

<b>MUSC Health: INTEGRATED REVENUE CYCLE POLICY</b>	
<b>POLICY APPLICABLE TO THE FOLLOWING AFFILIATES OF THE MEDICAL UNIVERSITY OF SOUTH CAROLINA</b>	
<i>Medical University Hospital Authority and MUSC Physicians (MUSC Health)</i>	
<b>Subject: Financial Assistance Policy</b>	
<b>Policy #: BR-PA 709</b>	<b>Date Created: 12/16/04</b>
<b>Originator: Customer Service/Guarantor Collections</b>	<b>Last Date Revised: 5/10/17</b>
<b>Distribution: All Employees</b>	<b>Approval: 5/10/17</b>

**DISCLAIMER:** THIS POLICY IS APPLICABLE TO THE ENTITIES COMPRISING THE MEDICAL UNIVERSITY OF SOUTH CAROLINA HEALTH (MUSC HEALTH) INTEGRATED REVENUE CYCLE. THE MUSC HEALTH INTEGRATED REVENUE CYCLE INCLUDES: THE MEDICAL UNIVERSITY HOSPITAL AUTHORITY AND MUSC PHYSICIANS. THE FOLLOWING ENTITIES AND DIVISIONS ARE EXCLUDED FROM THE FAP POLICY MEDICAL UNIVERSITY OF SOUTH CAROLINA PHSYISCIANS PRIMARY CARE, DENTAL, UROLOGY, PSYCHIATRY, AND ADULT ORTHOPEDICS. THE MUSC HEALTH INTEGRATED REVENUE CYCLE RESERVES THE RIGHT TO CHANGE, REVISE, RESCIND, OR MAKE EXCEPTIONS TO THIS POLICY AT ANY TIME.

**POLICY APPROVAL:** MUSC HEALTH INTEGRATED REVENUE CYCLE POLICIES ARE REVIEWED AND APPROVED FOR PRESENTATION BY THE PAYMENT POLICY COMMITTEE. FOLLOWING THIS REVIEW, THE CHIEF FINANCIAL OFFICERS WILL PRESENT THE POLICY TO THE MUSC CLINICAL LEADERSHIP COUNCIL FOR FINAL APPROVAL AND IMPLEMENTATION AS AN INTEGRATED REVENUE CYCLE POLICY.

**Policy:** The purpose of this policy is to set guidelines for identifying those patient accounts in which the responsible party is a US citizen or legally documented individual who resides in South Carolina and has demonstrated a financial inability to pay and to apply discounts to those accounts. All patients are expected to pay or make arrangements to pay their portion of the bill after appropriate discounts have been applied. This policy is available on the MUSC Health webpage to download free of charge. It also may be made available to patients during admission or treatment, after discharge from treatment, or at any time upon the patient’s request.

**Definitions:**

**Medically Indigent Assistance Program (MIAP):** MIAP is a South Carolina program to assist self-pay inpatients (excludes IOP), who do not qualify for any other assistance programs offered by state or federal agencies.

**Financial Assistance Program (Charity):** A category at MUSC Health for persons who are determined to be at or below the Federal Poverty guidelines outlined in Attachment A & B. More specifically, those individuals who are uninsured with no insurance coverage or other source of funding for any portion of the bill may qualify for discounts outlined in Attachment A. Those individuals who may have funding or

insurance but fall within the Federal Poverty guidelines will receive discounts outlined in Attachment B. The patient must fully comply with the Patient Financial Assistance process for uninsured patients in order to be considered for a discount under this policy. (For Example: providing bank statements, picture ID, and tax returns)

**Federal Poverty Level (FPL):** 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.

**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 contractual allowances or discounts. 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.

**Excluded from discounting under the FAP:**

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 or procedures that are elective will not be considered. Refer to the MUSC Health Integrated Revenue Cycle Guarantor Payment Policy for scheduling, payment and discount requirements/protocols for these services. ([FE001 Guarantor Payment Policy](#))

- Patients seeking elective cosmetic procedures
- Individuals eligible for administrative discounts
- Any third parties who may be liable for services
- Specialized High-Cost Services and Supplies (i.e., durable medical equipment, hearing aids, clinical trials, transplants, reconstructive maxillofacial prosthodontics, etc.)
- Visit deposits due pursuant to Policy FE001 Guarantor Payment Policy
- Deposits required prior to services being rendered
- Travel clinic services
- Some outpatient psychiatry services
- Services for which payments are due from municipalities, detention centers, or law enforcement agencies under contracts with such agencies
- Services for which a flat fee has been negotiated
- Negotiated settlements (to include legal cases)
- Pharmaceuticals
- Payments to be made at time of service
- Payments made prior to approval under this policy

**Additional Information:**

Scope: These guidelines apply to The Medical University of South Carolina (MUSC) Health Integrated Revenue Cycle. The MUSC Health Integrated Revenue Cycle includes: The Medical University Hospital Authority, MUSC Physicians and MUSC Physicians-Primary Care.

