



Corporate Policies

Title:	Corporate Financial Assistance Policy	Section:	
Purpose:	To ensure uniform management of the MedStar Health Corporate Financial Assistance Program across all MedStar Health Hospitals and Hospital-based Physician Practices	Number:	
Forms:		Effective Date:	12/01/2019

Policy

1. As one of the region’s leading not-for-profit healthcare systems, MedStar Health is committed to ensuring that uninsured patients; underinsured patients meeting medical hardship criteria; and patients determined eligible for presumptive eligibility within the communities we serve who lack financial resources have access to emergency and medically necessary hospital services. MedStar hospitals and hospital based-physician practices will:
 - 1.1 Treat all patients equitably, with dignity, respect, and compassion.
 - 1.2 Serve the emergency health care needs of everyone who presents to our MedStar hospitals and hospital-based physician practices regardless of a patient's ability to pay for care.
 - 1.3 Assist those patients who are admitted through our admission process for non-urgent, medically necessary care who cannot pay for the care they receive.
 - 1.4 Balance needed financial assistance for some patients with broader fiscal responsibilities in order to keep its hospitals' doors open for all who may need care in the community.

Scope

1. In meeting its commitments, MedStar hospitals and hospital-based physician practices will work with their uninsured patients seeking emergency and medically necessary care to gain an understanding of each patient’s financial resources. Based on this information and eligibility determination, MedStar hospitals and hospital-based physician practices will provide financial assistance to uninsured patients who reside within the communities we serve in one or more of the following ways:
 - 1.1 Assist with enrollment in publicly-funded entitlement programs (e.g., Medicaid).
 - 1.2 Refer patients to State or Federal Insurance Exchange Navigator resources.
 - 1.3 Assist with consideration of funding that may be available from other charitable organizations.
 - 1.4 Provide financial assistance according to applicable policy guidelines.
 - 1.5 Provide financial assistance for payment of MedStar hospital and hospital-based physician practice charges using a sliding-scale based on the patient’s household income and financial resources.
 - 1.6 Offer periodic payment plans to assist patients with financing their healthcare services.

Definitions

1. **Free Care**

100% Financial Assistance for medically necessary care provided to uninsured patients with household income between 0% and 200% of the FPL.

2. **Reduced Cost-Care**

Partial Financial Assistance for medically necessary care provided to uninsured patients with household income between 201% and 400% of the FPL.

3. **Underinsured Patient**

An “Underinsured Patient” is defined as an individual who elects third party insurance coverage with high out of pocket insurance benefits resulting in large patient account balances.

4. **Medical Hardship**

Medical debt, incurred by a household over a 12-month period, at the same MedStar hospital and hospital-based physician practice that exceeds 25% of the family household income. This means test is applied to uninsured and underinsured patients with income up to 500% of the Federal Poverty Guidelines.

5. **MedStar Uniform Financial Assistance Application**

A uniform financial assistance data collection document. The Maryland State Uniform Financial Assistance Application will be used by all MedStar hospitals and hospital-based physician practices regardless of the hospital or practice geographical locations.

6. **MedStar Patient Information Sheet**

A plain language summary that provides information about MedStar’s Financial Assistance Policy, and a patient’s rights and obligations related to seeking and qualifying for free or reduced cost medically necessary care. The Maryland State Patient Information Sheet format, developed through the joint efforts of Maryland Hospitals and the Maryland Hospital Association, will be used by all MedStar hospitals and hospital-based physician practices regardless of the hospital or practice geographical locations.

7. **AGB – Amount Generally Billed**

Amounts billed to patients who qualify for Reduced-Cost Sliding Scale Financial Assistance.

