



POLICY

Origination Date:	<u>July 2004</u>
Latest Revision	<u>April 1, 2023</u>
Administrative Approval:	<u>Adriana Day, CFO</u>
Reviewer:	<u>AVP Finance</u>

Entity: All RSFH Healthcare Facilities
Division: Finance

I. Policy

As established by IRS Code Section 501(r), this HFA Policy applies to all emergency and other medically necessary care provided by RSFH Healthcare Facilities.

II. Purpose

In light of its mission to heal all people with compassion, faith, and excellence, RSFH is committed to providing financial assistance responsive to the needs of the community, regardless of race, age, gender, ethnic background, national origin, citizenship, primary language, religion, education, employment or student status, disposition, relationship, insurance coverage, community standing, or any other discriminatory differentiating factor.

HFA is a program that is fully funded by Roper St. Francis Healthcare. It covers patients without health insurance and those with only partial insurance coverage (i.e. the uninsured and underinsured) who meet the income and other eligibility criteria described herein.

III. Scope

This Healthcare Financial Assistance policy applies to all RSFH Healthcare Facilities, including, without limitation, Roper Hospital, Bon Secours – St. Francis Hospital, Roper Rehabilitation Hospital, Roper St. Francis Berkeley Hospital, Roper St. Francis Mount Pleasant Hospital, Roper St. Francis Physicians Network, and Roper St. Francis Ancillary Services.

IV. Policy Details (Supporting Points)

Commitment to Provide Emergency Medical Care:

RSFH provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this HFA Policy. RSFH Healthcare Facilities will not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care. Emergency medical services, including emergency transfers, pursuant to EMTALA, are provided to all RSFH patients in a non-discriminatory manner, pursuant to each hospital’s respective EMTALA policy.

Services Eligible for HFA:

This HFA Policy applies to all emergency and other medically necessary care provided by RSFH Healthcare Facilities. The list of providers is maintained in a separate document. Members of the public may readily obtain it free of charge via the contact list provided in this policy and online at <https://www.rsfh.com/billing-financial-assistance/>.

The following services are not covered under this HFA Policy:

- Items deemed “not medically necessary”

HFA Eligibility Criteria:

- Income

- To apply for HFA, a patient or family member must complete an application including gross income for a minimum of 3 months (up to 12 months) prior to the date of application or date of service. Proof of income is required with exception of patients who qualify for presumptive eligibility detailed below. See the Application Process for HFA section below for details.
- Third party income scoring may be used to verify income in situations where income verification is unable to be obtained through other methods.
- **Assets**
 - There are situations where individuals may not have reported income but have significant assets available to pay for healthcare services. In these situations, RSFH may evaluate and require documented proof of any assets that are categorized as convertible to cash and unnecessary for the patient's essential daily living expenses.
- **Federal Poverty Guidelines**
 - HFA eligibility is based upon expanded income levels of up to 400% of FPG and is prorated on a sliding scale applicable to the respective market area. Approval is based upon the number of family members, inclusive of natural or adoptive children under 18, and family income.
 - If a dependent is disabled and over the age of eighteen, he/she may be included in family size for HFA application.
 - The FPGs in effect on the date of service are in effect for the application process. They are issued each year in the *Federal Register* by the **Department of Health and Human Services** (HHS).
 - The current and historical FPGs are available at <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.
 - Individuals with an income level at 200% FPG or below receive free care. Individuals with an income level from 201% to 400% FPG receive 70% discounted care. The specific percentage discounts for the 201% to 400% FPG income levels will be updated annually. Notwithstanding the percentages calculated, as stated above, following a determination of eligibility under this policy, a patient eligible for financial assistance will not be charged more for emergency or other medically necessary care than AGB.
- **Self-Pay Discount**
 - For those uninsured patients who do not qualify for any of the financial assistance discounts described in this policy, RSFH extends an automatic (self-pay) discount to their hospital bills as outlined above. This self-pay discount is not means-tested, and therefore is not subject to the section 501(r) AGB requirement, and is not reported by RSFH as financial assistance on Form 990, Schedule H.
- **Geographic Area**
 - Patients who live in the community served by RSFH Healthcare Facilities will be offered HFA. For those patients living outside the community, extenuating circumstances must be documented and approved by the PFS Manager and be medically necessary or emergent in nature.
- **Deductibles**
 - For patients who have self-pay balances after insurance, balances attributed to the patients' deductible will require payment based on a sliding scale given their current household income outlined under sliding scale chart under the Federal Poverty Guidelines section of this policy.
 - Upon receipt of the signed application, the information will be reviewed, income verified, and an eligibility determination will be made. The patient will be notified in writing of the determination.
- **Presumptive Eligibility**
 - Patients are presumed to be eligible for financial assistance based on individual life circumstances including but not limited to:
 - Patient's income is below 200% Federal Poverty Guidelines and considered self-pay;
 - Patient discharged to a SNF;
 - Patient is deceased with no known estate and below 200% Federal Poverty Guidelines;
 - State-funded prescription programs;
 - Homeless or received care from a homeless clinic;
 - Participation in Women, Infants and Children programs (WIC);
 - Food stamp eligibility;
 - Subsidized school lunch program eligibility;
 - Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
 - Patients that are referred through a National Association of Free Clinics;
 - Medicaid Eligible Patients, when the following criteria apply:
 - Medicaid eligibility requirements are met after the service is provided;
 - Non-covered charges occur on a Medicaid eligible encounter; and
 - The provider is not credentialed or contracted.
 - Low income/subsidized housing is provided as a valid address; or

