

<b>St. Joseph Health Services of Rhode Island</b> HOSPITAL POLICY AND PROCEDURE		TITLE:		Number <b>01-950-92</b>
Coverage For Uninsured & Under-Insured Patients Receiving Services at St. Joseph Health Services of Rhode Island		<b>Financial Assistance Policy</b>		Source <b>Administration</b>
				Approved
Date Issued 03/09/2011	Date Effective 04/01/2007	Updated 03/01/2012, 2/4/2013, 3/1/2014, 3/1/2015, 5/11/2015, 3/1/2016, 3/1/2017	Distribution See Below	Page 1 of 3

It is the policy of St. Joseph Health Services of Rhode Island to provide medically necessary/essential health services to any person regardless of his/her ability to pay in full or in part for those services provided by the Hospital.

**Purpose:**

St. Joseph Health Services of Rhode Island provides Financial Assistance to patients who meet specified financial criteria and request such assistance. Consideration will be given to a patient's financial status, including indebtedness for existing medical bills, pursuant to state regulation. St. Joseph Health Services of Rhode Island will provide public "Notice of Hospital Financial Aid" (Attachment A) on the Hospital's website, at appropriate intake/registration locations, and make notice of availability to patients on patient bills. St. Joseph Health Services of Rhode Island shall provide its "Financial Aid Criteria" (Attachment B) for qualifying patients/guarantors for financial assistance including partial assistance. St. Joseph Health Services of Rhode Island will make these notices available in other languages in accordance with the "Standards for Culturally and Linguistically Appropriate Services in Health Care" (Standards 4 & 7, based on Title VI of the Civil Rights Act of 1964).

Financial Assistance may be extended when a review of a patient's individual financial circumstance has been conducted and documented. This should include a review of the patient's existing medical bills (including any accounts that have gone to bad debt within twelve (12) months of application date).

**Procedure:**

Patients who qualify for Financial Assistance should be identified as soon as possible in the revenue cycle. Patients requiring medically necessary/essential healthcare services, who are identified as being without federal, state, local, or private healthcare coverage, shall receive the following:

- Financial Assistance counseling along with a packet of information that addresses the Financial Assistance policy and procedure, including an application for assistance.
1. An evaluation for Financial Assistance can be initiated by:
    - A call from a patient with a self-pay balance due taken by any SJHSRI employee or vendor.
    - A patient presents at a clinical area without insurance and states that he/she cannot afford to pay the medical expenses associated with current or previous medical services.
    - A physician or other clinician refers a patient for financial assistance evaluation.
  2. The Hospital will designate a person(s) who will be responsible for taking Financial Assistance applications. Designees can be employees of SJHSRI or their associated vendors.
  3. Criteria to be met for Financial Assistance Approval:
    - a. Residency – Financial Assistance is intended for uninsured or underinsured low-income Rhode Island residents.
    - b. Income – For 100% Discount, income must not exceed 200% of the current Federal Poverty Guideline.
    - c. Income – For Sliding Scale Discounts (20-80%), income must not exceed 201-300% of the current Federal Poverty Guideline.
    - d. Assets – Cannot exceed the assets protection threshold which is updated annually.  
Current Protection Threshold: \$9,659.00 Individual and \$14,488.00 per family. (Updated 03/2017)  
Types of Assets Considered but not limited to:
      - Investments that could be converted to cash within one (1) year
      - Savings or Checking Accounts
      - Certificates of Deposit
      - Money-Market Accounts
      - Property – other than primary residence

e. All insurance benefits have been exhausted.