**Eligibility:** This policy is applicable to all US citizens or legally documented individuals who reside in South Carolina. Proof of residency and US citizenship are required.

Patients are required to fully comply with the requirements of the Financial Assistance Program (“FAP”) application processes.

Annual re-application for financial assistance is required to maintain eligibility for financial assistance. MUSC Health reserves the right to review any application or other information available at any time and adjust the patient’s eligibility for such discount accordingly.

Eligibility shall be determined based upon the gross income and/or ability of the patient guarantor to pay. For those individuals who may be considered dependents for income tax reporting purposes, (e.g. some college students), eligibility shall also take into account the gross income, assets and liabilities of those individuals making such a claim.

100% Eligibility shall be granted to patients for whom no valid identifying information, demographics, SSN, address or other responsible party can be obtained (eg. Homeless persons).

The following types of accounts may be considered charity care eligible without additional documentation:

1. Accounts referred to collection agencies that are returned as uncollectable.
2. Bankruptcies
3. Referrals from approved community agencies
4. No estates (deceased)
5. Eligibility for Medicaid in states other than South Carolina
6. Eligibility for state/federal programs where program funding has been exhausted.
7. Accounts confirmed as meeting presumptive charity guidelines through an electronic eligibility and scoring processes under current FPL guidelines under policy. (PARO)

MUSC Health reserves the authority to apply financial assistance to those patient accounts in which the responsible party is not legally documented as a resident of South Carolina and has demonstrated a financial inability to pay and to apply discounts to those accounts.

**ATTACHMENT A**

**2019 FAP SLIDING**

**SCALES** revised 01/11/2019

<b>Uninsured</b>	<b>100%</b> (200% of Poverty Level)	<b>80%</b> (225% of Poverty Level)	<b>60%</b> (250% of Poverty Level)	<b>0%</b>
<b>Household Size</b>	<b>If Household Income is LESS than</b>	<b>If Household Income is between</b>	<b>If Household Income is between</b>	<b>If Household Income is greater than</b>
1	24,980	24,981- 28,103	28,104 - 31,225	31,226
2	33,820	33,821- 38,048	38,049 - 42,275	42,276
3	42,660	42,661- 7,993	47,994 - 53,325	53,326
4	51,500	51,501- 57,938	57,939 - 64,375	64,376
5	60,340	60,341- 67,883	67,884 - 75,425	75,426
6	69,180	69,181,- 77,828	77,829 - 86,475	86,476
7	78,020	78,021- 87,773	87,774 - 97,525	97,526
8	86,860	86,860- 97,718	97,719- 108,575	108,576

For each additional person, add \$4,420

As defined by Health and Human Services: National Poverty Guidelines

**ATTACHMENT B**

**2019 FAP SLIDING SCALES**

revised 01/11/2019

<b>Insured</b>	<b>100%</b> (100% of Poverty Level)	<b>80%</b> (120% of Poverty Level)	<b>60%</b> (140% of Poverty Level)	<b>0%</b>
<b>Household Size</b>	<b>If Household Income is LESS than</b>	<b>If Household Income is between</b>	<b>If Household Income is between</b>	<b>If Household Income is greater than</b>
1	12,490	12,491 - 14,988	14,989- 17,486	22,482
2	16,910	16,911 - 20,292	20,293 - 23,674	30,438
3	21,330	21,331 - 25,596	25,596 - 29,862	38,394
4	25,750	25,751 - 30,900	30,901 - 36,050	46,350
5	30,170	30,171 - 36,204	36,204 - 42,238	54,306
6	34,590	34,591- 41,508	41,508 - 48,426	62,262
7	39,010	39,011- 46,812	46,812- 54,614	70,218
8	43,430	43,431 - 52,116	52,116- 60,802	78,174

For each additional person, add \$4,420

As defined by Health and Human Services: National Poverty Guidelines