

Hospital: All RSFH Hospitals


Division: PFS—Financial Assistance

Policy

Policy #: _____

Origination Date: June 2004

Latest Review/Revision: April 1, 2018 (Admit Date)

Administrative Approval:
(Type Name) Bret Johnson 

Administrative Title: _____

Originator (Title): Diane Story, Director Revenue Cycle Improvement

Subject: **Financial Assistance Policy**

Page 1 of 8

POLICY: Roper St Francis shall provide appropriate levels of care, commensurate with the facility's resources and the community needs. Roper St. Francis is committed to assisting patients obtain coverage from various programs as well as providing financial assistance (FA) to every person in need of medically necessary hospital treatment. Roper St. Francis will always provide emergency medically necessary care regardless of the patient's ability to pay. Similarly, patients who are able to pay have an obligation to pay and providers have a duty to seek payment from these individuals.

OBJECTIVES:

- To model Roper St. Francis core values of Healing all People with Compassion, Faith and Excellence.
- To ensure the patient exhausts other appropriate coverage opportunities prior to qualifying for Roper St. Francis financial assistance.
- To provide financial assistance based on the patient's ability to pay.
- To ensure Roper St. Francis complies with any required Federal or State regulation related to financial assistance.
- To establish a process that minimizes the burden on the patient and is cost efficient to administer.

DEFINITIONS:

The terms used within this policy are to be interpreted as follows:

- Amount Generally Billed (AGB): The average amount billed to Roper St Francis' insurance companies and Medicare for billable services provided to patients.
- Bad Debt: Accounts that have been categorized as uncollectible because the patient has been unable to resolve the outstanding medical debt.
- Elective: Those services that, in the opinion of a physician, are not needed or can be safely postponed.
- Emergency Care: Immediate care which is necessary in the opinion of a physician to prevent putting the patient's health in serious jeopardy, serious impairment to bodily functions or serious dysfunction of any organs or body parts.
- Household Financial Income: As measured against annual Federal Poverty Guidelines includes, but is not limited to the following:

- Annual household pre-tax job earnings
- Unemployment Compensation
- Workers' Compensation
- Social Security and Supplemental Security Income
- Veteran's payments
- Pension or Retirement income
- Other applicable income to include, but not limited to: rent, alimony, child support, and any other miscellaneous source
- **Medically Necessary:** Hospital services provided to a patient in order to diagnose, alleviate, correct, cure or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in overall illness or infirmity.
- **Other Coverage Options:** Options that would yield a third party payment on account(s) including, but not limited to: Workers' Compensation, governmental plans such as Medicare and Medicaid, State/Federal Agency plans, Victim's Assistance, etc., or third-party liability resulting from automobile and/or other accidents.
- **Underinsured:** The state of an individual having some form of health insurance that does not offer complete financial protection resulting in a residual balance that is beyond a patient's financial means.

Financial Assistance Guidelines

Eligibility Scale

Full charity care shall be provided to uninsured and underinsured patients earning 200% or less of the federal poverty level (FPL). Patients with an FPL of 201% - 400% will receive a discount based upon a sliding scale. Individuals eligible for financial assistance will not be billed more than the amounts generally billed (AGB) to individuals who are insured. The look back method is used for calculating the AGB.

Presumptive Eligibility

Patients who qualify and are receiving benefits from the following programs may be presumed eligible for 100 percent financial assistance:

- **Food stamps.** The U.S. Department of Agriculture Food and Nutrition Service Food Stamp Program.
- **County and state relief programs.** Some state counties offer a financial assistance program designed to provide emergency short-term assistance to persons lacking the resources to meet their basic needs for food, shelter, fuel, utilities, clothing, medical, dental, hospital care and burial. The state also offers programs providing energy assistance to applicants who qualify. Accepted programs also include WIC nutrition assistance.
- **Homelessness.** Homeless persons would also qualify for assistance.
- **Deceased Patients.** Unpaid balances of patients who are deceased with no estate or surviving responsible party would also qualify for assistance.
- **Religious Organizations.** RSFH has confirmed that members of specific religious organizations have annual incomes below the federal poverty level. These organizations include, but are not limited to Brothers of Mepkin Abbey, Daughters of St. Paul, Congregation of Christian Brothers, Wellness House, and Our Lady of Mercy Outreach. We will also offer medical financial

assistance to those members of religious orders who are placed locally but do not have health insurance provided by their order.

