



POLICY/PROCEDURE

SUBJECT: Financial Assistance Policy and Procedure		NUMBER: QAP-PFS-0003
ORIGINAL RELEASE DATE: 04/27/2010	REVISED DATE: 11/1/2015, 7/28/16, 6/1/2017, 6/11/2018, 9/17/2018, 3/4/2019, 1/28/2021, 7/15/2025	OTHER AFFECTED DEPTS: All Hospital Departments
APPROVAL TITLE: CFO	SIGNATURE:	DATE:

This document contains information of a proprietary nature. Information contained herein shall be kept in confidence and divulged only to persons who by nature of their duties require access to such documentation.

PURPOSE

Consistent with its mission to provide high-quality health and wellness services for the community, Newberry Health is committed to providing financial assistance to individuals who are in need of emergency or medically necessary treatment and have a household income within **250%** of the Federal Poverty Level (FPL) Guidelines.

In accordance with the federal Patient Protection and Affordable Care Act (PPACA), whether qualifying for financial assistance or not, uninsured patients will not be charged more than the amount generally billed to insured patients for emergency or medically necessary care.

SCOPE

Financial assistance is provided only when care is deemed medically necessary and after patients have been found to meet all financial criteria. Not all services are eligible for Financial Assistance.

All employed providers of Newberry Health providing medically necessary and/or emergency services at hospital facilities and off-campus clinics participate in this Financial Assistance Policy (FAP). Independent providers of the Newberry Health Medical Staff do not participate in the FAP. A complete list of these providers can be found at: <https://www.newberryhealth.org/patients-visitors/billing-insurance/patient-financial-services> or by writing Newberry Health, Attn: Financial Assistance, 2669 Kinard Street, Newberry, SC 29108.

Uninsured patients who do not qualify for financial assistance (e.g., due to their household income) will receive a discount of **63%** on gross charges for medically necessary services to ensure they do not pay more for care than insured individuals. (See Newberry Health Self Pay Discount Policy: QAP-PFS-0011). These patients are expected to pay their remaining balance for care and may work with the hospital to set up a payment plan based on their financial situation.

Uninsured patients who are believed to have the financial ability to purchase health insurance may be required to do so BEFORE they can apply for financial assistance (i.e. SC Healthcare Exchange).

Insured patients may also apply for financial assistance to help pay for balances left after insurance.

This policy cancels and replaces the previous policy named "Indigent Care/Charity Policy".

RESPONSIBILITY

Patient Support Representatives (RCA) will receive and review financial assistance applications and submit them to PFS Director for a final decision.



POLICY/PROCEDURE

SUBJECT: Financial Assistance Policy and Procedure		NUMBER: QAP-PFS-0003
ORIGINAL RELEASE DATE: 04/27/2010	REVISED DATE: 11/1/2015, 7/28/16, 6/1/2017, 6/11/2018, 9/17/2018, 3/4/2019, 1/28/2021, 7/15/2025	OTHER AFFECTED DEPTS: All Hospital Departments
APPROVAL TITLE: CFO	SIGNATURE:	DATE:

This document contains information of a proprietary nature. Information contained herein shall be kept in confidence and divulged only to persons who by nature of their duties require access to such documentation.

REFERENCES IRS and Treasury’s final ‘501r’ rules in the Patient Protection and Affordable Care Act (PPACA).

DEFINITIONS The following terms are meant to be interpreted as follows within this policy:

Financial Assistance: Healthcare services provided which are not expected to result in cash inflows; medically necessary services rendered without expected payment to individuals meeting established criteria.

Medically Necessary: Hospital services or care rendered, both inpatient and outpatient, to a patient in order to diagnose, alleviate, correct, cure, or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in overall illness or infirmity.

Emergency Care: Immediate care which is necessary to prevent putting the patient’s health in serious jeopardy, serious impairment to bodily functions and/or serious dysfunction of any organs or body parts.

Urgent Care: Services necessary to avoid the onset of illness or injury, disability, death, or serious impairment or dysfunction if not treated within 12 hours.

Uninsured: Patients with no insurance or third-party assistance to help resolve their financial liability to healthcare providers.

ACTIONS/
TASKS/
PROCEDURES

A) Eligibility
Services eligible for financial assistance include: emergency or urgent care, services deemed medically necessary by Newberry Health, and in general, care that is non-elective and needed in order to prevent death or adverse effects to the patient’s health.

