



TITLE	Financial Assistance Policy						
Original Date	6/2021	Review Date		Approve Date	10/2024	Effective Date	10/2024

## SCOPE

This policy applies to Singing River Hospital, Ocean Springs Hospital, Singing River Gulfport and affiliate clinics of each hospital campus.

## DEFINITIONS

**Charity:** Medically necessary services rendered without the expectation of full payment to patients meeting the criteria established by this policy. This includes uninsured (self-pay), underinsured, and prompt pay discounts.

**Medically Necessary:** Hospital services or care rendered outpatient and inpatient, 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. Excludes cosmetic surgery, bariatric surgery, skilled nursing facility (SNF), Inpatient Medical Stabilization (IMS), Non-Emergent ED visits, Therapy series (occupational/physical/speech), CRC (comprehensive rehab), Dietary outpatient consults and school routine physicals.

**Catastrophic Adjustment:** Any single account patient balance, greater than 300% of the patient's gross income.

**Self-Pay Discount:** A discount on gross charges may be applicable to uninsured patients without requiring evidence of inability to pay. Self-pay discounts qualify as charity under this financial assistance policy.

**Extraordinary Collection Actions (ECAs):** A list of collection activities, as defined by the IRS and Treasury that healthcare organizations may only take against an individual to obtain payment for care *after* reasonable efforts have been made to determine whether the individual is eligible for financial assistance. These actions are further defined in this policy and include actions such as reporting adverse information to credit bureaus/reporting agencies along with legal/judicial actions such as garnishing wages.

**Emergency Care:** Immediate care that is necessary to prevent putting the patient's health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts.

**Urgent Care:** Medically necessary care to treat medical conditions that are not immediately life threatening, but could result in the onset of illness or injury, disability, death, or serious impairment or dysfunction.

**Uninsured:** Patients with no insurance or third-party assistance to help resolve their financial liability to healthcare providers. Uninsured may also be referred to as self-pay.

**Underinsured:** A person receiving healthcare services who has private healthcare insurance, but whose coverage does not cover specified care. Patients with commercial insurance are not generally eligible for financial assistance write-offs due to health-plan and legal requirements related to billing patients for their full cost-share portion of the provided services. However, if third-party coverage does not provide benefits for the hospital services due to health plan exclusions, pre-existing conditions, waiting period prior to eligibility, or exhaustion of benefits, the patient may be considered uninsured and eligible for financial assistance adjustment, for the services not covered. This does not apply when the third-party coverage does not provide coverage at an Singing River Health System facility for services that would otherwise be authorized in the payor's network of providers.

**Amount Generally Billed (AGB):** The amounts generally billed for emergency or medically necessary care to individuals who have insurance covering such care, determined in accordance with section 1.501(r) - 5(b).

**Allowed Amount:** Amount owed to Singing River Health System ("Singing River") after gross charges are reduced by the payer's contractual adjustment or self-pay discounts.

**Presumptive Eligibility:** The process by which Singing River may use previous eligibility determinations and/or information from sources other than the individual to determine eligibility for financial assistance.

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## POLICY

Consistent with our mission to provide high quality health and wellness services for the community, Singing River, is committed to providing financial assistance to uninsured and underinsured individuals who need emergency or medically necessary treatment and have a household income 200% or less of the Federal Poverty Guidelines (FPG).

In accordance with the Affordable Care Act (ACA), any patient eligible for financial assistance under Singing River's financial assistance policy will not be charged more for emergency or medically necessary care than the amount generally billed (AGB) to insured patients.

Patients seeking assistance will be required to apply for other external programs (such as Medicaid or insurance through the public marketplace) before eligibility under this policy is determined. Additionally, any uninsured patients who are believed to have the financial ability to purchase health insurance may be encouraged to do so to help ensure healthcare accessibility and overall well-being.

## PROCEDURE

### Eligibility

The patient must be a resident of Harrison County, Hancock County, Jackson County, George County and/or Stone County, MS. Any Harrison/Hancock/Jackson/George/Stone County, MS resident has the opportunity to apply for financial assistance within 240 days from their discharge date without any ECA. Proof of residency may be required as evidence by one of the following: current driver's license, car tag registration, mortgage papers, lease or rental agreement, homestead exemption receipt, voter registration card, water bill, and/or electric bill. Any documents used for proof of residency must contain the name and physical address of the applicant and/or spouse. No post office box may be used as proof of residency.

