

TITLE	Financial Care
PURPOSE	<p>St. Luke’s Health System is committed to caring for the health and well-being of all patients regardless of their ability to pay for all or part of the care provided. No person(s) is refused St. Luke’s emergent services because of lack of financial means to satisfy obligations.</p> <p>St. Luke’s offers financial care to patients who meet income and/or expense guidelines, as defined by 501(r) requirements and this Financial Care Policy, to help cover the cost of services deemed medically necessary and/or non-elective by the patient’s treating physician(s).</p> <p>St. Luke’s will help the patient to identify and apply for all available public assistance programs when available and will support the patient through the application and/or acquisition of insurance. The provision of financial care is the last resort after all other financial assistance options have been explored and exhausted.</p> <p><i>Pending the initial eligibility determination for financial care, St. Luke’s does not request payment or initiate collection efforts, provided that the responsible party is cooperative with the system’s financial care process.</i></p>
SCOPE	<p>This policy applies to the specified St. Luke’s Facilities, Post-Acute Services, Specialized Locations, Service Lines, Department, Units, Clinics, Personnel, and Patient Care Population selected below.</p>
Facilities	<p><input checked="" type="checkbox"/> St. Luke’s Health System and all subsidiaries*, including all Facilities listed below.</p> <p><input type="checkbox"/> Selected Facilities below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> St. Luke’s Elmore Medical Center <input type="checkbox"/> St. Luke’s Jerome <input type="checkbox"/> St. Luke’s Magic Valley Regional Medical Center <input type="checkbox"/> St. Luke’s McCall <input type="checkbox"/> St. Luke’s Nampa Medical Center <input type="checkbox"/> St. Luke’s Regional Medical Center (Boise, Meridian, Eagle, Fruitland, MSTI) <input type="checkbox"/> St. Luke’s Wood River Medical Center <p><small>* Subsidiaries include, for example, Select Medical Network of Idaho, Inc., dba St. Luke’s Health Partners, St. Luke’s Clinic Coordinated Care, Ltd, dba St. Luke’s Health Partners Accountable Care Organization and St. Luke’s Health Foundation, Ltd.</small></p>
Post-Acute Services & Specialized Locations	<p><input checked="" type="checkbox"/> All Post-Acute Services and Specialized Locations listed below.</p> <p><input type="checkbox"/> Selected Post-Acute Services and Specialized Locations below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> St. Luke’s Hospice (MC, TV) <input type="checkbox"/> St. Luke’s Home Care (MC, TV, WR) <input type="checkbox"/> St. Luke’s Magic Valley Hospice <input type="checkbox"/> St. Luke’s Magic Valley Home Health <input type="checkbox"/> St. Luke’s Rehabilitation - Subacute Rehab Unit (Boise) <input type="checkbox"/> St. Luke’s Rehabilitation Inpatient Acute Care Unit (Boise) <input type="checkbox"/> St. Luke’s Magic Valley Inpatient Rehab (Gwen Neilsen Anderson Rehabilitation Center) <input type="checkbox"/> St. Luke’s Canyon View Behavioral Health Services <input type="checkbox"/> St. Luke’s Clinic - Eastern Oregon Medical Associates

If this is a patient care policy, the information contained herein is used to provide guidance in the care of patients, but should not, and does not replace or preclude the use of clinical judgment.

For Policy Administration use only. Please DO NOT add or remove dates.

Originator:	Revenue Cycle	Original Authorization Date	01/31/12
Revised Date:	03/22/16, 09/12/16, 09/16/16, 09/16/18, 11/12/18		
Effective Date:	08/31/16	Page 1 of 11	

