

EVANSVILLE ENDOSCOPY SURGERY CENTER, LLC

FINANCIAL ASSISTANCE POLICY

[Last updated 8-10-2023]

Policy/Principles

It is the policy of Evansville Endoscopy Surgery Center, LLC (the “Center”) to ensure a socially just practice for providing medically necessary care at the Center. This policy is specifically designed to address the financial assistance eligibility for patients who are unable to pay his or her bill at the Center and are determined, in accordance with this policy, to be in need of financial assistance and receive care from the Center.

1. All financial assistance will reflect our commitment to and reverence for individual human dignity and the common good, our special concern for and solidarity with persons living in poverty and other vulnerable persons, and our commitment to distributive justice and stewardship.
2. This policy applies to all Medically Necessary Care provided by the Center.

Definitions

For the purposes of this Policy, the following definitions apply:

1. “**501(c)(3)**” means Section 501(c)(3) of the Internal Revenue Code and the regulations promulgated thereunder.
2. “**Amount Generally Billed**” or “**AGB**” means the amounts generally billed for Medically Necessary Care to patients who have health insurance. AGB percentages are calculated using the “look-back” method and including Medicare fee-for-service and all private health insurers that pay claims to the Center, all in accordance with 501(c)(3).
3. “**Medically Necessary Care**” means those health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine or that satisfy the requirements for coverage under the state’s Medicaid Provider Manual. Cosmetic services and other elective procedures and services which are not medically necessary are not eligible for financial assistance.
4. “**Patient**” means those persons who receives medical care at the Center and the person who is financially responsible for the care of the patient.

Financial Assistance Provided

Any uninsured or insured patient whose family gross income is less than 400% of the current federal poverty level (FPL) and is unable to pay his or her bill to the Center shall be considered eligible for financial assistance. Full or partial assistance is based on the criteria outlined below:

1. Subject to the other provisions of this Financial Assistance Policy, Patients with gross

income less than or equal to 250% of the Federal Poverty Level income (“FPL”), will be eligible for 100% charity care on that portion of the charges for services for which the Patient is responsible following payment by an insurer, if any, if such Patient determined to be eligible pursuant to presumptive scoring (described in Paragraph 5 below) or submits a financial assistance application (an “Application”) on or prior to the 240th day after the Patient’s first discharge bill and the Application is approved by the Center.

Patient will be eligible for up to 100% financial assistance if Patient submits the Application after the 240th day after the Patient’s first discharge bill, but then the amount of financial assistance available to a Patient in this category is limited to Patient’s unpaid balance after taking into account any payments made on Patient’s account. A Patient eligible for this category of financial assistance will not be charged more than the calculated AGB charges.

2. Subject to the other provisions of this Financial Assistance Policy, Patients with gross incomes above 250% of the FPL but not exceeding 400% of the FPL, will receive a sliding scale discount on that portion of the charges for services provided for which the Patient is responsible following payment by an insurer, if any, if such Patient submits an Application on or prior to the 240th day after the Patient’s first discharge bill and the Application is approved by the Center.

Patient will be eligible for the sliding scale discount financial assistance if Patient submits the Application after the 240th day after the Patient’s first discharge bill, but then the amount of financial assistance available to a Patient in this category is limited to Patient’s unpaid balance after taking into account any payments made on Patient’s account. A Patient eligible for this category of financial assistance will not be charged more than the calculated AGB charges. The sliding scale discount is as follows:

Income*	Discount
≤ 250%	100%
251% to 300%	85%
301% - 350%	70%
351% to 400%	57% *
*as a percentage of Federal Poverty Level	

3. Subject to the other provisions of this Financial Assistance Policy, a Patient with gross income greater than 400% of the FPL may be eligible for financial assistance under a “Means Test” for some discount of Patient’s charges for services from the Center based on a Patient’s total medical debt. A Patient will be eligible for financial assistance pursuant to the Means Test if the Patient has excessive total medical debt, which includes medical debt to the Center and any other health care provider, for Medically Necessary Care, that is equal to or greater than such Patient’s household’s gross income.

The level of financial assistance provided pursuant to the Means Test is the same as is

granted to a patient with gross income at 400% of the FPL under Paragraph 2 above, if such Patient submits an Application on or prior to the 240th day after the Patient’s first discharge bill and the Application is approved by the Center. Patient will be eligible for the means test discount financial assistance if such Patient submits the Application after the 240th day after the Patient’s first discharge bill, but then the amount of financial assistance available to a Patient in this category is limited to Patient’s unpaid balance after taking into account any payments made on Patient’s account. A Patient eligible for this category of financial assistance will not be charged more than the calculated AGB charges.

