Title:	**Financial Assistance Policy and Billing and Collection Policy (#111)**
Scope:	**Geisinger St. Luke's Campus, St. Luke's Allentown Campus, St. Luke's Anderson Campus, St. Luke's Bethlehem Campus, St. Luke's Carbon Campus, St. Luke's Easton Campus, St. Luke's Grand View Campus, St. Luke's Lehighton Campus, St. Luke's Miner's Campus, St. Luke's Monroe Campus, St. Luke's Orthopedic Hospital West End, St. Luke's Quakertown Campus, St. Luke's Sacred Heart Campus, St. Luke's Upper Bucks Campus, St. Luke's Warren Campus**
Manual:	**Administrative Policy**
Origination Date:	**2/1/2001**
Revision Dates:	**01/05/06, 4/20/06, 12/01/08, 10/10, 9/11, 10/12, 04/1/2014, 5/11/2016, 8/5/2016, 8/1/2017, 1/29/2019, 3/19/2020, 4/16/2021, 7/27/2022, 6/30/2023, 1/2/2024**
Review Dates:	**07/19/04, 8/2008, 8/1/2016, 8/1/2017, 1/29/2019, 3/19/2020, 4/16/2021, 6/30/2023, 10/1/2023, 1/21/2026**

I. Purpose:

St. Luke's University Health Network is an integrated healthcare delivery system that is committed to providing the highest quality healthcare services to our community. St. Luke's University Health Network is committed to a service excellence philosophy that strives to meet or exceed patient expectations. All patients will receive a uniform standard of care throughout all of our facilities, regardless of social, cultural, financial, religious, racial, gender or sexual orientation factors. St. Luke's University Health Network strives to ensure that all patients receive essential emergency and other medically necessary healthcare services regardless of their ability to pay.

Policy:

In accordance with this Financial Assistance Policy ("FAP"), St. Luke's University Health Network is committed to providing financial assistance to persons who have healthcare needs and are uninsured, underinsured, ineligible for government assistance, or otherwise unable to pay, for emergency or other medically necessary care based on their individual

financial situation. All persons who present themselves for emergencies or other medically necessary healthcare services shall be evaluated and treated; they shall be registered as patients of the hospital and shall receive those necessary services as prescribed by the patient's physician. In no case shall any prospective patient of St. Luke's University Health Network be denied necessary health care services based on his/her ability to pay.

St. Luke's University Health Network will provide, without discrimination, care for all emergency medical conditions to individuals regardless of their financial assistance eligibility or ability to pay. It is the policy of St. Luke's University Health Network to comply with the standards of the Federal Emergency Medical Treatment and Active Labor Transport Act of 1986 ("EMTALA") in providing a medical screening examination and such further treatment as may be necessary to stabilize an emergency medical condition for any individual coming to the emergency department seeking treatment. St. Luke's University Health Network will not engage in any actions that discourage individuals from seeking emergency medical care, such as requiring the emergency department patients pay before receiving treatment for emergency medical conditions or permitting debt collection activities in the emergency department or other areas where such activities could interfere with the provision of emergency care on a non-discriminatory basis.

Financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with the St. Luke's University Health Network procedures to obtain a financial assistance application, provide other forms of payment or contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services, for their overall personal health and for the protection of their individual assets.

Financial assistance is only available for emergencies or other medically necessary healthcare services. Not all services provided within St. Luke's University Health Network's hospital facilities are covered under this FAP. Please refer to Appendix A for a list of providers that provide emergency or other medically necessary healthcare services within the St. Luke's University Health Network's hospital facilities. This appendix specifies which providers are covered under this FAP and which are not. The provider listing will be reviewed quarterly and updated, if necessary.

II. Definitions:

For the purpose of this FAP, the terms below are defined as follows:

Amounts Generally Billed ("AGB") - Pursuant to Internal Revenue Code Section 501(r)(5), in the case of emergency or other medically necessary care, FAP-eligible patients will not be charged more than an individual who has insurance covering such care.

AGB Percentage - A percentage of gross charges that a hospital facility uses to determine the AGB for any emergency or other medically necessary care it provides to an individual who is eligible for assistance under the FAP.

Emergency medical conditions - Defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd).

Excess Resources - Income that is not reported on income tax documents, Social Security benefit statement or employer reported payroll statements. Excess Income documents do not include investments/retirement accounts but do include those amounts if they have been cashed in and are being held in a checking/savings account.

