MUSC HEALTH

Finance

Entity MUHA	Policy # **BR-PA 709**	**Financial Assistance Policy**
Date Originated December 16, 2004	**Effective Date** January 1, 2025	

Printed copies are for reference only. Please refer to the electronic copy for the official version.

Scope:

This policy is applicable to all sites owned and operated by the following entities: Medical University Hospital Authority, University Medical Associates of the Medical University of South Carolina locations ("MUSC Physicians"), Carolina Family Care, Inc. ("Carolina Family Care"), MUSC Health Partners and MUSC Community Physicians. These entities are collectively known as and referred to herein as "MUSC Health". This Policy may not apply to every physician providing services at MUSC Health Hospitals.

Policy Statement:

MUSC Health is committed to providing emergency and medically necessary health care for individuals regardless of their ability to pay. Under this Policy, financial assistance is provided to an eligible Patient or Guarantor (collectively referred to herein as "Patient"). This policy is designed to comply fully with all applicable state and federal laws and regulations including Section 501(r) of the Internal Revenue Code.

Policy Purpose:

The purpose of this Financial Assistance Policy for MUSC Health is to ensure equitable access to healthcare services for all patients, particularly those facing financial hardship. This policy aims to identify and assist uninsured or underinsured individuals by offering financial support and resources that facilitate timely and necessary medical care. By clearly outlining eligibility criteria and application procedures, we seek to alleviate the financial burdens of healthcare, promote health equity, and uphold our commitment to the community's well-being. Ultimately, this policy strives to ensure that no patient is denied essential medical services due to their financial circumstances.

Definitions:

Amount Generally Billed ("AGB"): The amounts generally billed for emergency and medically necessary care to individuals who have insurance covering such care. MUSC Health uses the "Look-Back" method to determine the AGB percentage. Under the "Look–Back" method, MUSC Health determines the AGB for any emergency and medically necessary care provided to a FAP-eligible individual by multiplying the hospital facility's gross charges for that care by one or more percentages of gross charges, called AGB percentages.

Applicable Insurance: Any insurance policies and health benefit plans from which patients are entitled to obtain payment for services including hospitalization, medical, third-party liability

insurance coverage, workers compensation benefits, employer, employer group, individual, welfare benefit, trust sponsored, and benefits paid by Medicare or Medicaid.

Emergent Care: Emergent Care refers to any medical care provided to evaluate and/or treat a health condition that requires immediate or unscheduled medical attention. Emergent care encompasses the initial evaluation, diagnosis, and treatment and may include severe, life-threatening conditions. Emergent care typically takes place in hospital emergency departments or trauma centers.

Family: Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage (including legal common law spouse), 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 purposes of the provision of financial assistance. MUSC Health reserves the right to validate the financial responsibility for any listed family member.

Family Income: The amount of money that a Family earns or receives. Family Income includes wages, salaries, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, rents from property, profits and fees from their own business, interest, dividends, rents, royalties, income from estates, trusts, alimony, child support and other miscellaneous sources.

Federal Poverty Level (FPL): A yearly income threshold calculated by the Federal government to determine if an individual or Family is considered to be in poverty. Household income scale administered by the federal government to establish eligibility for some government funded programs, as well as a standard for other assistance programs. This is adjusted annually and printed in the Federal Register by the U.S. Department of Health and Human Services.

Financial Assistance Program (FAP): A program at MUSC Health which provides free or discounted healthcare to Patients who are at or below the Federal Poverty guidelines outlined in Appendix A.

Plain Language Summary: A summary of the Financial Assistance Policy that is easy to understand.

Retail Charges: The standard charges for all patients treated at MUSC Health. These are often referred to as "gross" charges and are the charges prior to any applicable contractual allowances or discounts.

Underinsured: The patient has some level of health insurance or third-party assistance but may have out-of-pocket expenses that exceed a patient's ability to pay.

Uninsured: The patient has no level of health insurance or third-party insurance including but not limited to hospitalization, med-pay, personal injury protection, medical, third-party liability insurance coverage, worker's compensation benefits, employer, employer group, individual,

welfare benefit, trust sponsored, and benefits paid by government sponsored plans.

Policy:

I. FINANCIAL ASSISTANCE GUIDELINES

MUSC Health has established this Financial Assistance Policy (FAP) to provide the appropriate level of financial assistance for eligible Patients. Patients eligible for financial assistance will not be charged more than the Amounts Generally Billed (AGB) for emergency and medically necessary care. The Policy includes the following information regarding financial assistance:

1. Eligibility requirements for financial assistance under this policy.
2. Exceptions to the Financial Assistance Policy.
3. A description of how Patients may apply for financial assistance.
4. The criteria for determining eligibility for financial assistance, the basis for calculating amounts charged to eligible Patients and sources of information used by MUSC Health to determine a Patients eligibility for financial assistance.
5. A description of how MUSC Health communicates with the Patient regarding the FAP.
6. A description of how MUSC Health widely publicizes this policy on its website and within the communities it serves.
7. A description of actions that may be taken in the event of nonpayment.

