

Title: Patient Financial Assistance Policy**Date Approved:** 06/30/2020**Policy****Document Owner:** Kelci Christensen (Manager)**Approver(s):** Document Control/Policy Committee, Kelci Christensen (Manager)**Version #: 2****Printed copies are for reference only. Please refer to the electronic copy for the latest version.****Pursuant to 501(r) of the Internal Revenue Service Code****Policy**

St. John's Health is committed to providing access to quality healthcare in the community it serves. St. John's has established a financial assistance policy to help uninsured and underinsured individuals willing but unable to pay for their emergency and medically necessary care due to difficult financial circumstances.

St. John's Health will not engage in extraordinary collection actions prior to making a reasonable effort to determine eligibility for financial assistance.

In the event of non-payment St. John's actions are described in our Billing and Collection Policy which can be obtained by visiting <https://www.tetonhospital.org/patients-visitors/billing-information/financial-assistance/> or by calling 307-739-4848 Monday through Friday 8:30 am to 5:00 pm.

Purpose

St. John's Financial Assistance Policy (FAP) serves several purposes:

- Increasing access to care by providing financial assistance to patients in need who receive emergency & medically necessary hospital care.
- Establishing a fair and consistent process to determine care discount eligibility based on financial need.
- Directing patients towards our financial assistance program and other payment resources.

Definitions

Emergency & Medically Necessary Care: Health care services or products provided in St. John's Hospital facility that a prudent physician would provide to a patient for the purpose of preventing, diagnosing, or treating an illness, injury, disease or its symptoms in a manner that is:

- In accordance with generally accepted standards of medical practice
- Clinically appropriate in terms of type, frequency, extent, site, and duration; and
- Not primarily for the economic benefit of the health plans and purchasers or for the convenience of the patient, treating physician, or other healthcare provider

Applicant: Patient or other individual responsible for payment of the patient's care who seeks financial assistance

Application Period: Begins on the date medical care is provided and ends 240 days after the first post-discharge billing statement or 30 days after the hospital or authorized third party provides written notice of extraordinary collection actions the hospital plans to initiate, whichever is later.

Bad debt: The cost of providing care to persons who are able but unwilling to pay all or some portion of the medical bills for which they are responsible.

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Financial Assistance: The cost of providing free or discounted care to individuals who cannot afford to pay all or a portion of their hospital medical bills based on the eligibility rules identified in this Policy. St. John's may determine inability to pay before or after medically necessary services are provided.

Gross Charges: The full established price for medical care provided to patients.

Hospital Facility: St. John's Hospital Building at 625 E Broadway, Jackson, WY 83001.

Individual: the responsible party for a patient's care, also referred to as the guarantor. For instance parent/guardian for a minor typically serves as the guarantor and as such is eligible for financial assistance for their child's care.

Eligible Services: Services provided within the St. John's hospital facility and covered by St. John's FAP including but not limited to: Lab, Radiology, Cardiology, Surgery, Emergency, ICU, PCU, and Obstetrics

Self-pay Balance: The amount due to a provider or hospital after services are rendered and all other payment options or reimbursement methods are exhausted.

Family Income: Patient's and/or responsible party's wages, salaries, earnings, tips, interest, dividends, corporate distributions, rental income, retirement/pension income, Social Security benefits and other income as defined by the Internal Revenue Service, for all members of Immediate Family residing in the household.

Financial Assistance Eligibility Criteria

St. John's financial assistance policy applies discounts or full adjustments to the applicant's self-pay balance for eligible services.

Applicants must fully cooperate through the financial assistance application process, including:

- Submitting a complete financial application provided by SJH within the application period.
- Responding and communicating with our Patient Assistance team throughout the application process.
- Demonstrating financial circumstances which make full payment of the account balance unlikely.
- Allowing a soft credit check – A soft credit check allows St. John's to compare information provided on the application with available credit information. A soft credit will not affect an individual's credit score and the record of checking the individual's credit by St. John's will not be available to other businesses.
- A complete application must be signed and include all documentation as required on the Financial Assistance Application. Falsifying information on the application will result in a reinstatement of the full, original balance due and a finding of violation of SJH credit policy.
- St. John's Patient Assistance will use the following guidelines to determine the amount, if any, that will be adjusted from the account balance:
 1. Patient's willingness, but inability to pay. This is contrasted with a Bad Debt account, where the patient has the means to pay or to make payment arrangements, but is unwilling to do so.
 2. To be eligible for financial assistance under this policy the applicant's cumulative self-pay balance must exceed \$2600. For balances under \$2600 they may contact patient assistance to review current available payment options including payment plans and non-financial assistance related discounts.
 3. Unavailability of other sources of payment, including the sale of assets or borrowing from friends, relatives, and institutions.
 4. Exhausted all available health insurance, health care sharing ministry member benefits, and third-party liability finalized or pending legal settlements.

