

Policy Name:	BSMH Medical Group Healthcare Financial Assistance (BSMHMG HFA)
Policy Number:	
Department:	Finance
Functional Area:	Finance
Approved by:	BSMH Medical Group Finance Leadership
Effective Date:	3/1/2025
Version:	3.0
Policy Status:	Approved

### ***I. Policy***

This Bon Secours Mercy Health Medical Group (BSMHMG) HFA Policy applies to all emergency and other medically necessary care provided by BSMH Medical Group practice locations.

### ***II. Purpose***

In the light of its mission to improve the health of its communities, with special emphasis on the poor and underserved, and in the spirit of the healing ministry of Jesus, BSMH Medical Group is committed to providing financial assistance responsive to the needs of the community, regardless of race, age, gender, ethnic background, national origin, citizenship, primary language, religion, education, employment or student status, disposition, relationship, insurance coverage, community standing, or any other discriminatory differentiating factor.

BSMHMG HFA is a program that covers patients without health insurance and those with only partial insurance coverage (i.e. the uninsured and underinsured) who meet the income and other eligibility criteria described herein.

### ***III. Scope***

This BSMHMG HFA Policy applies to the following BSMH Medical Group practice locations in the United States of America ("USA") and do not include any medical group practice locations located outside of the USA:

#### **BSMH Virtual Health LLC**

##### **Cincinnati**

- Mercy Health Physicians Cincinnati LLC medical practice locations
- Mercy Health Physicians Cincinnati Specialty Care LLC medical practice locations

##### **Kentucky**

- Mercy Health Physicians Kentucky LLC medical practice locations
- Mercy Health Physicians Kentucky Specialty Care LLC medical practice locations

##### **Lima**

- Mercy Health Physicians Lima LLC medical practice locations
- Mercy Health Physicians Lima Specialty Care LLC medical practice locations

##### **Lorain**

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- Mercy Health Physicians Lorain LLC medical practice locations
- Mercy Health Physicians Lorain Specialty Care LLC medical practice locations

#### Springfield

- Mercy Health Physicians Cincinnati LLC medical practice locations
- Mercy Health Physicians Springfield Primary Care LLC medical practice locations
- Mercy Health Physicians Springfield Specialty Care LLC medical practice locations

#### Toledo

- Mercy Health Physicians – North LLC medical practice locations
- Mercy Medical Partners, Northern Region, LLC medical practice locations
- Mercy Health Physicians North Specialty Care LLC medical practice locations
- Mercy Medical Partners, Northern Region Specialty Care LLC medical practice locations

#### Youngstown

- Mercy Health Physicians Youngstown LLC medical practice locations
- Mercy Health Physicians Youngstown Specialty Care LLC medical practice locations

#### Richmond

- Bon Secours Medical Group Richmond Primary Care LLC medical practice locations
- Bon Secours Medical Group Richmond Specialty Care LLC medical practice locations

#### Rappahannock

- Bon Secours Medical Group Richmond Primary Care LLC medical practice locations in the Rappahannock market
- Bon Secours Medical Group Richmond Specialty Care LLC medical practice locations in the Rappahannock market

#### Hampton Roads

- Bon Secours Medical Group Hampton Roads Primary Care LLC medical practice locations
- Bon Secours Medical Group Hampton Roads Specialty Care LLC medical practice locations

#### South Carolina

- St. Francis Physician Services, Inc. medical practice locations
- Bon Secours Medical Group Greenville Specialty Care LLC medical practice locations

BSMH maintains a separate BSMH Healthcare Financial Assistance Policy and Billing and Collections Policy for services provided by BSMH hospital facilities. Members of the public may readily obtain copies of the policies, plain language summary, and financial assistance application free of charge online at [www.bsmhealth.org/financial-assistance](http://www.bsmhealth.org/financial-assistance), [www.mercy.com/financial-assistance](http://www.mercy.com/financial-assistance), and [www.fa.bonsecours.com](http://www.fa.bonsecours.com). BSMH also maintains a separate BSMH Urgent Care

Financial Assistance Policy and Billing and Collections Policy for services provided at BSMH Urgent Care facilities.

#### ***IV. Policy Details (Supporting Points)***

##### Services Eligible for BSMHMG HFA:

This BSMHMG HFA Policy applies to all emergency and other medically necessary care provided by BSMHMG medical practice locations.

##### **The following services are not covered under this BSMHMG HFA Policy:**

- Items deemed “not medically necessary”

##### BSMHMG HFA Eligibility Criteria:

- Income
  - To apply for BSMHMG HFA, a patient or family member must complete an application including gross income for a minimum of 3 months (up to 12 months) prior to the date of application or date of service. Proof of income is required with exception of patients who qualify for presumptive eligibility detailed below. See the Application Process for BSMHMG HFA section below for details.
  - Proof of income is not required if a patient or family member attests to an income level that qualifies the applicant for discounted care.
  - Third party income scoring may be used to verify income in situations where income verification is unable to be obtained through other methods.
- Assets
  - There are situations where individuals may not have reported income but have significant assets available to pay for healthcare services. In these situations, BSMHMG may evaluate and require documented proof of any assets that are categorized as convertible to cash and unnecessary for the patient’s essential daily living expenses.
- Federal Poverty Guidelines
  - BSMHMG HFA eligibility is based upon expanded income levels of up to 300% of FPG when care is provided in a physician’s office. If care is provided within a Provider Based Clinic, eligibility will follow the applicable hospitals guidelines as referenced in Policy and Procedure 502. Approval is based upon the number of family members, inclusive of natural or adoptive children under 18, and family income.
  - If a dependent is disabled and over the age of eighteen, he/she may be included in family size for BSMHMG HFA application.

