



St. Claire

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Owner Leigh Stiltner:
Director, Revenue
Cycle
Area Financial
Services

Healthcare Financial Assistance Program, A10-0605-02

Purpose:

St. Claire Regional Medical Center is committed to improving the health status of the communities it serves. The Healthcare Financial Assistance Program is designed to provide discounts to patients who apply and meet certain criteria set forth in this policy and in compliance with state and federal regulations.

*DEPARTMENT OF THE TREASURY Internal Revenue Service 26 CFR Part 1 [REG-130266-11] RIN 1545-BK57
Additional Requirements for Charitable Hospitals*

1. Patient accounts are considered for Financial Assistance after all other avenues of payment have been exhausted (Federal/State Agencies, Community Based Services, High Deductible/Co-Insurance Plans, and available credit/resources) and the patient resides within our service area. SCR service area includes the following counties; Bath, Carter, Elliott, Fleming, Lewis, Magoffin, Menifee, Morgan, Rowan, and Wolfe and Montgomery.
2. Patients living outside the St. Claire Regional Medical Center service area are eligible for assistance only in emergency situations. Routine/non-emergent services for patients living outside of the service area are eligible only in extenuating situations and must be approved prior to services being rendered.
3. Any patient seeking urgent or emergent care [within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd)] at St. Claire Regional Medical Center shall be treated without discrimination and without regard to a patient's ability to pay for care. St. Claire Regional Medical Center shall operate in accordance with all federal and state requirements for the provision of urgent or emergent health care services, including screening, treatment and transfer requirements under the federal Emergency Medical Treatment and Active Labor Act (EMTALA). St. Claire Regional Medical Center should consult and be guided by their emergency services policy, EMTALA regulations and applicable Medicare/Medicaid Conditions of Participation in determining what constitutes an urgent or emergent condition and the

processes to be followed with respect to each.

4. Uninsured Discount. In an effort to lessen the burden on the uninsured, St. Claire Regional Medical Center provides a 25% discount off total charges to all uninsured patients regardless of ability to pay. Charges for uninsured patients do not exceed calculated charges for the insured population. In the event that a patient does not qualify for the Healthcare Financial Assistance Policy, a deduction of 60% will be applied to the patient balance.
5. The Financial Assistance Program provides additional discounts based on the most recent Federal Poverty Guidelines (up to 200% of FPG) and as adjusted by family size. If eligible for Healthcare Financial Assistance Policy a discounted percentage of 100% will be placed on patient balance.
6. All services must be medically necessary to qualify for financial assistance.
7. Dental services are eligible for the Healthcare Assistance Program with the exception of those services noted in the Exclusions section of this policy. Applications for dental services must be approved prior to services being rendered. Payment for dental procedures approved under the Healthcare Assistance Program are due and collected at the time of service. Emergent dental services are handled on a case by case basis and rendered based upon the decision of the Dentist.
8. Catastrophic Designation. St. Claire Regional Medical Center has in place a Catastrophic Charity Aid Plan for patients that do not qualify for Financial Assistance, but have high medical bills. Medical bills that measure greater than 100% of annual household gross income are considered catastrophic. Depending on resources available, a total discount of 50% could be applied.
9. Third Party denials are not eligible for Financial Assistance if the denial is due to lack of cooperation from insured, denial due to patient not providing sufficient information to bill any third party payer, or denial due to lack of patient coordination of benefits information requested by the third party payer.
10. Applications must be complete, legible, signed, and dated. Any applications not meeting these conditions cannot be approved for Financial Assistance.
11. Approved discounts can be applied retroactive to active account balances up to 90 days old.
12. Eligibility for Financial Assistance is determined/reviewed every six (6) months with the completion of a new Healthcare Assistance application.
13. Income Verification. Each Financial Assistance Application must be accompanied with income verification for the last 90 days. Income refers to total cash receipts before taxes from all sources (Gross Income) and may include:
 - a. Money, wages, salaries, and income tax verification before any deductions from an employer
 - b. Receipts from farm, business, or rental property.
 - c. If self-employed income tax verification is required
 - d. Regular payments from Department of Social Insurance, Social Security, Unemployment, workers compensation, union strike benefits, veteran's benefits, alimony and/or child support
 - e. Government employee pensions and private pensions

- f. Income from dividends, interest, rents, royalties, or income from estate or trusts

To verify income the following documents are required to deem your application complete:

- a. Complete tax return from previous year.
- b. Three most recent pay stubs. If you are married, both patient and spouse information is required.
- c. 90-day wage verification from employer
- d. Copy of most recent social security check
- e. Copy of check of Department of Social Insurance
- f. Copy of unemployment or compensations check
- g. Copy of prior 3 months bank statements

In absence of income, a letter of support from individuals providing the basic living needs is accepted. In certain circumstances deemed reasonable and understandable, verification of income may not be required.

- 14. Disqualification. Any applicant fraudulently misrepresenting his or her income level is immediately eliminated from consideration of Financial Assistance. In the event the applicant makes fraudulent misrepresentations, all charges are billed to responsible party.
- 15. Notification. After a determination of approval or denial, the patient is sent a letter advising of the final determination and if denied, they are provided an explanation.
- 16. Account Adjustments. Once an account is approved for Financial Assistance, it is placed on an adjustment log and adjusted accordingly. If the approved account has already had an uninsured discount applied, this discount is reversed and replaced by the Charity adjustment.
- 17. St. Claire Regional Medical Center will not engage in extraordinary collection actions before it makes a reasonable effort to determine whether a patient is eligible for financial assistance under this Policy. Collection activity will proceed based on a separate Collection Policy. If a collection agency identifies a patient as meeting St. Claire's financial assistance eligibility criteria, the patient's account may be considered for financial assistance. Collection activity will be suspended on these accounts and St. Claire Regional will review the financial assistance application. If the entire account balance is adjusted, the account will be returned to St. Claire Regional Medical Center. If a partial adjustment occurs, the patient fails to cooperate with the financial assistance process, or if the patient is not eligible for financial assistance, collection activity will resume.
- 18. Exclusions from the Healthcare Assistance Program
 - a. All services eligible for payment from a third party payor, auto insurance, personal injury or deemed to be worker's compensation.
 - b. Dental Services: dentures, partials, crowns, cosmetic procedures, and dental implants.
 - c. Immunizations
 - d. Elective and cosmetic procedures

19. Each St. Claire Regional Medical facility shall clearly post signage in English to advise patients of the availability of financial assistance. Every effort will be made to ensure that, for patients speaking languages other than those for which the charity guidelines are printed, the policies are clearly communicated.
20. Each St. Claire Regional Medical facility is required to maintain packets of information explaining that the facility provides care, without regard to ability to pay, to individuals with limited financial resources, and shall explain how patients can apply for financial assistance.
21. St. Claire Regional Medical Center will publish this Policy to its facility website, along with a link to the Financial Assistance Application Form.

Approval Signatures

Step Description	Approver	Date
Editor/Approver	Wendell McClurg: VP Financial Svcs/CFO	3/5/2024
	Leigh Stiltner: Director, Revenue Cycle	8/11/2023

