

 <p>ST VERONICA SENIOR BEHAVIORAL HEALTH HOSPITAL AT CATHOLIC CARE CENTER</p>	FINANCIAL ASSISTANCE POLICY	
Approved by: Catholic Care Center Board of Directors	Effective Date: 7/1/2023	Date Last Reviewed: 11/3/2023

Policy Statement:

St. Veronica Senior Behavioral Health Hospital at Catholic Care Center (SVSBH) provides financial assistance to patients receiving medically necessary services if they demonstrate financial need and satisfy the requirements outlined in this policy. The primary beneficiaries of this Financial Assistance Policy are intended to be uninsured and underinsured patients. This policy serves to meet the requirements of Internal Revenue Code Section 501(r).

Providers Included Under This Policy:

This Financial Assistance Policy applies to all medical professionals employed by Catholic Care Center. The policy does not apply to physicians or other medical providers not employed by Catholic Care Center. These doctors and providers will bill you separately from the hospital bill. This policy does not create an obligation for the hospital to pay for the services of these physicians or other medical providers.

Emergency Medical Care:

SVSBH does not provide emergency care services.

Eligible Services for Financial Assistance:

SVSBH reserves the right to limit the services covered by this policy. Medically necessary services are covered under this policy. Medical necessity is determined through a clinical utilization review with the physician, case manager, clinician, and with the patient's third-party insurance if applicable.

If the patient is already receiving discounted services from Catholic Care Center through a separate reduced rate arrangement, those services are ineligible for financial assistance under this policy. Services deemed not medically necessary or elective services are not covered under this policy. Some examples of these include:

- Extensions of patient stays that don't meet medical necessity criteria by the patient's third-party insurance but are provided at the request of the patient.
- "Out of Network" patient liability balances that result from the patient receiving non-emergent care at SVSBH rather than at an "in network" provider.

Limitation on Charges:

Individuals deemed eligible for Financial Assistance will not be charged more than the Amounts Generally Billed (AGB) for individuals whose care is covered by insurance. To calculate the AGB, SVSBH will use the allowed amount by Medicare for the same medically necessary service. This calculation utilizes the AGB as of the date(s) of service of the medically necessary care approved for Financial Assistance.

Financial Assistance Rate Schedule:

Patients whose gross annual income is 200% or less of the federal poverty guidelines may receive discounted services according to the below sliding fee scale. For uninsured patients, the discount will be applied to gross charges. For insured patients, the discount will be applied to patient liability.

Sliding Fee Scale

Annual Income		
From	To	Percent Charged
\$0	\$14,580	18%
\$14,581	\$14,999	25%
\$15,000	\$15,999	30%
\$16,000	\$16,999	35%
\$17,000	\$17,999	40%
\$18,000	\$18,999	45%
\$19,000	\$19,999	50%
\$20,000	\$20,999	55%
\$21,000	\$21,999	65%
\$22,000	\$29,160	70%
\$29,161	no max	100%

***Based on 1 family member,
subtract \$4,540 from annual
income per each additional
family member above 1.**

Hardship fee or waiver of the entire amount of fee is based on individual circumstances with approval of the Financial Assistance Committee.

Length of Financial Assistance:

Financial Assistance, when approved, will be for a period of six months. At the conclusion of six months, a new Financial Assistance Application will need to be completed and approved in order for Financial Assistance to continue.

Financial Assistance Application:

In order to be considered for financial assistance under this policy, a patient must complete the Financial Evaluation form and submit the following documents to demonstrate financial need:

- Proof of residency
- Copy of denial letter from Medicaid
- Pay stubs from three most recent payroll checks
- If unemployed, verification of any compensation received (i.e. unemployment compensation)
- Social Security and/or Pension Retirement Award Letter
- Bank Statements (2 most recent)
- Most recent federal tax return filed

Failure to submit all required documentation may render the application incomplete and disqualify the patient from receiving Financial Assistance.

Applying for Financial Assistance:

Patients may apply for Financial Assistance in person at Admissions or by meeting with the Catholic Care Center Business Office Manager. Applications for Financial Assistance may also be obtained online at Catholic Care Center's website.

SVSBH may presume eligibility for Financial Assistance under this policy for a patient if it receives information outside of the Financial Assistance Application that leads it to believe the patient may be eligible, such as:

- Homelessness of the patient
- Patient balances have been discharged by a bankruptcy court
- Patient is deceased, and balance due remains after all assets in an estate have been distributed

Measures to Publicize the Financial Assistance Policy:

SVSBH is taking the following measures to publicize this policy to the community it serves.

- Posting the Financial Assistance Policy, Plain Language Summary, and the Financial Assistance Application online on the Catholic Care Center website.
- Providing paper copies of the Financial Assistance Policy, Plain Language Summary, and the Financial Assistance Application upon request in Admissions.
- Informing patients of the policy in person or in customer service phone contacts.

Determination of Financial Assistance:

Upon receipt of a completed Financial Evaluation form and required documents, the application will be reviewed to determine whether the patient qualifies for financial assistance. Patients will be notified whether their application was approved or denied (with a reason for denial) within 30 days of receipt of the application.

If a patient's application is denied, they will have 30 days from the date of the denial to appeal in writing. The initial application, denial, and appeal will be reviewed by the Financial Assistance Committee. Within 30 days of receipt of the appeal, a final determination will be sent to the patient.

Billing and Collections Process:

In order to be fiscally responsible, and remain financially viable, SVSBH must receive payment for the services it provides. SVSBH's policy is to pursue collection of balances due, including Extraordinary Collection Actions (ECA), if patients do not pay balances due or make acceptable payment arrangements within 120 days of their first billing statement.

Patients will receive monthly statements detailing balances due. At least 30 days prior to the initiation of any ECA, SVSBH will:

- Provide written notice to the patient that states financial assistance is available
- Provide the patient with a plain language summary of the Financial Assistance Policy
- Make a reasonable effort to orally notify the patient about the Financial Assistance Policy

If ECA are in place, and a completed Financial Assistance Application is received, ECA in progress will be suspended until a determination is made regarding financial assistance.