

		<p><b>Subject: FINANCIAL ASSISTANCE POLICY</b></p> <p><b>Entities Affected:</b> TGMH: <u>  X  </u> TWCH: <u>  X  </u>  Inpatient: <u>  X  </u> Ambulatory: <u>  X  </u></p> <p>THG: <u>  X  </u>  MCASC: <u>  X  </u>  MCI: <u>  X  </u> TH/MQ JV: X</p> <p><b>Department Affected:</b> <u>All patient care departments within Tidelands Health</u></p> <p><b>Issued by:</b> <u>Patient Financial Services</u></p>	<p>Page 1 of 12</p>
<p><b>Effective/ Revised 1/31/2024</b></p>	<p><b>Supersedes</b></p> <hr/> <p><b>Reviewed</b></p>	<p><b>Approved By:</b> Board of Trustees Finance Committee EVP &amp; CFO: _____</p>	

**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, financial assistance application, and the plain language summary are available upon request at time of service and at [www.tidelandshealth.org](http://www.tidelandshealth.org). Resources are limited and it is necessary to set limits and guidelines. These are not designed to discourage those in need from seeking treatment. They are intended to ensure 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.

**DEFINITIONS:**

A. Definitions

1. 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.
2. 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.
3. Household Income: A measure of current private income commonly used by 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

TIDELANDS HEALTH SUBJECT: <b>FINANCIAL ASSISTANCE POLICY</b>  POLICIES AND PROCEDURES	Page <b>2 of 12</b>	
	EFFECTIVE <b>1/31/2024</b>	SUPERSEDES <b>12/19/2023</b>

can be defined as anyone that resides at the place of residence with shared income and/or expenses.

4. TCCN Care Coordination Program: TCCN Care Coordination Program is patient centered and includes all members of the patient’s care team and addresses access to medical care for underserved populations, while taking into account the social determinants of their care. The Program will ensure uninsured and underinsured patients in the Tideland Health service area are able to access primary and specialty care through TCCN care coordination program that reflects evidence-based practices that improves patient outcomes, decreases risk for readmission, and is in compliance with current funding requirements/grants from The Duke Endowment and other funding sources.

**POLICY:**

Tideland Health has a tradition of serving all who require health care services. Tideland 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 Tideland Health to provide charity care will be continually assessed, with modifications to this policy as appropriate. Tideland 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,
- The 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

TIDELANDS HEALTH SUBJECT: <b>FINANCIAL ASSISTANCE POLICY</b>	Page <b>3 of 12</b>	
POLICIES AND PROCEDURES	EFFECTIVE <b>1/31/2024</b>	SUPERSEDES <b>12/19/2023</b>

criteria for the Financial Assistance Program all services will be billed directly to the patient. If the patient fails to meet the criteria for the Financial Assistance Program, then the patient shall not be prohibited from pursuing and obtaining financial assistance from third parties unrelated to Tidelands Health for any products or services administered to the patient by Tidelands Health. All patients will be treated with respect and fairness regardless of their ability to pay. Medical 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.”

**PROCEDURE:**

A. Identification of Potentially Eligible Patients.

1. 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:
  - a. Routine and comprehensive demographic data.
  - b. Complete information regarding all existing third-party coverage and may also include household family size and income.
2. 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 lookback 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.
3. 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.
4. Those patients who may qualify for the TCCN Care Coordination Program must complete **ALL** intake paperwork with TCCN care coordination and sign release of information. This includes completing the financial assessment which includes an eligibility assessment for Medicaid; Healthy Connections Check Up; Health

TIDELANDS HEALTH SUBJECT: <b>FINANCIAL ASSISTANCE POLICY</b>  POLICIES AND PROCEDURES	Page <b>4 of 12</b>	
	EFFECTIVE <b>1/31/2024</b>	SUPERSEDES <b>12/19/2023</b>

Exchange, etc.

## B. Determination of Eligibility

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.

In the evaluation of an application for financial assistance, a patient's total resources will be considered which will include, but not be limited to, analysis of assets (identified as that convertible to cash and unnecessary for the patient's daily living expenses) and family income. If a patient has available and sufficient resources, the patient is not eligible for financial assistance. The program will utilize collect-ability scoring to aid with the evaluation of the application.

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 Vice President of Revenue Cycle or a designated representative for review and a determination. Tideland Health will not force liquidation of a personal residence, primary vehicle, or tax return.

A record should be maintained reflecting authorization of financial assistance along with copies of all application and worksheet forms. Financial assistance will be approved by the Vice President of Revenue Cycle or a designated representative.

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 (Addendums A and B) and documented on the worksheet/application (Addendum C).

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 applicant's denied application.

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.

TIDELANDS HEALTH SUBJECT: <b>FINANCIAL ASSISTANCE POLICY</b>  POLICIES AND PROCEDURES	Page <b>5 of 12</b>	
	EFFECTIVE <b>1/31/2024</b>	SUPERSEDES <b>12/19/2023</b>

a. 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.

