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Financial Assistance / Uncompensated Care

Policy:

In accordance with state and federal guidelines, TidalHealth will provide emergency and medically necessary free and/or reduced-cost care to patients who lack health care coverage or whose health care coverage does not pay the full cost of their medical bill. A patient's payment shall not exceed the amount generally billed (AGB). All hospital regulated services (which includes emergency and medically necessary care) at TidalHealth Peninsula Regional will be charged consistently as established by the Health Services Cost Review Commission (HSCRC) which equates to the amounts generally billed (AGB) method. All patients seen by a TidalHealth Provider or in an unregulated area at TidalHealth Peninsula Regional or all services at TidalHealth Nanticoke Hospital will be charged the fee schedule plus the standard mark-up which is the AGB for TidalHealth. Self-pay patients, for all services not regulated by the HSCRC, will receive a discount to reduce charges to the amount TidalHealth would be reimbursed by Medicare which is the prospective method. For self-pay patients, the amount billed will not exceed the Medicare fee schedule for all unregulated services.

TidalHealth may use outsource vendors to provide patient collection and/or pre-collection services. Vendors act in accordance with TidalHealth policies and wherever policy notates employee, financial services department, or other such wording – vendor and/or vendor employees are included without such notation.

Definitions:

a. Elective Care: Care that can be postponed without harm to the patient or that is not medically necessary. An appropriate clinical or physician representative will be contacted for consultation in determining the patient status.
b. Medical Necessity: Any procedure reasonably determined to prevent, diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, cause suffering or pain, resulting in illness or infirmity, threatening to cause or aggravate a handicap, or cause physical deformity or malfunction, if there is no other equally effective, more conservative or less costly course of treatment available.
c. Immediate Family: Anyone for whom the patient claims a personal exemption in a federal or State tax return. A spouse, regardless of whether the patient and spouse expect to file a joint federal or State tax return, biological children, adopted children, or step-children. If the patient is a child, the household size is anyone for whom the patient's parents or guardians

claim a personal exemption in a federal or State tax return. Biological parents, adopted parents, or stepparents or guardians, biological siblings, adopted siblings, or stepsiblings.

d. Medical Debt: Out of pocket expenses, including copayments, coinsurance and deductibles, for medical costs billed by TidalHealth.
e. Extraordinary Collection Actions (ECA): Any legal action and/or reporting the debt to a consumer reporting agency.

TidalHealth will provide free medically necessary care to patients with family income at or below 200% of the federal poverty level. Patients qualifying for financial assistance based on income at or below 200% of the federal poverty level have no cost for their care and therefore pay less than AGB.

TidalHealth will provide reduced-cost medically necessary care to low-income patients with family income between 200% and 300% of the Federal poverty level.

TidalHealth will provide reduced-cost medically necessary care to low-income patients with family income between 301% and 500% of the Federal poverty level who have a medical hardship as defined by Maryland Law, for both Maryland and Delaware residents. Medical hardship is medical debt, incurred by a family over a 12-month period that exceeds 25% of the family income.

Other healthcare fees and professional fees that are not provided by TidalHealth are not included in this policy. Pre-planned service may only be considered for financial assistance when the service is medically necessary. As an example, cosmetic surgery is excluded. Inpatient, outpatient, emergency services, and services rendered by TidalHealth are eligible.

TidalHealth's financial assistance is provided only to bills related to services provided at TidalHealth or at a TidalHealth site including services provided by physicians employed by TidalHealth. To determine if your physician's services are covered by the TidalHealth financial assistance program, please see the roster of providers that deliver emergency and other medically necessary care, indicating which providers are covered under the policy and which are not. The list of providers is updated quarterly and available on the TidalHealth website. If you prefer, you may contact any financial counselor or patient accounting representative by calling (410) 912-4974, or in person at TidalHealth Peninsula Regional or TidalHealth Nanticoke.