- The FPGs in effect on the date of service are in effect for the application process. They are issued each year in the *Federal Register* by the **Department of Health and Human Services** (HHS).
- The current and historical FPGs are available at <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.
- Individuals with an income level at 300% FPG or below receive free care when services are provided in a physician's office. When care is provided in a Provider Based Clinic, discounting will follow the applicable hospitals guidelines as referenced in the Policy and Procedure 502. FPG income levels will be updated annually.
- Self-Pay Discount
  - For those uninsured patients who do not qualify for any of the financial assistance discounts described in this policy, BSMHMG extends an automatic (self-pay) discount of 40% to their provider bills.
- Geographic Area
  - Patients who live in the community served by BSMHMG medical practice locations will be offered BSMHMG HFA. For those patients living outside the community, extenuating circumstances must be documented and approved by the BSMHMG PFS Manager and be medically necessary or emergent in nature.
- Deductibles
  - For patients who have any and all self-pay balances after insurance, balances attributed to the patients' deductible (including co-pay and co-insurance amounts) will require payment based on a sliding scale given their current household income outlined under sliding scale chart under the Federal Poverty Guidelines section of this policy.
  - Upon receipt of the signed application, the information will be reviewed, income verified, and an eligibility determination will be made. The patient will be notified in writing of the determination.
- Presumptive Eligibility
  - Patients are presumed to be eligible for financial assistance based on individual life circumstances including but not limited to:
    - Patient's income is below 200% Federal Poverty Guidelines and considered self-pay;
    - Patient discharged to a SNF;
    - Patient is deceased with no known estate and below 200% Federal Poverty Guidelines;
    - State-funded prescription programs;

- Homeless or received care from a homeless clinic;
- Participation in Women, Infants and Children programs (WIC);
- Food stamp eligibility;
- Subsidized school lunch program eligibility;
- Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
- Patients that are referred through a National Association of Free Clinics;
- Medicaid Eligible Patients, when the following criteria apply:
  - Medicaid eligibility requirements are met after the service is provided;
  - Non-covered charges occur on a Medicaid eligible encounter; and
  - The provider is not credentialed or contracted.
- Low income/subsidized housing is provided as a valid address; or
- Other significant barriers are present.
- Patients determined to have presumptive financial assistance eligibility will be provided 100% financial assistance.
- Patients determined to have presumptive financial assistance eligibility will not be required to meet income criteria, asset eligibility criteria, or fill out a financial assistance application.
- BSMH shall utilize available resources (e.g. technology solutions, service organizations, etc.) to obtain such information as credit score to assist in determining whether a patient is presumed eligible for financial assistance.
- Cooperation
  - Patients/guarantors shall cooperate in supplying all third-party information including Motor Vehicle or other accident information, requests for Coordination of Benefits, pre-existing information, or other information necessary to adjudicate claims, etc.
  - While the application is being processed, BSMH will request that patients who may be Medicaid-eligible apply for Medicaid. To receive BSMHMG HFA, the patient must apply for Medicaid and be denied for any reason other than the following:
    - Did not apply;
    - Did not follow through with the application process;
    - Did not provide requested verifications.
- Accuracy of Application

- Financial assistance may be denied under this BSMHMG HFA Policy if there is reasonable suspicion of the accuracy of an application. If the patient/guarantor supplies the needed documentation and/or information requested to clarify the application, the financial assistance request may be reconsidered. Reconsideration will be reviewed and handled on a case-by-case basis.

#### Application Process for BSMHMG HFA:

- Application forms are made available in Registration areas to facilitate early identification and initiation of the application process. Application forms may also be obtained by contacting BSMHMG as indicated in the contact list at the end of this policy.
- BSMH will accept digital signatures on application forms where available.
- BSMHMG may accept verbal clarifications of income, family size or any information that may be unclear on an application.
- Approved applications will be honored for a period of 240 days from the initial date of service and are not applied retrospectively to prior dates of service in which the application period has expired.

#### Financial Assistance for Catastrophic Situations:

- Financial assistance for a catastrophic situation is available under this policy.
- Catastrophic financial assistance is defined as a patient that has medical or hospital bills after payment by all third parties that exceed 25% of the patient's total Reported Income and the patient is unable to pay the remaining bill.
- To begin the financial assistance process, a financial assistance application should be submitted. See the Application Process for BSMHMG HFA section above.