Extraordinary Collection Actions ("ECAs") - All legal or judicial processes, including, but not limited to, garnishing wages, placing liens on property and reporting to credit agencies. ECAs may include sale of an individual's debt to another party, lawsuits, liens on residences, arrests, body attachments, or other similar collection processes.

Financial Assistance - Healthcare services that have or will be provided but are never expected to result in cash inflows. Financial assistance provides a patient with free or discounted emergencies or other medically necessary healthcare if they meet the established criteria and are determined to be eligible.

Family - Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to the Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes for the provision of financial assistance.

Family Gross Income - Family Income is determined using the Census Bureau definition, which uses the following income when computing poverty guidelines:

- Income earnings, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous resources.
- Noncash benefits such as food stamps and housing subsidies do not count;
- Determined on a before-tax basis;
- Excludes capital gains or losses; and
- If a person lives with a family, includes the income of all family members (Non-relatives, such as housemates, do not count).
- Excess Resources are considered when there are amounts that may facilitate the patient's ability to pay a nominal amount towards their healthcare costs.

Federal Poverty Level - A measure of income level issued annually by the Department of Health and Human Services. Federal poverty levels are used to determine eligibility for financial assistance.

Gross Charges - The full, established price for medical care that is consistently and uniformly charged to patients before applying any contractual allowances, discounts or deductions.

Medically necessary services - Healthcare services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are: (a) in accordance with the generally accepted standards of medical practice; (b) clinically appropriate; and (c) not primarily for the convenience of the patient.

Out of State Medicaid: Patients with out of state coverage or qualify for their state of residence Medicaid program but are considered not in network for provided services.

Plain Language Summary ("PLS") - A written statement which notifies an individual that St. Luke's University Health Network offers financial assistance under this FAP and provides additional information in a clear, concise and easy to understand manner.

Underinsured - The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed their financial abilities.

Uninsured - The patient has no level of insurance or third-party assistance to assist with meeting their payment obligations.

III. Financial Assistance Eligibility Criteria and Basis for Amounts Charged to Patients:

St. Luke's University Health Network offers two financial assistance programs to its patients:

(1) St. Luke's New Jersey Financial Assistance; or
(2) St. Luke's Pennsylvania Financial Assistance.

The St. Luke's New Jersey financial assistance program follows the New Jersey Charity Care and Uninsured Discount regulations as further outlined below.

St. Luke's New Jersey Financial Assistance

1) *New Jersey Hospital Care Payment Assistance Program*

In accordance with New Jersey Department of Health guidelines, New Jersey Hospital Care Payment Assistance Program ("NJ Charity Care") is only available to patients who receive services at the St. Luke's Warren Hospital ("St. Luke's Warren Campus").

NJ Charity Care is a New Jersey program in which free or discounted care is available to patients who receive inpatient and outpatient services at acute care hospitals throughout the State of New Jersey. Hospital assistance and reduced charge care are only available for necessary emergencies or other medically necessary care.

NJ Charity Care is available to New Jersey residents who:

1. Have no health coverage or have coverage that pays only part of the bill;
2. Are ineligible for any private or governmental sponsored coverage (such as Medicaid); and
3. Meet the income and assets criteria described below.

NJ Charity Care may be available to non-New Jersey residents, subject to specific provisions (such as emergency medical conditions).

Income Criteria - Patients with family gross income less than or equal to 200% of the Federal Poverty Limits ("FPL") are eligible for 100% Financial Assistance coverage. Patients with family gross income greater than 200% but less than or equal to 300% of FPL are eligible for discounted care. Free or discounted charges are determined by the following fee schedule:

Income as a percentage of Federal Poverty Limits	**Percentage of Charges Paid by Patient**
Less than or equal to 200%	0%
Greater than 200% but less than or equal to 225%	20%
Greater than 225% but less than or equal to 250%	40%
Greater than 250% but less than or equal to 275%	60%
Greater than 275%% but less than or equal to 300%	80%
Greater than 300%	Uninsured Discount Available

Assets Criteria – A patient's individual assets cannot exceed $7,500 and family assets cannot exceed $15,000 as of the date of service to be eligible. Spend down of assets, through partial payment of the hospital bill is allowed to enable the patient to qualify for Financial Assistance. The amount for which the patient is responsible after partial Financial Assistance shall be limited to 30% of income.

