

Ascension St. Vincent

BILLING AND COLLECTION POLICY

10/01/20

POLICY/PRINCIPLES

It is the policy of Carmel Ambulatory Surgery Center, LLC (the “Organization”) to ensure a socially just practice for providing emergency and other medically necessary care at the Organization pursuant to its Financial Assistance Policy (or “FAP”). This Billing and Collection Policy is specifically designed to address the billing and collection practices for Patients who are in need of financial assistance and receive care at the Organization.

All billing and collection practices 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. The Organization’s employees and agents shall behave in a manner that reflects the policies and values of a Catholic-sponsored facility, including treating Patients and their families with dignity, respect and compassion.

This Billing and Collection Policy applies to all emergency and other medically necessary care provided by the Organization, including employed physician services and behavioral health. This Billing and Collection Policy does not apply to payment arrangements for care that is not “emergency” and other “medically necessary care” (as those terms are defined in the Organization’s FAP).

DEFINITIONS

1. “501(r)” means Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder.
2. “Extraordinary Collections Actions” or “ECAs” means any of the following collection activities that are subject to restrictions under 501(r):
 - a. Selling a Patient’s debt to another party, unless the purchaser is subjected to certain restrictions as described below.
 - b. Reporting adverse information about the Patient to consumer credit reporting agencies or credit bureaus.
 - c. Deferring or denying, or requiring a payment before providing, medically necessary care because of a Patient’s nonpayment of one or more bills for previously provided care covered under the FAP.
 - d. Actions that require legal or judicial process, except for claims filed in a bankruptcy or personal injury proceeding. These actions include, but are not limited to,
 - i. placing a lien on the Patient’s property,
 - ii. foreclosing on a Patient’s property,

- iii. placing a levy against or otherwise attaching or seizing a Patient's bank account or other personal property,
- iv. commencing a civil action against a Patient, and
- v. garnishing a Patient's wages.

An ECA does not include any of the following (even if the criteria for an ECA as set forth above are otherwise generally met):

- a. the sale of a Patient's debt if, prior to the sale, a legally binding written agreement exists with the purchaser of the debt pursuant to which
 - i. the purchaser is prohibited from engaging in any ECAs to obtain payment for the care;
 - ii. the purchaser is prohibited from charging interest on the debt in excess of the rate in effect under section 6621(a)(2) of the Internal Revenue Code at the time the debt is sold (or such other interest rate set by notice or other guidance published in the Internal Revenue Bulletin);
 - iii. the debt is returnable to or recallable by the Organization upon a determination by the Organization or the purchaser that the Patient is eligible for Financial Assistance; and
 - iv. the purchaser is required to adhere to procedures specified in the agreement that ensure that the Patient does not pay, and has no obligation to pay, the purchaser and the Organization together more than he or she is personally responsible for paying pursuant to the FAP if the Patient is determined to be eligible for Financial Assistance and the debt is not returned to or recalled by the Organization;
 - b. any lien that the Organization is entitled to assert under state law on the proceeds of a judgment, settlement, or compromise owed to a Patient as a result of personal injuries for which the Organization provided care; or
 - c. the filing of a claim in any bankruptcy proceeding.
3. **"FAP"** means the Organization's Financial Assistance Policy, which is a policy to provide Financial Assistance to eligible Patients in furtherance of the Organization's and Ascension Health's mission and in compliance with 501(r).
4. **"FAP Application"** means the application for Financial Assistance.
5. **"Financial Assistance"** means the assistance the Organization may provide to a Patient pursuant to the Organization's FAP.
6. **"Organization"** means *Carmel Ambulatory Surgery Center, LLC*. To request additional information, submit questions or comments, or submit an appeal, you may contact the office listed below or as listed in any applicable notice or communication you receive from the Organization:

Ascension St. Vincent
Vice President of Revenue Cycle
2001 W 86th St.
Indianapolis, IN 46260

7. **“Patient”** means an individual receiving care (or who has received care) from the Organization and any other person financially responsible for such care (including family members and guardians).