Responsibilities

1. MedStar Health will widely publicize the MedStar Financial Assistance Policy by:
 - 1.1 Providing access to the MedStar Financial Assistance Policy, Financial Assistance Applications, and MedStar Patient Information Sheet on all hospital websites and patient portals.
 - 1.2 Providing hard copies of the MedStar Financial Assistance Policy, MedStar Uniform Financial Assistance Application, and MedStar Patient Information Sheet to patients upon request.
 - 1.3 Providing hard copies of the MedStar Financial Assistance Policy, MedStar Uniform Financial Assistance Application, and MedStar Patient Information Sheet to patients upon request by mail and without charge.
 - 1.4 Providing notification and information about the MedStar Financial Assistance Policy by:
 - 1.4.1 Offering copies as part of all registration or discharges processes, and answering questions on how to apply for assistance.
 - 1.4.2 Providing written notices on billing statements.
 - 1.4.3 Displaying MedStar Financial Assistance Policy information at all hospital registration points.
 - 1.4.4 Translating the MedStar Financial Assistance Policy, MedStar Uniform Financial Assistance Application, and the Medstar Patient Information Sheet into primary languages of all significant populations with Limited English Proficiency.
 - 1.5 MedStar Health will provide public notices yearly in local newspapers serving all hospital target populations.
 - 1.6 Providing samples documents and other related material as attachments to this Policy
 - 1.6.1 Appendix #1 – MedStar Uniform Financial Assistance Application
 - 1.6.2 Appendix #2 – MedStar Patient Information Sheet
 - 1.6.3 Appendix #3 – Translated language listing for all significant populations with Limited English Proficiency (documents will be available upon request and on hospital websites and patient portals)
 - 1.6.4 Appendix #4 – Hospital Community Served Zip Code listing
 - 1.6.5 Appendix # 5 – MedStar Financial Assistance Data Requirement Checklist
 - 1.6.6 Appendix #6 – MedStar Financial Assistance Contact List and Instructions for Obtaining Free Copies and Applying for Assistance
 - 1.6.7 Appendix #7 – MedStar Health FAP Eligible Providers
2. MedStar will provide a financial assistance probable and likely eligibility determination to the patient within two business days from receipt of the initial financial assistance application.
 - 2.1 Probable and likely eligibility determinations will be based on:
 - 2.1.1 Receipt of an initial submission of the MedStar Uniform Financial Assistance Application.
 - 2.2 The final eligibility determination will be made and communicated to the patient based on receipt and review of a completed application.
 - 2.2.1 Completed application is defined as follows:
 - 2.2.1.a All supporting documents are provided by the patient to complete the application review and decision process.
 - See Appendix #5 – MedStar Financial Assistance Data Requirement Checklist
 - 2.2.1.b Application has been approved by MedStar Leadership consistent with the MedStar Adjustment Policy as related to signature and dollar limits protocols.
 - 2.2.1.c Pending a final decision for the Medicaid application process.

