BON SECOURS HEALTH SYSTEM

Policy/Procedure

Title:	Patient Financial Assistance	Date:	02/07/2019
		Replaces Version Dated:	01/12/2015
Category:	SYS.MIS.FAP	Approved by:	BSHSI Board

POLICY

It is the policy of Bon Secours Health System, Inc. ("BSHSI") to be committed to ensuring access to needed healthcare services for all. BSHSI treats all patients, whether insured or uninsured, with dignity, respect and compassion throughout the admissions, delivery of services, discharge, and billing and collection processes. This policy is drafted with the intention of satisfying the requirements in Section 501(r) of the Internal Revenue Code of 1986, as amended, regarding financial assistance and emergency medical care policies, limitations on charges to persons eligible for financial assistance, and reasonable billing and collection efforts and should be interpreted accordingly.

SCOPE

This policy is to be used by all BSHSI acute care, and free standing emergency room facilities as listed at the end of this policy.

DEFINITIONS

Amounts Generally Billed (AGB) –Amounts Generally Billed means the amounts generally charged to patients for emergency and medically necessary services who have insurance for such services. Charges for patients who are eligible for financial assistance shall be limited to no more than amounts generally billed ("AGB") for such services. These charges are based on the average allowed amounts from Medicare and commercial payers for emergency and other medically necessary care. The allowed amounts include both the amount the insurer will pay and the amount, if any, the individual is personally responsible for paying. The AGB is calculated using the look back method per 26 CFR §1.501(r). See APPENDIX A for further information regarding the AGB discount.

Bad Debt – An account balance owed by a patient or guarantor which is written off as non-collectable.

Cosmetic – Surgery in which the principal purpose is to improve appearance.

Disproportionate Share Hospital (DSH) – A hospital that serves a high number of low-income patients and receives payments from the Centers for Medicaid and Medicare Services to cover the costs of providing care to uninsured patients.

Eligible Services – The services provided by BSHSI facilities that are eligible under this financial assistance policy shall include:

(A) Emergency medical services provided in an emergency room setting.
(B) Non-elective medical services provided in response to life threatening circumstances in a non-emergency room hospital setting
(C) Medically necessary services.

Emergency Medical Condition – A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

(A) Serious jeopardy to the health of the individual or, in the case of a pregnant woman, the health of the woman or her unborn child;
(B) Serious impairment to bodily functions; or
(C) Serious dysfunction of any bodily organ or part.

Family Income – Gross cash or cash equivalents earned by or provided to an individual. Items not considered as income are noncash benefits and public assistance, such as food and housing subsidies, and educational assistance.

Federal Poverty Guidelines - The Federal Poverty Level is used by the U.S. government to define the poverty level of a patient and his/her family for purposes of this Policy. It is based on a family's annual cash income, rather than its total wealth, annual consumption or its own assessment of well-being (APPENDIX B). The poverty guidelines are updated annually in the Federal Register by the U.S. Department of Health and Human Services in effect at the time of such determination.

Flat Rate – A pre-determined fee for certain services patients elect to have that are paid for by the patient at the time the services are performed.

Guarantor – The patient, caregiver, or entity responsible for payment of a health care bill.

Head of Household– The individual listed on tax return as “Head of Household”.

Homeless - An individual without permanent housing who may live on the streets; stay in a shelter, mission, abandoned building or vehicle; or in any other unstable or non-permanent situation. An individual may be considered to be homeless if the person is “doubled up” with a series of friends and/or extended family members greater than 90 days.

Household Family Members (“Dependents”) – Individuals “residing” in household which are claimed on the tax return of the Head of Household.

Medical Eligibility Vendor/Medical Assistance Advocacy - Advocacy vendor contracted by BSHSI to screen patients for government programs and BSHSI Financial Assistance.

Medically Necessary Services – Health-care services needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine. In any of those circumstances, if the condition produces debilitating symptoms or side effects, then it is also considered medically necessary to treat.

Non-Eligible Services - The following healthcare services are not eligible for financial assistance under this policy:

(A) Services provided as a result of an accident. These charges are subject to all legal instruments required to ensure third party liability payment, even if these instruments are filed after the initial eligibility for the Patient Financial Assistance Program has been approved. If third party coverage exists, BSHSI will collect the balance owed from the third party payer. If third party coverage does not exist, patient may apply for financial assistance.

(B) Elective non-medically necessary procedures such as cosmetic and flat rate procedures and patients with insurance who choose not to use their insurance, durable medical equipment, home care, and prescription drugs.