Procedure:

If a patient is unable to pay due to financial resources, all efforts will be made to help the patient obtain assistance through appropriate agencies. In the event that the patient has applied for and kept all necessary appointments and third party assistance is not available, TidalHealth will provide care at reduced or zero cost. When no third party assistance is available to cover the total bill and the patient indicates that they have insufficient funds, Financial Assistance (FA) will be offered. The Uniform Financial Assistance application, Financial Assistance Policy, Patient Collection Practice Policy, and plain language summary, can be obtained by one of the following ways:

a. Available free of charge and upon request by calling (410) 543-7436 or (877) 729-7762.
b. Are located in the registration areas.

c. Downloaded from the TidalHealth website:
https://www.tidalhealth.org/patientforms
https://www.tidalhealth.org/patientbills
d. The plain language summary is inserted in the Admission packet and with all patient statements.
e. Annual notification in the local newspaper.
f. The application is available in English, Spanish, and Creole. No other language constitutes a group that is 5% or more, or more than 1,000 residents (whichever is less) of the population in our primary service area (Worcester, Wicomico and Somerset Counties) for Maryland based on U.S. Census data. For Delaware, the hospital population considered was 5%.
g. For patients who have difficulty in filling out an application, the information can be taken orally by calling (410) 912-6957 or in person at the Financial Counselor's Office located in the Frank B. Hanna Outpatient Center.

Signs will be posted in various locations throughout TidalHealth to inform patients where to call or apply for Financial Assistance.

TidalHealth Peninsula Regional – Emergency Department, Frank B. Hanna Outpatient Center, Cardiac Rehab, Wound Care, L&D Waiting Area, Hospital Cancer Center, and Same Day Surgery Waiting Area.

TidalHealth McCready Pavilion – Lab and Radiology Waiting Area, Emergency Department, Clinic, and Physical Therapy.

TidalHealth Nanticoke – Outpatient Registration, Emergency Department, Mears Building, Wound Care and Cardiac Rehab Entrance, and Cancer Center.

TidalHealth Medical Partners – At select, participating, ambulatory sites which provide outpatient primary care and women's health services. Currently, those sites include:

- Primary Care offices in Berlin, Bridgeville, Crisfield, Delmar, Federalsburg, Georgetown, Laurel, Millsboro, Ocean Pines, Pocomoke, Salisbury, Seaford and Snow Hill.
- OB/Gyn offices in Salisbury and Seaford.
- Behavioral Health Outpatient offices in Salisbury (at Vine Street and Woodbrooke), and in Ocean Pines.

The patient's income will be compared to current Federal Poverty Guidelines (on file with the Collection Coordinator). The Collection Coordinator representative will consult with the patient as needed to make assessment of eligibility.

a. If the application is received within 240 days of the first post-discharge billing statement, and the account is with a collection agency, the agency will be notified to suspend all Extraordinary Collection Actions (ECA) until the application and all appeal rights have been processed.

b. If the application is incomplete, all ECA efforts will remain on hold for a reasonable amount of time and assistance will be provided to the patient in order to get the application completed. If there is not a phone contact to call, a written notice that describes the additional information and/or documentation required will be mailed which includes a phone contact to call for assistance.

c. Preliminary eligibility will be made within 2 business days based upon receipt of sufficient information to determine probable eligibility. A letter will be mailed or sent to MYCHART notifying patients of their eligibility status. Following preliminary approval, patients must submit a completed application and any supporting documentation requested (if not done previously). TidalHealth Patient Financial Services determines final approval for Financial Assistance. Upon final approval, a financial assistance discount will be applied to the patient's responsibility.

d. Patients who are beneficiaries/recipients of certain means-tested social services programs are deemed to have presumptive eligibility at 100% and are FA eligible without the completion of an application or supporting financial data if the means tested program adheres to our Financial Assistance guidelines. The patient is responsible for providing proof of eligibility. It is the responsibility of the patient to notify TidalHealth that they are in a means-tested program. This information may also be obtained from an outsourced vendor or other means available to TidalHealth. Programs include, but are not limited to:

- Live in a household with children enrolled in the free and reduced-cost meal program. (Applies only if enrollment required)
- Receive benefits through the federal Supplemental Nutrition Assistance Program.
- Receive benefits through the State's Energy Assistance Program.
- Receive benefits through the federal Special Supplemental Food Program for Women, Infants, and Children.
- Receive benefits from any other social service program as determined by the Department and the Commission.
- Enroll in the Healthcare Connection Program (HCC) through the Medical Society of Delaware.