	<input type="checkbox"/> St. Luke’s Clinic - Trinity Mountain Medical <input type="checkbox"/> St. Luke’s Elmore Long Term Care <input type="checkbox"/> St. Luke’s Jerome Family Medicine <input type="checkbox"/> St. Luke’s Salmon River Medical <input type="checkbox"/> Not Applicable
Service Lines/ Departments/ Units/Clinics	<input checked="" type="checkbox"/> All Service Lines/Departments/Units/Clinics <input type="checkbox"/> Selected Service Lines/Department(s)/Unit(s)/Clinic(s) listed below <input type="checkbox"/> Click here to list departments/units. <input type="checkbox"/> Not Applicable
Personnel	<input checked="" type="checkbox"/> All Personnel working, practicing, or performing services <input type="checkbox"/> Selected Personnel (List competences if required) <input type="checkbox"/> Click here to list personnel.
Patient Care Population	<input checked="" type="checkbox"/> All Populations <input type="checkbox"/> Neonatal (Nursery/NICU) <input type="checkbox"/> Pediatric <18 yrs <input type="checkbox"/> Adult ≥ 18 yrs <input type="checkbox"/> Not Applicable
DEFINITIONS	<p>501(R): Section 501(r) of the IRS code requires a Section 501(c) (3) hospital organization to conduct and implement a community health needs assessment (“CHNA”) and establish financial assistance and emergency care policies. It also places limits on a hospital organization’s patient charges and billing/collection practices for patients who are eligible for financial assistance. The requirements apply to organizations that operate one or more facilities that are licensed or registered as a hospital under state law.</p> <p>Financial Assistance Program (FAP): Known in this policy as Financial Care.</p> <p>Financial Care: Assistance provided to patients where clinical services would create a financial hardship to fully pay the out-of-pocket expenses for medically necessary and/or non-elective by services, and the patients income is at or below 400 percent the federal poverty leave. Patients above the 400 percent Federal Poverty Level and have incurred medically necessary service may be eligible for a onetime adjustment due to the size of their medical bill. Under this policy, financial care can be either full or partial financial care.</p> <p>Gross Charges: The total charges at the organization's full established rates for the provision of patient care services before deductions from revenue are applied.</p> <p>Guarantor: The individual who is financially responsible for payments of an account balance; may or may not be the patient.</p> <p>Healthcare Services: Medically necessary and/or non-elective hospital and physician services.</p> <p>Household Size: One or more people (one of whom is the head of the household) related by birth, marriage and/or adoption and residing together within the same domicile. All such people (including related subfamily members) are considered as members of one family.</p> <p>Income: Includes earnings from all sources, including unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension and/or retirement income, interest, dividends, rents, royalties, income from estates, trusts and child support, among other possible sources. [Note: Public assistance benefits (such as food stamps, temporary assistance for families in Idaho and housing subsidies) are exempt from any income calculation.]</p> <p>Medically Necessary/Non-Elective Services: Health care services or supplies needed to prevent, diagnose and/or treat an illness, injury, condition, disease or its symptoms as defined by the Idaho Medicaid program in which the hospital participates (please reference Idaho Medicaid for medically necessary services).</p>

	<p>Out of-Pocket Expenses: The share of the expenses that a patient pays directly to St. Luke's Health System. Out-of-pocket expenses include patient co-payments, deductibles, co-insurance amounts and self-pay balances.</p> <p>Presumptive Financial Care: Proactive account reviewing and scoring based on a patient's ability and/or propensity to pay.</p>
RELATED DOCUMENTS	<p>The following documents are located on our website under Resources for Patients and Visitors\Financial Care https://www.stlukesonline.org/resources/before-your-visit/financial-care</p> <ul style="list-style-type: none"> Sliding Fee Schedule (English/Spanish) Provider List Financial Care Application/instructions (English/Spanish) Amounts Generally Billed Calculation (English/Spanish) Financial Care Underwriting Matrix (English/Spanish) Plain Language Summary (English/Spanish)

Effective Date and Implementation Period:

This policy applies to accounts associated with care or services provided on or after October 1, 2018. For accounts associated with care or services provided prior to this policy's effective date, the eligibility criteria and assistance levels of the policy in place at the time of service will apply.

