
EFFECTIVE DATE: April 2, 2025

POLICY TITLE:

***Financial Assistance and
Discount Payment to Patients***

***To be reviewed every three years by:
Ministry Board of Directors***

REVIEW BY: March 1, 2027

POLICY

It is the policy of Saint Agnes (and each Trinity Health Ministry) to address the need for Financial Assistance and support of patients for emergency and non-elective medically necessary services provided under applicable state or federal law. Eligibility for Financial Assistance and support from Saint Agnes is determined on an individual basis using detailed criteria along with evaluation and assessment of the patient's and/or family's health care needs, financial resources and obligations. Trinity Health expects payment for services from individuals Able to Pay (as defined in this Policy).

I. Services Eligible for Financial Assistance or Discount Payment

Financial Assistance and discount payment eligibility described in this section is provided to patients. Additionally, Saint Agnes will provide Financial Assistance and discount payment eligibility to patients who qualify under the Saint Agnes Financial Assistance Policy and who present with an emergent or life-threatening condition and receive Emergency Medical Care.

Saint Agnes will provide Financial Assistance and discount payment eligibility for the following services:

- A. All Medically Necessary Care and Emergency Medical Care for
 - 1. self-pay patients who apply for and are determined to be eligible for Financial Assistance, and
 - 2. patients presumptively eligible for financial assistance.
- B. Certain payments due from patients with coverage from a payer/insurer with whom Saint Agnes participates/contracts as described in this Policy.

Emergency Medical Care services will be provided to all patients who present to Saint Agnes' emergency department, regardless of the patient's ability to pay or source of payment. Such medical care will continue until the patient's condition has been stabilized, prior to any determination of payment arrangements.

As set forth in California Health and Safety Code section 127405(a)(1)(B), an emergency physician who provides emergency medical services in a hospital that provides emergency care is also required to provide discounts to uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level.

II. Services Not Eligible for Financial Assistance or Discount Payment

The following services are not eligible for Financial Assistance, discount payment or payment plans from Trinity Health:

- A. Cosmetic services and other elective procedures and services that are not Medically Necessary Care.
- B. Services not provided and billed by Saint Agnes (e.g., independent physician services, private duty nursing, ambulance transport, etc.).
- C. Services that are out of network with Trinity Health and/or Saint Agnes and not medically necessary, provided that federal Emergency Medical Treatment and Active Labor Act (EMTALA) obligations are satisfied.

III. Eligibility Criteria for Financial Assistance and Discount Payment

The following patients are eligible for Financial Assistance and Discount Payment eligibility from Trinity Health:

- A. Uninsured Patients whose Family Income is at or below 200% of the Federal Poverty Level (FPL) will be eligible for a 100% discount on the charges for services received.
- B. Uninsured Patients and Insured Patients receiving services in states with higher Family Income discount percentages also will be eligible for a discount on the charges for services received.
- C. Patients whose Family Income is above 200% of the FPL and does not exceed 400% of the FPL (or the higher % required by state law, if applicable) will be eligible for a discount on the charges for services received.
- D. Patients whose Family Income is at or below 400% of the FPL will be eligible for Financial Assistance for co-pay, deductible, and co-insurance amounts.
- E. Financial Assistance is also provided for medically indigent patients. A medically indigent patient is an insured patient who applies for Financial Assistance, and due to catastrophic circumstances medical expenses for an episode of care

exceeds 20% of Family Income. The amount in excess of 20% of Family Income (or the lower % required by state law, if applicable) will qualify the insured patient's co-pays, co-insurances, and deductibles for Financial Assistance and discount payment eligibility.

Any patient who is eligible for Financial Assistance or discount payment will not be charged more than the amount Saint Agnes would expect, in good faith, to receive for providing services from Medicare or Medi-Cal, whichever is greater.

