

SAINT FRANCIS HEALTH SYSTEM	PATIENT FINANCIAL SERVICES POLICY
SUBJECT: Financial Assistance	DEPT NAME: Revenue Cycle
EFFECTIVE DATE: 1/28/2025	DATE APPROVED: 01/28/2025
	APPROVED BY: Finance Committee of the Board of Directors

PURPOSE:

The financial assistance program is used to help guarantors 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.

DEFINITIONS:

Adjusted Gross Income: Adjusted gross income (AGI) is gross income minus adjustments to income. AGI is a measure of income calculated from the guarantor gross income and used to determine how much of the guarantor's income is taxable.

Amounts Generally Billed (AGB): IRS Section 501(r) requires hospitals to limit the net collectible amount charged for emergency and other medically necessary care provided to individuals eligible for Financial Assistance to no more than the amounts generally billed (AGB) to insured individuals.

Application Process: A process by which a guarantor or their appropriate representative completes a paper or electronic form that provides Saint Francis Health System with information on the guarantor’s income and family size. All applications may be evaluated case-by-case by appropriate SFHS representatives, considering employment status, family size, and credit scores.

Bad Debt: Uncollected guarantor outstanding balances that have not been resolved at the end of the billing cycle and for which there is no documented inability to pay that would qualify the guarantor for financial assistance. After the billing cycle of 120 days with no payment, it will result in third party bad debt collection activity.

Catastrophic Qualification: Catastrophic is considered once a guarantor Federal Poverty Level (FPL) percentage is greater than 400%.

Cost Share: Non-insurance entities in which members share a common set of ethical or religious beliefs and share medical expenses among members in accordance with those beliefs. The Affordable Care Act's rules regarding Cost share plans are outlined in Section 1501/5000A(d)(2)(B) of the ACA.

Eligible Health Care Services: Services which are emergent and other medically necessary care. See Appendix C for a list of services excluded from Eligible Health Care Services.

Extraordinary Collection Actions (ECAs): Actions which require a legal or judicial process involve selling a debt to another party or reporting adverse information to credit agencies or bureaus. SFHS will determine charity eligibility prior to taking any extraordinary collection action. Written notice must be provided at least 30 days in advance of initiating specific ECAs and meet informational requirements. As defined under IRS Codes Section 501(r), such actions that require legal or judicial process include:

- Certain liens;
- Foreclosure on real property;
- Attachment or seizure of a bank account or other personal property;
- Commencement of a civil action against an individual;
- Actions that cause an individual's arrest;
- Actions that cause an individual to be subject to body attachment; and,
- Wage garnishment.

Facility/Hospital Charges: Charges generated from a guarantor's visit to a hospital or hospital designated facility. The hospital bill lists the services a guarantor received such as procedures, visits, tests, medicines, and supplies.

Financial Assistance Discounts: Discounts or elimination of payment for health care services provided to eligible guarantors with documented and verified financial need. Financial Assistance Discounts provided under this policy include:

- Financial Assistances Discount
- Catastrophic Financial Assistance Discount.

Discounts provided are based on FPL % and gross household income guidelines or qualify for propensity to pay. Details differentiating financial assistance discount and catastrophic discount can be found under Eligibility Criteria section of the Financial Assistance Policy.

Financial Assistance Application Period: The period begins when the guarantor receives the post discharge statement for services received plus 240 days as outlined in section 501(r) of the Internal Revenue Code.

Financial Counselor: SFHS representatives responsible for assessing a guarantor's liability, identifying and assisting with public funding options (Medicare, Medicaid, etc.), determining if guarantor is eligible for Financial Assistance, and establishing payment plans.

Federal Poverty Level (FPL): Federal Poverty Level published annually by the U.S. Department of Health and Human Services and in effect at the date(s) of service for which Financial Assistance may be available.

Household: The guarantor married or common-law spouse (regardless of whether she/he lives in the home) and all children (natural, adoptive, or step) under the age of eighteen (18) who live at home. If the guarantor is under the age of 18, and claimed as dependent on current taxes, they are considered part of the "household".

Outstanding Balance: The estimated guarantor financial responsibility that is due to SFHS for professional and facility/hospital charges for Eligible Health Care Services the guarantor received. This amount is determined in compliance with the guarantor's insurance benefits for the specific scheduled service and includes deductibles, co-payments, co-insurance, and non-covered services.

Period of Eligibility: The general eligibility period for financial assistance approval covers 12 months; this is calculated 9 months from post discharge statement date (as outlined in the 501(r) regulations) extending 3 months from financial assistance approval date.