I. FINANCIAL CARE PRINCIPLES

- A. Financial care is granted equally to all qualifying individuals, regardless of race, color, sex, religion, age, national origin, veteran's status, marital status, sexual orientation and/or any other legally protected status.
- B. In accordance with the Federal Emergency Treatment and Labor Act (EMTALA) regulation, no patient shall be screened for financial care or benefit eligibility prior to the rendering of stabilization services in emergent situations.
- C. Patients must cooperate with St. Luke's Health System to explore all coverage and financial assistance options (e.g., ACA, public assistance, county assistance) before completing and submitting a Financial Care Application (FCA).
- D. Patients must show need via the completion of a Financial Care Application (FCA) and must provide the required supporting documentation as requested.
- E. Patients whose family income is equal to or less than 400 percent of the current Federal Poverty Guideline (FPL) may qualify for possible fee elimination or reduction on a sliding fee schedule (see sliding fee schedule) as calculated by the Financial Care Eligibility Worksheet.
- F. Patients whose family income is equal or less than 200 percent of the current Federal Poverty Guidelines are not required to provide details of assets as part of the application process and are not required to pay a nominal fee for services in National Health Service Corps (NHSC)-approved locations. For service rendered in non NHSC-approved sites, patients are required to provide details of assets as part of the application process.
- G. Details of the Financial Care Policy, application process and sliding scale are made available either at service locations or on the St. Luke's Health System website. Upon request, Financial Advocates (FA) are available to meet with patients to answer questions related to the financial care process and/or sliding fee schedule.

- H. In the event that financial care cannot be approved, and the patient has a financial obligation, St. Luke's Health System reserves the right to attach to patients' personal assets (e.g., checking/savings/money market account(s), property liens) after all other reimbursement options have been exhausted.
- I. An approved, FCA remains active for 12 months following the date of approval.
- J. Financial care write-offs are approved based on this policy and at the discretion of the Revenue Cycle System Vice President or appropriate System Director.
 - 1. A patient can be deemed ineligible for financial care due to lack of cooperation with St. Luke's Health System or other personnel assisting the patient through the application process or qualifications for external financial assistance program(s).
 - 2. Eligibility or ineligibility decisions are at the discretion of the Revenue Cycle System Vice President or appropriate System Director.
- K. St. Luke's Health System Financial Care Policy will be reviewed and revised each fiscal year to ensure alignment with all regulations.
- L. St. Luke's Health System may reserve the right to delay elective procedure(s) for patients based on their ability to meet their upfront obligations for the elective procedure(s).

II. DETERMINING FINANCIAL NEED

- A. A prescreening process identifies patients who may be eligible for financial assistance. Any patients who indicates an inability to pay will be referred to a Financial Advocate or other qualified employee who will assist the patient in applying for financial assistance.
- B. St. Luke's Health System will screen patients for other sources of coverage and eligibility, including government programs, documenting the results of each screening. If St. Luke's Health System determines that a patient is potentially eligible for Medicaid or another governmental program, St. Luke's Health System requires the patient to apply for such program(s). Any St. Luke's Health System employee who identifies a patient that the employee believes does not have the ability to pay for healthcare services shall inform the patient that financial assistance may be available and where the patient can access a Financial Care Application.
- C. It is the patient's responsibility to provide St. Luke's with accurate information regarding health insurance, demographic information and applicable financial resources in order to complete the financial care process. Failure to do so may result in a denial of financial assistance.

III. FINANCIAL ASSISTANCE OPTIONS

- A. Affordable Care Act (ACA), Premium Assistance, government or privately sponsored health coverage or assistance programs are available for eligible patient populations. St. Luke's Health System may provide premium assistance in the event of COBRA eligibility in accordance with St. Luke's Health System mission, applicable laws and regulatory bodies.
- B. If COBRA coverage is possible and the patient is not a Medicare or Medicaid beneficiary, the patient or patient's guarantor shall provide the information necessary to determine the monthly COBRA premium. The patient or guarantor will be expected to cooperate to determine whether they qualify for St. Luke's Health System COBRA premium assistance, which may be offered for a limited time to assist in securing COBRA insurance coverage
- C. **Presumptive Financial Care:**
 - 1. Certain patients will be deemed presumptively eligible for financial care on the basis of individual circumstances. Patients will be eligible for a 100 percent discount if they demonstrate the following conditions or eligibility in the following means-tested programs:

