

GREENVILLE HEALTH SYSTEM POLICY AND PROCEDURES

Manual of Policy Directives

POLICY NAME: Financial Arrangements and Assistance

POLICY NUMBER: S-020-08

EFFECTIVE DATE: October 1, 2016

SUPERSEDES: October 1, 2013

Revised: January 31, 2017

January 14, 2019

POLICY STATEMENT: In keeping with our mission to heal compassionately, teach innovatively and improve constantly, Greenville Health System (GHS) is committed to providing financial assistance to patients who cannot pay for all or a part of their bill.

A further responsibility of Greenville Health System requires it to generate sufficient revenues in order to provide high quality patient care and to maintain a sound financial position. Because the primary source of operating revenue for Greenville Health System consists of collections for services rendered to patients, it is imperative that reimbursement from patients or other responsible parties be optimized. In order to provide financial assistance responsive to the communities served and keep hospitalization costs at a minimum for the community, Greenville Health System has adopted this policy.

All facilities of the Greenville Health System are available to patients without regard to race, color, religion, age, sex or national origin or any other discriminatory differentiating factor. Emergency services will not be denied because of an inability to pay. Satisfactory financial arrangements are required before elective services are rendered. Elective cases without satisfactory financial arrangements may be deferred with physician consent.

This policy applies to the following GHS hospitals:

- GHS Greenville Memorial Hospital and related hospitals and clinics
- GHS Greer Memorial Hospital
- GHS Hillcrest Memorial Hospital
- GHS Laurens County Memorial Hospital
- GHS North Greenville Long Term Acute Care Hospital
- GHS Patewood Memorial Hospital and related hospitals and clinics
- GHS Oconee Memorial Hospital

DEFINITIONS:

1. AGB- Amounts generally billed for emergency or other medically necessary care to individuals who have insurance coverage
2. Extraordinary Collection Actions (ECAs) - Actions taken to collect a debt, includes but not limited to reporting debts to credit bureaus, selling debt to a third party and pursuing liens, garnishments and other legal actions.
3. FPG- Federal Poverty Guideline (published by the U.S. Department of Health and Human Services).

4. Medicare Look-Back Methodology- calculation based on actual past claims paid to the hospital facility by either Medicare fee-for-service alone or Medicare fee-for-service together with all private health insurers paying claims to the hospital facility (including, in each case, any associated portions of these claims paid by Medicare beneficiaries or insured individuals).
5. Service Catchment Area- A geographic region that the hospital serves.
6. Tertiary Care Facility- A hospital that provides specialized care by specialists in a large hospital after a referral from primary care and secondary care. Tertiary centers usually include the following:
 - A major hospital that usually has a full complement of services including pediatrics, obstetrics, general medicine, gynecology, various branches of surgery and psychiatry or
 - A specialty hospital dedicated to specific sub-specialty care (pediatric centers, oncology centers, psychiatric hospitals). Patients will often be referred from smaller hospitals to a tertiary hospital for major operations, consultations with sub-specialists and when sophisticated intensive care facilities are require.

PROCEDURE:

Satisfactory Financial Arrangements: All financial arrangements will be made using the following guidelines after the patient's status is determined by the physician:

1. **Emergency Patients:** As soon as practical after stabilizing care is rendered.
2. **Urgent Patients:** Prior to admission or as soon as practical after stabilizing care is rendered.
3. **Elective Patients:** Prior to rendering service.

Satisfactory financial arrangements must be made prior to discharge in all instances. Satisfactory financial arrangements may consist of any one or a combination of the following:

1. Payment in full of all estimated charges is made in advance of services being rendered.
2. Adequate hospitalization insurance benefits exist which the patient is willing to assign to Greenville Health System for the payment of services. Automobile liability coverage alone is not considered adequate hospitalization insurance.
3. Sponsorship by a third party, such as Medicare, Medicaid, or other agencies contracting with Greenville Health System for payment of care rendered to patients upon verification of eligibility.
4. If Greenville Health System determines that the patient has no available means for paying the services. A patient will then be declared eligible for hospital charity or hospital sponsorship under the Financial Assistance Policy according to criteria outlined in this policy. The Medically Indigent Assistance Program (MIAP) criteria are used as a guideline for hospital charity. Hospital sponsorship guidelines are defined by the hospital.

The specific percentage discounts for income greater than 200% up to 400% of FPG are updated annually and the sliding scale adjustment is based on Medicare look-back methodology. This is determined from actual past claims paid to the hospital facility by Medicare fee-for-service together with all private health insurers paying claims to the hospital facility (including, in each case, any associated portions of these claims paid by Medicare beneficiaries or insured individuals).