IV. Payment Plans

All patients will be eligible for an extended payment plan on any balances. Payment plans will be managed internally through the Trinity Health Customer Service Department. Patients may apply for a limited payment plan through MyChart or if a longer term is needed by calling the Patient Business Services Center at 800-494-5797. A health savings account held by the patient or the patient's family may be considered when negotiating payment plans.

In addition, Saint Agnes may require a patient or guarantor to pay any amounts sent directly to the patient by third-party payors, including from legal settlements, judgments, or awards.

V. Basis for Calculating Amounts Charged to Patients

Trinity Health uses a look-back method to calculate the Amount Generally Billed ("AGB") by dividing the sum of paid Medicare claims by the total of gross charges submitted, in accordance with Internal Revenue Code Section 501(r).

A copy of the AGB calculation description and percentage(s) may be obtained, free of charge, on the Ministry's website or by calling the Patient Business Services Center at 800-494-5797.

VI. Method for Applying for Financial Assistance and Discount Payment Eligibility

A patient may qualify for Financial Assistance, discount eligibility or payment plan by submitting a completed Financial Assistance Application ("FAP Application"), or through presumptive scoring eligibility. Eligibility is based on evaluation and assessment of the patient's and/or family's health care needs, financial resources and obligations on the date of service. A patient determined to be eligible will be eligible for financial assistance and discount payment for six months from the first date of service for which the patient is determined to be eligible for financial assistance and discount payment eligibility.

Eligibility for Financial Assistance and discount payment eligibility requires the complete cooperation of the patient, during the application process, if applicable, including completion of the FAP Application, and submission of all required documents.

The Ministry 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. Saint Agnes may consider offering Premium assistance for a limited period of time if a patient would otherwise be approved to receive Financial Assistance and discount payment eligibility.

The Ministry will notify patients who submit an incomplete FAP Application and specify the additional information and/or documentation needed to complete the application process, which must be provided within 30 days.

The Ministry reserves the right to deny Financial Assistance and discount payment eligibility if the patient does not cooperate.

Patients who want to apply for Financial Assistance and discount eligibility may obtain a free copy of the FAP Application as follows:

- A. Request a copy of the FAP Application from Admissions, the Emergency Department, or a Financial Counselor at the location service was provided;
- B. Download and print the FAP Application from the Ministry's website;
- C. Submit a written request to the Patient Business Services Center at the current address posted on the website; or
- D. Call the Patient Business Services Center at 800-494-5797 or the current phone number posted on the website.

VII. Eligibility Determinations

Trinity Health will utilize a predictive model to qualify patients for Financial Assistance and discount payment eligibility. Presumptive eligibility for Financial Assistance may be determined at any point in the revenue cycle.

If a patient is determined not to be eligible for Financial Assistance and discount payment or eligible for less than the most generous assistance available under the FAP, Trinity Health will:

- A. Notify the patient regarding the basis for eligibility determination and how the patient may appeal or apply for more generous assistance available under the FAP.
- B. Inform the patient that he/she may appeal within 30 days of being notified of any adverse determination, or apply for more generous assistance, by sending his/her appeal request in writing to the address where FAP Applications are received.
- C. Forward any appeal requests to the attention of: Trinity Health Financial Assistance Manager, Financial Assistance Eligibility Dispute/Appeals. Eligibility disputes may also be faxed to 312-871-3350.

- D. Once received, the disputes will be adjudicated by Trinity Health's Regional Director of Patient Access and referred to Saint Agnes' Chief Financial Officer for final determination.
- E. Process any complete FAP Application the patient submits.
- F. Confirmed eligibility for any public assistance program may automatically qualify a patient for charity/discount care without further documentation.

VIII. Effective Communications

Saint Agnes will post signs and display brochures that provide basic information about Saint Agnes' Financial Assistance Policy in public locations at Saint Agnes. Saint Agnes will post the Financial Assistance Policy, a plain language summary, and an application form on the Saint Agnes website and make the Financial Assistance Policy, plain language summary and application form available to patients upon request.