- a. Homelessness.
 - b. Single deceased patient with no estate.
 - c. Food stamps.
 - d. Patients qualifying for Emergency Medicaid will be eligible for assistance associated with emergency or medically necessary services not covered by the Medicaid program.
 - e. Patients qualifying for Idaho County Indigent Programs will be eligible for assistance associated with emergency or medically necessary services not covered by such program.
2. St. Luke's may utilize a third party to review a patient's, or the patient's guarantor, information to assess the likelihood of financial need and to estimate eligibility for financial assistance. This review utilizes a model that includes information from third-party sources to assess the likelihood a patient's characteristics may align with the eligibility requirements of the St. Luke's Financial Care Policy. Information from the predictive model may be used by St. Luke's Health System to grant presumptive eligibility without further validation on the part of the patient or patient's guarantor to determine verified eligibility attributes. The model provides a systematic method to grant presumptive eligibility to patients in financial need based on the patient's or patient's guarantor's estimated ability to pay.
 3. All accounts that have a patient balance remaining after the accounts receivable process has completed are assessed for presumptive financial care before the account is assigned to bad debt.
 4. Patients denied state and/or county financial assistance due to lack of cooperation may not be eligible for presumptive financial care.
 5. All potential Presumptive Financial Care accounts meet St. Luke's Financial Care Policy standards. Patient accounts granted presumptive eligibility status will be adjusted accordingly. The model assesses accounts on a case-by-case basis; presumptive eligibility will be granted to patients on an account basis.
 6. In the event a patient does not qualify under the presumptive rule set, the patient may still provide requisite information and be considered under the standard financial care application process.
 7. Presumptive screening provides a community benefit by enabling St. Luke's Health System to systematically identify patients in financial need, reduce administrative burdens and provide financial assistance to patients and/or guarantors.
 8. If a patient receives a presumptive financial care adjustment, payment(s) made towards that account will not be refunded.

B. State and/or County Financial Assistance:

Patients may qualify for state- and/or county-specific funds to help residents pay for healthcare services. Patients may contact St. Luke's Revenue Cycle department for additional details and possible assistance. If a patient applies and does not qualify for state and/or county financial assistance, the balance is due to St. Luke's and will be notified as such. Depending upon county denial reason, the patient balance may be eligible for SLHS Financial Care.

C. Financial Care: Eligible applicants will receive the following assistance:

1. **Full Discount:** The full amount for eligible services will be covered under the Financial Care Policy for any uninsured or underinsured patient or guarantor, whose combination of household income and assets is at or below 200 percent of the federal poverty level.

2. **Partial Discount:** A sliding fee schedule will be used to determine the amount eligible for financial care assistance for any uninsured or underinsured patient or guarantor. For such applicants, assistance will be provided based on a combination of household income and assets. Partial discounts will be provided if the combination of income and assets is greater than 200 percent but equal to or less than 400 percent of the FPL. Assistance is granted only after all third-party reimbursement possibilities available to the applicant have been exhausted.
3. If the patient balance exceeds 30 percent of household income, patients will qualify for a one-time reduction.
4. Assets for evaluation include but are not limited to:
 - a. home equity;
 - b. IRAs, 403(b) accounts, 401k accounts, stocks/bonds;
 - c. checking/savings/money market accounts; and
 - d. other investments (rental properties, etc.).

D. Behavioral Health/Primary Care Shortage Area Financial Care:

1. “Behavioral Health/Primary Care Shortage Area Financial Care” is available for medically necessary service rendered at approved NHSC locations. If subsequent care is rendered at non-NHSC approved locations, those services are not eligible for “Behavioral Health/Primary Care Shortage Area Financial Care”.
2. Eligible applicants will receive the following assistance:
 - a. **Full Discount:** The full amount for eligible services will be covered under the Financial Care program for any uninsured or underinsured patient or guarantor if household income is at or below 200 percent of the federal poverty level.
 - b. **Partial Discount:** A sliding fee schedule will be used to determine the amount eligible for Behavioral Health/Primary Care Shortage Area Financial Care for any uninsured or underinsured patient or guarantor. For such applicants, assistance will be provided based on household income greater than 200 percent but equal to or less than 400 percent of the FPL. Assistance is granted only after all third-party payment possibilities available to the applicant have been exhausted.