No person eligible for financial assistance under this policy will be charged more for emergency or other medically necessary care than Amounts Generally Billed (AGB) to individuals with insurance covering such care. This applies to all patients if the care is emergency or medically necessary, regardless of county of residency. Hospital charity or hospital sponsorship is not available for elective care unless approved by Chief Financial Officer (CFO), Executive Director, Revenue Cycle, Director, Patient Access or Director, Patient Financial Services.

Requests for indigent care of patients residing in a foreign country and not a United States citizen who wish to receive tertiary services at GHS must be prior approved by the Chief Operating Officer (COO) and Chief Financial Officer (CFO).

METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE:

All patients who believe they may qualify for financial assistance are urged to fill out, sign and submit a Financial Assistance Application. The application can be obtained these four ways:

1. Visit GHS website at <http://www.ghs.org/financial-assistance>.
2. Contact GHS Patient Financial Services at (864) 454-9604 or 1-844-302-8298 (toll free).
3. Mail a request to Greenville Health System, 255 Enterprise Blvd., Ste. 250, Greenville, SC 29615 Attn: Financial Counseling.
4. See a Patient Access Representative at a GHS facility. Representatives are available to provide a copy of the Financial Assistance Application or assist the patient/guarantor in completing and submitting the application.

Documentation to be submitted with the application is a recent pay stub and statements for investments or other sources of income. Individuals who are self-employed are required to submit the most recent years' business and personal tax return. Failure to submit required documentation may result in denial of the Financial Assistance Application.

EXTRAORDINARY COLLECTION ACTIONS (ECAs):

Greenville Health System will not engage in ECAs against an individual to obtain payment for care before making reasonable efforts to determine whether the individual is eligible for financial assistance under this Financial Arrangements and Assistance Policy.

Greenville Health System offers hospital patients two options for payment when hospital charity, hospital sponsorship or insurance is not available:

- A. In-house interest free payments for up to twelve (12) months in duration.
- B. If payments are needed beyond twelve (12) months, reasonable payment arrangements with interest are available with an outside agency for patients who have no other resources or means to pay and do not qualify for hospital charity or hospital sponsorship.

Patient balances that do not qualify for hospital sponsorship or hospital charity and are unpaid may be placed with a collection agency or attorney or filed as a lien against real estate or personal property. These actions are further described in the Billing and Collections Policy. Members of the public may obtain a free copy of this separate policy from GHS as indicated in the contact list at the end of this policy.

Financial Assistance/Charity Eligibility Criteria:

The following is criteria established for Hospital Charity:

1. Applicants must complete and sign the Financial Assistance Application. This requirement may be waived in the event that the totality of the circumstances indicates that the patient would qualify for charity but is deceased, homeless, transient or as a result of physical or mental incapacity is unable to provide the required information. These circumstances must be documented and reviewed by Revenue Cycle Management before the patient's account may be considered for charity.
2. Applicants must meet the following criteria:
 - A. State residence (intent to live in South Carolina; migrants are considered state Residents unless they maintain a domicile in another state);
 - B. U.S. citizen or legally admitted alien for permanent residence;
 - C. Institutional status (covers county inmates awaiting trial, but not inmates or residents of other governmental institutions);
 - D. Gross family income cannot exceed 200% of the Community Services Administrative (CSA) guidelines, also known as Federal Poverty Guidelines (FPG), reference Attachment "A";
3. Resource Limits:
 - A. Primary residence includes one primary place of residence with a tax assessed value of two hundred thousand dollars (\$200,000) or less; with an equity value of less than thirty-five thousand dollars (\$35,000).
 - B. Other Resources includes other real estate or liquid assets or other real estate convertible to cash and unnecessary for the patient's daily living; not to exceed a combined total value of ten thousand dollars (\$10,000). Recreational vehicles are included in the total value of liquid assets. Vehicles necessary for day to day living are excluded from other resources.
4. Household composition is used to calculate the level of charity and is based on income and the number of persons in the family that the guarantor is financially responsible for. These are person(s) claimed on an individual's tax return. Household composition is defined as follows:
 - A. Adult- a person at least eighteen (18) years of age or a younger person who is or has been married or has had the disabilities of minority removed for general purposes.
 - B. Unmarried couples- adults who live together and file taxes jointly and/or own property together.
 - C. Managing conservator- a person designated by a court to have legal responsibility for a minor.
 - D. Minor child- a person up to and including the month of the nineteenth (19th) birthday (or the twenty-sixth (26th) birthday) and is claimed as a dependent on an adult's Federal tax return. A person over the age of eighteen (18) years old is considered his/her own guarantor and the parents income is not considered when determining charity for that individual. If an application is submitted and a person over the age of eighteen (18) years old is claimed on a person's tax return as a dependent, this person counts in the household composition but not in the income.
5. Filing timeline for Hospital Charity is a maximum of eight (8) months from the date of service. Duration of eligibility will be one (1) year from date of application. Exceptions are as follows:
 - A. Accounts pending Medicaid, SSI, and Social Security Disability for more than eight (8) months and have been denied benefits and qualify for hospital charity. Duration of the