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4. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses. Once a patient has submitted all required information, the Financial Counselor will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on applicable guidelines. Financial Assistance will be denied to patients/guarantors who do not fully cooperate in applying for available coverage, or who fail to provide the information and documentation necessary to apply for financial assistance; with the exception of Presumptive Charity Care Eligibility. In such cases where the patient/guarantor is not cooperative, St. Joseph Health Services of Rhode Island may place the outstanding account in bad debt status and pursue collections accordingly.
5. A department can continue to use a government-sponsored application process and associated income scale, as required by the terms of a program grant or other outside authority governing that program.
6. Once a patient is approved for Financial Assistance, it is expected that the patient/guarantor will continue to meet his/her required financial commitments to St. Joseph Health Services of Rhode Island. If a patient is approved for a percentage allowance (partial charity) due to financial hardship and the patient does not make the required initial payment within thirty (30) days towards the outstanding balance, the Financial Assistance allowance will be reversed and the patient will owe the entire amount.
7. If the patient/guarantor has a change in financial status, the patient/guarantor should promptly notify the Hospital. The patient/guarantor may request and apply for financial assistance or a change in their payment plan terms.

**Medical Indigence:**

A patient's medical indigence is determined by St. Joseph Health Services of Rhode Island by giving exclusive consideration to a patient's income level in relation to the amount of their medical bills. Medically indigent patients are those who do not have appropriate insurance coverage that applies to services related to their significant or catastrophic health care requirements. Such patients may have a reasonable level of income but a low level of liquid assets and payment of their medical bills would be seriously detrimental to their basic financial well-being and survival. St. Joseph Health Services of Rhode Island shall make a decision regarding a patient/guarantor's medically indigent status by reviewing formal documentation for any circumstance in which a patient is considered eligible for a financial assistance discount on the basis of medical indigence.

In addition to the required information to be considered for financial assistance the following documents may be required to support medical indigence:

- Copies of all patient/guarantor medical bills.
- Information related to the patient's prescription drug costs.
- Multiple instances of high-dollar patient co-pays, deductibles, and/or other medical liabilities.
- Other evidence of high-dollar amounts related to healthcare costs such as documentation of a HSA that has been fully expended.

**Presumptive Charity Care Eligibility:**

There are instances when a patient may appear eligible for charity care discounts; however, a financial assistance form cannot be completed due to a lack of supporting documentation. Often there is adequate information provided by the patient or other sources that could provide St. Joseph Health Services of Rhode Island with sufficient evidence that the patient would otherwise qualify for a financial assistance discount. Once eligibility has been determined, due to the inherent nature of the presumptive circumstances, a financial assistance discount of 100% of the account balance will be granted.

Presumptive eligibility may be determined on the basis of a patient's life circumstances that may include the following:

- Homeless or living in a shelter.
- No income.
- Participation in Women's Infant's, and Children's programs (WIC).
- Food stamp eligibility.
- Eligibility for other state or local assistance programs that are unfunded (e.g.; Medicaid spend-down).
- Documentation provided by family or friends of the patient establishing the patient's inability to pay for medical care (e.g.; letter of support).
- Low income/subsidized housing is provided as a valid address.
- Patient is deceased with no known estate.

- If the patient is mentally or physically incapacitated and has no one to act on his/her behalf.
- Participation in the SSTAR Program

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**Appeal Rights of Patient/Guarantors:**

If a patient/guarantor disagrees with the denial of financial assistance decision, the patient/guarantor may request in writing an appeal within forty-five (45) business days of receiving notification. The denial letter will advise the patient that he or she has the right to appeal the decision and that the patient will be provided the information necessary to file a written appeal. The Director of Patient Financial Services will review all appeals and make a final decision regarding the financial assistance. The final decision will be communicated to the patient/guarantor in writing within fourteen (14) business days. Collection activity halted as a result of the financial assistance process will continue to be halted during the appeal process until the committee makes a final determination.

**Financial Assistance Signature Authority:**

Supervisor/Manager/Director – Patient Financial Services  
VP Finance  
Chief Financial Officer

**Recording of Financial Assistance:**

St. Joseph Health Services of Rhode Island shall provide the Rhode Island Department of Health (on an annual basis or as required by the Director) information including but not limited to:

- The “Annual Financial-Aid Data Filing
- The public “Notice of Hospital Financial Aid”
- HIPAA Compliant Bill including the public “Notice of Hospital Financial Assistance”
- The “Notice of Financial Aid Criteria”
- The “Application for Financial Assistance”
- The Hospital’s adopted Appeals Process
- The Hospital’s adopted Collections Process





