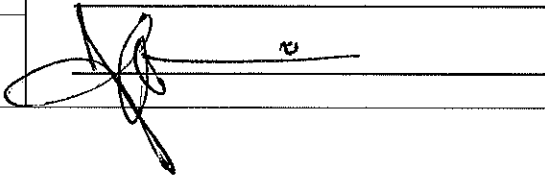


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Effective 06/2020	Supersedes 01/2010 Reviewed 05/2020	Approved By: 		Title EVP & CFO Sr. Dir. Of Revenue Cycle

Policy:

Tidelands Health has a tradition of serving all who require health care services. Tidelands Health alone cannot meet every community need. They can, however, practice effective stewardship of resources to continue providing effective health care services. In keeping with effective stewardship, ability of the hospital to provide charity care will be continually assessed, with modifications to this policy as appropriate. Tidelands Health will continue to play a leadership role in the community by helping promote community-wide response to patient needs.

In order to promote the health and well-being of the community served, individuals with limited financial resources who are unable to access entitlement programs, or other forms of coverage, shall be eligible for discounted health care services based on established criteria. Eligibility criteria will be based upon the Federal Poverty Level (FPL) guidelines and will be updated annually in conjunction with the published updates by the United States Department of Health and Human Services. If a determination is made that the patient does have the ability to pay all or a portion of the bill, such a determination does not prevent a reassessment of the person's ability to pay at a later date. The need for charity care/financial assistance is to be re-evaluated at the following times:

- Subsequent rendering of services,
- Income change,
- Family size change,
- Financial evaluation on file is older than twelve (12) months.

To be considered for charity care, the patient must cooperate with the facility to provide the information and documentation necessary to apply for other existing financial resources that may be available to pay for his or her health care, such as Medicaid or other forms of insurance. Patients are responsible for completing the required application forms and cooperating fully with the information gathering and assessment process, in order to determine eligibility for charity care.

The necessity for medical treatment of any patient will be based on the clinical judgment of the provider without regard to the financial status of the patient and if the patient fails to meet the criteria for the Financial Assistance Program all services will be billed directly to the patient. All patients will be treated with respect and fairness regardless of their ability to pay. Medical

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necessity is defined as "health-care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine."

Purpose:

To identify circumstances that Tidelands Health may provide care without charge or at a discount commensurate with the ability to pay, for a patient whose financial status makes it impractical or impossible to pay for all emergency and other medically necessary care. The provision for financial assistance is consistent, appropriate and essential to the execution of our mission, vision and values. The billing and collection policy, charity application and the plain language summary are available upon request at time of service and at www.tidelandshealth.org.

Resources are limited and it is necessary to set limits and guidelines. These are not designed to turn away or discourage those in need from seeking treatment. They are intended to assure that the resources Tidelands Health can afford to devote to its patients are focused on those who are most in need and least able to pay, rather than those who choose not to pay. Information about the financial assistance program is available via the Tidelands Health website or upon request of the patient.

I. Definitions

A. Assets: Assets include immediately available cash and investments such as savings and checking as well as other investments, including retirement or IRA funds, life insurance values, trust accounts, other real estate other than primary residence, etc.

B. Financial Assistance: Any portion of health care services that were never expected to result in cash inflows. Financial assistance results from a provider's policy to provide health care services free or at a discount to individuals who meet the established criteria.

C. Household Income: A measure of current private income commonly used by

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the United States government and private institutions. To measure the income of a household, the sum of pre-tax money receipts of all residents over the age of 15 over a single year are combined. Most of these receipts are in the form of wages and salaries (before withholding and other taxes), but many other forms of income, such as unemployment insurance, disability, child support, etc., are included as well. The residents of the household do not have to be related to the householder for their earnings to be considered part of the household's income. Households can be defined as anyone that resides at the place of residence with shared income and/or expenses.

II. Charity Care Guidelines.

A. There is a \$35 co-payment for Emergency Room visits. Co-pay amount must be paid the day of service.

B. Approved financial assistance applications will be considered in force for 12 months (after which they expire), or until a change in patient financial status is determined.

Procedure:

1. Identification of Potentially Eligible Patients.

A. Whenever possible, prior to the service of the patient, Patient Financial Services staff will conduct a pre-admission interview with the patient, the guarantor, and/or his/her legal representative. If a pre-admission interview is not possible, this interview should be conducted at the time of the scheduled appointment or as soon as possible thereafter. In the case of an emergency, Tidelands Health evaluation of payment alternatives will not take place until after the required medical care has been provided. At the time of the initial patient interview, the following information should be gathered:

1. Routine and comprehensive demographic data.

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2. Complete information regarding all existing third-party coverage and may also include household family size and income.