Services eligible for financial assistance include: emergency or urgent care, services deemed medically necessary by Singing River and in general, care that is needed in order to prevent death or adverse effects to the patient's health.

Patients who are uninsured or underinsured and have a household income at or below 200% of the Federal Poverty Guidelines (FPG) (shown in Table A) may receive free care (a 100% charity adjustment). Individuals with any single account greater than 300% of the patient's gross income may be eligible for a catastrophic event discount on the qualifying account.

For any financial assistance application that is approved, the adjustment will be applied to the balance after all third-party coverage has been collected. Determination of eligibility for financial assistance will be active for 6 months from the date of approval.

Determinations for financial assistance eligibility will require patients to submit a completed financial assistance application (including all documents) and may require discussion with hospital financial counselors.

Approval Authorities for Financial Assistance adjustments are as follows:

- Credit Specialists – up to \$50,000
- Collection and Patient Access Managers – up to \$100,000
- Business Office and Patient Access Directors – up to \$250,000
- Chief Financial Officer – greater than \$250,000

The Federal Poverty Guideline calculations are updated annually in conjunction with the published updates by the United States Department of Health and Human Services, United States Federal Poverty Measure Guidelines. The Eligibility Criteria discount percentage will be updated annually based on the calculation set forth by the Singing River self-pay Discount and Section 501 of the Internal Revenue Code (instituted by the Patient Protection and Affordable Care Act) <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.

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### Financial Assistance Available at Singing River

#### 100% Financial Assistance

2024 Federal		
FAMILY SIZE	Poverty Guidelines	200%
1	≤\$15,060	≤\$30,120
2	≤\$20,440	≤\$40,880
3	≤\$25,820	≤\$51,640
4	≤\$31,200	≤\$62,400
5	≤\$36,580	≤\$73,160
6	≤\$41,960	≤\$83,920
7	≤\$47,340	≤\$94,680
8	≤\$52,720	≤\$105,440

#### Notification of Eligibility Determination

- **Normal Processing Period:** Clear expectations as to the length of time required to review the application and provide a decision, should be provided at the time of application. A prompt turn-around and written decision will be provided, generally within 10 business days of the hospital's receipt of completed application. If the financial assistance application is denied, patients will receive a denial letter allowing them to appeal in writing within 14 days.
- **Determining Presumptive Eligibility:** When a patient does not have adequate sources to complete a financial assistance application but there is sufficient information outlined in Section G of this policy to support the patient's inability to pay, the patient's case will be submitted for review. If approved for assistance, a charity adjustment may be granted to all of the patient's eligible accounts.
- **Change in Status Notifications:** If the patient with an outstanding bill or payment obligation has a change in his/her financial status, the patient should promptly notify the Financial Services Department. The patient may apply for financial assistance and/or a review for change in their payment plan terms.
- **Charitable Committee:** Due to extenuating circumstances an application that does not meet all qualifications may be presented for reviewed and/or approval by the Charitable Committee.
- **Refunding Patient Payments:** Account balances with previously made payments for services within 240 days prior to approval will be refunded upon Financial Assistance approval.
- **Charity Adjustment to Patient Accounts:** Once Financial Assistance eligibility determination is made; the charity adjustment may be applied to all of the patient's open and/or bad debt accounts for services prior to the approval date up to 240 days. Additionally, the FAP is active for 6 months from the approval date.

#### Determining AGB for Self-Pay Adjustment

Singing River uses the "look-back" method described in Section 4(b)(2) of the IRS and Treasury's 501(r) final rule.

To determine AGB, Singing River uses claims data from Medicare fee-for-service and all private commercial insurers to calculate the total gross charges and allowed amounts for emergency and medically necessary care over the past year. The allowed amounts are divided by the gross charges to arrive at the AGB percentage. Singing River re-calculates the percentage each year.

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The AGB percentage is multiplied by gross charges for emergency and medically necessary care to determine the amount owed for a service provided to a patient that qualifies under this financial assistance policy. Patient's that qualify for assistance under this policy may not be charged more than AGB for emergency or other medically necessary care.

### Applying for Financial Assistance

To apply for financial assistance, patients must submit a complete application with a signed consent form allowing Singing River to pull their credit report. The credit report will result in a soft hit, which has no adverse effect towards the patient's credit score.