#### Basis for Calculating Amounts Charged to Patients:

- BSMH shall not bill or expect payment of gross charges from individuals who qualify for financial assistance under this policy.
- At least annually, BSMH will review and adjust sliding scale discounts applicable to patients with any and all self-pay balances after insurance (See Deductible section above).

#### Actions Taken in the Event of Nonpayment:

- The actions that BSMHMG may take in the event of nonpayment are described in a separate ***BSMH Medical Group Billing and Collections Policy***. Members of the public may obtain a free copy of this separate policy from the BSMH Medical Group PFS by contacting BSMH or BSMHGMG as indicated in the contact list at the end of this policy.

Measures to Widely Publicize the BSMHMG HFA Policy:

- BSMH make this BSMHMG HFA Policy, application form, and plain language summary of the policy widely available on its website and implements additional measures to widely publicize the policy in communities served.
- BSMH Medical Group practice locations offer a paper copy of the plain language summary of this BSMHMG HFA Policy to patients as requested; include a conspicuous written notice on billing statements that notifies and informs recipients about the availability of financial assistance under this BSMHMG HFA Policy; and have set up conspicuous public displays that notify and inform patients about this BSMHMG HFA Policy in public, including, at a minimum, the registration areas.
- BSMH also accommodates all significant populations that have limited English proficiency by translating this BSMHMG HFA Policy, application form, and plain language summary of the policy into the primary language(s) spoken by such populations.

**V. Definitions**

- **BSMH** – Bon Secours Mercy Health and Bon Secours Mercy Health Medical Group.
- **BSMHMG Practice Locations** –Bon Secours Mercy Health Medical Group medical practice locations.
- **EMTALA** – Federal Emergency Medical Treatment and Active Labor Act.
- **FPG** – U.S. Department of Health & Human Services Federal Poverty Guidelines.
- **BSMHMG HFA** – BSMH Medical Group Healthcare Financial Assistance.
- **BSMHMG HFA Policy** – BSMH Medical Group Healthcare Financial Assistance Policy.
- **PFS** – Patient Financial Services Department.
- **SNF** – Skilled Nursing Facility.

**VI. Attachments**

Attachment 1 – BSMH Medical Group Contact Information Section

**VII. Related Policies**

BSMH maintains a separate BSMH Healthcare Financial Assistance Policy and Billing and Collections Policy for emergency and medically necessary care provided at BSMH hospital facilities. BSMH also maintains a separate BSMH Urgent Care Healthcare Financial Assistance Policy and Billing and Collections Policy for care provided at BSMH Urgent Care facilities. For further information, please see the following policies:

- BSMH Healthcare Financial Assistance Policy 502 – Hospitals
- BSMH Billing and Collections Policy 503 – Hospitals
- BSMH Urgent Care Healthcare Financial Assistance Policy
- BSMH Urgent Care Billing and Collections Policy

BSMH offers other options for uninsured or underinsured patients who do not qualify for financial assistance under this BSMHMG HFA Policy. For further information, please see the following BSMH policies:

- BSMH Medical Group Billing and Collections Policy
- BSMH Uninsured / Self-Pay Discount Policy

**VIII. Version Control**

Version	Date	Description	Prepared By
1.0	1/31/2023	BSMHMG Healthcare Financial Assistance (BSMHMG HFA)	Finance/Travis Crum
2.0	1/22/2024	BSMHMG Healthcare Financial Assistance (BSMHMG HFA)	Finance/Travis Crum
3.0	1/24/2025	BSMHMG Healthcare Financial Assistance (BSMHMG HFA)	Finance/Travis Crum



## Attachment 1

## Contact Information:

## Information:

For more information, please contact BSMH as follows for **Bon Secours Mercy Health Medical Group medical practice locations in Ashland, Kentucky; Richmond, VA; Rappahannock, VA; Hampton Roads, VA; or South Carolina:**

<i>Website</i>	<a href="http://mercyhealthapps.com/files/BSMHVAll Markets_Practice Field List MASTER FILE.xlsx">http://mercyhealthapps.com/files/BSMHVAll Markets_Practice Field List MASTER FILE.xlsx</a>
<i>Telephone</i>	Virginia Medical Group: 888-835-9905 South Carolina Medical Group: 888-538-3832
<i>By Mail</i>	Bon Secours Mercy Health Financial Aid P.O. Box 631360 Cincinnati, OH 45263-1360

## Information:

For more information, please contact Bon Secours Mercy Health as follows for **Bon Secours Mercy Health Medical Group medical practice locations in Cincinnati, Ohio; Paducah, Kentucky; Irvine, Kentucky; Lima, Ohio; Lorain, Ohio; Springfield, Ohio; Toledo, Ohio; or Youngstown, Ohio:**

<i>Website</i>	<a href="http://mercyhealthapps.com/files/BSMHVAll Markets_Practice Field List MASTER FILE.xlsx">http://mercyhealthapps.com/files/BSMHVAll Markets_Practice Field List MASTER FILE.xlsx</a>
<i>Telephone</i>	1-855-732-0138
<i>By Mail</i>	Mercy Health Public Benefits Dept PO Box 631774 Cincinnati, OH 45263-1774