IV. FINANCIAL CARE ELIGIBILITY

- A. Financial care assistance will be extended based on a combination of family income, assets and medical bill obligations.
- B. Patient Eligibility for Financial Care:
 1. All patients who have received medically necessary and/or non-elective healthcare services at St. Luke’s Health System may apply for financial care.
 2. Patient financial advocates will work with patients to exhaust all financial assistance options before assisting the patient in completing and submitting a FCA (e.g., ACA, public assistance, county assistance).
 3. Financial care will be offered to qualifying applicants with insurance, providing it can be done in accordance with St. Luke’s Health System contractual obligations to insurers.
 4. All individuals applying for financial care are required to follow the procedures in Section IV below.
- C. Exclusions:
 1. Patients denied state and/or county financial assistance due to lack of cooperation may not be eligible for financial care; eligibility can be determined by the Revenue Cycle System Vice President or appropriate System Director.
 2. Elective and/or non-medically necessary services, as determined by the Medical Services Committee, are not eligible for financial care.

3. If the patient has insurance but elects not to bill their insurance (see RC056 SLHS HIPAA Elective Self-Pay), the balance is not eligible for financial care.
4. Financial care is not available for patient balances after insurance that result from a patient's failure to reasonably comply with insurance requirements, such as obtaining proper authorizations or referrals.
5. Patients who reside outside the United States are not eligible for financial care.

V. ELIGIBLE SERVICES

- A. Services eligible for assistance under the Financial Care Policy must be within accepted standards of medical practice.
- B. Eligible services include the following:
 1. Emergency medical services provided in an emergency setting. (See St. Luke's Health System EMTALA Policy RI018 for more details on the emergency medical care policy.)
 2. Services for a condition that, if not treated promptly, would lead to an adverse change in the health status of a patient.
 3. Medically necessary services of healthcare providers employed by St. Luke's Health System and delivered in St. Luke's Health System hospital facilities.
 4. Those services received from healthcare providers in a St. Luke's hospital but not employed by St. Luke's Health System. Such services may include anesthesiology, pathology and radiology.
 - a. Patients must contact healthcare providers directly to inquire into any available assistance for services from these providers.
 - b. For a list of providers or lines of service that are covered or not covered under this policy, see. This list will be updated on July 1 annually.

VI. FINANCIAL CARE APPLICATION PROCEDURE

- A. The patient completes an FCA and provides required supporting documentation. Once all documentation has been received:
 1. St. Luke's verifies reported household income and compares with the current Federal Poverty Guideline published by the U.S. Department of Health and Human Services.
 2. St. Luke's verifies household size as supported by U.S. Census Bureau definitions and/or designations. See <http://www.census.gov/> for more details.
 3. St. Luke's verifies reported assets for patients who receive care at non-NHSC locations; St. Luke's will not ask for asset information from patients treated at approved NHSC locations.
 4. Depending on the patient's circumstances, St. Luke's may request a credit report or other sources of data on patients applying for financial care services and/or post financial care adjustment for the purpose of verifying identifiable assets.
- B. Financial Care applications and required documentation are to be submitted to: St. Luke's Revenue Cycle, PO Box 2578, Boise, Idaho, 83701-2578.
- C. If an applicant submits an FCA that is not complete, St. Luke's Health System will notify the applicant of the information or documentation required to complete the application. The applicant will be given 30 days to complete their application without extraordinary collection actions.

- D. Approval/Processing Guidelines:
1. If a patient is deemed eligible for financial care (full or partial), the appropriate adjustment is calculated according to the 501(r) compliant Financial Care Eligibility Worksheet.
 2. Approval thresholds for financial care adjustments are determined according to the St. Luke's Health System Financial Care Application Underwriting Matrix based on Federal Poverty Guidelines.
 3. If the outcome of the Financial Care Application process is a partial reduction in patient obligation, the patient is required to satisfy the balance.
 - a. The patient's financial responsibility after approved eligible adjustments follows regular statement and collection procedures until the obligation is satisfied.
 - b. The amounts St. Luke's will charge patients eligible for partial financial care shall not exceed the amount generally billed based on the method outlined in this policy. No patients found eligible will be expected to pay gross charges for emergency or medically necessary services.
- E. St. Luke's provides a written notice of determination of eligibility (full, partial or denied financial care) to the guarantor.
- F. See the Financial Care Application and financial care instructions.