Regulatory Requirements
By implementing this policy BSHSI shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this policy.

PROCEDURE

The rationale for this procedure is BSHSI proactively screens to identify individuals and their family members who may qualify for federal, state or local health insurance programs or the Bon Secours Patient Financial Assistance Program ("FAP"). Application of this policy to any individual patient is contingent upon satisfactory completion of the application for financial assistance with all necessary documentation. Any patient who refuses to satisfactorily complete the financial assistance application including the supporting documentation is not eligible for financial assistance under this policy (provided the patient has received the notifications required by the regulations under Section 501(r). See APPENDIX C for information regarding how patients may obtain a financial assistance application.

BSHSI expects all patients to be screened for federal, state or local insurance programs prior to being screened for BSHSI FAP. Patients are expected to cooperate with and provide appropriate and timely information to BSHSI to obtain financial assistance. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to broader health care services and for their overall personal health.

In certain situations, applicable state law may impose additional or different obligations on hospital facilities in such states. The intent of this policy is to satisfy both the Federal and state law requirements in such states. Accordingly, certain provisions are only applicable in certain states as noted below.

1. Eligibility Criteria
   The granting of financial assistance will be based on an individualized determination of financial need and shall not take into account race, religion, color, gender, age, marital status, national origin, sexual orientation, gender identity, genetic information, veteran status, disability or any other characteristic protected by law.

2. Communication of the Financial Assistance Program
   BSHSI will take reasonable efforts to ensure that information about our Financial Assistance Program and its availability is clearly communicated and made widely available to the public. Our Financial Assistance Application and Policy, Plain Language Summary, and Billing and Collections Policy are available for view or download at www.fa.bonsecours.com. Upon request, individuals will be provided, at no charge to them, a copy of our Financial Assistance Application and Policy, Plain Language Summary, and our Billing and Collections Policy. If requested, BSHSI will also provide individuals with our Financial Assistance website address. Individuals may also obtain and receive assistance in completing the Financial Assistance Application from any of our registration areas, financial counselors, or cashier's offices. The financial counselors or cashier's offices are located within the patient registration areas. Individuals may stop at any of our information desks located within each hospital to ask for assistance in locating the financial counselors or cashier's offices. A list of all hospitals is included at the end of this policy. Individuals may obtain a free copy, by mail, of our Financial Assistance Application and Policy, Plain Language Summary, and our Billing and Collections Policy by calling our customer service department at (Local) 804-342-1500 or (Toll Free) 877-342-1500.

3. Eligibility Process

The following process will be used to determine eligibility for financial assistance:

(A) An application is completed by the patient or other designated representative. The purpose of the application is to record the required data necessary to verify a patient's financial assistance eligibility.

(B) External data sources may be used to provide information on a patients or patient's guarantor's ability to pay (such as credit scoring).

(C) Patients must have an account balance or scheduled service with BSHSI prior to applying for financial assistance.

(D) Patients who refuse to participate and cooperate with our Medical Eligibility Vendors are not eligible for financial assistance under this policy. Any discounts provided to patients outside of this policy will be reviewed and approved or denied on a case by case basis.

(E) The financial assistant applicant will be notified by mail if additional information is needed. The letter will advise the applicant to return the information within 30 business days upon receipt of the letter. If the requested information is not received within 30 business days no additional activity will occur regarding the applicant's request for financial assistance.

(F) Request for financial assistance shall be processed promptly and BSHSI shall make reasonable efforts to notify the patient of approval or denial within 60 days of receipt of a completed application.

(G) Maryland Facilities Only: Denials of requests for financial assistance may be appealed by calling the Customer Service at (Toll Free) 877-342-1500.

4. Income Verification

The following documents will be used to verify the household family's income:

(A) Completed tax returns for the patient's household for the most recent calendar year.
- If the patient is self-employed, a copy of the patient's last quarter's Business Financials statement along with the previous year's Business Tax Return and the patient's Individual Tax return.

(B) Three most recent pay stubs or a statement from employers.
(C) Current unemployment benefits letter showing denial or eligibility and amount received.
(D) Current Social Security letter or complete bank statement for Social Security direct deposits.
(E) Current pension statement.
(F) SNAP Letter.
(G) Court ordered document or letter from non-custodial parent indicating the amount of child support received.
(H) Rental agreement or documentation verifying gross rental income.
(I) Documentation listing the value of any Stocks, Bonds, CD's or any additional property the patient may own.
(J) Complete copy of any current checking, saving, or money market accounts.