Presumptive / Prospective Financial Assistance Process: A guarantor's eligibility for financial assistance can be determined by an internal decision matrix outside of requested information provided by the guarantor and/or their family.

Professional Charges: Health care provider charges generated from a guarantor's visit to a healthcare facility. Examples of healthcare providers are Medical Doctors, advanced practice nurses, anesthesiologists, dentists, etc.

Qualifying Life Event (QLE): A qualifying life event determines eligibility for a guarantor to reapply for financial assistance. QLE situations such as household income changes, loss of health coverage, and household changes (marriage, divorce, birth, or death etc.).

Retail Pharmacy: A SFHS-contracted pharmacy licensed as a retail pharmacy by the State of Oklahoma to sell or distribute medications to guarantors. The provision of medications from a retail location is a separate, point-of-sale guarantor transaction subject to its own billing process separate and apart from a clinic visit or hospital encounter.

Self-Pay Discount: Uninsured patients will receive a 60% discount automatically on any self-pay account balances prior to the first statement production. If the guarantor is approved for financial assistance the 60% self-pay discount will be reversed.

St. Jude Children’s Research Hospital:

As a Saint Francis Children’s Hospital affiliate of St. Jude Children’s Research Hospital. St. Jude pays co-pays, deductibles, and co-insurance related to our pediatric guarantor’s hematology/oncology diagnosis after insurance company processes and pays their part of the medical claims.

Third – Party Vendor:

A third-party vendor is an organization that provides goods or services to a company but is not directly controlled by the company.

Underinsured: Insured guarantors who receive Eligible Health Care Services that are determined to be noncovered services or to have limited benefit coverage by the Payor. This Excludes guarantors with health care sharing ministries as defined in the Affordable Care Act. This does not apply to disease specific or defined benefit plans as these are not considered health care insurance coverage plans.

Uninsured: Guarantors identified as having no insurance coverage.

Xavier Medical Clinic: The Xavier Clinic provides care to those in the community who are uninsured or do not have access to adequate healthcare. Services include general medical care, some specialty care, and prenatal care for women. It is staffed by volunteer physicians who donate their time and skills. Saint Francis Health System partners with Catholic Charities to support the Xavier Clinic.

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 guarantors 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, Zopau/Burmese, Vietnamese, Hmong, Chinese, and Arabic.
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 guarantors 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 guarantors to connect with their personal health information 24/7. This link will take the guarantor 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 guarantor can request financial assistance in person.
2. A guarantor can request financial assistance by calling 1-918-494-6500.
3. A guarantor can request financial assistance through the mail
4. A 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 the guarantor's responsibility to provide the necessary information to qualify for financial assistance. Guarantors who need additional information about this policy, or who need assistance with the financial assistance application process, may call 1-918-494-6500 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.
 - Guarantor with established Indian health (IHS) benefits will be considered for financial assistance once all efforts are exhausted to bill IHS. Financial Assistance is reviewed per episode.
 - St Jude: Uninsured pediatric hematology / oncology patient's receiving care in the Saint Francis St. Jude affiliate clinic. Guarantors who are uninsured or have limited benefits must participate in Medicaid eligibility screening and Financial Assistance Application Process. Failure to secure benefits

through private insurance, Medicaid, or apply for Financial Assistance with all necessary documents required may result in the guarantor receiving a bill for any services rendered at Saint Francis.

- 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	Patient Liability Cap
Free care	Up to 250%	100%	\$0
Discounted care	251% to 300%	80%	Capped no greater than 25% HGI
	301% to 400%	70%	Capped no greater than 25% HGI
Catastrophic	>400% of FPL	Outstanding balance minus 25% of household gross income.	Capped no greater than 25% HGI

b. Financial assistance for catastrophic balances:

- i. If the adjusted gross income of the guarantor exceeds 400% of FPL the guarantor may still be eligible for Catastrophic Financial Assistance. The guarantor's responsibility will total no more than 25% of household gross income (HGI). Catastrophic qualifications for guarantor fall under the same Period of Eligibility as the Financial Assistance Policy.