application in this instance to cover any outstanding balances at the time of determination for Medicaid, Supplemental Social Security Income (SSI) or Social Security Disability.

- B. Accounts which have liability coverage and have been in litigation for more than eight (8) months and have been denied a medical settlement, or received a limited medical settlement and qualify for hospital charity.
 - C. Accounts that have had an estate in probate more than eight (8) months with no assets and qualify for hospital charity.
 - D. Accounts where insurance was filed and there was a delay of more than (8) months regarding payment from insurance.
6. Income, asset, residency information, etc. provided by the patient will be verified through an electronic vendor inquiry. Income discrepancies in excess of five thousand dollars (\$5,000), between information provided by the patient/patient representative and the electronic inquiry, will require an attestation signed by the patient/patient representative; or other proof to be determined at the time of processing. In the event additional documentation is requested but not received (example includes but not limited to: one most recent pay stub, real estate equity letter, bank statements, most recent years' tax return or other financial documents) the account will be dispositioned fourteen days after the request and may be denied for failure to submit requested documentation.

Should the applicant fail to meet the criteria for Hospital Charity but merits consideration for assistance, the applicant will be assessed for Hospital Sponsorship based on criteria outlined in this policy.

If during the collection process it appears a patient has no available means to pay for services, does not meet guidelines for Hospital Charity and is declared eligible for Hospital Sponsorship, charges will be adjusted according to the level of sponsorship documented on the patient's account. Hospital related group practices may also use these criteria to determine hospital sponsorship of patients within their practices. Hospital Sponsorship constitutes a satisfactory financial arrangement.

The Vice President and CFO Financial Services will determine the percentage of the guidelines utilized for sponsorship on an annual basis. The Hospital System reserves the right to define maximum charitable expenditures, service catchment areas, prevailing charges, excluded services, fee reduction schedules, patient responsibilities, and other business practice parameters consistent with the prudent management of the Greenville Health System.

Financial Assistance/Hospital Sponsorship Eligibility Criteria:

The following is criteria established for Hospital Sponsorship:

- 1. Income and resource limits are outlined as follows:
 - A. Income :
 - i. Gross family income cannot exceed 400% of the Community Services Administration (CSA) Poverty Guidelines, also known as Federal Poverty Guidelines (FPG), reference Attachment "A". Level of sponsorship is based on annual income and total balance due from the patient on all outstanding accounts at the time eligibility for hospital sponsorship is determined.
 - B. Primary Residence:

- i. One primary place of residence with a tax appraised value of two hundred thousand dollars (\$200,000) or less; with an equity value of less than one hundred thousand (\$100,000). Patients who have one hundred thousand (\$100,000) or more equity in their primary residence and cannot borrow against the equity will be considered for sponsorship if they provide a letter from a mortgage lender stating the patient/guarantor is not eligible to borrow.
 - C. Other Resources:
 - i. Other real estate or liquid assets convertible to cash and unnecessary for the patient's daily living; not to exceed a combined total value of ten thousand dollars (\$10,000). Recreational vehicles are included in the total value of liquid assets. Vehicles necessary for day to day living are excluded from other resources.
 - ii. If the patient, spouse or parent(s) if patient is a child, owns a business, a copy of the most recent year's personal and business tax return must be submitted in its entirety. The value of the business is considered a resource.
- 2. Household composition is used to calculate the level of sponsorship and is based on income and the number of persons in the family that the guarantor is financially responsible for. These are person(s) claimed on an individual's tax return.
 - A. Adult- a person at least eighteen (18) years of age or a younger person who is or has been married or has had the disabilities of minority removed for general purposes.
 - B. Unmarried couples- adults who live together and file taxes jointly and/or own property together. In the event there is a discrepancy in information provided on the application and supporting documentation, additional documentation may be requested (e.g. tax return)/
 - C. Managing conservator- a person designated by a court to have legal responsibility for a minor.
 - D. Minor child- a person up to and including the month of the nineteenth (19th) birthday (or the twenty-sixth (26th) birthday) and is claimed as a dependent on an adult's Federal tax return. A person over the age of eighteen (18) years old is considered his/her own guarantor and the parents income is not considered when determining charity for that individual. If an application is submitted and a person over the age of eighteen (18) years old is claimed on a person's tax return as a dependent, this person counts in the household composition but not in the income.
- 3. Filing timeline for hospital sponsorship is a maximum of eight (8) months from the date of service. If the application is not dated, the "Received" stamp date on the application will be used. Duration of eligibility will be one (1) year from date of application. Exceptions are as follows:
 - A. Accounts pending Medicaid, Supplemental Social Security Income (SSI) and Social Security Disability for more than eight months and have been denied benefits and qualify for hospital sponsorship. Duration of the application in this instance to cover any outstanding balances at the time of determination for Medicaid, Supplemental Social Security Income (SSI) or Social Security Disability.
 - B. Accounts which have liability coverage and have been in litigation for more than eight (8) months and have been denied a medical settlement, or received a limited medical settlement and qualify for hospital sponsorship.
 - C. Accounts that have had an estate in probate more than eight (8) months with no assets and qualify for hospital sponsorship.