Patients who have a household income within **250%** of the Federal Poverty Level *may* receive financial assistance based on the sliding fee schedule below:



POLICY/PROCEDURE

SUBJECT: Financial Assistance Policy and Procedure		NUMBER: QAP-PFS-0003
ORIGINAL RELEASE DATE: 04/27/2010	REVISED DATE: 11/1/2015, 7/28/16, 6/1/2017, 6/11/2018, 9/17/2018, 3/4/2019, 1/28/2021, 7/15/2025	OTHER AFFECTED DEPTS: All Hospital Departments
APPROVAL TITLE: CFO	SIGNATURE:	DATE:

This document contains information of a proprietary nature. Information contained herein shall be kept in confidence and divulged only to persons who by nature of their duties require access to such documentation.

FEDERAL POVERTY GUIDELINES	FAMILY SIZE (*Note: for family units of more than 8 members, add \$7,825 for each additional person.)								DISCOUNT AMT.	PATIENT PAYS
	2025	1	2	3	4	5	6	7		
Income										
Up to 100%	\$15,650	\$21,150	\$26,650	\$32,150	\$37,650	\$43,150	\$48,650	\$54,150	100%	0%
Up to 150%	\$23,475	\$31,725	\$39,975	\$48,225	\$56,475	\$64,725	\$72,975	\$81,225	95%	5% *
Up to 200%	\$31,300	\$42,300	\$53,300	\$64,300	\$75,300	\$86,300	\$97,300	\$108,300	90%	10% ^
Up to 250%	\$39,125	\$52,875	\$66,625	\$80,375	\$94,125	\$107,875	\$121,625	\$135,375	85%	15% +
Greater than 250%									0%	100%

- * Patient pays 5% of the balance due or \$2000 whichever is less
- ^ Patient pays 10% of the balance due or \$4000 whichever is less
- + Patient pays 15% of the balance due or \$5000 whichever is less

Uninsured patients who do not meet these income requirements will receive a discount of **63%** on gross charges for medically necessary and emergency care received. Newberry Health will not charge patients who are eligible for financial assistance more for emergency or medically necessary care than the amounts generally billed to insured patients.

Determinations for eligibility for financial assistance will require patients to submit a complete financial assistance application (including all documentation required by the application) and may require appointments or discussion with hospital financial counselors.

When determining patient eligibility, Newberry Health does not take into account race, gender, age, sexual orientation, religious affiliation, social or immigrant status, or age of the patient's account.

Additionally, Newberry Health may refer to or rely on external sources and/or other program enrollment resources if uninsured patients lack documentation that supports eligibility. For example, Newberry Health may provide financial assistance when:

POLICY/PROCEDURE

SUBJECT: Financial Assistance Policy and Procedure		NUMBER: QAP-PFS-0003
ORIGINAL RELEASE DATE: 04/27/2010	REVISED DATE: 11/1/2015, 7/28/16, 6/1/2017, 6/11/2018, 9/17/2018, 3/4/2019, 1/28/2021, 7/15/2025	OTHER AFFECTED DEPTS: All Hospital Departments
APPROVAL TITLE: CFO	SIGNATURE:	DATE:

This document contains information of a proprietary nature. Information contained herein shall be kept in confidence and divulged only to persons who by nature of their duties require access to such documentation.

- Patient is homeless
- Patient is eligible for SNAP Program or subsidized school lunch program
- Patient’s valid address is considered low-income or subsidized housing
- Patient is deceased and without an estate
- Patient files bankruptcy
- Patient receives free care from the Newberry County Free Medical Clinic

If approved for financial assistance, approval will be effective for 1 year from the Date of Service on the first account the assistance is needed. For example, a patient needs help with dates of service from July 1, 2015 forward; applies for assistance October 1, 2015 and is approved for assistance on October 20, 2015. The approval would be from July 1, 2015 – June 30, 2016 subject to future visits meeting the urgent/emergent guidelines.

(B) Determining Discount Amount

As mentioned earlier, Newberry Health will give uninsured patients a **63%** discount on gross charges for medically necessary or emergency care, reducing the amounts they owe to that of which a patient’s insurance typically pays.

To calculate this amount, Newberry Health uses the “look-back” method described in the IRS and Treasury’s final 501r rules in the Patient Protection and Affordable Care Act (PPACA).

In following this method, Newberry Health uses medical claims data from the past calendar year to determine what portion of gross charges are typically paid (by the payer and the covered individual...**PAYER ”APPROVED AMOUNT”**) for claims for emergency and medically necessary care where the primary payer was Medicare fee-for-service or a private commercial insurer.

NCMH will re-calculate this discount percentage each year on April 1st.

