



Holy Cross Health: Patient Financial Assistance

Owner/Dept: Julie Keese, VP, Reimbursement & Accounting/ Office of the CFO	Date approved: 06/11/2018
Approved by: Anne Gillis (RHM Chief Financial Officer), Annice Cody (President Holy Cross Health Network), Doug Ryder (RHM President), Louis Damiano (RHM President)	Next Review Date: 06/11/2020
Affected Departments: Collections, Emergency Registration, Financial Counseling, HCH Ob-Gyn Clinic, HCHC Aspen Hill, HCHC Gaithersburg, HCHC Germantown, HCHC Silver Spring, Insurance Billing, Legal Services, Office of the CFO, Patient Access Services, Patient Accounting, Patient Registration, Pre-Arrival Services	

Purpose

It is part of the Holy Cross Health mission to make medically necessary care available to those in our community who are in need regardless of their ability to pay. Since all care has associated cost, any “free” or “discounted” service provided through this program results in that cost being passed on to other patients and their payers. Holy Cross Health therefore has a dual responsibility to cover those in need while ensuring that the cost of care is not unfairly transferred to individuals, third party payers and the community in general.

It is the purpose of this policy to:

- Ensure a consistent, efficient and equitable process to provide free or reduced-cost medically necessary services to patients who reside in the state of Maryland or who present with an urgent, emergent or life-threatening condition and do not have the ability to pay.
- Ensure regulatory agencies and the community at large that Holy Cross Health documents the financial assistance provided to these patients so that their eligibility for the assistance is appropriately demonstrated.
- Protect a stated level of each patient’s assets when determining their eligibility for financial assistance under this policy.
- Provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility for financial assistance under this policy.

Applies to: Services, locations and facilities listed in Covered Services section

**Policy
Overview**

The Holy Cross Health patient financial assistance policy applies in those cases where patients do not have sufficient income or assets to pay for their care and fulfill their obligation to cooperate with and avail themselves of all programs for medical coverage (including Medicare, Medicaid, commercial insurances, workers compensation, and other state and local programs). The financial assistance policy is comprised of the following programs – each of which may have its own application and/or documentation requirements:

- **Scheduled Financial Assistance Program:** Holy Cross makes available financial assistance to eligible patients who have a current or anticipated need for inpatient or outpatient medical care. This assistance requires completion of an application and provision of supporting documentation. Once approved, such financial assistance remains in effect for a period of six months after the determination unless the patient’s financial circumstances change or they become eligible for coverage through insurance or available public programs during this time.
- **Presumptive Financial Assistance Program:** Holy Cross makes available presumptive financial assistance to eligible patients as follows:
 - Patients, unless otherwise eligible for Medicaid or CHIP, who are beneficiaries of the means-tested social services programs listed below are eligible for free care, provided that the patient submits proof of enrollment within 30 days unless a 30 day extension is requested. Assistance will remain in effect as long as the patient is an active beneficiary of one of the programs below:
 - Households with children in the free or reduced lunch program;
 - Supplemental Nutritional Assistance Program (SNAP);
 - Low-income-household energy assistance program;
 - Women, Infants and Children (WIC)
 - Patients who are beneficiaries of the Montgomery County programs listed below are eligible for 60% financial assistance, provided that the patient submits proof of enrollment within 30 days unless a 30 day extension is requested. Assistance will remain in effect as long as the patient is an active beneficiary of one of the programs below:
 - Montgomery Cares;
 - Project Access;
 - Care for Kids

Note: Patients in these County programs may also be eligible and evaluated for 100% financial assistance based upon completion of a

Uniform Financial Assistance Application and provision of supporting documentation.

- Deceased patients with no known estate, patients who are homeless, unemployed, had their debts discharged by bankruptcy and members of religious organizations who have taken a vow of poverty and have no resources individually or through the religious order.
- Uninsured patients receiving services at Holy Cross Health Centers and/or the Obstetrics/Gynecology Clinics. In some cases both the eligibility and documentation requirements will reflect the processes and policies of county or other public programs for financial assistance. This assistance is based on the same financial assistance eligibility schedule, but normally requires a less extensive documentation process. In accordance with County policy, patients are expected to make the minimum required co-payments and/or contractual payments regardless of the level of charity care for which the patient would otherwise be eligible.
- Patients qualifying for public assistance programs who receive non-covered medically necessary services.

Holy Cross Health recognizes that not all patients are able to provide complete financial and/or social information and Holy Cross Health may elect to approve financial support based on available information, including third-party, predictive modeling software, prior to referring an outstanding balance to an external collection agency to ensure those patients who cannot afford to pay for care are appropriately identified regardless of documentation provided.