IX. Billing and Collection Procedure

Saint Agnes will implement billing and collection practices for the patient payment obligations that are fair, consistent and compliant with state and federal regulations. Actions Trinity Health may take in case of non-payment are described in a separate Billing and Collection Procedure. A copy of the Billing and Collection Procedure may be obtained, free of charge by calling the Patient Business Services Center at 800-494-5797 or by email request. Trinity Health complies with 501(r) and applicable state law regarding prohibitions against extraordinary collection actions against individuals determined to be eligible for financial assistance and discount payment eligibility. In addition, unless the individual is Able to Pay, Trinity Health will not pursue legal action to collect a judgment, place a lien on an individual's property or report the individual to a credit bureau.

Trinity Health will refund amounts paid more than the amounts due following financial help or discount for which the patient is determined to be eligible, including interest as applicable.

X. List of Providers

A list of the providers who are delivering Emergency Medical Care or Medically Necessary Care in the hospital facility that specifies which providers offer Financial Assistance, discount payment and payment plans, as described in the Financial Assistance Policy, and those who do not, is maintained separately from the Financial Assistance Policy. A copy of the Provider List may be obtained, free of charge, on the Saint Agnes website or by calling the Patient Business Services Center at 800-494-5797.

XI. Other Discounts

Patients who are not eligible for financial assistance and discount payment eligibility, as

described in this Policy, and who receive emergency or other medically necessary/non-elective care, may qualify for other types of assistance offered by Saint Agnes. The other types of assistance are not need-based and are not part of the Financial Assistance Policy and provided at the discretion of Saint Agnes.

XII. SCOPE/APPLICABILITY

This is a Trinity Health Mirror Policy. Therefore, this Mirror Policy shall be adopted by each Ministry and Subsidiary within the System that provides or bills for hospital patient care. This Mirror Policy mirrors the provisions of Finance Policy 1, the Trinity Health systemwide Financial Assistance Policy. Trinity Health organizations that provide or bill for other types of patient care shall adopt a financial assistance Policy to meet the needs of the community served and that provides financial assistance to individuals who need financial assistance and support.

State law shall supersede the systemwide procedures and Saint Agnes shall act in conformance with applicable state law.

The Policy is intended to fulfill Saint Agnes' 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.

Saint Agnes 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 Experiencing Poverty," 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.

XIII. DEFINITIONS

Able to Pay means

- a. An individual who has been determined ineligible for Medicaid through a Medicaid application screening process or who has received a State Medicaid Program denial for Medicaid benefits.
 - Trinity Health does not require that an individual apply for Medicaid as a pre-requisite for financial assistance and discount payment eligibility.
- b. An individual who has been determined ineligible for financial assistance and discount payment eligibility after review of the Application.

- c. An individual who has refused to complete an application or cooperate in the Financial Assistance Application and discount payment eligibility process.

Amounts Generally Billed (“AGB”) means the amounts generally billed for emergency or other medically necessary care to patients who have insurance covering such care. Saint Agnes’ acute and physician AGB will be calculated utilizing the look back of calculating the sum of paid Medicare and Medi-Cal claims, whichever is greater.

Charity Care is defined as free care.

Discount Payments is defined as any charge for care that is reduced but not free.

Emergency Medical Care as defined within Section 1867 of the Social Security Act. Patients seeking care for an emergency medical condition at a Trinity Health hospital shall be treated without discrimination and without regard to a patient’s ability to pay for care. Saint Agnes shall operate in accordance with all federal and state requirements for emergency care, including screening, treatment, and transfer requirements under the federal Emergency Medical Treatment and Labor Act (EMTALA).

Family Income means the Income of all adult family members in the household based on tax returns from the tax year in which the patient was first billed or 12 months prior to when the patient was first billed, or paystubs in a 6month period before or after the patient was first billed by the hospital, or in the case of pre-service, when the application was submitted.