e. A patient that has qualified for Maryland or Delaware Medical Assistance is deemed to automatically qualify for Financial Assistance (FA) at 100%. The amount due from a patient on these accounts may be written off to FA with verification of Medicaid eligibility. Standard documentation requirements are waived.

f. TidalHealth may automatically approve Financial Assistance for accounts ready to be sent to a collection agency that are identified as Poverty based on the propensity to pay score.

g. If the application is ineligible, normal dunning processes will resume, which includes notifying the agency if applicable to proceed with ECA efforts. A copy of TidalHealth's Collections Policy may be obtained by calling (410) 543-7436 or (877) 729-7762 and is available on the website listed above.

h. The patient may request reconsideration by submitting a letter to the Associate Vice President of Finance (Revenue Cycle) at 100 East Carroll Street, Salisbury, Maryland 21801-5493 indicating the reason for the request.

i. Only income and family size will be considered in approving applications for FA.

j. If TidalHealth has reason to believe the information is unreliable or incorrect, or obtained under duress, or through the use of coercive practices, FA may be denied.

k. We do not request or provide waivers, written or oral, expressing patient does not wish to apply for assistance.

l. In accordance with state and federal guidelines, staff training records regarding this policy are maintained by the organization's electronic training system.

Collection Coordinator

a. If eligible, and under $2,500, the account will be written off to FA when the "Request for Financial Assistance" form is finalized. A copy is retained in the patient's electronic file. If eligible, and the balance is $2,500 or above, the Collection Coordinator will obtain the appropriate adjustment signature(s).

b. TidalHealth will review only those accounts where the patient or guarantor inquire about FA, based on mailing in an application, or in the normal working of the account there is indication that the patient may be eligible. Any patient/customer service representative, financial counselor, or collection representative may begin the application process.

c. Once a request has been approved, service eight months before the approval and twelve months after the approval may be included in the adjustment. All encounters included with the application must reference the original encounter number where the electronic image of the application is stored. Service dates outside this twenty month window may be included if approved by a Supervisor, Manager, or Director. Any amount exceeding $5 that has already been collected from the patient or guarantor for approved dates of service shall be refunded to the patient if the determination is made within two years of the date of care.

d. TidalHealth will communicate with the patient using the method preferred by the patient including electronic communications, telephone or mail.

Approval Signatures

Step Description	Approver	Date

PLAIN LANGUAGE SUMMARY

Financial Assistance Policy

It is the intention of TidalHealth to make available to all patients the highest quality of medical care possible within the resources available. If a patient is unable to pay due to financial resources, all efforts will be made to help the patient obtain assistance through appropriate agencies, or, if no help is available, to render care at a reduced or zero cost for emergency and medically necessary care.

Patients requiring elective services may, through consultation with their physician, have their procedure postponed until such time as the patient is able to make full payment or meet the established deposit. Elective procedure patients who, according to their diagnosis and/or their physician, cannot have their procedure postponed will be helped with obtaining assistance from agencies. If no assistance is available, and the patient requests, the account will be reviewed for possible financial assistance.

TidalHealth physician charges are not included in the hospital bill and are billed separately, with the exception of self-pay balances. Self-pay balances for TidalHealth services will appear on the same statement. Physician charges outside of TidalHealth are not included in the hospital bill and will be billed separately. Physician charges outside of TidalHealth are not covered by TidalHealth's financial assistance policy. A list of providers that deliver emergency and other medically necessary care at TidalHealth is provided on the website at www.tidalhealth.org/find-a-doctor.

In the event that the patient has applied for and kept all necessary appointments and third party assistance is not available, the patient may be eligible for financial assistance.

Eligibility Determination Process

1. Interview patient and/or family.
2. Obtain annual gross income.
3. Determine eligibility *(preliminary eligibility within 2 business days).*
4. Screen for possible referral to external charitable programs.
5. If the patient and/or family refuse to disclose financial resources or cooperate, the patient will be subject to standard collection efforts. No Extraordinary Collection Actions (ECA) will be taken for at least 120 days from the first post-discharge billing statement.
6. All applications received within 240 days of the first post-discharge billing statement will be reviewed. ECA actions will be suspended until the application has been processed.
7. The determination of eligibility *(approval or denial)* shall be made in a timely manner.