- **Medical Financial Hardship Program:** Holy Cross Health also makes available financial assistance to “medically indigent” patients who demonstrate a financial hardship as a result of medical debt. This program requires a more extensive documentation process. Reduced-cost financial assistance will remain in effect during the 12-month period after the date the reduced-cost medically necessary care was initially received and will apply to the patient or any immediate family member of the patient living in the same household when seeking subsequent care at a Holy Cross Health facility.

If a patient meets the eligibility requirements of more than one of the programs listed above, Holy Cross Health will apply the reduction in charges that is most favorable to the patient.

Within two business days of the receipt of a patient request for financial assistance, a preliminary eligibility determination will be made. Final determination is subject

to validation of the information on the Uniform Financial Assistance Application. Holy Cross Health will require from patients or their guardians only those documents required to validate information provided on the application.

The documentation requirements and processes used for each financial assistance program are listed in this policy and the Uniform Financial Assistance Application and accompanying instructions.

**Amount
Generally
Billed (AGB)**

An individual who is eligible for assistance under this policy for emergency or other medically necessary care will never be charged more than the amounts generally billed (AGB) to an individual who has insurance coverage for such care. We determine the AGB using the Medicare prospective method as permitted under Federal 501(r) regulations and this provides the reduction in charges that is most favorable to the patient eligible for assistance under this policy.

The charges to which a discount will apply are set by the State of Maryland's Health Services Cost Review Commission (HSCRC) and are the same for all payers (i.e. commercial insurers, Medicare, Medicaid or self-pay). Holy Cross's AGB is 94% of charges which represents the amount Medicare would allow for the care. This includes both the amount Medicare would pay and the amount, if any, the individual is personally responsible for paying in the form of co-payments, coinsurance and deductibles.

**Covered
Services**

The financial assistance policy applies only to charges for medically necessary patient services that are rendered at facilities operated solely by Holy Cross Health. These facilities include Holy Cross Hospital, Holy Cross Germantown Hospital, Holy Cross Health Centers, Holy Cross Health Partners and Holy Cross Dialysis Center at Woodmore. It does not apply to services that are operated by a "joint venture" or "affiliate" of Holy Cross Health. Contracted physicians (Emergency Medicine, Anesthesia, Pathology, Radiology, Hospitalists, Intensivists, Surgeons, and Neonatologists) also honor scheduled financial assistance determinations made by Holy Cross Health

Provision of services specifically for the uninsured: In the event that Holy Cross Health provides a more cost effective setting for needed services (such as the Obstetrics/Gynecology Clinics or the Health Centers), in cooperation with community groups or contracted physicians, specific financial assistance and payment terms apply that may differ from the general Holy Cross Health financial assistance program. In these heavily discounted programs, patients are expected to make the minimum co-payments that are required regardless of the level of charity care for which the patient would otherwise be eligible. Those minimum obligations are not then eligible to be further reduced via the scheduled financial assistance policy.

Services Not Covered

Services not covered by this financial assistance policy are:

- Private physician services (except for the contracted providers described above) or charges from facilities in which Holy Cross Health has less than full ownership.
- Cosmetic, convenience, and/or other medical services, which are not medically necessary. Medical necessity will be determined by Holy Cross Health consistent with regulatory requirements after consultation with the patient's physician and must be determined prior to the provision of any non-emergent service.
- Services for patients who do not cooperate fully to obtain coverage for their services from County, State, Federal, or other assistance programs for which they are eligible.

Note: A comprehensive list of providers who participate and do not participate in the Holy Cross Health financial assistance program can be found on Holy Cross Health's external website and is made available upon request.

Patient Eligibility Requirements

Holy Cross Health provides various levels of financial assistance to Maryland residents and patients who present with an urgent, emergent or life-threatening condition whose income is less than 400% of the federal poverty level and whose monetary assets that are convertible to cash do not exceed \$10,000 as an individual or \$25,000 within a family. Monetary assets that are convertible to cash exclude up to \$150,000 of equity in their primary residence, business use vehicles, personal tools used in their trade or business, personal use property, deferred retirement plan assets, financial awards received from non-medical catastrophic emergencies, irrevocable trusts for burial purposes, prepaid funeral plans, and government administered college savings plans. Holy Cross Health will also provide assistance to patients with family income up to 500% of the federal poverty level that demonstrate a financial hardship as a result of incurring hospital medical debt that exceeds 20% of family income over a 12-month period.

