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Purpose: To provide resolution to financial issues that may prevent patients from seeking or receiving care.

Policy: Patient assistance will be considered for those individuals who are unable to pay for their care at St. Peter's Health (SPH). Eligibility is based on a determination of financial need in accordance with this Policy. Eligibility does not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation. Patient assistance is secondary to all other financial resources available.

Persons Affected:

1. Finance department staff

Definitions:

1. **Patient Assistance:** Healthcare services that have or will be provided but are not expected to be paid. Patient assistance results from SPH's policy to provide healthcare services free or at a discount to individuals who meet this policy's criteria.
2. **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. Dependents are defined by Internal Revenue Service rules.
3. **Family Income:** Family Income is determined using the Census Bureau definition which uses the following income when computing federal poverty guidelines:
 - a. Includes earnings, unemployment compensation, workers' 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, and other miscellaneous sources;
 - b. Noncash benefits (such as food stamps and housing subsidies) do not count;



- c. Determined on a before-tax basis; and
 - d. If a person lives with a family, includes the income of all family members (Non-relatives, such as housemates, do not count).
- 4. Uninsured: The patient has no level of insurance or third-party assistance to aid with meeting his/her payment obligations.
- 5. Underinsured: The patient has some level of insurance but still has out-of-pocket expenses that exceed his/her financial abilities.

Procedure:

- 1. Patient Assistance Guidelines:
 - a. Services eligible under this Policy will be made available to the patient on a sliding fee scale as described in this section.
 - i. Patients whose family income is at or below 275% of the Federal Poverty Level (FPL) are eligible to receive free care.
 - ii. Patients whose family income is above 275% but not more than 350% of the FPL are eligible to receive a discount of 60% of their account balance. This discount approximates the percentage the amount billed to Medicare.
 - iii. SPH will limit the amount of medical debt that a patient can incur in a 12 month period to 25% of household income. Medical debt includes all medical costs for which SPH's billing office is responsible to bill.
 - b. Once the patient is determined to qualify for financial assistance, they will not be responsible for paying more for Emergency Care or Other Medically Necessary Care than the Amounts Generally Billed (AGB) to individuals who have insurance covering that same care.
 - i. Discounts have been established in a manner intended to comply with applicable Federal law, which prohibits the Hospital from billing a patient eligible for financial assistance more than the amounts generally billed ("AGB") by the Hospital to patients with third-party coverage, calculated in this case using the look-back method, considering amounts allowed by Medicare and commercial payors during a prior 12-month measurement period.
 - ii. The AGB is calculated to be 50.3% according to this method.
 - c. Emergency Care and Other Medically Necessary Care will be provided to patients regardless of ability to pay.
- 2. Determination of Financial Need:
 - a. Financial need will be determined in accordance with procedures that involve an assessment of financial need; and may:
 - i. Include an application process, in which the patient or the patient's guarantor are required to cooperate and supply information and documentation relevant to making a determination of financial need;
 - ii. Include reasonable efforts by SPH to explore alternative sources of payment and coverage from public and private payment programs and to assist patients to apply for such programs;
 - b. The need for assistance shall be re-evaluated at annual intervals.
 - c. Requests for patient assistance shall be processed promptly.
 - i. A note will be entered into the patient's account to highlight that a patient assistance application is pending.
- 3. Eligible Services:
 - a. This policy applies to SPH facility charges and charges from providers employed by SPH, except that charges associated with cosmetic services are not eligible for patient assistance.

- b. For a complete list of providers employed by SPH, please visit <https://www.sphealth.org/doctors>
- Employed providers are designated as a “Member of St. Peter’s Health Medical Group” and a green star.
- 4. Presumptive Financial Assistance Eligibility:
 - a. There are instances when a patient may appear eligible for discounts, but there is no financial assistance form on file.
 - i. Often there is adequate information to determine a need for assistance.
 - ii. Patients that are homeless or deceased with no estate may be presumed to be eligible for patient assistance without the completion of an application.
- 5. Communication of the Patient Assistance Program to Patients and the Public:
 - a. Notification about financial assistance from SPH shall be communicated by various means:
 - i. These may include the publication of notices in patient bills and by posting notices in public places that SPH may elect.
 - ii. This policy will also be posted on SPH’s website.
 - iii. Referral of patients for financial assistance may be made by any member of SPH’s staff or medical staff.
 - iv. A request for patient assistance may be made by the patient, a family member, or friend of the patient.

References:

IRS Publication 501, Dependents; [Publication 501 \(2022\), Dependents, Standard Deduction, and Filing Information | Internal Revenue Service \(irs.gov\)](#)