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)
- d. Prospective financial assistance:
- i. Saint Francis may evaluate balances incurred by guarantors with low propensity to pay and/or qualifying federal poverty levels (FPL) using a third-party vendor.
 - ii. Balances incurred by guarantors who meet the minimum FPL and approved propensity to pay category will be considered for financial assistance. The approved propensity to pay categories can be reviewed in appendix D.
 - iii. Guarantors who qualify for prospective financial assistance will only receive financial assistance for outstanding balances. Any future visits will require the guarantor to complete a financial assistance application.
3. If the guarantor had opportunities to ensure insurance coverage (e.g., Medicaid, third party liability or Guarantor Affordable Care through Healthcare.gov) and did not cooperate or follow through with his/her responsibility, this factor may disqualify the guarantor 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 guarantor before financial assistance is proposed.
 5. Financial assistance is considered for the balance due or estimated for future services from the date the application is received. If an applicant were to pay towards an outstanding balance after applying for assistance and later was approved, the amount paid towards the balance would be refunded to the guarantor.
 6. The general eligibility period for financial assistance approval covers a total period of 12 months, which can be calculated as 9 months prior to and 3 months after the date the financial assistance application is received. This period could be reduced for guarantors who secure insurance, sponsorship, or other payment options within the general eligibility period. This period could be extended based on the length of treatment plan and continued eligibility. Some programs are exempt based on program criteria. The Executive Director of Revenue Cycle will be responsible for exempt program criteria.

7. If the patient/guarantor is approved for financial assistance a letter of approval will be sent to the guarantor.
8. If the guarantor is denied or partially approved for financial assistance the applicant can reapply after a qualifying life event.

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 Executive Director of Revenue Cycle or their appointee has final approval authority regarding verbal or written attestation.
- A credit report may be pulled, with the guarantor's approval, to determine ability to pay.

Basis for Calculating Amounts Charged

1. No guarantor who qualifies for financial assistance will be charged more for emergency or other medically necessary care than amounts generally billed (AGB) to guarantors having insurance.
2. The AGB language is included in the FAP as required by Internal Revenue Code (IRC) Section 501(r).
3. AGB is determined under the look-back method calculation that is lined out in our AGB policy. However, once the guarantor is determined to qualify for financial assistance, the individual may receive (based on financial need) up to 100% discount for emergency or other medically necessary care which is less than the AGB.
4. The AGB for the Hospital is calculated annually, usually in September (3 months post fiscal year), as recommended by the IRS guidelines, to obtain the most complete information for claims paid during the prior fiscal year ending on June 30th.

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

If the guarantor 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. After financial assistance denial, the guarantor statements will be mailed and proactive phone calls to assist with payment will be made. The guarantor may establish a payment plan for balances remaining. The guarantor's account when delinquent may be turned over to collections if outstanding balances are not resolved.

The notification period for the availability of the financial assistance program's availability begins on the date the care is provided to the guarantor. 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 guarantor's eligibility for financial assistance as soon as sufficient information is available concerning the guarantor'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 guarantors FAP eligibility. If at any time during a 240-day time span from the first post-discharge billing statement the guarantor 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 guarantor 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 guarantor is again provided with a plain language summary of this Policy. SFHS will also make a reasonable effort to orally notify its guarantors 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 guarantor'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 Executive Director of Revenue Cycle or their appointee is responsible for determining that SFHS has made reasonable efforts to determine a guarantor'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.

SFHS Affiliated Entities
Appendix A

All Saints Home Medical Equipment (Separate financial assistance application required)

Laureate Psychiatric Clinic and Hospital, Inc.

Saint Francis Home Health and/or Saint Francis Hospice

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 (Separate financial assistance application required)

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
- Managed Medicaid

Oklahoma State Department of Health

- Women, Infants & Children Program (WIC)

**Financial Assistance Exclusions
Appendix C**

The financial assistance offered under this Policy excludes the following:

- **Laureate eating disorder guarantors**
- **MVA (Auto accident) visits until all other third-party liability payers are exhausted, including all settlements.**
- **Cosmetic procedures**
- **Transplants**
- **Admissions(s) due to bariatric surgeries and/or related complications**
- **Retail pharmacy (with approved exceptions for Saint Francis Cancer Center).**
- **Charges occurred after discharge orders placed and guarantor still refuses to discharge.**
- **Birth control**
- **Direct Consumer Offerings: Cardiac Screenings – flat rate (Exception Lung Screenings).**
- **Services covered under research studies**
- **Consumables: hearing aids and lenses**
- **Allergy injections**
- **Medical testimony**
- **Completion of forms**
- **Peer to peer disability review**

**Propensity to Pay Eligibility
Appendix D**

Weighted Scoring Model Elements:

- **Financial Class (True Self-Pay)**
- **Previous Charity Adjustment**
- **Employment (Unemployment/Student)**
- **Zip Code**
- **Age**
- **Payment History**
- **Deceased (Single/Widow)**
- **Previous Bad Debt**
- **Assignment Balance**
- **Guarantor Type (ED Emergency Department)**

Propensity to Pay is reviewed by a score of 0-10. Guarantors who qualify for a score of 6-10 based on the above weighted scoring qualify for prospective financial assistance.