Although proof of income is requested for consideration of the Patient Financial Assistance Program some Local System DSH regulations may require proof of income. Such regulations will be handled on a case-by-case basis to ensure compliance with Local System DSH programs. If a patient submits an application and meets the income requirements under presumptive eligibility, the patient will be granted financial assistance based on the presumptive criteria, and will be notified within 60 days of their approval.

Presumptive Eligibility Verification

As demonstrated by information provided by the patient or otherwise obtained by BSHSI, a patient may be presumed to be eligible for 100% financial assistance, without having to complete a financial assistance application, under the following circumstances:

(A) Homeless.
(B) Patients are referred through one of the National Association of Free Clinics.
(C) Participation in Women's, Infant's and Children's programs (WIC).
(D) Food Stamp Eligibility (SNAP).
(E) Patient is deceased with an FPL of 200% or less and with an unknown estate.
(F) Patient who have been discharged for Chapter 7 Bankruptcy with an FPL below 200%, and discharge date after September 01, 2016
(G) Other significant barriers are present that preclude a patient's ability to pay.

5. Amounts Charged to Patients

The FAP provides 100% financial assistance for Eligible Services to uninsured and insured patients with an annual gross family income at or below 200% of the current Federal Poverty Guidelines (FPG) as adjusted annually. BSHSI also offers a discounted rate to patients whose family gross income is between 201% and 400% of the FPG (APPENDIX D).

6. AGB
   An FAP eligible individual or an uninsured individual will not be charged more than the AGB for emergency or other medically necessary care. BSHSI offers a reduction to uninsured patients who do not qualify for financial assistance. The reduction amount offered to these individuals is the AGB. The AGB is market adjusted annually and is based on the look back method utilizing Medicare and commercial rates, including co-payments and deductibles (APPENDIX E).

7. Presumptive Eligibility
   There are instances when an uninsured patient may appear eligible for financial assistance but the patient has not provided supporting documentation needed to establish such eligibility. In these instances a patient's estimated income and/or Federal Poverty Level amounts can be provided through other sources, such as credit agencies, that would provide sufficient evidence to justify providing the patient with financial assistance. Presumptive eligibility is determined on a case by case basis and is only effective for that episode of care.

8. Eligibility Period
   Patients can apply for financial assistance up to 240 days after the first billing statement date. If the patient is approved for financial assistance their coverage is valid for 240 days prior on non-bad debt and open balance accounts and 240 days post their application signature date. Patients approved for financial assistance that return for services during their 240 day approval timeframe will be screened for federal, state or local health insurance programs upon each visit. The BSHSI financial assistance program is not insurance.

   Both non-citizens and permanent residents are eligible for financial assistance. However, patients in the United States on a Visa will be evaluated for financial assistance on a case by case basis. If a patient on a Visa is approved for financial assistance, the approval timeframe will only be for that episode of care, not 240 days prior to or post their application signature date. Patients are required to provide a copy of their Visa and any insurance, financial and/or sponsorship information.

9. Participating Providers
   Certain medically necessary and emergency care services are provided by non-BSHSI providers who are not employees of BSHSI who may bill separately for medical services and who may not have adopted this financial assistance policy. See APPENDIX F for details regarding the full list of providers who provide emergency or other medically necessary care and who have not adopted BSHSI's financial assistance program.

10. Billing and Collections
For our Billing and Collections procedures please see our Billing and Collections Policy. This policy outlines BSHSI's procedures and the extraordinary collection actions it may take

in the event of nonpayment. Individuals may obtain a copy of our Billing and Collections Policy at www.fa.bonsecours.com. Individuals may also obtain a free copy of this policy from any of our registration areas, financial counselors, or cashier's offices. The financial counselors or cashier's offices are located within the patient registration areas. Individuals may stop at any of our information desks located within each hospital to ask for assistance in locating the financial counselors or cashiers offices. Individuals may obtain a free copy by mail of our Billing and Collections Policy by calling our customer service department at (Local) 804-342-1500 or (Toll Free) 877-342-1500.

Maryland Hospital Facilities Only: In addition to the above procedures and requirements, certain additional procedures apply to patients seeking treatment in BSHSI's Maryland hospital facilities.

- Patients shall be notified in a "hospital information sheet" the information set forth above as well as: (1) instructions on how to apply for the Maryland Medical Assistance Program and any other programs that may help pay the bill; (2) contact information for the Maryland Medical Assistance Program; and (3) an express statement, where applicable, that physician charges are not included in the hospital bill and are billed separately. This hospital information sheet shall be provided to the patient (a) before discharge; (b) with the hospital bill; and (c) on request.