(C) Applying for Financial Assistance

Patients can apply for assistance up to 8 months after the Date of Service (DOS) that they are in need of assistance on.



POLICY/PROCEDURE

SUBJECT: Financial Assistance Policy and Procedure		NUMBER: QAP-PFS-0003
ORIGINAL RELEASE DATE: 04/27/2010	REVISED DATE: 11/1/2015, 7/28/16, 6/1/2017, 6/11/2018, 9/17/2018, 3/4/2019, 1/28/2021, 7/15/2025	OTHER AFFECTED DEPTS: All Hospital Departments
APPROVAL TITLE: CFO	SIGNATURE:	DATE:

This document contains information of a proprietary nature. Information contained herein shall be kept in confidence and divulged only to persons who by nature of their duties require access to such documentation.

To apply for financial assistance, patients must submit a complete application (including supporting documents) either in person or by mail.

Applications can be accessed:

- **At the hospital** in Outpatient Registration, the Emergency Room, and outside of the Financial Counselor's office, off of the main lobby
- **By mail**; if individuals make a request by phone at 803-405-7669 or request via email to assistanceinfo@newberryhospital.net
- **Online** at www.newberryhealth.org

To be considered eligible for financial assistance, patients must cooperate with the hospital to explore alternative means of assistance if necessary, including Medicare, Medicaid and Insurance provided through the SC Healthcare Exchange. Patients will be required to provide necessary information and documentation when applying for hospital financial assistance or other private or public payment programs.

In addition to completing an application, documentation that may need to be provided may include but not be limited to:

- Bank statements
- Proof of income for applicant (and spouse if applicable), such as recent pay stubs, unemployment insurance payment stubs, or sufficient information on how patients are currently supporting themselves
- Copy of most recent tax return
- Payment history of any outstanding accounts for prior hospital services
- Review of available assets or other financial resources

For assistance with completing NCMH's financial assistance application, you can contact one of our patient support representatives at 803-405-7669 who would be happy to help or answer any questions you have.

(D) Actions in the Event of Non-Payment

The collection actions NCMH may take if a financial assistance application and/or payment is not received are described in our separate **billing and collections policy (QAP-PFS-0017)**.

POLICY/PROCEDURE

SUBJECT: Financial Assistance Policy and Procedure		NUMBER: QAP-PFS-0003
ORIGINAL RELEASE DATE: 04/27/2010	REVISED DATE: 11/1/2015, 7/28/16, 6/1/2017, 6/11/2018, 9/17/2018, 3/4/2019, 1/28/2021, 7/15/2025	OTHER AFFECTED DEPTS: All Hospital Departments
APPROVAL TITLE: CFO	SIGNATURE:	DATE:

This document contains information of a proprietary nature. Information contained herein shall be kept in confidence and divulged only to persons who by nature of their duties require access to such documentation.

In brief, Newberry Health will make certain efforts to provide uninsured patients with information about our financial assistance policy before we or our collection vendors take certain actions to collect your bill. These actions may include reporting negative information to credit bureaus and placing your debt in the **SC Debt Setoff Program**.

For more information on the steps Newberry Health will take to inform uninsured patients of our financial assistance policy and the collection activities we may pursue, please see our **billing and collections policy (QAP-PFS-0017)**.

You can obtain a free copy of this policy:

- at the Patient Financial Services office located on Pond Field Rd.
- at the Financial Counselor’s office located off of the hospitals main lobby
- by calling us at 803-405-7669
- by emailing a request to assistanceinfo@newberryhospital.net
- online at www.newberryhealth.org

(E) Communication of Financial Assistance

Newberry Health’s **financial assistance policy** and **financial assistance application** are available to patients in English and Spanish.

- These documents can be accessed at the following facility locations:
 - ✓ Outpatient Registration Areas/RCA Offices
 - ✓ Emergency Department Registration
 - ✓ Financial Counselor Office (Front Lobby)
 - ✓ Patient Financial Services (Pond Field Rd.)
- To have a hard copy of any of these documents mailed to you, please call 803-405-7669 or email a request to assistanceinfo@newberryhospital.net
- To access these documents online, please use the following web address: www.newberryhealth.org

Newberry Health communicates the availability and terms of its financial assistance program to all patients through means which include, but are not limited to:

- Posted signs within waiting rooms, at registration check-in desks, as well as the emergency department and the patient financial services