Any individual may make a request to reconsider the level of reduced-cost care approved or denial of free or reduced-cost care by Holy Cross Health for the individual. In such cases, requests are to be made to the financial counseling manager who will consider the total financial circumstances of the individual including outstanding balances owed to Holy Cross Health, debt and medical requirements as well as the individual's income and assets. The financial counseling manager will assemble the patient's request and documentation and present it to the financial assistance exception committee (comprised of the Chief Mission Officer, Chief Financial Officer, Chief Quality Officer and the Vice President, Reimbursement and Revenue Management) for consideration.

If an application is received within 240 days of the first post-discharge billing

statement, and the account is with a collection agency, the agency will be notified to suspend all Extraordinary Collection Actions (ECA) until the application and all appeal rights have been processed.

In any case where the patient's statements to obtain financial assistance are determined to be materially false, all financial assistance that was based on the false statements or documents will be rescinded, and any balances due will be processed through the normal collection processes.

The scheduled financial assistance program provides free medically necessary care to those most in need – patients who have income equal to or less than 200% of the federal poverty level. It also provides for a 60% reduction in charges for those whose income is between 201% and 300% of the poverty level, and 30% assistance from 301% to 400% of the federal poverty level. For those patients who demonstrate a medical financial hardship, a minimum of 30% assistance may be provided from 401% to 500% of the federal poverty level. Holy Cross Health's schedule of financial assistance will change according to the annual update of federal poverty levels published in the HHS Federal Register.

Patients with family income up to 200% of the Federal Poverty Income Guidelines will be eligible for financial assistance for co-pay and deductible amounts provided that there is no conflict with contractual arrangements with the patient's insurer or enrollment in a Montgomery County program.

Continuing financial obligation of the patient: Patients who receive partial financial assistance have been determined to be capable of making some payment for their care. Unless a specific patient financial assistance exception request is made and approved, or Holy Cross Health management formally adopts a procedure that exempts collection processes for particular services, patients are expected to pay the amount of the reduced balance. In cases other than the above, any patient who fails to pay their reduced share of the account in question will have that account processed through our normal collection procedures, including the use of outside agencies and credit reporting. However, Holy Cross Health will not pursue a judgment against anyone who has legitimately qualified for any scheduled level of Holy Cross Health financial assistance. Payment plans are also made available to uninsured patients with family income between 200% and 500% of the federal poverty level that request assistance.

**Notice of
Financial
Assistance**

The financial assistance program is publicized to patients of Holy Cross Health to whom it may apply. The information will be made available via the following methodologies:

- 1) A plain language summary of Holy Cross Health's financial assistance policy, financial assistance applications, and the Hospital patient information sheet is prominently displayed in all registration and cashier areas, the

facilities' main lobby, cafeteria and the emergency center, and the health center campuses in English, Spanish and in the predominant languages represented by our patient population as defined by applicable regulations. All documents can also be accessed, viewed, downloaded and printed from Holy Cross Health's external website.

- 2) Notice of financial assistance availability is indicated on all Holy Cross Health billing statements along with a reference to the external website and phone number where inquiries can be made.
- 3) All self-pay patients are advised of the existence of the financial assistance program during the pre-registration and registration process.
- 4) Information regarding eligibility and applications for financial assistance will be mailed to any patient who requests it at any time – including after referral to collection agencies.
- 5) A notice will be published each year in a newspaper of wide circulation in the primary service areas of Holy Cross Health.

The actions that Holy Cross Health may take in the event of nonpayment are described in a separate policy entitled "Billing and Collection of Patient Payment Obligations". A copy of the policy is available through our financial counseling department upon request.

Related Documents

- Billing and Collection of Patient Payment Obligations Policy
- Holy Cross Health Financial Assistance Program – Participating Providers
- Holy Cross Health Financial Assistance Program – Non-Participating Providers

References

- Trinity Health. "Financial Assistance Policy", Trinity Health system policy URO-02-12-07 , February 12, 2017.
- Federal Poverty Guidelines, HHS Federal Register
- Patient Protection and Affordable Care Act: Statutory Section 501(r)

Questions and More Information

Contact the financial counseling department at 301-754-7195 or the financial counseling manager at extension 301-754-7193 with questions and for more information.

Policy Modifications

The Holy Cross Health Board of Directors must approve modifications to this policy. In addition, this policy will be presented to the Board for review and approval every two years.

Approval

This policy was reviewed and approved by the Holy Cross Health Executive Team and the Holy Cross Health Board of Directors on April 19, 2018.

