policy. Patients who receive care from one of the non-participating providers are advised to contact the provider directly to determine whether the provider has its own financial assistance program.

J. **Distribution of the Policy**

1. Each CHRISTUS St. Vincent hospital will offer a plain language summary of this Policy to patients as part of the admission or discharge process. CHRISTUS St. Vincent financial counselors will also distribute the summary of this Policy to patients as appropriate during counseling sessions.

2. Each billing statement from CHRISTUS St. Vincent will include a conspicuous written notice informing patients about the availability of financial assistance, including both a telephone number and website address where the patient may obtain additional information and copies of the plain language summary of this Policy.

3. Each hospital will have public displays in the emergency department and admissions areas notifying patients of the Financial Assistance Program.

4. This Policy, the plain language summary, and the Financial Assistance Program application will be available at [www.stvin.org/charitycare](http://www.stvin.org/charitycare) and are also available upon request and without charge in each hospital’s emergency department and customer service area.

5. This Policy, the plain language summary, and the Financial Assistance Program application will be translated into the language spoken by each limited English proficiency group that constitutes the lesser of 1,000 individuals or 5% of the community served by the hospital facility.
Attachment A

Provider Listing

Medically-necessary hospital services provided by CHRISTUS St. Vincent hospital employees are covered under the CHRISTUS St. Vincent Financial Assistance Policy. However, some services provided in CHRISTUS St. Vincent hospitals are not provided by CHRISTUS St. Vincent employees and instead are provided by independent physicians, groups or other entities. Payment arrangements for these services must be made directly with those individuals and groups. These providers may have their own financial assistance policies. If you have questions about other providers’ financial assistance policies, please contact that provider directly.

The attached list identifies providers who are authorized to provide care in this facility but do not participate in the CHRISTUS St. Vincent Financial Assistance Policy. Emergency Medicine providers will take into consideration when patients have received financial assistance from CHRISTUS St. Vincent.
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