3. MedStar Health believes that its patients have personal responsibilities related to the financial aspects of their healthcare needs. Financial assistance and periodic payment plans available under this policy will not be available to those patients who fail to fulfill their responsibilities. For purposes of this policy, patient responsibilities include:
 - 3.1 Comply with providing the necessary financial disclosure forms to evaluate their eligibility for publicly-funded healthcare programs, charity care programs, and other forms of financial assistance. These disclosure forms must be completed accurately, truthfully, and timely to allow MedStar Health's facilities to properly counsel patients concerning the availability of financial assistance.
 - 3.2 Working with MedStar hospital Patient Advocates and Patient Financial Services staff to ensure there is a complete understanding of the patient's financial situation and constraints.
 - 3.3 Making applicable payments for services in a timely fashion, including any payments made pursuant to deferred and periodic payment schedules.
 - 3.4 Providing updated financial information to MedStar hospital Patient Advocates or Customer Service Representatives on a timely basis as the patient's financial circumstances may change.
 - 3.5 It is a patient's responsibility, during their 12-month eligibility period, to notify MedStar Health of their existing household eligibility for free care, reduced cost-care, and/or eligibility under medical hardship provisions for medical necessary care received during the 12-month eligibility period.
 - 3.6 In the event a patient fails to meet these responsibilities, MedStar reserves the right to pursue additional billing and collection efforts. In the event of non-payment billing, and collection efforts are defined in the MedStar Billing and Collection Policy. A free copy is available on all hospital websites and patient portals via the following URL: www.medstarhealth.org/FinancialAssistance , or by call customer service at 1-800-280-9006.
4. Uninsured patients of MedStar Health's facilities may be eligible for full financial assistance or partial sliding-scale financial assistance under this policy. The Patient Advocate and Patient Financial Services staff will determine eligibility for full financial assistance and partial sliding-scale financial assistance based on review of income for the patient and their family (household), other financial resources available to the patient's family, family size, and the extent of the medical costs to be incurred by the patient.
5. **ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE**
 - 5.1 Federal Poverty Guidelines. Based on household income and family size, the percentage of the then-current Federal Poverty Level (FPL) for the patient will be calculated.
 - 5.1.1 Free Care: Free Care (100% Financial Assistance) will be available to uninsured patients with household incomes between 0% and 200% of the FPL. FPL's will be updated annually.
 - 5.1.2 Reduced Cost-Care: Reduced Cost-Care will be available to uninsured patients with household incomes between 200% and 400% of the FPL. Reduced Cost-Care will be available based on a sliding-scale as outlined below. Discounts will be applied to amounts generally billed (ABG). FPL's will be updated annually.
 - 5.1.3 Ineligibility: If this percentage exceeds 400% of the FPL, the patient will not be eligible for Free Care or Reduced Cost-Care assistance (unless determined eligible based on Medical Hardship criteria, as defined below). FPL's will be updated annually.

5.2 Basis for Calculating Amounts Charged to Patients: Free Care or Reduced-Cost Care Sliding Scale Levels:

Adjusted Percentage of Poverty Level	Financial Assistance Level Free / Reduced-Cost Care	
	HSCRC-Regulated Services	Washington Hospitals, Hospital-Based Physician Practices, and non-HSCRC Regulated Services
0% to 200%	100%	100%
201% to 250%	40%	80%
251% to 300%	30%	60%
301% to 350%	20%	40%
351% to 400%	10%	20%
more than 400%	no financial assistance	no financial assistance

5.3 **MedStar Health Hospitals and Hospital-Based Physician Practices** will comply with IRS 501(r) requirements on limiting the amounts charged to uninsured patients seeking emergency and medically necessary care.

5.3.1 The MedStar Health calculation for AGB will be the amount Medicare would allow for care, including amounts paid or reimbursed and amounts paid by individuals as co-payments, co-insurance, or deductibles.

5.3.2 Amounts billed to patients who qualify for Reduced-Cost Sliding Scale Financial Assistance will not exceed the amounts generally billed (AGB).

Example:

GROSS CHARGES	MEDICARE ALLOWABLE AGB AMOUNT	**PATIENT ELIGIBLE FOR SLIDING SCALE ASSISTANCE	FINANCIAL ASSISTANCE AMOUNT APPROVED AS A % OF THE MEDICARE ALLOWABLE AGB AMOUNT	PATIENT RESPONSIBILITY
\$1,000.00	\$800.00	40%	\$320.00	\$480.00
**Sliding Scale % will vary per Section 5.2 - Basis for Calculating Amounts Charge Patients in this Policy				

6. **FINANCIAL ASSISTANCE: ADDITIONAL FACTORS USED TO DETERMINE ELIGIBILITY FOR MEDICAL ASSISTANCE: MEDICAL HARDSHIP.**

6.1 MedStar Health will provide Reduced-Cost Care to patients with household incomes between 201% and 500% of the FPL that, over a 12-month period, have incurred medical debt at the same hospital or hospital-based physician practice in excess of 25% of the patient’s household income. Reduced Cost-Care will be available based on a sliding-scale as outlined below.

6.2 A patient receiving reduced-cost care for medical hardship and the patient’s immediate family members shall receive/remains eligible for Reduced Cost medically necessary care when seeking subsequent care for 12 months

beginning on the date which the reduced-care was received. It is the responsibility of the patient to inform the MedStar hospital and hospital-based physician practice of their existing eligibility under a medical hardship during the 12-month period.