Eligibility for financial assistance will be considered for those individuals who are uninsured, ineligible for any government healthcare benefit program, and who are unable to pay for their care, based upon determination of financial need in accordance with this FAP. The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

2) New Jersey Uninsured Discount

Uninsured patients who qualify for full or partial NJ Charity Care will have their bills reduced from 20% -100% of charges based upon the criteria included above.

Uninsured patients with a gross family income over 301% of FPL will be provided a significant discount, in accordance with the New Jersey Uninsured Discount, and will be billed 115% of the Medicare rate for Inpatient and Outpatient services or the AGB as follows; whichever is lower.

3) Amounts Generally Billed (St. Luke's Warren Campus)

St. Luke's Warren Campus uses the Look-Back Method to calculate its Amounts Generally Billed ("AGB") percentage of 10%. The AGB percentage is calculated annually and is based on all claims allowed by Medicare Fee-for-Service plus all Private Health Insurers over a 12-month period, divided by the gross charges associated with these claims.

Basis for Amounts Charged to Patients (*St. Luke's Warren Campus)*

Pursuant to Internal Revenue Code §501(r)(5), any individual determined to be eligible for New Jersey Financial Assistance under this FAP will not be charged more than the AGB calculated for St. Luke's Warren Campus. Any FAP eligible individual will always be charged the lesser of AGB or any New Jersey Discount available under this Policy. The applicable discount will be applied to the gross charges.

St. Luke's Pennsylvania Financial Assistance

1) *St. Luke's Pennsylvania Financial Assistance*

St. Luke's Pennsylvania Financial Assistance is only available to patients who receive services at the following hospital facilities: Geisinger St. Luke's Campus, St. Luke's Allentown Campus, St. Luke's Anderson Campus, St. Luke's Bethlehem Campus, St. Luke's Carbon Campus, St. Luke's Easton Campus, St. Luke's Lehighton Campus, St. Luke's Miner's Campus, St. Luke's Monroe Campus, St. Luke's Orthopedic Hospital West End, St. Luke's Quakertown Campus, St. Luke's Sacred Heart Campus, St. Luke's Upper Bucks Campus

Uninsured patients with family gross income less than or equal to 300% of FPL may be eligible, based upon verification, for 100% financial assistance. Uninsured patients with family gross income over 300% will be charged the AGB outlined below or any PA discount policy; whichever is lower. In addition, Patients whose family income exceeds 300% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of St. Luke's University Health Network.

Eligibility for financial assistance will be considered for those individuals who are uninsured, ineligible for any government healthcare benefit program, and who are unable to pay for their care, based upon determination of financial need in accordance with this FAP. The

granting of financial assistance shall be based on an individualized determination of financial need, and shall not consider age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

2) Amounts Generally Billed (Pennsylvania hospital facilities)

Each St. Luke's PA hospital facility annually calculates their own Amounts Generally Billed ("AGB") percentage utilizing the Look-Back Method based on all claims allowed by Medicare Fee-for-Service plus all Private Health Insurers over a 12-month period, divided by the gross charges associated with these claims. The percentage is calculated using information from each of the facilities and using the combined percentage rounded to the nearest whole percentage. The calculation of the most current AGB % resulted in an AGB % of 17% and is being used by all St. Luke's PA hospital facilities.

Basis for Amounts Charged to Patients (*Pennsylvania hospital facilities)*

Pursuant to Internal Revenue Code §501(r)(5), any individual determined to be eligible for Pennsylvania Financial Assistance under this FAP will not be charged more than the AGB calculated by the Pennsylvania hospital facilities. Any FAP eligible individual will always be charged the lesser of AGB or any Pennsylvania Discount available under this Policy. The applicable discount will be applied to the gross charges.

In addition, St. Luke's University Health Network also maintains a separate written policy for insured patients who have a balance remaining after insurance which is not part of this financial assistance policy. This policy provides that St. Luke's hospital services provided with a balance remaining after insurance may be recalculated using the St. Luke's PA AGB percentage; regardless of whether the services were provided by a PA or NJ St. Luke's hospital facility.

Services Eligible for New Jersey & Pennsylvania Financial Assistance:

The following services are eligible for financial assistance:

i. Emergency medical services provided in an emergency room setting;
ii. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;

iii. Non-elective healthcare services provided in response to life threatening circumstances in a non-emergency room setting; and
iv. Medically necessary healthcare services, evaluated on a case-by-case basis by the patient's physician and/or at St. Luke's University Health Network's discretion.