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5. Alternative Payment Arrangements: minimal regular payments and/or partial adjustments to the account balance are considered as the preferred option to a full adjustment.
6. St. John's will give consideration to special events limiting the ability to pay the account, and the likelihood these events will continue in the future.
7. Patient Assistance Representative is able to verify the information listed in the financial assistance application.
8. St. John's gives consideration to all financial circumstances, including: assets, sources of income, financial obligations, family size, and health status.
9. In conjunction with the criteria above St. John's uses Federal Poverty guidelines as a basis for calculating the adjustment percentage for eligible individuals:
 - 95% adjustment for household income up to 200% of Federal Poverty Guidelines
 - 75% adjustment for household income up to 300% of Federal Poverty Guidelines
 - 50% adjustment for household income up to 400% of Federal Poverty Guidelines

If a patient receives a partial determination the remaining balance is considered the new self-pay balance and is due per St. John's Billing and Collection Policy.

St. John's reserves the right to reverse a financial assistance determination in the event of obtaining additional information relevant to eligibility but not disclosed during the application process.

Method for Applying for Financial Assistance

Qualified individuals who wish to apply for financial assistance can obtain an application online or through request to our Patient Assistance Department.

Where to get an application:

- Online: print from our website at www.tetonhospital.org
- Phone: 307-739-4848 (hours Monday-Friday, 8:30 am-5:00 pm)
- In person: Hospital Front Desk (hours Mon-Fri, 8:30 am-5:00 pm)
- Mailed written request: SJH Patient Assistance team
PO Box 428
Jackson, WY 83001
- Email: financialassistance@tetonhospital.org

All required documentation and information is listed on the application. Once complete applicants can submit the application in person by any of the following:

- In person: Hospital Front Desk (hours Monday-Friday, 8:30 am-5:00 pm)
- Email: financialassistance@tetonhospital.org
- Fax: 307-739-7549
- Mail: SJH Patient Assistance Team
PO Box 428
Jackson, WY 83001

Adjustments will apply to current self-pay balance for past dates of service; future hospital services may still require an additional application for adjustment, dependent on previous application determinations. Requests for a Financial Needs Adjustment will be reviewed and a determination issued within 30 days of receipt of a patient's complete application. Approved requests will be reflected on the patient account immediately, and the documentation of the determination entered into the patient record. The patient will be notified in writing of the approval or denial of a financial assistance adjustment.

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All providers employed by St. John's Health follow the financial assistance policy for services provided in St. John's Hospital with the exception of cosmetic procedures or other elective non-medically necessary procedures. However, while receiving care at St. John's a patient may receive services that are billed separately from St. John's. To understand which providers and billing groups are covered by St. John's Financial Assistance Policy please refer to Addendum A – Provider Group Listing for St. John's Financial Assistance Policy.

Limitation on Charges – Amount Generally Billed (AGB) Calculation

All patients are billed based on gross charges for the care received. After a patient is determined to be eligible for financial assistance St. John's will not charge that individual more than the Amount Generally Billed (AGB) to an individual with insurance for emergency or other medically necessary care.

St. John's uses the look-back method to calculate AGB. This method involves looking at qualified claims over a year period and dividing the amounts allowed by Medicare and commercial insurance for covered individuals by the gross charges for that care. This calculation is updated annually.

To obtain a written copy of the current AGB percentage and calculation method free of charge, contact Patient assistance by calling 307-739-4848 or emailing financialassistance@tetohospital.org.

Related Documents:

Patient Billing & Collection Policy

Addendum A – Service/Provider listing for Financial Assistance Policy

References:

501(r) of the Internal Revenue Service Code