

**DEACONESS HEALTH SYSTEM, INC.
Evansville, Indiana**

Policy and Procedure No. 30-04 S

**Date Reviewed: March 3, 2026
Revised: March 3, 2026**

FINANCIAL ASSISTANCE POLICY

I. SCOPE: This policy and procedure applies to the system entities in which Deaconess has at least 50% or greater ownership including but not limited to those marked below.

	Deaconess Health System, Inc.
X	Deaconess Hospital, Inc.
X	Deaconess Clinic, Inc.
X	Deaconess EMS, LLC
X	Deaconess Gibson Hospital (Gibson General Hospital, Inc.)
X	Deaconess Health Kentucky, Inc.
X	Deaconess Henderson Hospital (Methodist Health, Inc.)
X	Deaconess Specialty Physicians, Inc.
X	Deaconess Union County Hospital, Inc.
X	Deaconess Women’s Hospital of Southern Indiana, LLC d/b/a The Women’s Hospital
X	Deaconess Illinois Clinic, Inc
X	Deaconess Illinois Specialty Clinic, Inc.
X	Deaconess Kentucky Clinic, Inc.
X	Deaconess Kentucky Specialty Clinic, Inc
X	Deaconess Regional Healthcare Network Illinois, LLC
X	Deaconess VNA Plus, LLC
	DCI Commercial ACO, LLC
	Deaconess Health Plans, LLC
	Deaconess Care Integration, LLC
X	Healthcare Resource Solutions, LLC
X	Deaconess Memorial Medical Center, Inc.
X	Jennie Stuart Medical Center, Inc.
	Mainspring Managers, LLC
	One Care, LLC
	OrthoAlign, LLC
X	Progressive Health of Indiana, LLC
X	Transcare Medical Transport and Logistics, Inc. dba Deaconess EMS
X	Tri-State Radiation Oncology Centers, LLC
	Tri-State Healthcare Consultants, LLC
	VascMed, LLC

II. PURPOSE: This policy serves to establish and ensure a fair and consistent method for the review and completion of requests for charitable medical care to our patients in need. This Policy applies to all Deaconess Health System entities that provide healthcare items and services to patients as adopted by the applicable Boards of Directors and in accordance with the guidance provided by 501r requirements. This policy does not cover services rendered by individual providers. A listing of providers not covered by this policy is available at <https://www.deaconess.com/Pay-My-Bill/Financial-Assistance> and is updated annually. The list is available in writing upon request.

III. DEFINITIONS: For the purpose of this policy and the corresponding procedures, the following definitions apply:

Charity Care: Healthcare services that have been or will be provided but are never expected to result in cash inflows. Charity care results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

Medically Indigent: Any individual or family not classified as financially indigent who becomes so as a result of extensive medical conditions.

Uninsured: The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

Underinsured: The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities. This would include coinsurance, deductibles, and copay amounts.

Collect Ability Score: The number assigned to the probability of collecting \$50 or more within 12 months on patient balances. A score of 550 or higher indicates high probability of recovery.

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

Household Income: Is determined using the Census Bureau definition, which uses the following income sources: Earnings/wages, unemployment 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 sources. Excludes capital gains or losses and if a person lives with a family, includes the income of all family members who live together as part of a single family unit. A roomer or boarder is not included.

Fast Track Financial Assistance: For an Emergency Room patient, financial assistance can be awarded for the current visit only at the time of the visit. The Financial Assistance Application is completed with all information available at the time of the visit.

Assets: The value of Banking Accounts, C.D.'s, Real Estate, and Vehicles. (Supporting documentation is required.)

IV. POLICY: Deaconess Health System, Inc. is committed to providing charity care to persons who have healthcare needs and are uninsured, underinsured, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised, Deaconess Health System, Inc. strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Deaconess Health System, Inc. will provide, without discrimination, medically necessary care to individuals regardless of their eligibility for financial assistance or for government assistance. Deaconess Health System complies with applicable federal civil rights laws and does not discriminate in the provision of services to an individual based on the individual's race, color, national origin, age, disability, creed, religion, ethnicity, handicap, sex, gender identity, sexual orientation, source of payment (including Medicare, Medicaid, and CHIP), or inability to pay.

Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Deaconess Health System, Inc.'s procedures for obtaining charity or other forms

of payment or financial assistance, and to 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.

