



A Member of Trinity Health

FINANCIAL ASSISTANCE TO PATIENTS

*Trinity Health Mirror Policy:
f. Revenue Excellence Policy No. 1*

POLICY

It is the Policy of St. Joseph's Hospital Health Center (RHM) to address the need for financial assistance and support of patients for all eligible services as provided under applicable state or federal law. Eligibility for financial assistance and support from the RHM is determined on an individual basis using specific criteria and evaluated on an assessment of the patient's and/or family's health care needs, financial resources and obligations.

Trinity Health has a consistent approach to providing financial assistance to patients approved at the System governance level, which is implemented across all RHMs through systemwide Procedures and Guidelines followed by each RHM and Subsidiary. Because of the dynamic nature of the environment, the impact will be closely monitored and revisited as necessary.

The RHM will follow *Trinity Health* systemwide Procedures and Guidelines to implement this Policy. *Trinity Health* has adopted and maintains, and the RHM will follow, systemwide Procedures and Guidelines that address the following six requirements to ensure a consistent approach:

I. Qualifying Criteria for Financial Assistance

The RHM will follow systemwide Procedures and Guidelines that specify the services eligible for financial support and services not eligible for financial support. The RHM will establish RHM charges based on amounts generally billed as determined by the System office. The RHM will follow systemwide Procedures that address residency requirements and documentation required for establishing income. The RHM will follow systemwide Procedures that describe the consideration required for patient assets, including protected assets. The RHM will follow systemwide procedures that describe presumptive support and the required timeline for establishing financial eligibility. The RHM will provide levels of financial support, including at a minimum support for Family Income at or below 200% of Federal Poverty Income Guidelines, and for Family Income between 201% and 400% of Federal Poverty Income as required by systemwide Procedures. The RHM will follow systemwide Procedures for accounting and reporting for financial support.

II. Assisting Patients Who May Qualify for Coverage

The RHM will make affirmative efforts to help patients apply for public and private programs for which they may qualify and that may assist them in obtaining and paying for health care services, including adoption of procedures to help patients determine if they qualify as required by systemwide Procedures. The RHM have discretion to adopt procedures to provide patients with premium assistance in accordance with the *Trinity Health* systemwide Payment of Premiums Assistance Procedure.

III. Effective Communications

The RHM will follow systemwide Procedures requiring the RHM to provide financial counseling, respond promptly and courteously to patients' questions, utilize a billing process that is clear, concise, correct and patient friendly, and make available specific information in an understandable format about what the RHM charges for services. The RHM will post signs and display brochures that provide basic information about the RHM's Financial Assistance Policy ("FAP") in public locations in the RHM and list those public locations in the RHM's FAP, and make the RHM's FAP and a plain language summary and application form available to patients upon request in accordance with systemwide Procedures. The RHM will post the FAP, a plain language summary, and an application form on the RHM's websites.

IV. Implementation of Accurate and Consistent Policies

As required by the systemwide Procedures and Guidelines, the RHM will provide staff education about billing, financial assistance, collection policies and practices, and treatment of all patients with dignity and respect regardless of their insurance status or their ability to pay for services.

V. Fair Billing and Collection Practices

The RHM will implement billing and collection practices for the patient payment obligations that are fair, consistent and compliant with state and federal regulations, and make available to all patients who qualify a short term interest free payment plan with defined payment time frames based on the outstanding account balance as required by systemwide Procedures. The RHM also will offer a loan program for patients who qualify. The RHM will have written procedures outlining authority for approval of external debt collection activities. The RHM will follow systemwide Procedures that identify debt collection activities that may be pursued by the *Trinity Health* RHM or by a collection agent on their behalf. An RHM (or a collection agent on its behalf) may NOT pursue action against the debtor's person, such as arrest warrants or "body attachments." An RHM may have a System office approved arrangement with a collection agency, provided that such agreement meets criteria established by the *Trinity Health* System office.

VI. Other Discounts

The RHM will coordinate Financial Assistance to Patients with prompt pay, self-pay and other discounts as provided in systemwide Procedures.

Should any provision of this FAP conflict with the requirement of the law of the state in which the RHM operates, state law shall supersede the conflicting provision and the RHM shall act in conformance with applicable state law.

The Policy is intended to fulfill *Trinity Health's* and the RHM's commitment to:

- Providing access to quality health care services with compassion, dignity and respect for those we serve, particularly the poor and the underserved in our communities;
- Caring for all persons, regardless of their ability to pay for services; and
- Assisting patients who cannot pay for part or all of the care that they receive.

Trinity Health is a community of persons serving together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. Aligned with our Core Values, in particular that of "Commitment To Those Who Are Poor", we provide care for persons who are in need and give special consideration to those who are most vulnerable, including those who are unable to pay and those whose limited means make it extremely difficult to meet the health care expenses incurred.

SCOPE/APPLICABILITY

This is a *Trinity Health* Mirror Policy. Therefore, this Policy applies to all organizations within *Trinity Health*, including this RHM and each of its Subsidiaries that provides or bills for patient care.

DEFINITIONS

Policy means a statement of high-level direction on matters of strategic importance to *Trinity Health* or a statement that further interprets *Trinity Health*'s governing documents. System Policies may be either stand alone or Mirror Policies designated by the approving body.

Procedure means a document designed to implement a Policy or a description of specific required actions or processes.

Regional Health Ministry (“RHM”) means a first tier (direct) subsidiary, affiliate or operating division of *Trinity Health* that maintains a governing body that has day-to-day management oversight of a designated portion of *Trinity Health* System operations. RHMs may be based on a geographic market or dedication to a service line or business.

Standards or Guidelines mean additional instructions and guidance which assist in implementing Procedures, including those developed by accreditation or professional organizations.

Subsidiary means a legal entity in which a *Trinity Health* RHM is the sole corporate member or sole shareholder.

RESPONSIBLE DEPARTMENT

Further guidance concerning this Policy may be obtained from the *Trinity Health* Revenue Excellence Department.

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