Applications can be accessed:

- In person at Singing River Hospital, Ocean Springs Hospital or Singing River Gulfport;
- In person Financial Services – 2101 HWY 90 Gautier, MS 39553;
- By phone call 228-762-8876;
- By mail request to: P.O. Box 540, Pascagoula, MS 39566; or
- Online at [www.mysingingriver.com](http://www.mysingingriver.com).

To be considered eligible for financial assistance, patients must cooperate with the hospital to explore alternative means of assistance if necessary, including Medicare and Medicaid.

In addition to completing an application, individuals should be prepared to supply the following documentation for all persons in household:

- **Wage/Salary: All Required**
  - A complete copy of your current and/or last year's Federal Income Tax Return (include W2's and/or 1099);
  - If no tax return, provide last filing date letter from IRS; and
  - 2 Current paystubs to include year-to-date wages.
- **Self Employed: All Required**
  - A complete copy of your current and/or last year's Federal Income Tax Return with schedule C;
  - If no tax return, provide last filing date letter from IRS;
  - 6 months current bank statements; and
  - Business ledger.
- **Unemployment Requirements: Choose One if Applicable**
  - Receiving Unemployment Benefits: Award Letter **AND** Current Bank Statement; or
  - Not receiving Unemployment benefits: Correspondence letter from Department of Labor **AND** Letter from person(s) providing support including length of unemployment.
- **Other Form of Income: All Required**
  - Social security, disability, alimony, child support, retirement, benefits, pension, worker's compensation and/or unemployment compensation;
  - Award letter indicating the amount you receive; and
  - Most recent bank statement reflecting deposit.
- **Proof of Residency: Choose One**
  - Current Driver's License
  - Car tag registration
  - Mortgage papers, lease or rental agreement
  - Homestead exemption
  - Voters registration card
  - Water or electric bill

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- **Proof of Dependents: Choose One if Applicable**

- Copy of tax return for current tax year
- School records
- Legal documents

The following assets are considered "Exempt Assets" for purposes of this Policy, such that the value of such assets will not be considered in determining a patient's ability to pay for financial need: the patient's primary residence; personal property exempt from judgment under Section 12-1001 of the Code of Civil Procedure; or any amounts held in pension or retirement plan (however, distribution and payments from pension or retirements plans will be included as income).

If your account(s) is/are the result of a motor vehicle accident and/or Liability, with possible settlement, financial assistance will be considered at such time when the account(s) is/are determined to be patient responsibility.

Individuals who would like assistance with completing the financial assistance application may contact our Financial Services Department located at 2101 Hwy 90 Gautier, MS 39553 or by phone:

Financial Services (228) 762-8876	Pascagoula Campus (228) 809-6023	Ocean Springs Campus (228) 818-6065	Gulfport Campus (228) 575-7148
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Financial Services office hours are Monday thru Friday 8:00AM- 4:30PM.

#### **Actions in the Event of Non-Payment**

Singing River will make certain efforts to provide patients with information about our financial assistance policy before we or our outside collection agency representatives take certain actions to collect your bill.

Singing River will inform Uninsured/underinsured patients of our financial assistance policy and the collection activities we may pursue. You can request a copy of this policy in person at our Financial Services office located at:

- Address: 2101 HWY 90 Gautier, MS 39553;
- Phone: (228)762-8876; or
- Online: [www.mysingingriver.com](http://www.mysingingriver.com).

#### **Presumptive Eligibility**

If patients fail to supply sufficient information to support financial assistance eligibility, Singing River may refer to, or rely on, external sources and/or other program enrollment resources to determine eligibility when:

- Patient is homeless/shelter;
- No address - hospital address;
- Wards of the State – incarcerated, court commits;
- Patient is eligible for other unfunded state or local assistance programs; or
- Patient is eligible for state-funded Medicaid or balances after Medicaid.

Singing River may use an eligibility vendor, to help identify patients who may be eligible for financial assistance under this policy or through other public and private programs.

#### **PLAN FOR IMPLEMENTATION**

Staff are educated on this policy upon hire and as needed with updates.