VII. AMOUNT GENERALLY BILLED

St. Luke's determines the amount generally billed (AGB) using the "look-back" method. The AGB is calculated for each St. Luke's Health System hospital facility. The most generous AGB discount is then applied system wide. The AGB will be calculated annually on July 1 and implemented within 120 days of that date. No patient or guarantor eligible for financial care assistance will be expected to pay in excess of AGB for emergency or medically necessary care.

VIII. ELIGIBILITY PERIOD

- A. Financial care will apply to all accounts within a 240-day period (retrospective) from the first post-discharge billing statement, as well as all active accounts.
- B. Financial care, once approved, is granted prospectively for 12 months following the date of approval. A review of supporting documentation will be conducted 12 months after the date for approval, and eligibility may change.
- C. If services qualify for external assistance or resources during the eligibility period, those resources are required to be exhausted before financial care assistance is applied.
- D. An applicant found ineligible for financial care may resubmit an application if there has been a change in financial circumstances. No payments made on accounts up to the time of resubmitting an application will be refunded if eligibility is granted based on a re-determination due to a change in income or financial circumstances.
- E. An applicant who made a payment toward outpatient pharmacy charges and at a later time qualifies for financial care will not receive a refund for the amount paid.

IX. ACCOUNTING AND REPORTING FOR FINANCIAL CARE

In accordance with the Generally Accepted Accounting Principles, financial care provided by St. Luke's Health System is recorded systematically and accurately in financial statements as a deduction from revenue in the category "charity care."

X. NOTIFICATION ABOUT FINANCIAL CARE

To make information readily available about its Financial Care Policy and program, St. Luke's Health System will:

- A. Conspicuously post notices on the availability of financial care in emergency departments, urgent care centers, admitting and registration departments, Patient Financial Services and at other locations that St. Luke's Health System deems appropriate.
- B. Make paper copies of the Financial Care Policy and application form and the plain language summary of the Financial Care Policy available upon request and without charge both by mail and in public locations.
- C. Notify patients by offering a paper copy of the summary as part of the intake or discharge process.
- D. Include conspicuous written notice on billing statements about the availability of financial assistance, including the phone number of the hospital office that can provide information about the Financial Care Policy and application process and the website address where the Financial Care Policy is posted.
- E. Provide notices and other information on financial care to all patients in the primary language of 5 percent or more of St Luke's Health System's patients, as determined by the U.S. Census Bureau.
- F. Make available its Financial Care Policy or program summary to appropriate community health and human services agencies and other organizations that assist people in financial need.
- G. Include information on financial assistance, including a contact number, in patient bills and through oral communication with uninsured and potentially underinsured patients.
- H. Provide financial counseling to patients about their St. Luke's Health System bills and make the availability of such counseling known. (Note: it is the responsibility of the guarantor and/or patient to schedule assistance with a financial counselor.)
- I. Make information and education on its financial care and collection policies and practices available to appropriate administrative and clinical staff.
- J. Support referral of patients for financial care by St. Luke's Health System representative or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains and religious sponsors.
- K. Support requests for financial assistance by a patient, a patient's guarantor, a family member, close friend or associate of the patient, subject to applicable privacy laws.
- L. Respond to any oral or written requests for more information on the Financial Care Policy made by a patient or any interested party.
- M. Information on the St. Luke's billing and Collection Policy may be obtained by contacting: St. Luke's Revenue Cycle, PO Box 2578, Boise, Idaho, 83701-2578.

AUTHORIZED BY:

Original signed by Chris Roth

03/22/16

Chris Roth

Date

Sr. Vice President, Chief Operating Officer