Services Not Eligible for New Jersey & Pennsylvania Financial Assistance:

Services normally not covered by the "original" or "traditional" Medicare plan, even if the patient is not covered by Medicare, are considered not medically necessary and are not eligible for financial assistance. Examples of services not covered by Medicare and not eligible for financial assistance includes, but is not limited to:

i. Alternative Medicine: including experimental procedures and treatments, acupuncture, and chiropractic services (other than normal subluxation of the spine)
ii. Cosmetic Surgery: (unless it is needed to improve the function of a malformed part of the body)
iii. Dental Care
iv. Hearing Aids: or the examinations for prescribing of fitting hearing aids (except for implants to treat severe hearing loss in some cases)
v. Non-Medical Services: including hospital television and telephone, a private room, cancelled or missed appointments and copies of x-rays.
vi. Most non-emergency transportation,
vii. Some Preventive care: including most routine physical examinations and test, immunizations, and routine foot care and eye care.
viii. Transportation: except for medically necessary ambulance services.
ix. Vision Care: including eyeglasses (except when following cataract surgery) and examination for prescribing or fitting glasses.

Presumptive Eligibility:

There are instances when a patient appears to be eligible for financial assistance, but there is no financial assistance form on file due to lack of supporting documentation. Often there is adequate information provided by the patient or obtained through other sources, which could provide sufficient evidence to provide the patient with financial

assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, St. Luke's University Health Network may use outside agencies in determining estimated income amounts for the basis of determining financial assistance eligibility and potential discount amounts. Presumptive eligibility may be determined based on individual life circumstance that may include:

- State-funded prescription programs;
- Homeless or received care from a homeless clinic;
- Participation in Women, Infants and Children Programs (WIC);
- Food Stamp eligibility;
- Subsidized school lunch program eligibility;
- Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend down);
- Confirmed eligibility with out-of-state Medicaid programs to include patient dates of service and the state refuses payment due to lack of enrollment of facility/physician or other reasons determined by the payer. Reasonable efforts will be made to enroll facilities and/or physicians with out-of-state Medicaid programs prior to the eligible accounts being written off as charity.
- Uninsured Patient visits at Rural Health Clinics;
- Low income/subsidized housing is provided as a valid address;
- Patient is deceased with no known estate;
- Declared Chapter 7 Bankruptcy and care was incurred prior to bankruptcy; and
- Declared Chapter 13 Bankruptcy and patient will have unpaid balance after the payment schedule is received.

Additionally, presumptive eligibility might include the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring). Once determined, due to the inherent nature of the presumptive circumstances, the patient may be eligible for up to 100% write off of the account balance.

If the patient is presumptively determined to be eligible for less than the most generous assistance available, St. Luke's University Health Network will provide the individual with a PLS which will assist in notifying the individual regarding the basis for the presumptive eligibility determination. St. Luke's University Health Network will also give the individual a reasonable period of time to apply for more generous assistance before initiating any ECAs to obtain the discounted amount owed for the care.

IV. Procedures:

It is preferred but not required that a request for financial assistance and a determination of financial need occur prior to rendering of services. However, the determination may be done at any point in the collection cycle. The need for payment assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than a year prior, or at any time additional information relevant to the eligibility of the patient becomes known. St. Luke's University Health Network will also make reasonable efforts to explore appropriate alternative sources of payment and coverage from public and private payment programs and assist patients in applying for such programs.

Method for Applying:

To be considered for financial assistance, an individual must submit a financial assistance application ("Application"). The patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need if requested.

Application Process:

St. Luke's Warren Campus patients receiving services in New Jersey who believe they are eligible for financial assistance must complete the *New Jersey Hospital Care Assistance Program Application for Participation*.

Patients who receive services any other St. Luke's University Health Network hospital facility must complete the *St. Luke's Financial Assistance Application.*

If a patient would like to complete either Application with a Financial Counselor, they may call to schedule an appointment. Alternatively, they may visit the Admissions Office within any of the St. Luke's University Health Network hospital facilities to inquire and receive information. Financial Counselors will inform and educate the patient of all requirements and applicable criterion to evaluate eligibility.

Where to obtain an Application:

Patients who meet the eligibility criteria and wish to apply for financial assistance offered under this FAP may obtain an Application as follows:

1. Download the documents from the St. Luke's University Health Network website: https://www.slhn.org/billpay/policies-and-procedures/financial-assistance-policies#

2. Access their MyChart account online or via the mobile app, go to the Billing section and select Access Financial Assistance.