BILLING AND COLLECTION PRACTICES

The Organization maintains an orderly process for regularly issuing billing statements to Patients for services rendered and for communicating with Patients. In the event of nonpayment by a Patient for services provided by the Organization, the Organization may engage in actions to obtain payment, including, but not limited to, attempts to communicate by telephone, email, and in-person, and one or more ECAs, subject to the provisions and restrictions contained in this Billing and Collection Policy. The Revenue Cycle Department has final authority to determine that the Organization has made reasonable efforts to determine financial assistance eligibility and that the Organization may engage in ECAs.

Pursuant to 501(r), this Billing and Collection Policy identifies the reasonable efforts the Organization must undertake to determine whether a Patient is eligible under its FAP for Financial Assistance before it engages in an extraordinary collection action, or ECA. Once a determination is made, the Organization may proceed with one or more ECAs, as described herein.

1. **FAP Application Processing.** Except as provided below, a Patient may submit a FAP Application at any time with respect to emergency and other medically necessary care received from the Organization. Determinations of eligibility for Financial Assistance will be processed based on the following general categories.
 - a. **Complete FAP Applications.** In the case of a Patient who submits a complete FAP Application, the Organization shall, in a timely manner, suspend any ECAs to obtain payment for the care, make an eligibility determination, and provide written notification, as provided below.
 - b. **Presumptive Eligibility Determinations.** If a Patient is presumptively determined to be eligible for less than the most generous assistance available under the FAP, the Organization will notify the Patient of the basis for the determination and give the Patient a reasonable period of time to apply for more generous assistance before initiating an ECA.
 - c. **Notice and Process Where No Application Submitted.** Unless a complete FAP Application is submitted or eligibility is determined under the presumptive eligibility criteria of the FAP, the Organization will refrain from initiating ECAs for at least 120 days from the date the first post-discharge billing statement for the care is sent to the Patient. In the case of multiple episodes of care, these notification provisions may be aggregated, in which case the timeframes would be based on the most recent episode of care included in the aggregation. Before initiating one (1) or more ECA(s) to obtain payment for care from a Patient who has not submitted a FAP Application, the Organization shall take the following actions:
 - i. Provide the Patient with a written notice that indicates Financial Assistance is available for eligible Patients, identifies the ECA(s) that are intended to be taken to obtain payment for the care, and states a deadline after which such ECA(s) may be initiated that is no earlier than 30 days after the date the written notice is provided;
 - ii. Provide the Patient with the plain language summary of the FAP; and

bad debt collection agency or other service provider for processing bad debt accounts, and such agencies or service providers shall comply with the provisions of 501(r) applicable to third parties.

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"**Out-of-network**" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called "**balance billing**." This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

"**Surprise billing**" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

You're protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're **never** required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.

Your right to request a good faith estimate for nonemergency health care services under Indiana and Federal law.

In Indiana, a patient may ask for an estimate of the amount the patient will be charged for a nonemergency medical service provided. Federal law requires that we provide a good faith estimate within 3 business days of your request, or within 1 or 3 business days of scheduling depending on the date services are to be provided.

When balance billing isn't allowed, you also have these protections:

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- Generally, your health plan must:
 - Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your in network deductible and out-of-pocket limit.

If you think you've been wrongly billed, you may contact the Indiana Professional Licensing Agency and/or the Department of Insurance to file a complaint:

- For complaints against your provider: <https://www.in.gov/pla/file-a-complaint/>.
- For complaints against your health plan: <https://www.in.gov/idoi/consumer-services/file-a-insurance-company-complaint/>.

Visit <https://www.cms.gov/nosurprises/consumers> or dial 1-800-985-3059 for more information about your rights under federal law.