B. Identification of potentially eligible patients can take place at any time during the rendering of services or during the collection process. Patient Financial Services staff will review all applications submitted. Applicants that fail to respond to statements for services rendered or that do not request consideration for financial assistance within 30 days of their initial statement may continue to receive collection efforts as noted in the Tidelands Health collections policy. Applications for financial assistance will be reviewed with a retro look back period not to extend greater than 180 days. Applications submitted for services greater than 180 days of age will not be eligible for financial assistance review.

C. Those patients who may qualify for financial assistance from a governmental program should be referred to the appropriate program, such as Medicaid, prior to consideration for financial assistance. Patients who have healthcare coverage options and have chosen not to participate or enroll in these options will not be eligible for the financial assistance program.

2. Determination of Eligibility

A. All patients identified as potential financial assistance recipients should be offered the opportunity to apply for financial assistance. If this evaluation is not conducted until after the patient leaves the facility, a Patient Financial Services representative will mail or email a financial assistance application to the patient for completion. The patient should receive and complete a written application and provide all supporting data required to verify eligibility.

B. In the evaluation of an application for financial assistance, a patient's total resources will be taken into account which will include, but not be limited to, analysis of assets (identified as those convertible to cash and unnecessary for the patient's daily living expenses) and family income. If a patient has available and sufficient resources,

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the patient is not eligible for financial assistance. The program will utilize collectability scoring to aid with the evaluation of the application.

C. If a patient's total assets or their annual household income, whichever is greater, are equal to or greater than the patient's financial responsibility to the facility, then the application should be referred to the Senior Director of Revenue Cycle or a designated representative for review and a determination. Tidelands Health will not force liquidation of a personal residence, primary vehicle, or tax return.

D. A record should be maintained reflecting authorization of financial assistance along with copies of all application and worksheet forms.

1. Financial assistance will be approved by the Senior Director of Revenue Cycle or a designated representative.

E. Upon completion of the application and submission of appropriate documentation, a Patient Financial Service representative will complete the financial assistance worksheet. Approvals will be made in accordance with the guidelines (Addendum A and B) and documented on the worksheet (Addendum C).

F. Applicants providing an incomplete application, who do not complete the submission of additional documentation as required for review under the financial assistance program, will be determined to be denied for financial assistance. No further reviews or approvals will be issued based on the applicants denied application.

G. Accounts where patients are identified as medically indigent or accounts where the collector or designated representative has identified special circumstances that when taken into consideration may affect the patient's eligibility for financial assistance will be reviewed for final determination.

1. The designated representative's review of accounts that do not clearly meet the criteria and the decisions and rationale for those decisions will be documented and maintained in the account file.

3. Notification of Eligibility Determination

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A. Clear guidelines as to the length of time required to review the application and provide a decision to the patient should be provided at the time of application. A prompt turnaround and a written decision, which provides a reason for denial, will be provided, generally within 30 days of receipt of a completed application to include all required information. All FAP eligible individuals will not be charged more than amounts generally billed (AGB) (Addendum B).

4. Monitoring and Reporting

A. A charity care log from which periodic reports can be developed shall be maintained aside from any other required financial statements.

5. Providers delivering emergency or other medically necessary care

A. There are providers that may deliver emergency or other medically necessary care in Tidelands Health facilities whose care will be covered by way of approval for the Tidelands Health financial assistance program. Please see addendum D below for said list of providers.

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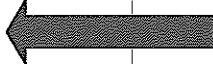

Addendum A: Financial Assistance Guidelines

FAMILY SIZE	GROSS ANNUAL INCOME LESS THAN (200% OF POVERTY)	PATIENT RESPONSIBLE FOR 0% OF CHARGES
1	\$	25,520
2	\$	34,480
3	\$	43,440
4	\$	52,400
5	\$	61,360
6	\$	70,320
7	\$	79,280
8	\$	88,240
EACH ADTL FAMILY MEMBER:		\$ 8,960

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Addendum B: Amounts Generally Billed (AGB)

<u>Georgetown</u>			<u>Waccamaw</u>	<u>Market Common</u>
\$ 91,798,681.74		Sum of claims for emergency and medically necessary care allowed by health insurers during prior 12-month	\$ 101,843,814.06	19,947.69
divided by			divided by	divided by
\$319,161,036.36		Sum of associated gross charges for those claims	\$ 381,807,496.85	54,023.98
equals			equals	equals
29%	AGB percentage		27%	37%

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Addendum C: Financial Assistance Application

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Section VI - Liquid Assets

Do you or anyone else in the home have liquid assets? Yes No

Please attach copies of the last 2 most recent statements for each asset below.