3. By calling the St. Luke's University Health Network Financial Counselors at 484-526-8000

4. Additionally, and as a last resort, paper applications are available on-site at the Patient Registration and/or Emergency Room desk locations at the following hospital facilities:

St. Luke's Allentown Campus 1736 Hamilton Street Allentown, PA 18104	St. Luke's Anderson Campus 1872 St. Luke's Blvd Easton, PA 18045	St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015
St. Luke's Carbon Campus 500 St. Luke's Drive Lehighton, PA 18235	St. Luke's Easton Campus 250 South 21st Street Easton, PA 18042	St. Luke's Lehighton Campus 211 North 12th Street Lehighton, PA 18235
St. Luke's Miner's Campus 360 West Ruddle Street Coaldale, PA 18218	St. Luke's Monroe Campus 100 St. Luke's Lane Stroudsburg, PA 18360	St. Luke's Quakertown Campus 1021 Park Avenue Quakertown, Pav 18951
St. Luke's Sacred Heart Campus 421 W. Chew Street Allentown, PA 18102	St. Luke's Upper Bucks Campus 3000 St. Luke's Drive (Route 663 and Portzer Road) Quakertown, PA 18951	St. Luke's Warren Campus 185 Roseberry Street Phillipsburg, NJ 08865
Geisinger St. Luke's Campus 100 Paramount Blvd Orwigsburg, PA 17961	St. Luke's Orthopedic Hospital West End 521 Cetronia Road Allentown, PA 18104	St. Luke's Grand View Campus 700 Lawn Avenue Sellersville, PA 18960

Completed Applications:

Please reference the applicable FAP Application for the required documentation to be submitted with your completed Application. Required documents include, but are not limited to, documentation of family size, most current Tax Return, paycheck stubs, proof of total household income, bank statements, etc.

All completed Applications (with required documentation) should be mailed to:

Financial Counselor Office
St. Luke's University Health Network
1110 St. Luke's Way, Suite 300
Allentown, PA 18109

St. Luke's University Health Network will accept and process all Applications for financial assistance available under this FAP submitted during the "Application Period." The Application Period begins on the date the care is provided and ends on the 240th day after the date of the first post-discharge billing statement.

Determining Eligibility:

St. Luke's University Health Network values of human dignity and stewardship shall be reflected in the Application process, financial need determination and granting financial assistance. Requests for financial assistance shall be processed promptly, and St. Luke's University Health Network shall notify the patient or applicant in writing within 30 days of receipt of completed Application (including supporting documentation).

Process for Incomplete Applications:

Financial assistance determinations shall be made as soon as possible, but no later than thirty (30) working days from the date of the request.

If sufficient paperwork is not provided, the request will be deemed to be an incomplete Application. If an incomplete Application is received, St. Luke's University Health Network will provide the applicant with written notice which describes the additional information/documentation needed to make a FAP-eligibility determination and provide the patient with a reasonable amount of time (30 days) to provide the requested documentation. Additionally, St. Luke's University Health Network, and any third parties acting on their behalf, will suspend any ECA's to obtain payment until a FAP-eligibility determination is made.

Process for Completed Applications:

Once a completed Application is received, St. Luke's University Health Network will:

- Suspend any ECAs against the individual (any third parties acting on their behalf will also suspend ECAs undertaken);
- Make and document a FAP-eligibility determination in a timely manner; and
- Notify the responsible party or individual in writing of the determination and basis for determination.

An individual deemed eligible for financial assistance will be notified in writing of a favorable determination. The notice will include the following:

- Date on which services were requested;
- Date on which determination was made;
- Income of applicant; and
- Dollar amount or percentage thereof to be allocated for financial assistance.

In accordance with Internal Revenue Code Section 501(r) St. Luke's University Health Network will also:

- Provide a billing statement indicating the amount the FAP-eligible individual owes, how that amount was determined and how information pertaining to AGB may be obtained, if applicable;
- Refund any excess payments made by the individual; and
- Work with third parties acting on their behalf to take all reasonable available measures to reverse any ECAs previously taken against the patient to collect the debt.

When a request for financial assistance is denied, the applicant shall be notified in writing. If the patient cannot pay the total bill, St. Luke's University Health Network will discuss alternative payment arrangements.