6.3 If a patient is eligible for Free Care / Reduced-Cost Care, and Medical Hardship, the hospital and hospital-based physician practice will employ the more generous policy to the patient.

6.4 Medical Hardship Reduced-Care Sliding Scale Levels:

Financial Assistance Level – Medical Hardship		
Adjusted Percentage of Poverty Level	HSCRC-Regulated Services	Washington Hospitals, Hospital-Based Physician Practices, and non-HSCRC Regulated Services
201% to 500%	Not to Exceed 25% of Household Income	Not to Exceed 25% of Household Income

EXAMPLE: Medical Hardship Calculation		
12-Month Medical Debt (A)	Annual Household Income	% Medical Debt to Annual Household Income
\$25,000	\$50,000	50.0%
25% Annual Household Income / Patient Responsibility (B)		
\$12,500		
Medical Hardship Allowance = (A) less (B)		
\$12,500		

7. METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE: INCOME AND ASSET DETERMINATION.

7.1 Patients may obtain a Financial Assistance Application and other informational documents:

- 7.1.1 On Hospital Websites and Patient Portals via the following URL: www.medstarhealth.org/FinancialAssistance
- 7.1.2 From MedStar hospital Patient Advocates and/or Admission / Registration Associates
- 7.1.3 By contacting Patient Financial Services Customer Service
 - See Appendix #6 – Financial Assistance Contact List and Instruction for Obtaining Free Copies and How to Apply for Assistance

7.2 MedStar Health will evaluate the patient’s financial resources **EXCLUDING:**

- 7.2.1 The first \$250,000 in equity in the patient’s principle residence
- 7.2.2 Funds invested in qualified pension and retirement plans where the IRS has granted preferential treatment
- 7.2.3 The first \$10,000 in monetary assets e.g., bank account, stocks, CD, etc.

7.3 MedStar Health will use the MedStar Uniform Financial Assistance Application as the standard application. MedStar Health will require the patient to supply all documents necessary to validate information to make eligibility determinations.

7.4 Financial assistance applications and support documentation will be applicable for determining program eligibility one (1) year from the application date. Additionally, MedStar Health will consider for eligibility all accounts (including bad debts) 6 months prior to the application date.

8. PRESUMPTIVE ELIGIBILITY

8.1 Patients already enrolled in certain means-tested programs are deemed eligible for free care on a presumptive basis. Examples of programs eligible under the MedStar Health Financial Assistance Program would include but are not limited to:

8.1.1 Maryland Supplemental Nutritional Assistance Program (SNAP)

8.1.2 Maryland Temporary Cash Assistance (TCA)

8.1.3 All Dual eligible Medicare / Medicaid Program – SLMB QMB

8.1.4 All documented Medicaid Spend Down amounts as documented by Department of Social Services

8.1.5 Other Non-Par Payer Programs

MedStar Health will continually evaluate any publicly-funded programs for eligibility under the Presumptive Eligibility provision of this policy.

8.2 Additional presumptively eligible categories will include with minimal documentation:

8.2.1 Homeless patients as documented during the registration/clinical intake interview processes.

8.2.2 Deceased patients with no known estate based on medical record documentation, death certificate, and confirmation with Registrar of Wills.

8.2.3 MedStar Health will utilize automated means test scoring campaigns and databases to determine presumptive financial assistance eligibility. Patients determined to have income scoring up to 200% of the FPL will be deemed presumptively eligible for financial assistance.

8.3 Patients found to be eligible for Presumptive Eligibility, as defined in 8.1 and 8.2 of this policy, are automatically waived from Program Exclusions as defined in the Exclusion section of this policy.

9. MEDSTAR HEALTH FINANCIAL ASSISTANCE APPEALS

9.1 In the event a patient is denied financial assistance, the patient will be provided the opportunity to appeal the MedStar Health denial determination.