Type of Asset	Y/N	Owner's Name	Institution	Balance/Value
Cash on Hand				
Checking Account(s)				
Savings Accounts(s)				
Certificate(s) of Deposit				
Annuities/Trusts Stocks/Bonds				
401k/403b/IRA/etc				

Do you or anyone else in the home own a business with liquid assets? Yes No

If yes, what percentage of the business do you own? _____%

Please attach copies of the last 2 most recent statements for each business asset below.

Type of Asset	Y/N	Owner's Name	Institution	Balance/Value
Cash on Hand				
Checking Account(s)				
Savings Accounts(s)				

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Section VII – Applicants Additional Information

If the applicant has any special circumstances which they would like for Tidelands Health to consider in the application, please explain it below:

Section VIII – Statement of Understanding

I understand that my case is confidential and no information will be released unless I authorize it.

I understand that by applying for or receiving assistance through the Tidelands Health Charity Program, I will automatically assign to Tidelands Health any amount which I may be entitled to recover from any third-party or private insurer, not to exceed the amount of the charity reduction of my bill(s).

I certify that I have read, or had read to me, all statements on this application and that the information given is true and complete to the best of my knowledge. I understand that if I have deliberately given any false information or have withheld any information regarding my situation, I am liable for prosecution for fraud. By my signature I authorize the release of any information, including credit reports, needed to determine my eligibility for the Tidelands Health Charity Program.

Applicant Signature: _____ Date: _____

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Addendum D: Providers That Accept Financial Assistance:

	Follows Financial Assistance Policy:			Follows Financial Assistance Policy:	
	Yes	No		Yes	No
Associated Pathology		x	MUSC Department of Cardiology		x
Associates in Surgery		x	MUSC Department of Psychiatry		x
Atlantic Urology Clinics		x	MUSC Department of Radiation Oncology		x
Beach Medicine		x	MUSC Neurosciences @ Tidelands		x
Carolina Kidney & Hypertension Specialists, PC		x	OrthoSC		x
Carolina OB/GYN		x	Pawleys Pediatrics and Adult Medicine		x
Carolina Orthopaedic Specialists		x	Revolution Monitoring		x
Carolina Regional Cancer Center		x	RTNA		x
Carolina Rheumatology & Neurology Associates		x	RTNA Associates		x
Carolina Health Specialists		x	Southeast Medical Associates		x
Coastal Carolina Infectious Disease		x	The Pain and Rehab Institute		x
Coastal Ear, Nose & Throat		x	Tidelands Health Breast Center		x
Coastal Eye Group		x	Tidelands Health Family Medicine @ Georgetown		x
Coastal Orthopedic Associates		x	Tidelands Health Family Medicine @ Myrtle Beach		x
Coastal Podiatry Associates		x	Tidelands Health Family Medicine @ Pawleys Island		x
Diagnostic Pathology		x	Tidelands Health Gastroenterology		x
DMH Telepsychiatry Consultation Program		x	Tidelands Health General and Vascular Surgery		x
Dunes Podiatry		x	Tidelands Health Heart and Vascular		x
East Coast Retina		x	Tidelands Health Hospitalist	x	
Emergency Physicians & Advanced Practitioners	x		Tidelands Health Market Common		x
Georgetown Anesthesia Consultants		x	Tidelands Health Oncology		x
Georgetown Podiatry		x	Tidelands Health Orthopedics		x
Georgetown Radiation Therapy Center	x		Tidelands Health Pain Management Services		x
Georgetown Radiology LLC		x	Tidelands Health Pediatrics		x
Grand Strand Family Medicine		x	Tidelands Health Women's Center		x
Grand Strand Psychological Services		x	Tidelands Health Wound Center		x
Grand Strand Urology		x	Vision Radiology		x
Inlet Anesthesia Consultants, PC		x	Waccamaw Kidney & Hypertension Specialists		x
Inlet Pulmonary, Critical Care and Sleep Medicine		x	Waccamaw Oral Maxillofacial Surgery		x
Innovation Neuromonitoring LLC		x	Waccamaw Surgical Associates		x
Island Women's Care		x	Waccamaw Urology		x
Low Country Foot Specialist		x	Winyah Surgical Specialists		x
Low Country Plastic Surgery		x	EKG Professional Interpretation	x	
Low Country Surgical Associates		x	Vascular Professional Interpretation	x	
Marga F Massey, MD, LLC		x	Tidelands Waccamaw Community Hospital	x	
MUSC Children's Health Cardiology at TH		x	Tidelands Georgetown Memorial Hospital	x	