Financial Assistance means support (charity, discounts, etc.) provided to patients for whom it would be a hardship to pay for the full cost of medically necessary services provided by Trinity Health who meet the eligibility criteria for such assistance.

Financial Assistance Policy means a written policy and procedure that meets the requirements described in §1.501(r)-4(b).

FAP Application means the information and accompanying documentation that a patient submits to apply for Financial Assistance under the Saint Agnes Financial Assistance Policy. Saint Agnes may obtain information from an individual in writing or orally (or a combination of both).

Income includes gross wages, salaries, salary and self-employment income, unemployment compensation, worker’s compensation, payments from Social Security, public assistance, veteran’s benefits, child support, alimony, educational assistance, survivor’s benefits, pensions, retirement income, regular insurance and annuity payments, income from estates and trusts, rents received, interest/dividends, and income from other miscellaneous sources.

Medical Debt means a debt owed by a consumer to a person whose primary business is providing “medical services, products, or devices,” or to that person’s agent or assignee, for the provision of medical services, products, or devices. Medical debt includes, but is not limited to, medical bills that are not past due or that have been paid.

Medically Necessary Care means any healthcare services or products provided by Saint Agnes reasonably determined by a provider, to be necessary to prevent, diagnose, or treat an illness, injury, disease or its symptoms.

Medical Service, Product or device does not include cosmetic surgery, but does include, without limitation, all the following: • Any service, drug, medication, product, or device sold, offered, or provided to a patient by licensed health care facilities or providers. • Initial or subsequent reconstructive surgeries, and follow-up care deemed necessary by the attending physician and surgeon. • Initial or subsequent prosthetic devices, and follow-up care deemed necessary by the attending physician and surgeon. • A mastectomy.

Ministry (sometimes referred to as Health Ministry) 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. A Ministry may be based on a geographic market or dedication to a service line or business. Ministries include Mission Ministries, National Ministries, and Regional Ministries.

Mirror Policy means a model policy approved by Trinity Health and that each Ministry is required to adopt as an identical policy, if appropriate and applicable to its operations, and which may be modified to reflect local style preferences or to comply with applicable state or local laws and regulations or licensing and accreditation requirements.

Out of Pocket Costs and Expenses mean any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing.

Payment Plan means if a patient cannot pay a discounted rate in full, an extended interest free payment plan may be requested. Payment plan terms may be negotiated taking into consideration family income and essential living expenses. If Saint Agnes and a patient cannot agree upon a payment plan, a reasonable payment plan will be created where monthly payments shall not exceed more than 10% of the family monthly income, excluding deductions for essential living expenses.

Patient Family includes dependent children of any age, and to account for the inclusion of parents when the parent (?) is a dependent child who is not a minor. For patients 18 years of age and older, includes dependent children of any age if those children are disabled. Patient Family includes other dependent children of the patient's parents or caretaker relatives if those other children are disabled.

Policy means a statement of high-level direction on matters of importance to Trinity Health, its Ministries and Subsidiaries or a statement that further interprets Trinity Health's, its Ministries' and Subsidiaries' governing documents. Policies may be either stand alone, Systemwide 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.

Service Area means the primary markets served by Saint Agnes, such as a list of zip codes in which the patients reside.

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 Ministry is the sole corporate member or sole shareholder.

Uninsured Patient means an individual who is uninsured, having no third-party coverage by a commercial third-party insurer, an ERISA plan, a Federal Health Care Program (including without limitation Medicare, Medicaid, SCHIP, and CHAMPUS), Worker's Compensation, or other third-party assistance to cover all or part of the cost of care.

RESPONSIBLE DEPARTMENT

Further guidance concerning this Mirror Policy may be obtained from the executive leadership of Saint Agnes.

APPROVALS

Initial Approval: June 14, 2014, Stewardship Committee of the Trinity Health Board of Directors

Subsequent Review/Revision(s): September 18, 2014; July 1, 2017; December 8, 2021, December 6, 2023, February 20, 2024