4. A Patient may not be eligible for the financial assistance described in Paragraphs 1 through 3 above if such Patient is deemed to have sufficient assets to pay pursuant to an “Asset Test.” The Asset Test involves a substantive assessment of a Patient’s ability to pay based on the categories of assets measured in the FAP Application. A Patient with such assets that exceed 250% of such Patient’s FPL amount may not be eligible for financial assistance.
5. Eligibility for financial assistance may be determined at any point in the revenue cycle and may include the use of presumptive scoring for a Patient with a sufficient unpaid balance within the first 240 days after the Patient’s first discharge bill to determine eligibility for 100% charity care notwithstanding Patient’s failure to complete a financial assistance application (“FAP Application”). If Patient is granted 100% charity care without submitting a completed FAP Application and via presumptive scoring only, the amount of financial assistance for which Patient is eligible is limited to Patient’s unpaid balance after taking into account any payments made on Patient’s account. A determination of eligibility based on presumptive scoring only applies to the episode of care for which the presumptive scoring is conducted.
6. For a Patient that participates in certain insurance plans that deem the Center to be “out-of-network,” the Center may reduce or deny the financial assistance that would otherwise be available to Patient based upon a review of Patient’s insurance information and other pertinent facts and circumstances.
7. The Patient may appeal any denial of eligibility for Financial Assistance by providing additional information to the Center within fourteen (14) calendar days of receipt of notification of denial. All appeals will be reviewed by the Center for a final determination. If the final determination affirms the previous denial of Financial Assistance, written notification will be sent to Patient. The process for Patients and families to appeal the Center’s decisions regarding eligibility for financial assistance is as follows:

Step	Description	Who Performs
1	Submits the appeal, which must include an explanation of the Patient’s dispute and rationale for reconsideration.	Patient

2	Reviews the Patient's appeal and considers all written statements of dispute and any attached documentation. Provides the Patient with a written explanation of findings and determination within 30 days of receipt of the written appeal.	Center Director of Revenue Cycle Services
3	In the event that the Patient believes the dispute remains after consideration by the Director of Revenue Cycle Services, the Patient may submit a written request for reconsideration.	Patient
4	Reviews the patient's written appeal and documentation, as well as the findings of the Director of Revenue Cycle Services. Makes a determination and provides a written explanation of findings to the Patient.	Center's Financial Assistance Appeals Committee

Other Assistance for Patients Not Eligible for Financial Assistance

Patients who are not eligible for financial assistance, as described above, still may qualify for other types of assistance offered by the Center, although they are not need-based and are not intended to be subject to 501(c)(3). Uninsured Patients who are not eligible for financial assistance will be provided a discount based on the discount provided to the highest-paying payor of the Center. The highest paying payor must account for at least 3% of the Center's population as measured by volume or gross patient revenues. If a single payor does not account for this minimum level of volume, more than one payor contract should be averaged such that the payment terms that are used for averaging account for at least 3% of the volume of the Center's business for that given year.

Limitations on Charges for Patients Eligible for Financial Assistance

Patients eligible for Financial Assistance will not be charged individually more than AGB for Medically Necessary Care and not more than gross charges for all other medical care. The Center calculates one or more AGB percentages using the "look-back" method and including Medicare fee-for-service and all private health insurers that pay claims to the Center, all in accordance with 501(c)(3). A free copy of the AGB calculation description and percentage(s) may be obtained on the Center's website or by contacting [ASC Contact] at [phone number].

Applying for Financial Assistance and Other Assistance

A Patient may qualify for financial assistance through presumptive scoring eligibility or by applying for financial assistance by submitting a completed FAP Application. The FAP Application and FAP Application Instructions are available on the Center's website or by contacting [ASC Contact] at [phone number]. The Center will require the uninsured to work with a financial counselor to apply for Medicaid or other public assistance programs for which the patient is deemed to be potentially eligible in order to qualify for financial assistance (except where eligible and approved via presumptive scoring).