How to Apply

- Applications can be taken orally by calling (410) 912-6957 between 8:00 a.m. and 5:00 p.m., Monday through Friday
- In person at TidalHealth Peninsula Regional, 100 East Carroll Street, Salisbury, Maryland at the Financial Counselor's office (located in the Frank B. Hanna Outpatient Center lobby) between 8:00 a.m. and 4:00 p.m., Monday through Friday or the Registration Office of TidalHealth Nanticoke, 801 Middleford Road, Seaford, Delaware, between 8:00 a.m. and 4:00 p.m. Monday through Friday.
- Mailing a request for an application to TidalHealth Peninsula Regional, PO Box 2498, Salisbury, MD 21802-2498.

- On the internet at:
  https://www.tidalhealth.org/patientforms
  https://www.tidalhealth.org/patientbills
- Applications are available in English, Spanish, and Creole.
- MYCHART

Qualifications

TidalHealth compares the patient's income to the Federal Poverty Guidelines. In order to process your application we require the following information:

- An independent third party to verify your household income (one of the following)
  a. Two recent pay stubs showing current and year-to-date earnings
  b. Most recent tax return showing your Adjusted Gross Income or W-2 form
  c. Written documentation of Social Security benefits, SSI disability, VA benefits, etc.
  d. If no income, a letter from an independent source such as a clergy or neighbor verifying no income or letter from individual providing financial support
- Completed application

This information, and any information obtained from external sources, is used to determine your eligibility for financial assistance. The more information provided, the easier it is for us to determine your financial need.

Need Assistance?

If, at any time, you have questions about obtaining financial assistance, your medical bill, your rights and obligations with regard to the bill, or applying for the Medical Assistance Program, please contact the TidalHealth Financial Services Department at (877) 729-7762. You can obtain a copy of the TidalHealth Financial Assistance Policy at www.tidalhealth.org/financialassistance.

Medical Assistance Program

To find out if you are eligible for Maryland Medical Assistance or other public assistance, please apply at your local Department of Social Services (DSS) office, or you may visit mmcp.dhmh.maryland.gov for information about the various Medicaid programs available. You may apply online for Maryland Medicaid at marylandhealthconnection.gov. If you are applying for assistance for a child, or are pregnant, you may apply for the Maryland Children's Health Program (MCHP). If you are only applying for assistance with paying your Medicare premiums, co-payments, or deductibles, you may apply at your local Department of Social Services (DSS) for the Qualified Medicare Beneficiary (QMB) or Specified Low-Income Medicare Beneficiary (SLMB) Program. QMB/SLMB applications may be filed by mail or in person. For more information, if you are a Maryland resident, you may call the Department of Health and Mental Hygiene's Recipient Relations Hotline at 1 (800) 492-5231 or (410) 767-5800.

Delaware residents may obtain information online at dhss.delaware.gov or apply online at assist.dhss.delaware.gov. If you are a Delaware resident, call (302) 571-4900. Virginia residents may obtain information at dmas.Virginia.gov. To receive an application, call your local DSS office or the Area Agency on Aging, (AAA).

Patients' Rights and Obligations

Rights:

- Prompt notification of their preliminary eligibility determination for financial assistance.
- Guidance from TidalHealth on how to apply for financial assistance and other programs which may help them with the payment of their medical bill.
- Receipt of financial assistance for all services not payable by another program that meet the qualifications of TidalHealth's Financial Assistance Policy.
- TidalHealth will provide emergency and medically necessary free and/or reduced-cost care to patients who lack health care coverage or whose health care coverage does not pay the full cost of their medical bill.
- Payment Plans are available by calling 1-877-729-7762.

Obligations:

- Submit complete and accurate information on the Uniform Financial Assistance Application in use by TidalHealth.
- Attach supporting documentation and return the form to TidalHealth Peninsula Regional in a timely manner.
- Make payment in full or establish a payment plan for services not qualified under TidalHealth's Financial Assistance Policy.