

EXHIBIT A

ST. VINCENT'S CHILTON FINANCIAL ASSISTANCE POLICY

Effective July 1, 2018

POLICY/PRINCIPLES

It is the policy of St. Vincent's Chilton (the "Organization") to ensure a socially just practice for providing emergency or other medically necessary care at the Organization's facilities. This policy is specifically designed to address the financial assistance eligibility for patients who are in need of financial assistance and receive care from the Organization.

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 emergency and other medically necessary services provided by the Organization, including employed physician services and behavioral health. This policy does not apply to payment arrangements for elective procedures or other care that is not emergency care or otherwise medically necessary.
3. The List of Providers Covered by the Financial Assistance Policy, attached, provides a list of any providers delivering care within the Organization's facilities that specifies which are covered by the financial assistance policy and which are not.

DEFINITIONS

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

- "**501(r)**" means Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder.
- "**Amount Generally Billed**" or "**AGB**" means, with respect to emergency or other medically necessary care, the amount generally billed to individuals who have insurance covering such care.
- "**Community**" means the St. Vincent's Health System eight county service area of Blount, Cullman, Jefferson, Shelby, St. Clair, Talladega, Walker and Chilton Counties.
- "**Emergency Care**" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in either: placing the health of the individual (or, with respect to a pregnant women, the health of the woman or her unborn child) in serious jeopardy, serious impairment/dysfunction to body functions or organs, with respect to a pregnant woman who is having contractions that there is inadequate time to effect a safe transfer to another Hospital before deliver or that the transfer may pose a threat to the health or safety of the pregnant woman or the unborn child.
- "**Medically Necessary Care**" means care that is determined to be medically necessary

following a determination of clinical merit by a licensed provider. In the event that care requested by a Patient covered by this policy is determined not to be medically necessary by a reviewing physician, that determination also must be confirmed by the admitting or referring physician.

- **“Organization”** means St. Vincent’s Chilton.
- **“Patient”** means those persons who receive emergency or medically necessary care at the Organization and the person who is financially responsible for the care of the patient.

Financial Assistance Provided

Financial assistance described in this section is limited to Patients that live in the Community:

1. Patients with income less than or equal to 250% of the Federal Poverty Level (“FPL”), will be eligible for 100% charity care write off on that portion of the charges for services for which the Patient is responsible following payment by an insurer, if any.
2. At a minimum, Patients with incomes above 250% of the FPL, but not exceeding 327% 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. A Patient eligible for the sliding scale discount will not be charged more than the calculated AGB charges. The sliding scale discount is as follows:

FINANCIAL ASSISTANCE (FAP) CHARITY GUIDELINES SLIDING SCALE	
Adjustment of Charges	Sliding Scale based on Federal Poverty Guidelines (FPL)
100%	250% or Greater of FPL Base
93%	251% - 289% of FPL Base
85%	290% - 327% of FPL Base

3. Patients with demonstrated financial needs with income greater than 327% of the FPL may be eligible for consideration under a “Means Test” for some discount of their charges for services from the Organization based on a substantive assessment of their ability to pay. A Patient who is not eligible for FAP under presumptive eligibility will be able to complete a FAP application for consideration of qualifying for Charity under the “Means Test”. The Means Test shall be applied in individual cases of hardship under particular circumstances of patients with income greater than the FPL base. A Patient eligible for the “Means Test” discount will not be charged more than the calculated AGB charges for the care provided.
4. For a Patient that participates in certain insurance plans that deem the Organization to be “out-of-network,” the Organization 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.
5. Eligibility for financial assistance may be determined at any point in the revenue cycle and may include the use of presumptive scoring to determine eligibility notwithstanding an applicant’s failure to complete a financial assistance application (“FAP Application”).

6. Eligibility for financial assistance must be determined for any balance for which the patient with financial need is responsible.
7. The process for Patients and families to appeal an Organization's decisions regarding eligibility for financial assistance is as follows:
 - a. Once, a Determination Letter has been received by the patient. A Letter of Appeal can be submitted to:

Director of Patient Access
St Vincent's Health System
c/o Carol L Jones
810 St Vincent's Drive
Birmingham, AL 35205

No particular form for the Letter of Appeal is required. The patient may submit such additional information, or make such additional arguments, as the patient deems appropriate for consideration.

