

ST. VINCENT'S MEDICAL CENTER

FINANCIAL ASSISTANCE POLICY

Effective as of July 1, 2016

POLICY/PRINCIPLES

It is the policy of St. Vincent's Medical Center (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.

1. 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.
2. 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.
3. 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 City of Bridgeport, Connecticut, and the Towns of Fairfield, Easton, Monroe, Trumbull and Stratford, Connecticut.
- **"Emergency Care"** means care to treat a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention may result in:
 - a. Placing the health of the individual (or, with respect to a pregnant woman, her unborn child) in serious jeopardy; or
 - b. Serious impairment to bodily functions; or
 - c. Serious dysfunction of any bodily organ or part; or
 - d. With respect to a pregnant woman who is having contractions –

1. That there is inadequate time to effect a safe transfer to another hospital before delivery; or
 2. That transfer may pose a threat to the health or safety of the woman or the unborn child.
- **“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 St. Vincent’s Medical Center.
 - **“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:

1. 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.
2. 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 set forth on Attachment 1 to this Policy.
3. 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. To complete the “Means Test” assessment, St. Vincent’s Medical Center will require the following documentation:
 - a. household family size
 - b. annual income
 - c. household expenses
 - d. medical expenses
 - e. disability expenses

A Patient eligible for the “Means Test” discount will not be charged more than the calculated AGB charges.
4. 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”).
5. Eligibility for financial assistance must be determined for any balance for which the patient with financial need is responsible.
6. The process for Patients and families to appeal an Organization’s decisions regarding eligibility for financial assistance is as follows:

- a. The patient or family member may submit a letter in writing to the St. Vincent's Medical Center's Charity Appeals Committee (the "Appeals Committee") appealing the financial assistance decision. The financial assistance decision will include instructions on how to submit a request to the appeals committee.
- b. All appeals will be considered by the Appeals Committee, and decisions of the Appeals 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 St. Vincent's Medical Center.

1. 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.
2. 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.
3. Free Bed Funds – are gifts provided to the Organization to endow a "free bed" that can be used to provide medical care to those who cannot afford it. It is not a governmental program but a charitable donation administered by the Organization.
4. Other Assistance Funds such as, but not limited to, grants and St. Vincent's Medical Center Foundation, Inc. (Swim Across the Sound).

To be eligible for the Free Bed Fund and Other Assistance Funds, a patient must meet the specific criteria of the fund. See Attachment 2.

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 contacting the Charity Financial Counselor at St. Vincent's Medical Center at 203-576-6257, in writing at 2800 Main Street, Bridgeport CT, 06606, Attention: Charity Financial Counselor or emailing Financial.Assistance@Stvincents.org.

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 on line at stvincents.org/financial-assistance or by contacting the Charity Financial Counselor at St. Vincent's Medical Center at 203-576-6257, in writing at 2800 Main Street, Bridgeport CT, 06606, Attention: Charity Financial Counselor or emailing Financial.Assistance@Stvincents.org.

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 calling the Patient Customer Service Call Center at 203-576-5384, in writing at 2720 Main Street, Bridgeport CT, 06606 Attention: Customer Service Department or visit us on line at stvincents.org/financial-assistance.

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.

Attachment 1

ST. VINCENT'S MEDICAL CENTER

SLIDING SCALE DISCOUNT

Effective as of July 1, 2016

Based on Federal Poverty Guidelines (FPL)

Hospital Based Inpatient & Outpatient Services				
Monthly Income		250%	350%	400%
Family Size		Charity Care		
1		2,475	3,465	3,960
2		3,338	4,673	5,340
3		4,200	5,880	6,720
4		5,063	7,088	8,100
5		5,925	8,295	9,480
6		6,788	9,503	10,860
7		7,652	10,713	12,243
8		8,519	11,926	13,630
Annual Income				
Income as a % of FPL		250%	350%	400%
Family Size				
1		\$29,700	41,580	47,520
2		\$40,050	56,070	64,080
3		\$50,400	70,560	80,640
4		\$60,750	85,050	97,200
5		\$71,100	99,540	113,760
6		\$81,450	114,030	130,320
7		\$91,825	128,555	146,920
8		\$102,225	143,115	163,560
SVHS Discount		100%	80%	70%

Attachment 2

St. Vincent's Medical Center Free Bed Funds

Below is a listing of the Free Bed Funds listing of St Vincent's Medical Center. If you believe you may qualify for one of the Free Bed funds listed below, you may request to have your case for financial assistance presented to St. Vincent's Medical Center. The Executive Director of Revenue Cycle has the authority to grant free bed funds based on financial and personal need. To obtain further information, including an application, please contact a Financial Counselor at 203-576-6257.

Baker Fund

Available to Bridgeport Fire & Police Departments. The patient must present verification that he/she is a member of the Bridgeport Fire or Police department.

Harral Fund

Member of St. Augustine's Parish. The patient must present a letter from St. Augustine's Parish (Bridgeport, CT) confirming patient's membership status.

Hubbell Fund

Alumni of St. Vincent's College or Bridgeport Hospital School of Nursing, who reside in Bridgeport and are active in the Nursing of the Sick.

Klein Fund

Funds to assist pediatric patients. Must provide a copy of patient's birth certificate or Baptismal certificate.

Ladies of Charity Fund

Letter verifying membership in the Ladies of Charity organization.

Conlin Fund

Assistance for low-income patients. Must provide proof of income and assets and a letter of denial from available third party sources.

Brodbeck Fund

Emergency room services. Must provide proof of income and assets and a letter of denial from available third party sources.