**Ascension
St. Vincent**

Ascension St. Vincent

Endoscopy Center

Summary of Financial Assistance Policy

Ascension St. Vincent, including the health ministries listed above, have a commitment to and respect for each person's dignity with a special concern for those who struggle with barriers to access healthcare services. Ascension St. Vincent has an equal commitment to manage its healthcare resources as a service to the entire community. In furtherance of these principles, Ascension St. Vincent provides financial assistance for certain individuals who receive emergency or other medically necessary care from Ascension St. Vincent. This summary provides a brief overview of Ascension St. Vincent's Financial Assistance Policy.

Who Is Eligible?

You may be able to get financial assistance if you live in Carmel Ambulatory Surgery Center, LLC primary service area, although not exclusive to, which is Hamilton County in Central Indiana. 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 emergency and 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 emergency and other 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 typically will complete a written application and provide supporting documentation, as described in the Financial Assistance Policy and the Financial Assistance Policy application. Both Application and supporting documentation should be returned to the Ascension St. Vincent Carmel, Financial Counseling, Entrance One/Main or mailed to Ascension St. Vincent, PFS Dept/Self Pay Team/Confidential, PO Box 40970, Indianapolis, IN 46260-0970.

How Can I Get Help with an Application?

For help with a Financial Assistance Policy application, you may contact Ascension St. Vincent Carmel, Financial Counseling, Entrance One/Main Registration or by phone at 317-582-7154 or 317-582-7155 or 317-582-7749.

How Can I Get More Information?

Copies of the Financial Assistance Policy and Financial Assistance Policy application form are available at <https://healthcare.ascension.org/Financial-Assistance/Indiana> and at all patient registration departments. Free copies of the Financial Assistance Policy and Financial Assistance Policy application also can be obtained by mail by calling Customer Service toll free ph# 866-435-2078. Additional information about the Financial Assistance Policy also is available at Ascension St. Vincent Carmel, Financial Counseling, Entrance One/Main Registration or by phone at 317-582-7154 or 317-582-7155 or 317-582-7749.

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 Ascension St. Vincent Carmel, Financial Counseling, Entrance One/Main Registration or by phone at 317-582-7154 or 317-582-7155 or 317-582-7749.

Translations of the Financial Assistance Policy, the Financial Assistance Policy application and instructions, and this plain language summary are available in the following languages on our website and upon request: Spanish, French, Chinese and Arabic

ENDOSCOPY CENTER - INDIANA LIMITED ENGLISH PROFICIENCY ASSISTANCE

ENGLISH

Endoscopy Center complies with applicable Federal Civil Rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Attention: If you speak Limited English, language assistance services, free of charge, are available to you.

SPANISH

Endoscopy Center cumple con las leyes federales de derechos civiles aplicables y no discrimina en base a raza, color, origen nacional, edad, discapacidad o sexo.

Atención: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición.

CHINESE

內鏡檢查中心符合適用的聯邦民權法律，不會根據種族，膚色，國籍，年齡，殘疾或性別進行歧視。

注意：如果您說中文，免費提供語言援助服務。

GERMAN

Das Endoskopiezentrum entspricht den geltenden Bundesrechtsgesetzen und unterscheidet nicht auf der Grundlage von Rasse, Farbe, nationaler Herkunft, Alter, Behinderung oder Geschlecht.

Achtung: Wenn Sie sprechen deutsch, stehen Ihnen sprachliche Hilfeservices kostenlos zur Verfügung.

PENNSYLVANIA DUTCH

Das Endoskopiezentrum erfüllt den geltenden Bundesrechtsgesetzen und diskriminiert nicht auf der Grundlage von Rasse, Farbe, nationaler Herkunft, Alter, Behinderung oder Geschlecht.

Achtung: Wenn Sie Burmese sprechen, stehen Ihnen sprachliche Hilfeservices kostenlos zur Verfügung.