V. Method for Widely Publicizing Financial Assistance

The following measures are used to publicize this policy to our community and patients. Communication will be written in consumer-friendly terminology and in languages that patients can understand. St. Luke's University Health Network provides training to appropriate administrative and clinical staff that interact with patients about financial assistance availability, how to communicate that availability to patients, and how to direct patients to appropriate financial assistance staff.

The St. Luke's University Health Network FAP, Application(s) and Plain Language Summary ("PLS") are available in English and in the primary language of populations with limited proficiency in English ("LEP") that constitutes the lesser of 1,000 individuals or 5% of the community served by St. Luke's primary service area.

For the benefit of our patients the FAP, Application(s) and PLS are all available on-line at the following website: https://www.slhn.org/billpay/policies-and-procedures/financial-assistance-policies#

Paper copies of the FAP, Application(s) and the PLS are available upon request without charge by mail and are available within each hospital facility registration areas which include emergency rooms, admitting and registration departments, hospital-based clinics, and Patient Financial Services.

All patients will be offered a copy of the PLS as part of the intake/discharge process.

Signs and/or displays will be conspicuously posted in public hospital locations including the Emergency Department and Admissions/Registration Departments that notify and inform patients about the availability of financial assistance.

Through its communication department, St. Luke's University Health Network will also make reasonable efforts to inform members of the community about the availability of financial assistance.

Referral of patients' financial assistance can be made by a member of the hospital staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains and religious sponsors.

VI. Billing and Collection

St. Luke's University Health Network management shall develop policies and procedures for internal and external collection practices that consider the extent to which the patient qualifies for financial assistance, a patient's good faith effort to apply for a governmental program or financial assistance from St. Luke's University Health Network and a patient's good faith effort to comply with his or her payment agreements with St. Luke's.

St. Luke's University Health Network may offer extended payment plans to patients who are cooperating in good faith to resolve their hospital bills.

St. Luke's University Health Network will not engage in any actions that discourage individuals from seeking emergency medical care, such as by demanding the emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities in the emergency department or other areas where such activities could interfere with the provision of emergency care on a nondiscriminatory basis.

Internal Revenue Service Code Section 501(r)(6):

St. Luke's University Health Network does not engage in any ECAs as defined by Internal Revenue Code Section 501(r)(6) prior to the expiration of the "Notification Period." The Notification Period is defined as a 120-day period or greater, which begins on the date of the 1st post-discharge billing statement, in which no ECAs may be initiated against the patient.

Subsequent to the Notification Period St. Luke's University Health Network, or any third parties acting on its behalf, may initiate the following ECAs against a patient for an unpaid balance if a FAP-eligibility determination has not been made or if an individual is ineligible for financial assistance. St. Luke's University Health Network may authorize third parties to report adverse information about the individual to consumer credit reporting agencies or credit bureaus on delinquent patient accounts after the Notification Period.

St. Luke's University Health Network will ensure reasonable efforts have been taken to determine whether an individual is eligible for financial assistance under this FAP and will take the following actions at least 30 days prior to initiating any ECA:

1. The patient will be provided with written notice which:
    a) Indicates that financial assistance is available for eligible patients;
    b) Identifies the ECA(s) that St. Luke's University Health Network intends to initiate to obtain payment for the care; and
    c) States a deadline after which such ECAs may be initiated.

2. The patient has received a copy of the PLS with this written; and

3. Make reasonable efforts to orally notify the individual about the FAP and how the individual may obtain assistance with the financial assistance Application process.

Regulatory Requirements:

In implementing this FAP, St. Luke's University Health management shall comply with all other federal, state and local laws, rules and regulations that may apply to activities conducted.

VII. Attachments:

Appendix A – Provider Listing
Appendix B – Federal Poverty Level
Appendix C – Application
Appendix D - Notification

VIII. References:

N/A

IX. Policy Responsibility:

St. Luke's University Health Network	VP Corporate Revenue Cycle	Lead Preparer

X. Disclaimer Statement:

This policy and procedure is intended to provide a description of a course of action to comply with legal requirements and/or operational standards. There may be specific circumstances not contemplated by this policy and procedure that may make compliance either unclear or inappropriate. For advice in these circumstances, consult with your Chain of Command, Administrator on Call, Clinical Risk Management, Legal Services, Accreditation and Standards, or Compliance Officer, as appropriate.

XI. Approval:

VP Corporate Revenue Cycle annually.