- D. Accounts where insurance was filed and there was a delay of more than (8) months regarding payment from insurance.
 - E. Recent loss of income/employment will be considered for outstanding accounts. If approved for assistance, sponsorship will only apply to outstanding accounts meeting all other criteria at the time of approval. Charity/Sponsorship will not be added to the patient's record for future dates of service but may reapply when additional services are received.
4. If the patient is deceased and there is no estate, the patient's account(s) will be adjusted to hospital sponsorship.
 5. Catastrophic Event:
 - A. When the patient's hospital account(s) exceed two (2) times the household annual gross income the following criteria will be considered when determining sponsorship eligibility:
 - i. The tax appraised value of the primary place of residence may exceed the two hundred thousand dollars (\$200,000).
 - ii. Equity value of the primary place of residence may exceed thirty-five thousand (\$35,000) dollars.
 - iii. Liquid assets may be considered when determining sponsorship.
 - iv. Sponsorship for a catastrophic event may be approved for outstanding accounts for dates of service within eight (8) months from the date of application. Charity/Sponsorship will not be added to the patient's record for future dates of service but may reapply when additional services are received.
 6. Income, asset, residency information, etc. provided by the patient will be verified through an electronic vendor inquiry. Income discrepancies in excess of five thousand dollars (\$5,000), between information provided by the patient/patient representative and the electronic inquiry, will require an attestation signed by the patient/patient representative; or other proof to be determined at the time of processing. In the event additional documentation is requested (example: one most recent pay stub) the account will be dispositioned thirty days after request and may be denied for failure to submit requested documentation.

Greenville Health System accommodates all significant populations served who have limited proficiency in English by translating copies of our Financial Arrangements and Assistance Policy, Financial Assistance Application Form, and this summary in the primary languages spoken by those populations.

The Financial Arrangements and Assistance Policy, Financial Assistance Application Form, Billing and Collections Policy, as well as information about the financial assistance application processes are widely publicized. Information can be obtained by the following methods:

1. Visit the GHS website at <http://www.ghs.org/financial-assistance>.
2. Call GHS Patient Financial Services at (864) 454-9604 or 1-844-302-8298 (toll free).
3. Mail a request to Greenville Health System, 255 Enterprise Blvd., Ste. 250, Greenville, SC 29615 Attn: Financial Counseling.
4. See a Patient Access Representative at a GHS facility.

If it is determined that a patient has no available means to pay for services and is declared eligible for Hospital Charity or Hospital Sponsorship, charges will be adjusted according to the level of charity or sponsorship documented on the patient's account. Specific to patients seen at components of the Greenville Memorial Hospital provider, and for purposes of the 340B drug program, the Contract Pharmacies will extend discounts to patients under the Hospital Sponsorship program. Hospital Charity and Hospital Sponsorship constitutes a satisfactory financial arrangement.

The Vice President and CFO will determine the percentage of the guidelines utilized for charity and sponsorship on an annual basis. The Greenville Health System reserves the right to define maximum charitable expenditures, service catchment areas, prevailing charges, excluded services, fee reduction schedules, patient responsibilities, and other business practice parameters consistent with the prudent management of the Greenville Health System and practice groups within its commitment to the community.