C. Notification of Eligibility Determination

1. 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 D).
2. For purposes of PRIMARY and SECONDARY PHYSICIAN SERVICES in the TIDELANDS HEALTH GROUP OFFICES, TCCN will issue a temporary card for patients with pending FINANCIAL ASSISTANCE APPLICATIONS.
  - A. A 60-day card will be issued during this approval process for patients that were referred or self-referred to the program and are pending with hospital charity care.
  - B. Continued assistance under the program requires completion of the FINANCIAL ASSISTANCE APPLICATION and APPROVAL of ELIGIBILITY. Tidelands Health reserves the right to revoke the 60-day card at any time during the 60-day period if the patient does not complete program documents or becomes inactive in the program through disengagement with their care coordinator.

C. Monitoring and Reporting:

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

TCCN Program Components and Responsibilities

- a. Screen and ensure patients are eligible for the program, as described previously.
- b. Assess patients for barriers to care and social determinants.
- c. Implement care pathways and goals.
  - i. Additional education/nursing education is provided for those under a clinical care pathway.
- d. Initiate referrals to appropriate practices/organizations.
- e. Engage additional community resources and referrals as appropriate.
- f. Maintain follow up in person or by phone on regularly scheduled cadence.
- g. Follow the patient for one full year of enrollment (in alignment with hospital charity financial active dates).

TIDELANDS HEALTH SUBJECT: <b>FINANCIAL ASSISTANCE POLICY</b>	Page <b>6 of 12</b>	
POLICIES AND PROCEDURES	EFFECTIVE <b>1/31/2024</b>	SUPERSEDES <b>12/19/2023</b>

- h. Initiate recertification for patients at the end of their year to maintain coverage/enrollment in TCCN program as appropriate.

**D. Providers delivering emergency or other medically necessity care:**

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

**References/Addendums:**

**ADDENDUM A: FINANCIAL ASSISTANCE GUIDELINES**

**ADDENDUM B: TCCN PARTICIPANT PRIMARY and SPECIALTY CARE OFFICE VISIT PRICING for Tideland Health Practices**

**ADDENDUM C: TIDELANDS HEALTH FINANCIAL ASSISTANCE APPLICATION**

**ADDENDUM D: AMOUNTS GENERALLY BILLED**

**TIDELANDS HEALTH PLAIN LANGUAGE SUMMARY**

TIDELANDS HEALTH SUBJECT: <b>FINANCIAL ASSISTANCE POLICY</b>  POLICIES AND PROCEDURES	Page <b>7 of 12</b>	
	EFFECTIVE <b>1/31/2024</b>	SUPERSEDES <b>12/19/2023</b>

**ADDENDUM A: FINANCIAL ASSISTANCE GUIDELINES**

IF INCOME AT OR BELOW THIS THRESHOLD, PATIENT RESPONSIBILITY IS 0% OF CHARGES

Family Size	200% of the Federal Poverty Level
1	\$30,120
2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440
9	\$116,200
10	\$126,960
11	\$137,720
12	\$148,480
13	\$159,240
14	\$170,000
Each additional Family Member	\$10,760

Federal Poverty level updated published on January 17, 2024

TIDELANDS HEALTH SUBJECT: <b>FINANCIAL ASSISTANCE POLICY</b>  POLICIES AND PROCEDURES	Page <b>8 of 12</b>	
	EFFECTIVE <b>1/31/2024</b>	SUPERSEDES <b>12/19/2023</b>

**ADDENDUM B: TCCN PARTICIPANT PRIMARY and SPECIALTY CARE OFFICE VISIT PRICING for Tideland Health Practices**

CATEGORY	PERCENT OF POVERTY	PRIMARY CARE	SPECIALTY CARE
I	Less than 138%	\$3	\$8
II	139% - 199%	\$5	\$10
III	200%	\$20	\$25

**TCCN PARTICIPANTS SURGICAL/PROCEDURAL PRICING  
TIER I – CONSCIOUS SEDATION**

CATEGORY	PERCENT OF POVERTY	Payment to Specialty Practice
I	Less than 138%	\$40
II	139% - 199%	\$48
III	200%	\$120

**TIER II – OUTPATIENT SURGERY (SAME DAY SURGICAL PROCEDURES  
REQUIRING ANESTHESIA)**

CATEGORY	PERCENT OF POVERTY	Payment to the Specialty Provider
I	Less than 138%	\$80
II	139% - 199%	\$88
III	200%	\$220

**TIER III – MAJOR SURGERY (PROCEDUES REQUIRING AN INPATIENT STAY)**

CATEGORY	PERCENT OF POVERTY	Payment to the Specialty Provider
I	Less than 138%	\$120
II	139% - 199%	\$128
III	200%	\$332



TIDELANDS HEALTH SUBJECT: <b>FINANCIAL ASSISTANCE POLICY</b>	Page <b>9 of 12</b>	
POLICIES AND PROCEDURES	EFFECTIVE <b>1/31/2024</b>	SUPERSEDES <b>12/19/2023</b>

**ADDENDUM C: TIDELANDS HEALTH FINANCIAL ASSISTANCE APPLICATION**

**LINK to Fillable Application**

TIDELANDS HEALTH SUBJECT: <b>FINANCIAL ASSISTANCE POLICY</b>	Page <b>10 of 12</b>	
	<b>EFFECTIVE 1/31/2024</b>	<b>SUPERSEDES 12/19/2023</b>
POLICIES AND PROCEDURES		

