

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

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

2016 FAP SLIDING SCALES

revised 04/01/2016

Uninsured	100% (200% of Poverty Level)	80% (225% of Poverty Level)	60% (250% of Poverty Level)	0%
Household Size	If Household Income is LESS than	If Household Income is between	If Household Income is between	If Household Income is greater than
1	23,760	23,761 - 26,730	26,731 - 29,700	31,201
2	32,040	32,041 - 36,045	36,046 - 40,050	42,001
3	40,320	40,321 - 45,360	45,361 - 50,400	52,801
4	48,600	48,601 - 54,675	54,676 - 60,750	63,601
5	56,880	56,881 - 63,990	63,991 - 71,100	74,401
6	65,160	65,161 - 73,305	73,306 - 81,450	85,201
7	73,460	73,461 - 82,643	82,644 - 91,825	96,001
8	81,780	81,781 - 92,003	92,004 - 102,225	106,801

For each additional person, add \$4,160

As defined by Health and Human Services: National Poverty Guidelines

ATTACHMENT B

2017 FAP SLIDING SCALES

revised 05/10/2016

Insured	100% (100% of Poverty Level)	80% (120% of Poverty Level)	60% (140% of Poverty Level)	0%
Household Size	If Household Income is LESS than	If Household Income is between	If Household Income is between	If Household Income is greater than
1	12,060	12,061 - 14,472	14,473 - 16,884	16,885
2	16,240	16,241 - 19,488	19,489 - 22,736	22,738
3	20,420	20,421 - 24,504	24,505 - 28,588	28,589
4	24,600	24,601 - 29,520	29,521 - 34,440	34,441
5	28,780	28,781 - 34,536	34,537 - 40,292	40,293
6	32,960	32,961 - 39,552	39,553 - 46,144	46,145
7	37,140	37,141 - 44,568	44,569 - 51,996	51,997
8	41,320	41,321 - 49,584	49,584 - 57,848	57,849

For each additional person, add \$4,180

As defined by Health and Human Services: National Poverty Guidelines