9.2 Patients are required to submit a written appeal letter to the Director of Patient Financial Services with additional supportive documentation. Contact information for submission an appeal will be found on the MedStar denial determination letter sent to the patient.

9.3 Appeal letters must be received within 30 days of the financial assistance denial determination.

9.4 Financial assistance appeals will be reviewed by a MedStar Health Appeals Team. Team members will include the Director of Patient Financial Services, Assistance Vice President of Patient Financial Services, and the hospital's Chief Financial Officer.

9.5 Denial reconsideration decisions will be communicated, in writing, within 30 business days from receipt of the appeal letter.

9.6 If the MedStar Health Appeals Panel upholds the original denial determination, the patient will be offered a payment plan.

10. PAYMENT PLANS

- 10.1 MedStar Health will make available payment plans to uninsured or underinsured patients with household income above 200% of the Federal Poverty Guidelines who do not meet eligibility criteria for the MedStar Financial Assistance or Financial Assistance Programs.
- 10.2 Patients to whom discounts, payment plans, or financial assistance are extended have continuing responsibilities to provide accurate and complete financial information. In the event a patient fails to meet these continuing responsibilities, MedStar Health will pursue collections of open patient balances per the MedStar Corporate Billing and Collection Policy. MedStar reserves the right to reverse financial assistance account adjustments and pursue the patient for original balances owed.

11. BAD DEBT RECONSIDERATIONS AND REFUNDS

- 11.1 In the event a patient who, within a two (2) year period after the date of service was found to be eligible for free care on that date of service, MedStar Health will initiate a review of the account(s) to determine the appropriateness for a patient refund for amounts collected exceeding \$25.
- 11.2 It is the patient's responsibility to request an account review and provide the necessary supportive documentation to determine free care financial assistance eligibility.
- 11.3 If the patient fails to comply with requests for documentation, MedStar Health will document the patient's non-compliance. The patient will forfeit any claims to a patient refund or free care assistance.
- 11.4 If MedStar Health obtains a judgment or reports adverse information to a credit reporting agency for a patient that was later to be found eligible for free care, MedStar Health will seek to vacate the judgment or strike the adverse information.

Exclusions

1 PROGRAM EXCLUSIONS

The MedStar Health Financial Assistance Program excludes the following from financial assistance eligibility:

- 1.1 Insured patients who may be "underinsured" (e.g. patient with high deductibles/coinsurance) who do not meet Medical Hardship eligibility as defined in Section 6 of this Policy.
- 1.2 Patients seeking non-medically necessary services, including cosmetic procedures.
- 1.3 Non-US Citizens and Foreign-Nationals traveling in the United States seeking medical care.
- 1.4 Patients residing outside a hospital's defined zip code service area.
- 1.5 Patients that are non-compliant with enrollment processes for publicly-funded healthcare programs, charity care programs, and other forms of financial assistance.

2 SPECIAL WAIVERS TO PROGRAM EXCLUSIONS

- 2.1 Non-US Citizens with permanent resident /resident alien status as defined by the Bureau of Citizenship and Immigration Services have been issued a green card who can provide proof of residency within the defined hospital service area.
- 2.2 Non-US Citizens with approved political asylum status as per documentation from the Bureau of Citizenship and Immigration Services who can provide proof of residency within the defined hospital service area.

2.3 All other non-US citizens who can provide proof of residency within the United States and the defined hospital service area. Proof of residency documentation would include gas and electric bills, pay stubs, bank statements, rent statements, etc. Non-citizen must first apply for Medical Assistance Emergency Services eligibility and other overage programs.

2.4 Hospital defined zip code service area requirements will be waived for:

2.4.1 Patient referrals between the MedStar Health Network System.

2.4.2 Patients arriving for emergency treatment via land or air ambulance transport.

As stated above, patients to whom discounts, payment plans, or financial assistance are extended have continuing responsibility to provide accurate and complete financial information. In the event a patient fails to meet these continuing responsibilities, the patient will become financially responsible for the original amount owed, less any payments made to date.