Patients who meet presumptive eligibility criteria may be granted financial assistance without completing the financial assistance application. Hospital patients may also be eligible for a 100% discount if their estimated FPL is 200% or below. Roper St Francis utilizes a third party vendor to assist in estimating federal poverty guidelines. An application is not required for this discount. Unless otherwise noted, an individual who is presumed eligible under these presumptive criteria will continue to remain eligible for the Eligibility period outlined below, unless facility personnel have reason to believe the patient no longer meets the presumptive criteria.

Eligibility Evaluation Process

In order to determine the appropriate level of financial assistance to apply to a patient's account, the facility will:

- Utilize a scoring mechanism, with the assistance of a third-party vendor that provides a patient financial profile, or
- Require the patient to complete a financial assistance application.
- Household income, as defined above, will be considered in determining whether a patient is eligible for financial assistance. Household income will be included from all members of the household as defined by federal tax guidelines.

Financial assistance applications can be obtained from any registration location at all of our facilities, in addition to our Customer Service Office located at Bon Secours St Francis Hospital at 2095 Henry Tecklenburg Drive, Charleston, SC 29407.

Eligibility Period

- An individual who is approved for financial assistance will continue to remain eligible for all other accounts with the same diagnosis or episode of care. Future visits for the same diagnosis or episode of care may be eligible for adjustment and will be scrutinized for clinical appropriateness. Visits not associated with the approved diagnosis or episode of care will require a new application.
- Patients who have successfully met the Financial Assistance criteria and are deemed eligible for Financial Assistance will be notified of eligibility within 120 days of the first statement date. The Hospital will accept Financial Assistance applications up to 240 days after the first statement date.

Eligible Population

- This policy is applicable to all uninsured and underinsured patients.

Eligibility Notification

After receiving the patient's request for financial assistance and any financial information or other documentation needed to determine eligibility for financial assistance, the patient will be notified of the patient's eligibility determination within a reasonable period of time.

Communication of Financial Assistance Policy

Roper St Francis communicates the availability of financial assistance policy to all patients through means which include, but are not limited to:

- On facility's website, www.rsfh.com

- On all billing statements
- Financial Assistance Brochure
- Patient Handbook
- Consent for Treatment
- Information posted at conspicuous locations throughout the facility
- During Financial Counselor patient interviews
- During Patient Accounting Customer Service patient interaction
- Physical address to obtain a copy of the Financial Assistance Policy and/or application can be obtained at no cost to the patient by submitting a request to:

Roper St Francis Healthcare
Financial Assistance Department
8536 Palmetto Commerce Parkway, Suite 501
Ladson, SC 29456

Average Amount Generally Billed (AGB)

Roper St Francis will never bill any financial assistance eligible individual more than the “average amount generally billed” to someone who is insured. AGB is determined through the “look-back method,” which is calculated as follows:

1. The AGB is calculated by reviewing all past claims that have been paid in full to the hospital facility for medically necessary care by Medicare fee-for-service together with all private health insurers paying claims to the hospital in a prior 12-month period. This amount can include co-insurance; copayments and deductibles.
2. The AGB for emergency or medically necessary care provided to a financial assistance-eligible individual is determined by multiplying gross charges for that care by Roper St Francis amount generally billed to Medicare and other private health insurers. The percentage is calculated at least annually by dividing the sum of certain claims paid to the hospital facility by the sum of the associated gross charges for those claims.
3. The percentages are applied after the end of the 12-month period Roper St Francis used in calculating the AGB percentage(s).
4. Information on AGB is available and can be obtained at no additional cost by calling Customer Service at (843) 402-5200 or (888) 888-7010 or submitting a request to:

Roper St Francis Healthcare
Financial Assistance Department
Attention: Manager
8536 Palmetto Commerce Parkway, Suite 501
Ladson, SC 29456

Determination of Eligibility

Verifiable proof of total household income, liabilities, and assets will be reviewed to determine if financial eligibility thresholds are met. Examples of verifiable proof include, but are not limited to:

- Federal Income Tax Return,
- W-2 forms,
- 1099 Form,
- Social Security Benefits,
- Alimony,

- Family/Outside Contributions,
- Trusts,
- Annuities,
- Pensions,
- Retirement Benefits,
- Disability Income,
- Unemployment Benefits,
- Student Loan Disbursements,
- Unreported income,
- Payroll check stubs,
- Tax records,
- Food stamps approval letter,
- 3 Consecutive months of banking statements, 3 months from the date of the application was received.

All other payment options must be exhausted prior to granting Financial Assistance (i.e., government and commercial insurance payments, third party payments, COBRA, MIAP, third party liability claims, auto accident claims, worker's compensation, etc.).

All uninsured self pay inpatients, uninsured non-inpatient accounts with total charges of \$5000 or above, and uninsured scheduled patients will be screened by the internal Financial Counseling department for potential funding sources. Patients must comply with requests from the Financial Counseling department in attempting to identify other coverage options, or financial assistance will be denied.

Non-Covered Financial Assistance Services

Patients are not eligible for financial assistance if:

- Procedures are cosmetic services, sterilization reversals, and erectile dysfunction. Cosmetic procedures for vanity reasons not associated with other medical conditions are not covered by charity or the Foundation, which is Roper St Francis' fund raising entity whose purpose is to work with our community to strengthen our mission. Birth defects are not considered cosmetic.
- Accounts indicating third party involvement (i.e., worker's compensation, auto accident coverage, third party liability, etc.) will be reviewed in detail and will require proof of no third party liability. Financial Assistance will be considered for patients only after all third party liability payments have been received.
- Patients who do not comply with requests made by the Financial Counseling team.
- Bariatric services are not eligible for charity.
- Current incarcerated charity applicants are not eligible for charity. Prisoners incarcerated due civil or family court matters are financially responsible for their hospital bills.
- Patients that abuse the RSFH Financial Assistance Program, either by requesting unnecessary procedures, inappropriate actions toward staff, or by utilizing an unnecessary treatment location, may be denied Financial Assistance. These instances will be reviewed by RSFH Management to determine if the service(s) are to be excluded.
- Patients without a valid physician order and scheduled procedure, excluding Emergency Room visits and some ancillary services, will not be considered for Financial Assistance. All services

must be scheduled prior to consideration. Management will review the scheduled procedure to ensure it is medically essential. Ultimate approval will depend on the patient's financial as well as medical need as determined by the hospital.

Patient Responsibilities Regarding Financial Assistance

If applicable, prior to being considered for financial assistance, the patient/family must cooperate with Roper St Francis to furnish information and documentation to apply for other existing financial resources that may be available to pay for the patient's health care, such as Medicaid, Medicare, third-party liability, etc.

- A patient who qualifies for partial discounts must cooperate with Roper St Francis to establish a reasonable payment plan that takes into account available income, the amount of the discounted bill(s), and any prior payments.
- Patients who qualify for partial discounts must make a good faith effort to honor the payment plans for their discounted healthcare bills. They are responsible for communicating to Roper St Francis any change in their financial situation that may impact their ability to pay their discounted healthcare bills or to honor the provisions of their payment plans.

Patients who have an outstanding balance after they are evaluated for Financial Assistance, or who do not comply with the Financial Assistance requirements will be billed following our designated Billing and Collections policy. To obtain a copy of this policy at no cost, patients can contact our Customer Service Department at (843) 402-5200 or (888) 888-7010, or on our website at www.rsfh.com.