- Other significant barriers are present.
- Patients determined to have presumptive financial assistance eligibility will be provided 100% financial assistance.
- Patients determined to have presumptive financial assistance eligibility will not be required to meet income criteria, asset eligibility criteria, or fill out a financial assistance application.
- RSFH shall utilize available resources (e.g. technology solutions, service organizations, etc.) to obtain such information as credit score to assist in determining whether a patient is presumed eligible for financial assistance.
- Cooperation
 - Patients/guarantors shall cooperate in supplying all third-party information including Motor Vehicle or other accident information, requests for Coordination of Benefits, pre-existing information, or other information necessary to adjudicate claims, etc.
 - While the application is being processed, RSFH will request that patients who may be Medicaid-eligible apply for Medicaid. To receive HFA, the patient must apply for Medicaid and be denied for any reason other than the following:
 - Did not apply;
 - Did not follow through with the application process;
 - Did not provide requested verifications.
- Accuracy of Application
 - Financial assistance may be denied under this HFA Policy if there is reasonable suspicion of the accuracy of an application. If the patient/guarantor supplies the needed documentation and/or information requested to clarify the application, the financial assistance request may be reconsidered. Reconsideration will be reviewed and handled on a case-by-case basis.

Application Process for HFA:

- Application forms are made available in Pre-Admission, Admission / Registration, and several alternative registration sites to facilitate early identification and initiation of the application process. Application forms may also be obtained by contacting RSFH as indicated in the contact list at the end of this policy.
- RSFH may accept verbal clarifications of income, family size or any information that may be unclear on an application.
- Financial Assistance will not be applied retrospectively to open balances for prior dates of service.

Financial Assistance for Catastrophic Situations:

- Financial assistance for a catastrophic situation is available under this policy.
- Catastrophic financial assistance is defined as a patient that has medical or hospital bills after payment by all third parties that exceed 25% of the patient's total Reported Income and the patient is unable to pay the remaining bill.
- To begin the financial assistance process, a financial assistance application should be submitted. See the Application Process for HFA section above.

Basis for Calculating Amounts Charged to Patients:

- Following a determination of eligibility under this policy, a patient eligible for financial assistance will not be charged more for emergency or other medically necessary care than AGB. At least annually, RSFH, as applicable, calculates an AGB percentage for each of the RSFH Healthcare Facilities following the Look-back Method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a 12-month period (as defined by Treasury Regulations under section 501(r) of the Internal Revenue Code of 1986, as amended). Members of the public may obtain the current AGB percentage for any RSFH Healthcare Facility (and a description of the calculation) in writing and free of charge by contacting RSFH as indicated in the contact list at the end of this policy or online at <https://www.rsfh.com/billing-financial-assistance/>.
- RSFH shall not bill or expect payment of gross charges from individuals who qualify for financial assistance under this policy.
- At least annually, RSFH will review and adjust sliding scale discounts applicable to patients with self-pay balances after insurance (See Deductible section above).

Actions Taken in the Event of Nonpayment:

- The actions that RSFH may take in the event of nonpayment are described in a separate **Billing and Collections Policy**. Members of the public may obtain a free copy of this separate policy from the RSFH PFS by contacting RSFH as indicated in the contact list at the end of this policy or online at <https://www.rsfh.com/billing-financial-assistance/>.

Measures to Widely Publicize the HFA Policy:

- RSFH make this HFA Policy, application form, and plain language summary of the policy widely available on its website and implements additional measures to widely publicize the policy in communities served.

- RSFH Healthcare Facilities offer a paper copy of the plain language summary of this HFA Policy to patients as part of the intake process; include a conspicuous written notice on billing statements that notifies and informs recipients about the availability of financial assistance under this HFA Policy; and have set up conspicuous public displays that notify and inform patients about this HFA Policy in public locations in the hospital facility, including, at a minimum, the emergency room (if any) and admissions areas.
- RSFH also accommodates all significant populations that have limited English proficiency by translating this HFA Policy, application form, and plain language summary of the policy into the primary language(s) spoken by such populations.

V. Definitions

- **AGB** – Amounts generally billed for emergency or other medically necessary care to individuals who have insurance coverage.
- **RSFH** – Roper St. Francis Healthcare
- **EMTALA** – Federal Emergency Medical Treatment and Active Labor Act.
- **FPG** – U.S. Department of Health & Human Services Federal Poverty Guidelines.
- **SCHC** – South Carolina Healthy Connections.
- **HFA** - Healthcare Financial Assistance.
- **HFA Policy** – RSFH Healthcare Financial Assistance Policy.
- **PFS** – Patient Financial Services Department.
- **SNF** – Skilled Nursing Facility.

VI. Contact Information

- Website: <https://www.rsfh.com/billing-financial-assistance/>
- Email: RSFFinancialAssistance@rsfh.com
- Telephone:
 - For bills with a date of service before August 1, 2022: 1-888-472-0042.
 - For bills with a date of service on or after August 1, 2022: 1-888-472-0043.
- Mail-In Applications (for all RSFH Healthcare Facilities):
 - Roper St. Francis Mount Pleasant Hospital
 - Post Office Box 602441
 - Charlotte, NC 28260-2441

VII. Related Policies

RSFH offers other options for uninsured or underinsured patients who do not qualify for financial assistance under this HFA Policy. For further information, please see the following RSFH policies:

- RSFH Billing and Collections Policy
- RSFH Uninsured / Self-Pay Discount Policy