#### **RELATED DOCUMENTS**

Bad Debt Policy

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## Billing and Collections Policy

### REGULATORY BASIS/REFERENCE DOCUMENTS

Section 4(b)(2) of the IRS

Treasury's 501(r) final rule

Section 501 of the Internal Revenue Code (instituted by the Patient Protection and Affordable Care Act)

Section 12-1001 of the Code of Civil Procedure

### REVIEW AND REVISION PROCESS

REQUIRED: Details on how often/when the policy will be reviewed, and the process for making revisions or updates as necessary.

**NOTE: All policies are to be reviewed within a three-year time frame unless otherwise specified annually by regulatory standards.**

This section should also include the following verbiage:

"For revisions to this policy, always email the Policy Manager for the most current Word version. Your copy may not be up-to-date."



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## DOCUMENT CONTROL

<b>RESPONSIBLE DEPARTMENT</b>	What department or service line owns this policy and is responsible for accuracy, timely review, and updates, and should receive the notification this policy is due for review?
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**REVIEWER(S) REQUIRED** Select all impacted areas to review this policy. Keep in mind there may be an upstream or downstream effect.

- |   |   |
|---|---|
| <input type="checkbox"/> Accreditation<br><input type="checkbox"/> Anesthesia<br><input type="checkbox"/> Behavioral Health<br><input type="checkbox"/> Campus Police<br><input type="checkbox"/> Cardiology/Cath Lab<br><input type="checkbox"/> Clinical Data Management/Quality<br><input type="checkbox"/> Clinics (Outpatient Clinics Primary/Specialty)<br><input type="checkbox"/> Compliance<br><input type="checkbox"/> Comprehensive Rehab Unit<br><input type="checkbox"/> Diversity, Equity, and Inclusion Committee<br><input type="checkbox"/> Education<br><input type="checkbox"/> Emergency Management<br><input type="checkbox"/> Environmental Services<br><input checked="" type="checkbox"/> Finance<br><input type="checkbox"/> Food Services/Dietary<br><input type="checkbox"/> Hemodialysis<br><input type="checkbox"/> Hospice of Light<br><input type="checkbox"/> Human Resources/Employee Health<br><input type="checkbox"/> Infection Prevention<br><input type="checkbox"/> Information Services/EPIC Team<br><input type="checkbox"/> Laboratory<br><input type="checkbox"/> Legal<br><input type="checkbox"/> Marketing<br><input type="checkbox"/> Materials Management<br><input type="checkbox"/> Nursing Services/Nurse Practice Council<br><input type="checkbox"/> Oncology<br><input type="checkbox"/> Patient Access | <input type="checkbox"/> Patient Resource Management<br><input type="checkbox"/> Pediatrics<br><input type="checkbox"/> Pharmacy<br><input type="checkbox"/> Physical Environment/Facilities/Biomed<br><input type="checkbox"/> Radiology<br><input type="checkbox"/> Rehabilitation Services<br><input type="checkbox"/> Research<br><input type="checkbox"/> Respiratory<br><input type="checkbox"/> Risk Management<br><input type="checkbox"/> Skilled Nursing Facility<br><input type="checkbox"/> Surgical Services<br><input type="checkbox"/> Systems of Care (Trauma/Stroke/STEMI/Sepsis)<br><input type="checkbox"/> Transportation<br><input type="checkbox"/> Vascular Access<br><input type="checkbox"/> Women's Services<br><input type="checkbox"/> Wound Care Services<br><b>Medical Staff Committees</b><br><input type="checkbox"/> Department of Behavioral Health<br><input type="checkbox"/> Department of Critical Care<br><input type="checkbox"/> Department of Emergency<br><input type="checkbox"/> Department of Medicine<br><input type="checkbox"/> Department of Obstetrics<br><input type="checkbox"/> Department of Pathology and Lab Medicine<br><input type="checkbox"/> Department of Pediatrics<br><input type="checkbox"/> Department of Radiology<br><input type="checkbox"/> Department of Surgery |
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**APPROVER(S) REQUIRED****Oversight Committees**

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- Policy Oversight Committee
- 
- 
- Infection Prevention Committee
- 
- 
- Patient Safety Committee
- 
- 
- Pharmacy & Therapeutics Committee
- 
- 
- Physical Environment Committee
- 
- 
- Utilization Review Committee

**Executive Approvals**

- 
- Medical Executive Committee
- 
- 
- Board of Trustees