



# Financial Assistance Policy

## PURPOSE:

Beaufort Memorial Hospital (BMH) Sponsored Assistance Program is offered to patients, regardless of race, creed, religion, national origin, or disability, with a demonstrated inability to pay for services that are medically necessary for the health and well being of the patient. Uninsured or under insured patients who do not have the financial means to pay their hospital bill, and who do not qualify for coverage under any other government-sponsored program may apply for consideration under the Hospital Sponsored Assistance Program. Emergency, Inpatient and Medically Necessary Outpatient visits are eligible for assistance. A person seeking consideration for assistance must complete an application and may be requested to provide verification of information. All patients who are uninsured will be screened for a government-funded program to assist the patient in finding ongoing coverage for hospital services. It is the policy of Beaufort Memorial Hospital to charge all patients, regardless of insurance coverage or ability to pay, the same amount for the same services performed.

This program would only apply to services rendered at Beaufort Memorial Hospital and Beaufort Memorial Physician Partners Medical Practices. It *does not* apply to services rendered by any independent physicians or practitioners that are not employed by Beaufort Memorial Hospital. This includes, but is not limited to, Anesthesiologists, Radiologists, Emergency Room Physicians, Pathologists, Psychiatrists and Teleconsultants. No individual who is eligible for financial assistance will be charged more than amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care.

Emergency Medical Care - **Beaufort Memorial Hospital** will provide, without discrimination, and in compliance with the Emergency Medical Treatment and Labor Act (EMTALA), care for emergency medical conditions to individuals regardless of whether they are eligible for Financial Assistance, as specified in greater detail in the Hospital's EMTALA policy. A copy of the EMTALA policy is available free of charge upon request by writing to **Beaufort Memorial Hospital**, Patient Financial Services at **Beaufort Memorial Hospital**; the policy may also be downloaded at **WWW.BMHSC.ORG**. The Hospital will not engage in any actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency room patients pay before receiving treatment or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care



## PROCEDURES:

### Hospital Sponsored Assistance Program

1. Any Patient Access Services (PAS) or Patient Financial Services (PFS) employee may receive a request for charity assistance from a patient or responsible party/guarantor within twelve months from the time the account became patient responsibility. The PAS or PFS employee will provide the applicant with the charity application and a date to have the application completed and returned. All applicants will have 30 days to complete the application from the date issued to the applicant. Applicants will be required to complete and sign the application for the Hospital Sponsored Assistance Program. By signing, the applicant certifies that the information provided is correct, and that he/she will assign payment to BMH for any monies received from settlement or liability case or other source of payment. The applicant may be required to provide income verification relative to current income and provide verification of residency. All requested documentation must be returned within 30 days of request in order to be considered for the Hospital Sponsored Assistance Program. See Financial Assistance Application for complete list of information needed during application process.
2. Patients can obtain a copy of the financial assistance policy, financial assistance application, and financial assistance billing and collection policy free of charge either at the [hospital's website](#) or by requesting at mail at:  
Beaufort Memorial Hospital  
Attn: Patient Financial Services  
955 Ribaut Rd  
Beaufort, SC 29902
3. Completed applications should be submitted to: Beaufort Memorial Hospital, Attn: Patient Financial Services, 955 Ribaut Rd, Beaufort, SC 29902. Patients can request assistance with completing the financial assistance policy by calling 1-855-852-0456
4. All applicants must be screened for all government programs to ensure another payment source is not available. Dual applications can be completed for assistance and government programs during this process. All applications that have been taken on an applicant must be documented in Meditech. Government programs include, but are not limited to, ACA Exchange Plans and Medicaid. Additionally, candidates may be selected for AccessHealth Lowcountry's enrollment process if all other qualifications for assistance have been met.
5. All Self-Pay Balances are qualified under this policy and will be applied to balances on accounts for Beaufort Memorial Hospital and all employed physician practices.
6. The Patient Financial Services Manager will review all charity applications. Based on the account balance for which the charity application is being reviewed, approval is required as indicated in the table below:



<b>Account Balance</b>	<b>Approving Authority</b>
Up to \$10,000	Patient Financial Services Manager
Up to \$50,000	Revenue Cycle Director
Over \$50,000	Chief Financial Officer

7. BMH recognizes that there may be occasions when supporting documentation is unavailable or unobtainable. BMH reserves the right to adjust any account off to the Hospital Sponsored Assistance Program due to extenuating circumstances. Accounts in this category **MUST** be fully documented in the Notes/Comments, with a complete description of the situation and reasons for adjusting the account to the Hospital Sponsored Assistance Program.
8. Approved applicants will be eligible to receive charity care adjustments on all accounts where the balance became patient responsibility within the past 12 months. Accounts qualifying for charity care will receive a 30% self pay discount. Any charity care adjustment applied toward a self-pay account will be applied after the standard self-pay discount has been applied to the account.
9. Qualifying individuals will not be charged more than the amounts generally billed (AGB) for emergency and other medically necessary care. Amounts generally billed is determined using the “look-back method” as defined by the Internal Revenue Code. The organization calculates this percentage annually by evaluating the average percentage of payment of all Medicare fee-for-service and commercially insured patients. For additional information on the [current AGB percentage see the organization’s website](#).
10. Applicants with income levels below 200% of the poverty level (defined below) will be approved and have all accounts where the balances became patient responsibility within the past 12 months adjusted off at 100% as charity care. Applicants with an income level between 201% and 320% will be reviewed individually and a portion of the outstanding balance adjusted off to the Hospital Sponsored Assistance program based on the following adjustment table:

<b>Income Level (% of poverty guidelines)</b>	<b>Patient Responsibility</b>
0-200%	0%
201%-220%	5%



221%-240%	10%
241%-260%	15%
261%-280%	20%
281% - 300%	25%
301% - 320%	30%

11. If approved under the 200% poverty level, the "insurance" FAA will be added to the patient account, with an expiration date of six months after the date of approval. The Patient Access Services staff will review the demographic recall information for the patient for future outpatient visits, and will remove the FAA insurance only if the date of service for the new encounter is after the charity approval expiration date. Any patient account with FAA insurance will prorate all balances to a charity care adjustment upon final billing; no additional review or approval will be required. All accounts will be adjusted off an appropriate charity adjustment code for tracking and reporting purposes.
12. Discounts are also available for patient who are facing catastrophic costs associated with their medical care. Catastrophic costs occur when a patient's medical expenses for an episode exceed 20% of their annual income. In these cases, patient copays and deductibles may also be included in this discount. Please refer to the Billing and Collections policy for full details on these qualifications.
13. All applicants who submit an application for assistance will be notified in writing of the application's determination.
14. The applicant may appeal all denials for assistance by formally submitting a written letter outlining why they feel the reconsideration should be granted. The Revenue Cycle Director will review all appeals and render a decision on the appeal based on the reconsideration letter.
15. If a patient is determined to be homeless, Beaufort Memorial Hospital will attempt to obtain financial assistance application from the patient while they are a patient.
16. The organization will not engage in any extraordinary collection actions against patients who qualify for financial assistance. For additional information relating to the financial assistance notification and collection process see the Hospital's Billing and Collection Policy at either: BMHSC.ORG or request by mail at: Beaufort Memorial Hospital, Attn: Patient Financial Services, 955 Ribaut Rd, Beaufort, SC 29902
17. All charity applications will be scanned into the patient folder in Meditech on the patient account for which it was originally approved.



## **POVERTY GUIDELINES**

The Organization uses the Federal Poverty Guidelines as indexed by the U.S. Department of Health & Human Services. For the current Federal Poverty Guidelines please see:  
<https://aspe.hhs.gov/system/files/aspe-files/107166/2018-pctpovertytool.xlsx>