- b. All appeals will be considered by the Organization's 100% charity care and financial assistance appeals committee, and decisions of the committee will be sent in writing to the Patient or family that filed the appeal.

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 Organization. In the interest of completeness, these other types of assistance are listed here, although they are not need-based and are not intended to be subject to 501(r) but are included here for the convenience of the community served by the Organization.

Uninsured Patients who are not eligible for financial assistance will be provided a discount based on the discount provided to the highest-paying payor for that Organization. The highest paying payor must account for at least 3% of the Organization'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 Organization'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 emergency and other medically necessary care and not more than gross charges for all other medical care. The Organization 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 Organization, all in accordance with 501(r). A free copy of the AGB calculation description and percentage(s) may be obtained by submitting a letter of request for AGB calculations to:

Director of Patient Access
St Vincent's Health System
c/o Carol Jones
810 St Vincent's Drive
Birmingham, AL 35205.

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. 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. The FAP Application and FAP Application Instructions are available by contacting the following:

- A St. Vincent's Health System facility Business Office
- A St. Vincent's Health System facility Cashier Office,
- Customer Service @ 877-202-0356;
- Email at (<mailto:stvhsfinancialassistance@stvhs.com>) or
- Information may be obtained at any registration point in A St. Vincent's Health System facility.

Billing and Collections

The actions that the Organization may take in the event of nonpayment are described in a separate billing and collections policy. A free copy of the billing and collections policy may be obtained by submitting a letter of request to:

Director of Patient Access,
St Vincent's Health System
c/o Carol Jones
810 St Vincent's Drive
Birmingham, AL 35205.

Interpretation

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

ST. VINCENT'S CHILTON
LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY

July 1, 2018

Per Reg. Sec. 1.504(r)-4(b)(1)(iii)(F) and Notice 2015-46, this list specifies which providers of emergency and medically necessary care delivered in the hospital facility are covered by the Financial Assistance Policy (FAP). Elective procedures and other care that is not emergency care or otherwise medically necessary are not covered by the FAP for any providers.

Below illustrates the list of covered and non-covered providers by FAP. Full lists will be available on line and in paper form upon request as indicated

<u>Providers covered by FAP</u>	<u>Providers not covered by FAP</u>																																																																																																																																																																																																
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Or at:

- <http://www.stvhs.com/financialpolicy.asp>
- Email at
stvhsfinancialassistance@stvhs.com

Malensek, Frank James M.D.
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McBrayer, John D. M.D.
McDaniel, Benjamin Glasglow M.D.
McKinney, Dahlia Hilario M.D.
McMullan, Daniel T. M.D.
Mehta, Neeraj M.D.
Millican, Dustin Lance M.D.
Monty, Christopher Andrew M.D.
Mullens, Mark Lee M.D.
Orender, Julie Elizabeth M.D.
Patel, Ajay Popatlal M.D.
Patel, Jayprakash Dahyabhaj M.D.
Phillips, Jonathan Gregory M.D.
Pitts, James Randall M.D.
Pretorius, E. Scott M.D.
Price, Jeffrey Frank M.D.
Rahim, Fazal M.D.
Ramasastry, Haritha M.D.
Rodriguez Barrantes, Jose Manuel M.D.
Rodriguez, Michael Gregory M.D.
Sartin, Ted W. M.D.
Sechrist, Tyler Wayne M.D.
Segrest, Jeff Hudson M.D.
Simmons, Donald R. M.D.
Simpson, Nicole Spencer M.D.
Southworth, Jonathan Peter DO
Stroud, Ronald S. M.D.
Sulzer, Jana Leigh M.D.
Sweeney, Gerald Anthony M.D.
Swillie, Connie Matthews M.D.
Turner, Margaret D. D.O.
Vance, Clifton Rodgers M.D.
Velazquez, Andrew M.D.
Warner, Jeffrey C. M.D.
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810 St Vincent's Drive
Birmingham, AL 35205

	<p>Or at:</p> <ul style="list-style-type: none">• http://www.stvhs.com/financialpolicy.asp• Email: stvhsfinancialassistance@stvhs.com
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Covered Provider Listings will be updated at least quarterly to assure accurate identification of care providers covered and not covered by the Financial Assistance Program.