POLICY/PROCEDURE

SUBJECT: Financial Assistance Policy and Procedure		NUMBER: QAP-PFS-0003
ORIGINAL RELEASE DATE: 04/27/2010	REVISED DATE: 11/1/2015, 7/28/16, 6/1/2017, 6/11/2018, 9/17/2018, 3/4/2019, 1/28/2021, 7/15/2025	OTHER AFFECTED DEPTS: All Hospital Departments
APPROVAL TITLE: CFO	SIGNATURE:	DATE:

This document contains information of a proprietary nature. Information contained herein shall be kept in confidence and divulged only to persons who by nature of their duties require access to such documentation.

department

- Notifications on patient bills or statements
- Posted policies on the organization’s website
- Financial Assistance summary given to patients by hospital team members or with other paperwork
- Designated staff knowledgeable on the financial assistance policy to answer patient questions or who may refer patients to the program
- Providing information about the policy and how to apply during verbal communication about the patient’s bill (e.g., phone calls)

Patients concerned about their ability to pay for services or who would like to learn more about financial assistance should be directed to the Newberry Health Financial Counselor at 803-405-7669.

SPECIAL REQUIREMENTS/ EXCLUSIONS

Newberry Health Employees and affiliates qualifying for Financial Assistance

A patient qualifying for discounted services as an Newberry Health employee and financial assistance, is eligible to receive both.

The following instructions apply to insured and/or uninsured patients:

Insured

- File a claim with the payer
- Apply awarded assistance amount post-adjudication
- The employee discount is applied to any remaining balance

Uninsured

- Apply awarded assistance amount to gross charge(s)
- Any remaining balance will be subject to the employee discount cited in policy QAP-PFS-0002

*Page 2 of the Employee Discount Policy (QAP-PFS-0002) outlines individuals and/or groups eligible to receive discounted services.



POLICY/PROCEDURE

SUBJECT: Financial Assistance Policy and Procedure		NUMBER: QAP-PFS-0003
ORIGINAL RELEASE DATE: 04/27/2010	REVISED DATE: 11/1/2015, 7/28/16, 6/1/2017, 6/11/2018, 9/17/2018, 3/4/2019, 1/28/2021, 7/15/2025	OTHER AFFECTED DEPTS: All Hospital Departments
APPROVAL TITLE: CFO	SIGNATURE:	DATE:

This document contains information of a proprietary nature. Information contained herein shall be kept in confidence and divulged only to persons who by nature of their duties require access to such documentation.

Revision History	Date	Change Description	Page Number	Revised By
Revision 1	11/01/15	Charity policy completely re-done to comply with final 501r regulations. Renamed as "financial assistance policy"	All	Mark Coddington
Revision 2	1/24/16	Federal Poverty Guidelines table updated to reflect 2016	3	Mark Coddington
Revision3	3/17/16	Federal Poverty Guidelines table changed to reflect updated 2016 amounts	3	Brenda Williams
Revision 4	7/28/16	NCMH employees qualifying for assistance	7	Bob Hetrick
Revision 5	6/1/2017	Federal Poverty Guidelines table updated for 2017	3	Lori Sicklebaugh
Revision 6	6/9/2017	Removed Behavioral Health as a location to access forms	6	Brenda Williams
Revision 7	6/11/2018	Federal Poverty Guidelines table updated for 2018	3	Lori Sicklebaugh
Revision 8	9/17/2018	Added Whitmire Medical Clinic of Newberry Hospital as a location to access forms	5	Lori Sicklebaugh
Revision 9	3/4/2019	Federal Poverty Guidelines table updated for 2019	3	Brenda Williams



POLICY/PROCEDURE

SUBJECT: Financial Assistance Policy and Procedure		NUMBER: QAP-PFS-0003
ORIGINAL RELEASE DATE: 04/27/2010	REVISED DATE: 11/1/2015, 7/28/16, 6/1/2017, 6/11/2018, 9/17/2018, 3/4/2019, 1/28/2021, 7/15/2025	OTHER AFFECTED DEPTS: All Hospital Departments
APPROVAL TITLE: CFO	SIGNATURE:	DATE:

This document contains information of a proprietary nature. Information contained herein shall be kept in confidence and divulged only to persons who by nature of their duties require access to such documentation.

Revision 10	1/28/2021	Federal Poverty Guidelines table updated for 2021	3	Lori Sichelbaugh
		Deleted General Surgical Services and added Women's Health Center as a location to access forms	6	
Revision 11	1/24/23	Updated Federal Poverty Guidelines Table for 2024	3	Brenda Williams
		Removed Women's Health Center as a location to access forms.	6	Brenda Williams
Revision 12	7/15/2025	Updated Federal Poverty Guidelines table for 2025.	2	Pattie Ferko
		Added references to Employed and Independent Providers.	1	