A Patient may be denied financial assistance if the Patient provides false information on a FAP Application or in connection with the presumptive scoring eligibility process, if the patient refuses to assign insurance proceeds or the right to be paid directly by an insurance company that may be obligated to pay for the care provided, or if the patient refuses to work with a financial counselor to apply for Medicaid or other public assistance programs for which the patient is deemed to be potentially eligible in order to qualify for financial assistance (except where eligible and approved via presumptive scoring). The Center may consider a FAP Application completed less than six months prior to any eligibility determination date in making a determination about eligibility for a current episode of care. The Center will not consider a FAP Application completed more than six months prior to any eligibility determination date.

Billing and Collections

The actions that the Center may take in the event of nonpayment are described in a separate billing and collections policy. A copy of the billing and collections policy may be obtained on the Center's website or by contacting the Billing Department at 812-469-3283.

Interpretation

This policy, together with all applicable procedures, is intended to comply with and shall be interpreted and applied in accordance with 501(c)(3) except where specifically indicated.

EVANSVILLE ENDOSCOPY SURGERY CENTER, LLC

AMOUNT GENERALLY BILLED CALCULATION

[Last Updated 8-10-2023]

[Use the following language if the Center is calculating on aggregate AGB percentage.]

Evansville Endoscopy Surgery Center, LLC calculates one AGB percentage using the “look-back” method and including Medicare fee-for-service and all private health insurers that pay claims to the Center, all in accordance with **[IRS Reg. Sec. 1.501(r)-5(b)(3), 1.501(r)-5(b)(3)(ii)(B) and 1.501(r)-5(b)(3)(iii)]**. The details of the calculation and AGB percentage are described below.

The AGB percentage for Evansville Endoscopy Surgery Center, LLC is as follows:

AGB: 43%

This AGB percentage is calculated by dividing the sum of the amounts of all of the ambulatory surgery center facility’s claims for Medically Necessary Care that have been allowed by Medicare fee-for-service and all private health insurers that pay claims to Evansville Endoscopy Surgery Center, LLC by the sum of the associated gross charges for those claims. The only claims that are utilized for purposes of determining the AGB are those that were allowed by a health insurer during the 12-month period prior to the AGB calculation (rather than those claims that relate to care provided during the prior twelve (12) months).

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Summary of Financial Assistance Policy

Evansville Endoscopy Surgery Center, LLC has a commitment to and respect for each person's dignity with a special concern for those who struggle with barriers to access healthcare services. Evansville Endoscopy Surgery Center, LLC has a commitment to manage its healthcare resources as a service to the entire community. In furtherance of these principles, Evansville Endoscopy Surgery Center, LLC provides financial assistance for certain individuals who receive medical care from Evansville Endoscopy Surgery Center, LLC. This summary provides a brief overview of Evansville Endoscopy Surgery Center, LLC's Financial Assistance Policy.

Who Is Eligible?

Financial assistance is generally determined by your total household income as compared to the Federal Poverty Level. If your income is less than or equal to 250% of the Federal Poverty Level, you may receive a 100% charity care write-off on the portion of the charges for which you are responsible. If your income is above 250% of the Federal Poverty Level but does not exceed 400% of the Federal Poverty Level, you may receive discounted rates on a sliding scale. If you have medical debt for Medically Necessary Care that exceeds your income, you may be eligible for a discount. If you have assets in excess of 250% of your Federal Poverty Level income amount you may not qualify for financial assistance. Patients who are eligible for financial assistance will not be charged more for eligible care than the amounts generally billed to patients with insurance coverage.

What Services Are Covered?

The Financial Assistance Policy applies to Medically Necessary Care. These terms are defined in the Financial Assistance Policy. All other care is not covered by the Financial Assistance Policy.

How Can I Apply?

To apply for financial assistance, you will complete a written application and provide supporting documentation, as described in the Financial Assistance Policy and the Financial Assistance Policy application.

How Can I Get Help with an Application?

For help with a Financial Assistance Policy application, you may contact the Billing Department at 812-469-3283.

How Can I Get More Information?

For copies of or additional information on the Financial Assistance Policy and Financial Assistance Policy application contact the Billing Department at 812-469-3283. Copies of the policies are also available at **www.dcevv.com**.

What If I Am Not Eligible?

If you do not qualify for financial assistance under the Financial Assistance Policy, you may qualify for other types of assistance. For more information, please contact the Billing Department at 812-469-3283.

Translations of the Financial Assistance Policy, the Financial Assistance Policy application and instructions, and this plain language summary will be printed in English and Spanish.