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# Saint Thomas Health

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**Owner:** Andrew Gwin: Sr Dir Revenue Cycle-Regn Lead  
**Section/Dept:** Finance  
**References:**  
**Applicability:** Saint Thomas Health  
 Saint Thomas\_Hospital for Specialty Surgery

## Financial Assistance & Discount Policy for Uninsured or Underinsured, SP-10

### POLICY:

It is the policy of Saint Thomas Health (the "Organization") to ensure a socially just practice for providing emergency or other medically necessary care at the Organization's facilities. This policy is specifically designed to address the financial assistance eligibility for patients who are in need of financial assistance and receive care from the Organization.

- A. All financial assistance will reflect our commitment to and reverence for individual human dignity and the common good, our special concern for and solidarity with persons living in poverty and other vulnerable persons, and our commitment to distributive justice and stewardship.
- B. This policy applies to all emergency and other medically necessary services provided by the Organization, including employed physician services and behavioral health. This policy does not apply to payment arrangements for elective procedures or other care that is not emergency care or otherwise medically necessary.
- C. The List of Providers Covered by the Financial Assistance Policy provides a list of any providers delivering care within the Organization's facilities that specifies which are covered by the financial assistance policy and which are not.

### DEFINITIONS:

For the purposes of this Policy, the following definitions apply:

- **"501(r)"** means Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder.
- **"Amount Generally Billed"** or **"AGB"** means, with respect to emergency or other medically necessary care, the amount generally billed to individuals who have insurance covering such care.
- **"Community"** means the forty-five (45) Counties of Middle Tennessee which include: Bedford, Benton, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fentress, Franklin, Gile, Grundy, Hardin, Henry, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Smith, Stewart, Sumner, Trousdale, Van Buren, Warren, Wayne, White, Williamson and Wilson. As well as the following Counties in Kentucky: Allen, Barren, Butler, Caldwell, Calloway, Christian, Crittenden, Edmondson, Graves, Hart, Hopkins, Livingston, Logan, Lyon, Marshall, McCracken, Metcalfe, Monroe,

Muhlenberg, Simpson, Todd, Trigg, Warren, Webster.

- **“Emergency Care”** means care to treat a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention may result in serious impairment to bodily function, serious dysfunction of any bodily organ or part, or placing the health of the individual in serious jeopardy.
- **“Medically Necessary Care”** means care that is determined to be medically necessary following a determination of clinical merit by a licensed provider. In the event that care requested by a Patient covered by this policy is determined not to be medically necessary by a reviewing physician, that determination also must be confirmed by the admitting or referring physician.
- **“Organization”** means Saint Thomas Health.
- **“Patient”** means those persons who receive emergency or medically necessary care at the Organization and the person who is financially responsible for the care of the patient.

## FINANCIAL ASSISTANCE PROVIDED:

Financial assistance described in this section is limited to Patients that live in the Community:

- A. Patients with income less than or equal to 250% of the Federal Poverty Level (“FPL”), will be eligible for 100% charity care write off on that portion of the charges for services for which the Patient is responsible following payment by an insurer, if any.
- B. At a minimum, Patients with incomes above 250% of the FPL but not exceeding 400% of the FPL, will receive a sliding scale discount on that portion of the charges for services provided for which the Patient is responsible following payment by an insurer, if any. A Patient eligible for the sliding scale discount will not be charged more than the calculated AGB charges. The sliding scale discount is as follows:
  - Patients between 251% FPL and 300% FPL will receive 95% assistance
  - Patients between 301% FPL and 350% FPL will receive 90% assistance
  - Patients between 351% FPL and 400% FPL will receive 85% assistance
- C. Patients with demonstrated financial needs with income greater than 400% of the FPL may be eligible for consideration under a “Means Test” for some discount of their charges for services from the Organization based on a substantive assessment of their ability to pay. Saint Thomas Health will consider Medical Indigence for applicants exceeding 400% of the FPL. When the total outstanding medical debt exceeds the gross household income for the past year the patient will be eligible for financial assistance not to exceed a 95% write off. A Patient eligible for the “Means Test” discount will not be charged more than the calculated AGB charges.
- D. For a Patient that participates in certain insurance plans that deem the Organization to be "out-of-network", the Organization may reduce or deny the financial assistance that would otherwise be available to Patient based upon a review of Patient's insurance information and other pertinent facts and circumstances.
- E. Patients that are eligible for 100% charity care may be charged a nominal flat fee of up to \$20.00 per service received from Saint Thomas Medical Partners practices.
- F. Eligibility for financial assistance may be determined at any point in the revenue cycle and may include the use of presumptive scoring to determine eligibility notwithstanding an applicant's failure to complete a financial assistance application (“FAP Application”).
- G. For the purposes of helping patients that need financial assistance, Saint Thomas Health may utilize a third-party to review patient's information to assess financial need. This review utilizes a healthcare

industry recognized, predictive model that is based on public record databases. The model incorporates public record data to calculate a socio-economic and financial capacity score that includes estimates for income, assets and liquidity. The model's rule set is designed to assess each patient to the same standards and is calibrated against historical financial assistance approvals for the Health Ministry. The predictive model enables Saint Thomas Health to assess whether a patient is characteristic of other patients who have historically qualified for financial assistance under the FAP Application.