This policy is approved by the BSHSI Board of Directors.

For Billing and Collections please see our Billing and Collections policy.

APPENDIX A

AGB Discount

Further information regarding the AGB discount is available at www.fa.bonsecours.com or by calling customer service at (Local) 804-342-1500 or (Toll Free) 1-877-342-1500.

APPENDIX B

FEDERAL POVERTY GUIDELINES

The table below is based on the 2019 federal poverty guidelines:

# Persons in Family Household	48 Contiguous US States and D.C.	200% FPL	300% FPL	400% FPL
1	$12,490	$24,980	$37,470	$49,960
2	$16,910	$33,820	$50,730	$67,640
3	$21,330	$42,660	$63,990	$85,320
4	$25,750	$51,500	$77,250	$103,000
5	$30,170	$60,340	$90,510	$120,680
6	$34,590	$69,180	$103,770	$138,360
7	$39,010	$78,020	$117,030	$156,040
8	$43,430	$86,860	$130,290	$173,720
Each additional person	$4,420	$8,840	$13,260	$17,680

APPENDIX C

OBTAINING FINANCIAL ASSISTANCE INFORMATION

Patients may obtain a financial assistance application from www.fa.bonsecours.com, a registrar or financial counselor located at one of our hospital facilities, or by calling customer service at (Local) 804-342-1500 or (Toll Free) 877-342-1500. For patients in Maryland, state law requires a different application for financial assistance to be filed, which application may also be found at the above URL or by calling the above telephone numbers.

APPENDIX D

AMOUNTS CHARGED TO PATIENTS

Local Market	Discount <=200% FPL	Discount 201-300% FPL	Discount 301-400% FPL
Baltimore	100%	72%	68%
Hampton	100%	83%	79%
Kentucky	100%	83%	79%
Rappahannock	100%	83%	79%
Richmond	100%	83%	79%
South Carolina	100%	88%	84%

APPENDIX E

AMOUNTS GENERALLY BILLED BY BSHSI MARKET

BSHSI Market	AGB
Baltimore	See below*
Hampton	25%
Kentucky	25%**
Rappahannock	25%
Richmond	25%
South Carolina	20%**

All acute care and free standing emergency room patients who are registered as "Self-Pay" will receive the Amounts Generally Billed (AGB) discount, formerly known as the Community Service Adjustment (CSA). Based on the AGB grid above, patients registered as "Self-Pay" will be billed the corresponding percentage of gross charges as listed above, APPENDIX E.

**Bon Secours physician practices in South Carolina, Kentucky, and Maryland do not offer the AGB discount. These physician practices do offer a 50% discount for self-pay patients.

Baltimore

Bon Secours Hospital
2000 West Baltimore Street | Baltimore, MD 21223

*Because both Maryland law and Federal tax law limit the amounts that may be charged to patients, an FAP eligible individual or an uninsured individual will not be charged more than the lesser of the AGB or the regulated charge set by the Maryland Health Services Cost Review Commission for emergency or other medically necessary care.

Hampton

Bon Secours Maryview Medical Center
3636 High Street | Portsmouth, VA 23707

Mary Immaculate Hospital
2 Bernardine Drive | Newport News, VA 23602

Bon Secours DePaul Medical Center
150 Kingsley Lane | Norfolk, VA 23505

Kentucky

Our Lady of Bellefonte Hospital
St. Christopher Drive | Ashland, KY 41101

Rappahannock

Bon Secours Rappahannock General Hospital
101 Harris Road | Kilmarnock, VA 22482

Richmond

ST. Mary's Hospital
5801 Bremo Road | Richmond, VA 23226

Memorial Regional Medical Center
8260 Atlee Road | Mechanicsville, VA 23116

Richmond Community Hospital
1500 N. 28th Street | Richmond, VA 23223

ST. Francis Medical Center
13710 St. Francis Boulevard | Midlothian, VA 23114

South Carolina

ST. Francis Downtown
1 St. Francis Drive | Greenville, SC 29601

ST. Francis Eastside
125 Commonwealth Drive | Greenville, SC 29615

ST. Francis Millennium
2 Innovation Drive | Greenville, SC 29607

APPENDIX F

Participating Providers

For a full list of physicians who provide emergency or other medically necessary care and who have not adopted BSHSI's financial assistance program, please visit www.fa.bonsecours.com.