Patients who do not pay their Hospital statements may be referred to a Collection Agency and subsequently reported to the Credit Bureaus. For detailed timing of this process, refer to the Billing and Collections policy.

Non-Discrimination

RSFH shall render services to all persons who seek medical care regardless of the ability of the patient, insured or uninsured, to pay for services. The determination of full or partial Financial Assistance will be based on the patient's ability to pay and will not be abridged on the basis of age, sex, race, creed, religion, disability, sexual orientation or national origin. Non U.S. residents must provide necessary documentation proving legal visitation rights, for example, a tourist, work, student, or religious visa.

Confidentiality

The need for Financial Assistance is a sensitive and personal issue for the recipients.

Confidentiality of information and preservation of individual dignity shall be maintained for all who seek charitable services. Orientation of staff and the selection of personnel who will implement this policy and procedure will be guided by these standards. No information obtained in the patient's Financial Assistance Application will be released without expressed permission for such release. Applications will be scanned in the imaging system and only accessible to select personnel. Hard copy/paper documentation will be maintained on file for easy access for two months.

Retention Policy

The Charity applications and case files will be retained and/or archived for seven (7) years. Effective 11/01/2008, for completed charity correspondence/applications will be stored in Horizon Business Folder indefinitely.

Attachment A

2018 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline
1	\$12,140
2	\$16,460
3	\$20,780
4	\$25,100
5	\$29,420
6	\$33,740
7	\$38,060
8	\$42,380

For families/households with more than 8 persons, add \$4,320 for each additional person.

Attachment A

2018 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline
1	\$12,140
2	\$16,460
3	\$20,780
4	\$25,100
5	\$29,420
6	\$33,740
7	\$38,060
8	\$42,380

For families/households with more than 8 persons, add \$4,320 for each additional person.

For a complete list of Physician Practices and providers who honor the Roper St Francis Financial Assistance Guidelines, please retrieve the list from our website at www.rsfh.com/billing-financial_assistance, request a hard copy from any registration location, or contact us at (843) 402-5200 or (888) 888-7010.

Physician Practices that do not follow our Financial Assistance Policy include:

Anesthesia Associates
Roper Radiologists
Non Roper St Francis Partner Practices

Updated April 1, 2018

Roper St Francis Healthcare Sliding Scale Guidelines

Based on Federal Poverty Level (FPL)

Scope/Procedure:

Services eligible under the Financial Assistance Policy of Roper St Francis Healthcare will be made available based on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels in effect at the time of determination as follows:

2018 Federal Poverty Guidelines

* Max Income Range	0% - 200% FPG	201% - 300% FPG	301% - 400% PFG	≥ 401% FPG
Adjustment Percent	100%	75%	50%	0%
Family Size				
1	\$0 - \$24,280	\$24,281 - \$36,420	\$36,421 - \$48,560	≥\$48,561
2	\$0 - \$32,920	\$32,921 - \$49,380	\$49,381 - \$65,840	≥\$65,841
3	\$0 - \$41,560	\$41,561 - \$62,340	\$62,341 - \$83,120	≥\$83,121
4	\$0 - \$50,200	\$50,201 - \$75,300	\$75,301 - \$100,400	≥\$100,401
5	\$0 - \$58,840	\$58,841 - \$88,260	\$88,261 - \$117,680	≥\$117,681
6	\$0 - \$67,480	\$67,481 - \$101,220	\$101,221 - \$134,960	≥\$134,961
7	\$0 - \$76,120	\$76,121 - \$114,180	\$114,181 - \$152,240	≥\$152,241
8	\$0 - \$84,760	\$84,761 - \$127,140	\$127,141 - \$169,520	≥\$169,521

* Max income ranges based on 2018 Federal Poverty Guidelines

Individuals eligible for financial assistance will not be billed more than the amounts generally billed (AGB) to individuals who are insured. The look back method is used for calculating the AGB.