- H. After efforts to confirm coverage availability, the predictive model provides a systematic method to grant presumptive financial assistance to patients with appropriate financial needs. When predictive modeling is the basis for presumptive eligibility, an appropriate discount based upon the score will be granted for eligible services for retrospective dates only. For those patients not awarded 100% charity care, a letter should be generated notifying the patient of the level of financial assistance awarded and giving instructions on how to appeal the decision.
- I. In the event a patient does not qualify under the presumptive eligibility rule set, the patient may still be considered for financial assistance pursuant to a FAP application.
- J. In addition to the use of the predictive model outlined above, presumptive financial assistance should also be provided at the 100% charity care level in the following situations:
  - 1. Deceased patients where Saint Thomas Health has verified there is no estate and no surviving spouse.
  - 2. Patients who are eligible for Medicaid from another state in which Saint Thomas Health is not a participating provider and does not intend to become a participating provider.
  - 3. Patients who qualify for other government assistance programs, such as food stamps, subsidized housing, and Women's Infants and Children's Program (WIC).
- K. Eligibility for financial assistance must be determined for any balance for which the patient with financial need is responsible.
- L. The process for Patients and families to appeal an Organization's decisions regarding eligibility for financial assistance is as follows:
  - 1. Financial Assistance Appeals may be sent to Saint Thomas Health Financial Assistance Department P O. Box 380 Nashville, TN 37202. Patients should provide any additional documentation to support their reason for appeal.
  - 2. All appeals will be considered by Saint Thomas Health's 100% charity care and financial assistance appeals committee, and decisions of the committee will be sent in writing to the Patient or family that filed the appeal.

## **OTHER ASSISTANCE FOR PATIENTS NOT ELIGIBLE FOR FINANCIAL ASSISTANCE:**

Patients who are not eligible for financial assistance, as described above, still may qualify for other types of assistance offered by the Organization. In the interest of completeness, these other types of assistance are listed here, although they are not need-based and are not intended to be subject to 501(r) but are included here for the convenience of the community served by Saint Thomas Health.

- A. Uninsured Patients who are not eligible for financial assistance will be provided a discount based on the discount provided to the highest-paying payor for that Organization. The highest paying payor must account for at least 3% of the Organization's population as measured by volume or gross patient

revenues. If a single payor does not account for this minimum level of volume, more than one payor contract should be averaged such that the payment terms that are used for averaging account for at least 3% of the volume of the Organization's business for that given year.

- B. Notwithstanding anything to the contrary in this policy, in no event will an uninsured patient be charged more than 175% of the cost of the services received, calculated pursuant to T.C.A. 68-11-262, as amended from time to time.
- C. Uninsured and insured Patients who are not eligible for financial assistance may receive a prompt pay discount. The prompt pay discount may be offered in addition to the uninsured discount described in the immediately preceding paragraph.

## **LIMITATIONS ON CHARGES FOR PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE:**

Patients eligible for Financial Assistance will not be charged individually more than AGB for emergency and other medically necessary care and not more than gross charges for all other medical care. The Organization calculates one or more AGB percentages using the "look-back" method and including Medicare fee-for-service and all private health insurers that pay claims to the Organization, all in accordance with 501(r). A free copy of the AGB calculation description and percentage(s) may be obtained by writing P. O. Box 380 Nashville, TN 37202.

## **APPLYING FOR FINANCIAL ASSISTANCE AND OTHER ASSISTANCE:**

A Patient may qualify for financial assistance through presumptive scoring eligibility or by applying for financial assistance by submitting a completed FAP Application. A Patient may be denied financial assistance if the Patient provides false information on a FAP Application or in connection with the presumptive scoring eligibility process. The FAP Application and FAP Application Instructions are available at <http://www.sthealth.com/patients-and-visitors/financial-assistance>, by writing to Saint Thomas Health Financial Assistance Department P. O. Box 380 Nashville, TN 37202 and at the specific contacts below.

Saint Thomas Midtown Hospital	615-284-5340  
Saint Thomas Rutherford Hospital	615-222-6638  
Saint Thomas West Hospital	615-222-6638  
Saint Thomas Dekalb Hospital	615-215-5338  
Saint Thomas Stones River Hospital	615-215-5338  
Saint Thomas Highlands Hospital	931-738-4138  
Saint Thomas River Park Hospital	931-815-4107  
Saint Thomas Hickman Hospital	931-729-4271  
Saint Thomas Hospital for Specialty Surgery	615-341-7480  
Saint Thomas Medical Partners	800-566-5050  
Saint Thomas Emergency Medical Services	877-664-4076  

Saint Thomas LabPlus

615-284-7335

Saint Thomas Center for Sleep

615-284-7537

Baptist Ambulatory Surgery Center

615-321-7730

## BILLING AND COLLECTIONS:

The actions that the Organization may take in the event of nonpayment are described in a separate billing and collections policy. A free copy of the billing and collections policy may be obtained by writing P. O. Box 380 Nashville, TN 37202.

## INTERPRETATION:

This policy is intended to comply with 501(r), except where specifically indicated. This policy, together with all applicable procedures, shall be interpreted and applied in accordance with 501(r) except where specifically indicated.

## APPLICABILITY TO CO-SPONSORED ENTITIES:

Saint Thomas Health

## RELATED DOCUMENTS:

- Exhibit A - List of Providers Covered Under the Financial Assistance Policy
- Exhibit B - Amount Generally Billed Calculation

All revision dates:

08/2017, 06/2016, 12/2014, 06/2009, 07/2006, 11/2004

## Attachments:

[Exhibit A - List of Providers Covered by the Financial Assistance Policy.docx](#)  
[Exhibit B - Amount Generally Billed Calculation.docx](#)

## Approval Signatures

Step Description	Approver	Date
SLT & Legal	Marla King: Exec Dir Support Svcs [KG]	08/2017
MEC	Dr. Carl Hampf: Chief Medical Officer	08/2017
PQS	Kathy Watson: Chief Nursing Officer [LP]	07/2017
	Lisa Davis: CFO-Mnstry Mkt Tennessee	07/2017
	Andrew Gwin: Sr Dir Revenue Cycle-Regn Lead	07/2017