**Table for Determination of Financial Assistance Allowance
Effective 1/30/2016**

TABLE FOR DETERMINATION OF FINANCIAL ASSISTANCE HOSPITAL CHARITY	
# of Persons in Family	Income Level*
1	\$ 23,760
2	\$ 32,040
3	\$ 40,320
4	\$48,600
5	\$ 56,880
6	\$ 65,160
7	\$ 73,460
8	\$ 81,780
For families of 9 or more add	\$ 8,320
Allowance to give	100%

*200% of Poverty Guidelines

TABLE FOR DETERMINATION OF FINANCIAL ASSISTANCE HOSPITAL SPONSORSHIP		
# of Persons in Family	Income Level* 0-200%	Income Level Cap 201-400%
1	\$ 23,760	\$ 47,520
2	\$ 32,040	\$ 64,080
3	\$ 40,320	\$ 80,640
4	\$ 48,600	\$ 97,200
5	\$ 56,880	\$ 113,760
6	\$ 65,160	\$ 130,320
7	\$ 73,460	\$ 146,920
8	\$ 81,780	\$ 163,560
For families of 9 or more add	\$ 8,320	\$ 16,640
Allowance to give	100%	76%

**Table for Determination of Financial Assistance Allowance
Effective 1/31/2017**

TABLE FOR DETERMINATION OF FINANCIAL ASSISTANCE HOSPITAL CHARITY	
# of Persons in Family	Income Level*
1	\$ 24,120.
2	\$ 32,480.
3	\$ 40,840.
4	\$ 49,200.
5	\$ 57,560.
6	\$ 65,920.
7	\$74,280.
8	\$ 82,640.
For families of 9 or more add	\$ 8,360.
Allowance to give	100%

*200% of Poverty Guidelines

TABLE FOR DETERMINATION OF FINANCIAL ASSISTANCE HOSPITAL SPONSORSHIP		
# of Persons in Family	Income Level* 0-200%	Income Level Cap 201-400%
1	\$ 24,120.	\$ 48,240.
2	\$ 32,480.	\$ 64,960.
3	\$ 40,840.	\$ 81,680.
4	\$ 49,200.	\$ 98,400.
5	\$ 57,560.	\$ 115,120.
6	\$ 65,920.	\$ 131,840.
7	\$74,280.	\$ 148,560.
8	\$ 82,640.	\$ 165,280.
For families of 9 or more add	\$ 8,360.	\$ 16,720.
Allowance to give	100%	76%

**Table for Determination of Financial Assistance Allowance
Effective 1/31/2018**

TABLE FOR DETERMINATION OF FINANCIAL ASSISTANCE HOSPITAL CHARITY	
# of Persons in Family	Income Level*
1	\$ 24,280
2	\$ 32,920
3	\$ 41,560
4	\$ 50,200
5	\$ 58,840
6	\$ 67,480
7	\$ 76,120
8	\$ 84,760
For families of 9 or more add	\$ 8,640
Allowance to give	100%

*200% of Poverty Guidelines

TABLE FOR DETERMINATION OF FINANCIAL ASSISTANCE HOSPITAL SPONSORSHIP		
# of Persons in Family	Income Level* 0-200%	Income Level Cap 201-400%
1	\$ 24,280	\$ 48,560
2	\$ 32,920	\$ 65,840
3	\$ 41,560	\$ 83,120
4	\$ 50,200	\$ 100,400
5	\$ 58,840	\$ 117,680
6	\$ 67,480	\$ 134,960
7	\$76,120	\$ 152,240
8	\$ 84,760	\$ 169,520
For families of 9 or more add	\$ 8,640	\$ 17,280
Allowance to give	100%	76%

**Table for Determination of Financial Assistance Allowance
Effective 1/31/2019**

TABLE FOR DETERMINATION OF FINANCIAL ASSISTANCE HOSPITAL CHARITY	
# of Persons in Family	Income Level*
1	\$ 24,980
2	\$ 33,820
3	\$ 42,660
4	\$ 51,500
5	\$ 60,340
6	\$ 69,180
7	\$ 78,020
8	\$ 86,860
For families of 9 or more add	\$ 8,840
Allowance to give	100%

*200% of Poverty Guidelines

TABLE FOR DETERMINATION OF FINANCIAL ASSISTANCE HOSPITAL SPONSORSHIP		
# of Persons in Family	Income Level* 0-200%	Income Level Cap 201-400%
1	\$ 24,980	\$ 49,960
2	\$ 33,820	\$ 67,640
3	\$ 42,660	\$ 85,320
4	\$ 51,500	\$ 103,000
5	\$ 60,340	\$ 120,680
6	\$ 69,180	\$ 138,360
7	\$ 78,020	\$ 156,040
8	\$ 86,860	\$ 173,720
For families of 9 or more add	\$ 8,840	\$ 17,680
Allowance to give	100%	76%