V. RESPONSIBILITIES: Responsibilities of staff are outlined in the below section.

VI. PROCEDURE:

- A.** For the purposes of this policy, “charity” or “financial assistance” refers to healthcare services provided by Deaconess Health System, Inc. without charge or at a discount to qualifying patients. The following healthcare services are eligible for charity:
1. Emergency medical services provided in an emergency room setting. Some patients will be required to apply for Fast Track Financial Assistance.
 2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual.
 3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting.
 4. Medically necessary services.
 5. Nonpaid services to a recipient of a Medicaid product.
 6. Charges for patients with coverage from an entity that does not have a contractual relationship with Deaconess.
- B.** If a patient is uninsured or underinsured, with an income above 200% and less than 350% of the current Federal Poverty Level and lacks assets to pay for the amount owed, the patient may qualify for our Financial Assistance Program. Uninsured patients, without any third-party liability coverage, automatically qualify for the standard uninsured discount. This discount is applied to total charges and reduces that amount owed to a comparable amount that is based on the general amount that would have been paid to the Health System by private health insurers and Medicare, including co-pays and deductibles, if the patient had been insured.
- C.** Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may
1. Include an application process, in which 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.
 2. 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. This is for those above 200% of the Federal Poverty Guidelines.
 3. Include reasonable efforts by Deaconess Health System, Inc. to explore appropriate alternative sources of payment and coverage from public and private payment programs and to assist patients to apply for such programs.

4. Take into account the patient's available assets and all other financial resources available to the patient.
 5. Patients that have insurance coverage through Faith Based Ministry programs or Amish/Mennonite are not granted financial assistance through this policy.
- D.** The determination for assistance may be done at any point in the collection cycle. The need for financial assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than eight months prior, or at any time additional information relevant to the eligibility of the patient for charity becomes known.
- E.** In the event there is no evidence to support a patient's eligibility for charity care, Deaconess Health System, Inc. could, for patients above 200% of the Federal Poverty Guidelines, use outside agencies in determining collectability scoring for the basis of determining charity care eligibility. Presumptive eligibility may also be determined on the basis of individual life circumstances that may include:
1. Homeless or received care from a homeless clinic
 2. Public Assistance eligibility
 3. Patient is deceased with no known estate
 - a. Balances due for deceased minors are excluded from receiving presumptive charity care. These balances will remain due.
 4. For all Medicaid Financial Class Payors effective 8/17/18, if a denial or edit for a non-covered Medicaid/HIP charge is received, that charge will be adjusted to charity,
- F.** Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination. The basis for the amounts Deaconess Health System, Inc. will charge patients qualifying for financial assistance is as follows:
1. Patients whose family income is at or below 200% of the FPL are eligible to receive free care.
 2. Patients whose family income is above 200% and up to 350% of the FPL are eligible to receive services at a discount rate.
 3. Patients whose family income exceeds 350% 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 Deaconess Health System, Inc.
- G.** In certain situations, it may be appropriate to grant a patient financial assistance even though the patient's financial situation does not satisfy the requirements set forth in this Policy. In these situations the Financial Assistance Application and other pertinent information may be reviewed by the Deaconess Financial Assistance Committee and a determination will be made as to the patient's eligibility for charity care.
- H.** Basis for Calculating Amounts charged to Patients

Deaconess utilizes the “look-back” method to determine the “amounts generally billed” (AGB) to individuals who have insurance covering Emergency or other Medically Necessary Care. The AGB is calculated annually and is based on the annual average reimbursement received from all commercial and private health insurers that pay claims to Deaconess and Medicare fee-for-service. Prior to October 1, 2025, the AGB percentage applicable discount for each facility discount was Deaconess Hospital: 69% discount off of billed charge, Deaconess Henderson Hospital: 71% discount off of billed charge, Deaconess Union County Hospital: 59% discount off of billed charge, Deaconess Gibson Hospital: 46% discount off of billed charge, and Deaconess Women’s Hospital: 43% discount off of billed charge. On October 1, 2025, the facility discount rates will change to the following.

- Deaconess Hospital: 67% discount off of billed charge.
- Deaconess Henderson Hospital: 70% discount off of billed charge
- Deaconess Union County Hospital: 53% discount off of billed charge.
- Deaconess Gibson Hospital: 47% discount off of billed charge.
- Deaconess Women’s Hospital: 41% discount off of billed charge.
- Deaconess Memorial Medical Center: 70% discount off of billed charge.
- Jennie Stuart Medical Center: 69% discount off of of billed charge.

The percentage was calculated using all claims allowed by Medicare and Commercial payors for both inpatient and outpatient services having discharge dates from August 1, 2024 to July 31, 2025.

VII. NON PAYMENT: The actions Deaconess may take in the event of nonpayment are described in a separate billing and collections policy, available at <https://www.deaconess.com/Pay-My-Bill/Financial-Assistance>.

VIII. AUTHORITY:

- A. Policy Owner:** Vice President and Chief Revenue Cycle Officer, HRS
- B. Coordinate With:** Manager of Internal Audit and the system P&P Committee. This policy has been approved by the Finance Committee of the Board of Directors.
- C.** This policy and procedure revises and rescinds Policy and procedure No. 30-04 S, dated October 1, 2025.

IX. REFERENCES: THIS SECTION INTENTIONALLY LEFT BLANK.