**ADDENDUM D: AMOUNTS GENERALLY BILLED**

<b>AMOUNTS GENERALLY BILLED (AGB)</b>			<u>Waccamaw</u>	<u>Market Common</u>
<b>Look-back Method</b>				
<u>Georgetown</u>				
\$ 95,333,725.27	←	Sum of claims for emergency and medically necessary care allowed by health insurers during prior 12-month period	\$ 82,858,114.50	2,509,888.92
divided by			divided by	divided by
\$ 297,632,567.80	←	Sum of associated gross charges for those claims	\$ 293,383,158.75	10,599,864.68
equals			equals	equals
32%	<b>AGB percentage</b>		28%	24%

TIDELANDS HEALTH SUBJECT: <b>FINANCIAL ASSISTANCE POLICY</b>  POLICIES AND PROCEDURES	Page <b>11 of 12</b>	
	EFFECTIVE <b>1/31/2024</b>	SUPERSEDES <b>12/19/2023</b>

## **TIDELANDS HEALTH PLAIN LANGUAGE SUMMARY**

The Tidelands Health financial assistance program is available for all emergency and other medically necessary care. The policy, application, AGB calculation and this plain language summary can be found online at [www.tidelandshealth.org](http://www.tidelandshealth.org) and is available in print at request. The financial assistance application requires information on the patient along with other qualified members of the household/immediate family. The approval or denial of the application is based on the number of dependents along with the total income, the value of assets within the household and the applicant's status with any available government assistance available to them. Applicants that may qualify for government assistance will be notified and asked to cooperate in full with the other program(s). If the applicant is denied government assistance for a valid reason, financial assistance will be considered. If the patient fails to meet the criteria for the Financial Assistance Program, then the patient shall not be prohibited from pursuing and obtaining financial assistance from third parties unrelated to Tidelands Health for any products or services administered to the patient by Tidelands Health. The application cannot be completed without verification of income and liquid assets. Please reference the below list of required verifications:

- If you have a child in the home under the age of 19 and there is potential for eligibility of Medicaid, a Medicaid denial letter must be reviewed before charity assistance is considered.
- If you are eligible for other assistance such as Medicaid, affordable care coverage, worker's compensation, crime victims, MIAP, etc., these programs must be reviewed prior to consideration of this charity program.
- Last year's federal tax return (Form 1040) including all schedules and attachments. If you did not file last year's taxes, the most current year's return must be provided. If for any reason you do not file taxes, please provide an explanation of why.
- Last year's federal tax return including all schedules and attachments for any business that you fully or partly own.
- Verification of income from the following (as applicable):
  - Statement of wages for the past 8 weeks for all wage earners. These must be back-to-back dates. W-2's are not sufficient for proof of wages/income.
  - Social Security or Veteran's Administration documentation stating how much you (and/or other family members) receive each month. You should provide the award letter you received when your benefits were issued.
  - Statement of wages for anyone in the household receiving unemployment, worker's compensation, child support, alimony, pension, retirement, other interest income or any other income for yourself and/or in the household.
  - If you currently do not have any income, please provide a letter of financial support from the person(s) that are currently supporting you.

TIDELANDS HEALTH SUBJECT: <b>FINANCIAL ASSISTANCE POLICY</b>  POLICIES AND PROCEDURES	Page <b>12 of 12</b>	
	EFFECTIVE <b>1/31/2024</b>	SUPERSEDES <b>12/19/2023</b>

- Copy of the most recent tax assessment for all real property. Included but not limited to house, land, life estate, mobile home, condominium, time- share, building, etc.
- Copy your most recent mortgage statement listing the total outstanding loan amount from your financial institution.
- Copies of the 2 most recent statements for each liquid asset from the financial institution. Included but not limited to checking and savings accounts, certificates of deposit, annuities, trusts, mutual funds, stocks, bonds, IRA's, 401k, 403b, retirement accounts, etc. These statements must contain all pages with transactions and details.

Your application will be denied if you do not provide ALL of the required information. If the application is denied for missing information, the patient has 30 days from the date of the rejection letter to return all requested information. If all the required information is not returned in a timely manner, the application will be completely denied, and the applicant will continue to receive collection actions as defined per the normal course of Tidelands Health collection policies. You must sign and date the application before consideration is made of your request. All applications will receive a fair evaluation by our Patient Financial Services department and all FAP eligible individuals will not be charged more than amounts generally billed (AGB). All decisions are final and there is no appeal process. Please note that if your account(s) are the result of a motor vehicle accident where there is a possible settlement, charity assistance will not be available. Likewise, no child under the age of 19 potentially eligible for Medicaid will be considered for financial assistance without receipt of a valid Medicaid denial letter.

You may return your application to us via fax at the number below, by mail at the following address or in person at either of the Tidelands Health Hospital Business Offices:

Tidelands Health  
ATTN: Financial Assistance  
PO BOX 421718  
Georgetown, SC  
29442-4203  
Ph.: 843.520.8880  
Fax: 843.520.8403

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