MYANMAR (BURMESE)

အတွင်းအင်္ဂါရောဂါရှာဖွေစစ်ဆေးမှုဌာနသည် သက်ဆိုင်မှုရှိသော နိုင်ငံသားအခွင့်အရေးများဆိုင်ရာ ဖယ်ဒရယ်စည်းမျဉ်း ဥပဒေများကို လိုက်နာပြီး လူမျိုး၊ အသားရောင်၊ ပင်မနိုင်ငံသား၊ အသက်၊ မသန်စွမ်းမှု သို့မဟုတ် ကျား၊ မ၊ စသည်တို့အပေါ် မခွဲခြားပါ။

သတိပြုရန်။ သင်မြန်မာစကားပြောပါက သင့်အတွက် ဘာသာစကား အကူအညီဝန်ဆောင်မှုများ အခမဲ့ရှိပါသည်။

ARABIC

Endoscopy Center يتوافق مع قوانين الحقوق المدنية الاتحادية المعمول بها ولا يميز على أساس العرق أو اللون أو الأصل القومي أو السن أو الإعاقة أو الجنس.

تنبيه: إذا كنت تتحدث العربية، خدمات مساعدة اللغة، مجاناً، متاحة لك.

KOREAN

Endoscopy Center 적용 가능한 연방 민권 법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별에 근거하여 차별하지 않습니다.

주의 : 한국어를 말할 때 무료로 언어 지원 서비스를 이용할 수 있습니다.

ENDOSCOPY CENTER - INDIANA LIMITED ENGLISH PROFICIENCY ASSISTANCE

VIETNAMESE

Trung tâm nội soi phù hợp với các luật về quyền công dân liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, tuổi tác, tình trạng khuyết tật hoặc giới tính.

Chú ý: Nếu bạn nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn.

FRENCH

Le Centre d'endoscopie est conforme aux lois fédérales sur les droits civils applicables et ne fait pas de discrimination fondée sur la race, la couleur, l'origine nationale, l'âge, le handicap ou le sexe.

Attention: si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition.

JAPANESE

内視鏡センターは適用される連邦民権法を遵守し、人種、色、国籍、年齢、身体障害または性別に基づいて差別を受けません。

注意：日本語を話す場合は、無料の言語支援サービスを利用できます。

DUTCH

Endoscopy Center voldoet aan de toepasselijke federale burgerrechtenwetgeving en discrimineert niet op basis van ras, kleur, nationale herkomst, leeftijd, handicap of seks.

Opgelet: Als u spreekt, zijn er gratis gratis taalassistentiensten beschikbaar.

TAPALOG

Sumusunod ang Endoscopy Center sa mga naaangkop na Pederal na batas sa karapatang sibil at hindi nandiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan o kasarian.

PAUNAWA : Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

RUSSIAN

Центр эндоскопии соответствует применимым законам о федеральных гражданских правах и не допускает дискриминации по признаку расы, цвета кожи, национального происхождения, возраста, инвалидности или пола.

Внимание: если вы говорите по-русски, бесплатные услуги по языковой поддержке доступны вам..

PUNJABI

ਐਂਡੋਸਕੋਪੀ ਸੈਂਟਰ ਲਾਗੂ ਹੋਣ ਵਾਲੇ ਸੰਘੀ ਸ਼ਹਿਰੀ ਹੱਕਾਂ ਦੇ ਨਿਯਮਾਂ ਦੀ ਪਾਲਣਾ ਕਰਦਾ ਹੈ ਅਤੇ ਨਸਲ, ਰੰਗ, ਰਾਸ਼ਟਰੀ ਮੂਲ, ਉਮਰ, ਅਪੰਗਤਾ ਜਾਂ ਲਿੰਗ ਦੇ ਆਧਾਰ ਤੇ ਵਿਤਕਰਾ ਨਹੀਂ ਕਰਦਾ

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਮੁਫਤ, ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹਨ.

HINDI

एंडोस्कोपी केंद्र लागू संघीय नागरिक अधिकार कानूनों का अनुपालन करता है और नस्ल, रंग, राष्ट्रीय मूल, उम्र, विकलांगता या लिंग के आधार पर भेदभाव नहीं करता है।

ध्यान दें: यदि आप हिंदी बोलते हैं, तो मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।