II. ELIGIBILITY REQUIREMENTS

1. This Policy is applicable to a Patient or Guarantor ("Patient") who receives Emergent Care at MUSC Health.
2. Patients must submit a Financial Assistance Application unless the patient is presumptively eligible as described below.
3. Eligibility is based upon the criteria set forth below which includes current Family Income and is available to individuals with Family Income that is less than the FAP Sliding Scales set forth in Exhibit A.
4. A Patient may not be eligible for financial assistance if the Patient may qualify for other programs or has Applicable Insurance that would cover medical expenses.
5. A Patient shall fully comply with the requirements of the Financial Assistance Program and the application process.
6. Annual re-application for financial assistance is required to maintain eligibility for assistance.
7. MUSC Health reserves the right to review any application or other information available at any time and adjust the Patient's eligibility for discounts accordingly.
8. MUSC Health may deem individuals presumptively eligible if they demonstrate the following conditions or eligibility in the following means-tested programs:
    a. Homelessness.
    b. Deceased with no estate.
    c. Patients qualifying for Medicaid will be eligible for assistance associated with emergency or medically necessary services not covered by the Medicaid program.
    d. Patients qualifying for Local County Indigent Programs will be eligible for assistance associated with emergency or medically necessary services not covered by such program.

e. Eligibility for state or federal programs where program funding has been exhausted or is unavailable for the type of service.
f. Accounts confirmed as meeting presumptive financial assistance guidelines through electronic eligibility and scoring processes under current FPL guidelines under policy. (PARO)

III. EXCEPTIONS TO THIS POLICY

The applicant's medical care must be medically necessary to be considered. Medically necessary is defined by Medicare, Medicaid or industry standards. Medical services solely for cosmetic purposes, and services that are not medically necessary will not be considered. Refer to the MUSC Health Integrated Revenue Cycle Guarantor Payment Policy for scheduling, payment and discount requirements and protocols for these services. **(FE001 Guarantor Payment Policy)**. The following services are those likely to not be eligible for consideration for financial assistance:

a. Patients seeking elective cosmetic procedures
b. Patients seeking bariatric surgery
c. Patients seeking infertility services
d. Any third parties who may be liable for services
e. Patients eligible for third party liability insurance
f. Patients eligible for workers compensation benefits
g. Specialized High-Cost Services and Supplies (i.e., durable medical equipment, hearing aids, clinical trials, transplants, reconstructive maxillofacial prosthodontics, etc.)
h. Travel clinic services
i. Some outpatient psychiatry services
j. Services for which payments are due from municipalities, detention centers, or law enforcement agencies under contracts with such agencies
k. Services for which a flat fee has been negotiated
l. Negotiated settlements (to include legal cases)
m. Retail Pharmaceuticals
n. Dental services

IV. APPLYING FOR FINANCIAL ASSISTANCE

1. Patients are encouraged to apply for financial assistance within ninety (90) days from the date noted on the first "post-discharge" billing statement; however, patients are permitted a minimum of two hundred and forty (240) days to apply and submit a Financial Assistance Application. As per Internal Revenue Service guidelines, a billing statement for care is considered "post-discharge" if it is provided to an individual after the patient received care, whether inpatient or outpatient, and the individual has left the hospital.
2. Patients may apply for financial assistance by submitting a Financial Assistance Application unless presumptively eligible. For MUSC Health to make a determination of eligibility for financial assistance, patients must complete the application and provide all required documentation. Applications may be obtained in the following ways:
    a. On the MUSC Health website at: https://muschealth.org/patients-visitors/billing/financial-assistance

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   b. MyChart
   c. Requesting a Financial Assistance Application at any MUSC Health registration desk or by contacting a Customer Service Representative at 843-792-2311 or 800-598-0624.
3. Applicants for financial assistance will be requested to fully cooperate with MUSC Health by providing requested information on a timely basis, by applying for government sponsored or government subsidized health insurance or any other insurance programs for which they will be eligible.
4. To help the patient qualify for financial assistance, the patient or the responsible party may be asked to provide some or all the following documentation:
   a. A Financial Assistance Application
   b. Prior year's tax return(s)
   c. Minimum of two most recent pay stubs if paid bi-monthly or four if paid weekly
   d. Most recent bank statements for savings and checking accounts
   e. Other proof of income as defined by 'Family Income' listed in the Definitions section of this Policy.
   f. Proof of South Carolina residency
5. MUSC Health may also request the patient participate in joint efforts to apply for alternative sources of payment for the health care services provided and attempt to obtain health care coverage from public and private payment programs
6. Approved Financial Assistance discounts can be applied to balances prior to the approval date of the application and will be applied to future balances for twelve (12) months after the approval date.
7. The need for financial assistance may be re-evaluated at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.

V. CRITIERIA FOR DETERMING FINANCIAL ASSISTANCE ELIGIBILITY

1. MUSC Health uses the FPL in effect at the time the Application is reviewed to determine eligibility for financial assistance. MUSC Health will update the FPL, which is published annually by the U.S. Department of Health and Human Services, effective each year by March 1 or thirty (30) days from the date of publication, whichever is later.
2. Any patient eligible for financial assistance will not be charged more than the Amounts Generally Billed (AGB). MUSC Health uses the "look back" method to determine AGB. The "look back" method is calculated using the previous year's gross charges and payments associated Medicare and other insurance that MUSC Health participates with. The AGB percentage used for MUSC Health is 88%.
3. The amounts charged to Patients eligible under this Policy will not be more than the amount MUSC Health generally bills Patients having insurance under Medicare.
4. All decisions on financial assistance eligibility will be made in writing and sent by mail or the letter sent to MyChart. In the case of a denial, the notification for the denial of financial assistance will explain the reason for the denial.
5. If an incomplete application is received, the patient will receive written notice that describes the additional information or documentation required to make an eligibility determination for financial assistance. The additional information or documentation is expected to be provided within thirty (30) days of notification.

VI. COMMUNICATION OF THE FINANCIAL ASSISTANCE PROGRAM

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1. Once the application and all requested documents are provided to MUSC Health, the Patient's application will be reviewed, and an approval or denial letter will be mailed to the Patient.
2. This Financial Assistance Policy, the Financial Assistance Application, the Billing and Collection Policy, and the Plain Language Summary (collectively, the "FAP Documents") are published on the MUSC Health website: **https://muschealth.org/patients-visitors/billing/financial-assistance**
3. MUSC Health widely publicizes this Policy within the communities it serves.
4. MUSC Health provides written notice on patient billing statements about the availability of financial assistance under the FAP.
5. MUSC Health has various displays such as fliers, pamphlets, and posters regarding MUSC Health's FAP and is displayed at intake areas throughout MUSC Health facilities.
6. FAP Documents will be made available upon request from the Patient.
7. Financial Assistance may be reversed upon the finding of any health insurance or third-party coverage.

VII. NON-PAYMENT OF MUSC SERVICES

MUSC Health may employ reasonable collection efforts to obtain payment from a Patient who does not qualify for financial assistance after 120 days. General collection activities may include statements, letters, texts, telephone calls, and referral of accounts to third party agents or vendors and the South Carolina Department of Revenue.

No MUSC entity or third-party collections agent will impose extraordinary collections actions ("ECAs") such as legal actions or adverse credit reporting against any Patient, without first making reasonable efforts to determine whether that Patient is eligible for Financial Assistance under this Policy. These reasonable efforts include:

1. Assuring that no ECAs are imposed for at least 120 days from the date of the first billing statement.
2. Providing a 30-day written notice that includes information about MUSC Health FAP and about any intended ECAs to be imposed in the event of nonpayment.
3. Providing oral notification of any intended ECAs to be imposed in the event of nonpayment.
4. If a Patient is determined to be eligible for Financial Assistance after payment is received or after an ECA has been imposed, the account will be adjusted, and the collections action will be reversed.
5. A description of actions that may be taken in the event of nonpayment are also set forth in Billing and Collection Policy located at https://muschealth.org/patients-visitors/billing/financial-assistance.

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VIII. FOR HELP OR QUESTIONS

For assistance completing the FAP application or for any questions, a Patient may do the following:

1. Contact a Customer Service Representative at 843-792-2311
2. Schedule a meeting with an MUSC Health Financial Counselor
3. Meet with a Financial Account Representative at 1 Poston Road Suite 135 Charleston, SC 29407

Resources / Related Policies:

MUSC Health Billing and Collection Policy

Internal / External References / Citations:

HHS Poverty Guidelines for 2025

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Appendices:

Appendix A

2025 FAP SLIDING SCALES

FAP Sliding Scale for Uninsured and Insured patients

Percent Discount		100%	88%	0%
Household Size	Yearly Income	If Household Income is LESS than	If Household Income is between	If Household Income is or greater than
		(200% of Poverty Level)	(201-%-300% of Poverty Level)	(301% of Poverty Level)
1	$15,650	$15,650-$31,300	$31,301-$46,950	$46,951
2	$21,150	$21,150- $42,300	$42,301-$63,450	$63,451
3	$26,650	$26,650-$53,300	$53,301-$79,950	$79,951
4	$32,150	$32,150-$64,300	$64,301-$96,450	$96,451
5	$37,650	$37,650-$75,300	$75,301-$112,950	$112,951
6	$43,150	$43,150-$86,300	$86,301-$129,450	$129,451
7	$48,650	$48,650-$97,300	$97,301-$145,950	$145,951
8	$54,150	$54,150-$108,300	$108,301-$162,450	$162,451

For each additional person, add $5,500

As defined by Health and Human Services: National Poverty Guidelines

http://www.hhs.gov/