



Finance: Patient Financial Assistance

Owner/Dept: Cristina Rayford, Regional Director, Patient Access	Date approved: 10/1/2025
Approved by: Julie Keese (Regional VP, Finance and CFO), Andre Boyd, Regional President & CEO	Next Review Date: 10/1/27
Affected Departments: Collections (HCH), Emergency Registration (HCH), Financial Counseling (HCH), HCH Ob-Gyn Clinic (HCH), HCHC Aspen Hill (HCH), HCHC Gaithersburg (HCH), HCHC Germantown (HCH), HCHC Silver Spring (HCH), Insurance Billing (HCH), Legal Services (HCH), Office of the CFO (HCH), Patient Access Services (HCH), Patient Accounting (HCH), Patient Registration (HCH), Pre-Arrival Services (HCH)	

****DO NOT MANUALLY ENTER ANY DATA ABOVE THIS LINE****

Purpose

Holy Cross Health's mission includes ensuring the availability of medically necessary care to patients who are in need regardless of their ability to pay. Since all care has associated cost, any “free” or “discounted” service provided through this program results in that cost being passed on to other patients and their payers. Holy Cross Health therefore has a dual responsibility to cover those in need while ensuring it can pursue its mission and that the cost of care is not unfairly transferred to individuals, third party payers and the community in general.

It is the purpose of this policy to:

- Ensure a consistent, efficient and equitable process to provide, consistent with all applicable law, free or reduced-cost medically necessary services to patients who do not have the ability to pay.
- Ensure regulatory agencies and the community at large that Holy Cross Health documents the financial assistance provided to these patients so that their eligibility for the assistance is appropriately demonstrated.
- Provide care, without discrimination, for emergency medical conditions to individuals regardless of their eligibility for financial assistance.

Applies to:

Services, locations and facilities listed in the Covered Services section.

Policy Overview

The Holy Cross Health patient financial assistance policy applies in those cases where patients do not have sufficient income to pay for their care. The financial assistance policy is comprised of the following programs, each of which may have its own application and/or documentation requirements. If a patient meets the

eligibility requirements of more than one of the programs listed below, Holy Cross Health will apply the reduction in charges that is most favorable to the patient.

- **Scheduled Financial Assistance Program:** Holy Cross makes available financial assistance, consistent with this policy and applicable law, to eligible patients who have a current or anticipated need for inpatient or outpatient medical care. This assistance requires completion of an application and provision of supporting documentation. Once approved, such financial assistance remains in effect for a period of six months after the determination unless the patient's financial circumstances change or they become eligible for coverage through insurance or available public programs during this time.
- **Presumptive Financial Assistance Program:** Holy Cross makes available presumptive financial assistance to eligible patients as follows:
 - Patients, unless otherwise eligible for the Maryland Medical Assistance Program (Medicaid) or Maryland Children's Health Program (CHIP), who are beneficiaries of the social services programs listed below are eligible for free medically necessary care, provided that the patient submits proof of enrollment within 30 days unless a 30-day extension is requested. Assistance will remain in effect as long as the patient is an active beneficiary of one of the programs below:
 - Households with children in the free or reduced-cost meal program;
 - Supplemental Nutritional Assistance Program (SNAP);
 - Maryland Energy Assistance Program (EAP);
 - Special Supplemental Food Program for Women, Infants and Children (WIC);
 - Any other social service program as determined by the Maryland Department of Health (DOH) and the Health Services Cost Review Commission (HSCRC).
 - Patients who are beneficiaries of the Montgomery County programs listed below are eligible for 75% financial assistance, provided that the patient submits proof of enrollment within 30 days unless a 30-day extension is requested. Assistance will remain in effect as long as the patient is an active beneficiary of one of the programs below:
 - Montgomery Cares;
 - Project Access;
 - Care for Kids

Note: Patients in these County programs may also be eligible and evaluated for 100% financial assistance based upon completion of a Uniform Financial Assistance Application and provision of supporting documentation.

- Deceased patients with no known estate, patients who are homeless, unemployed, had their debts discharged by bankruptcy and members of religious organizations who have taken a vow of poverty and have no resources individually or through the religious order.
- Uninsured patients receiving services at Holy Cross Health Centers and/or the Obstetrics/Gynecology Clinics. In some cases, both the eligibility and documentation requirements will reflect the processes and policies of County or other public programs for financial assistance. This assistance is based on the same financial assistance eligibility schedule, but normally requires a less extensive documentation process.
- Patients qualifying for public assistance programs who receive non-covered medically necessary services.

Holy Cross Health recognizes that not all patients are able to provide complete financial and/or social information and Holy Cross Health may elect to approve financial support based on available information, including third-party, predictive modeling software, prior to referring an outstanding balance to an external collection agency to ensure those patients who cannot afford to pay for care are appropriately identified regardless of documentation provided.

- **Medical Financial Hardship Program:** Holy Cross Health also makes available financial assistance to “medically indigent” patients who demonstrate a financial hardship as a result of medical debt. "Financial hardship" means medical debt, incurred by a family over a 12-month period, that exceeds 20% of family income. "Medical debt" means out-of-pocket expenses, excluding co-payments, coinsurance, and deductibles, for medical costs billed by a hospital. This program requires a more extensive documentation process. Reduced-cost financial assistance will remain in effect during the 12-month period after the date the reduced-cost medically necessary care was initially received and will apply to the patient or any immediate family member of the patient living in the same household when seeking subsequent care at a Holy Cross Health facility.
- **Timeframes:** Within two business days of the receipt of a patient request for financial assistance, application for medical assistance, or both, a determination of probable eligibility will be made and communicated to the patient. When a patient submits a completed application for financial assistance, Holy Cross Health will determine the patient's eligibility under this policy within 14 days and will suspend any billing or collections actions while eligibility is being determined. Final determination is subject to validation of the information on the Uniform Financial Assistance Application. Holy Cross Health will require from patients or their

guardians only those documents required to validate information provided on the application.

The documentation requirements and processes used for each financial assistance program are listed in this policy and the Uniform Financial Assistance Application and accompanying instructions.

**Amount
Generally
Billed (AGB)**

An individual who is eligible for assistance under this policy for emergency or other medically necessary care will never be charged more than the amounts generally billed (AGB) to an individual who has insurance coverage for such care. We determine the AGB using the Medicare prospective method as permitted under Federal Internal Revenue Code (IRC) section 501(r) regulations and this provides the reduction in charges that is most favorable to the patient eligible for assistance under this policy.

The charges to which a discount will apply are set by the State of Maryland's Health Services Cost Review Commission (HSCRC) and are the same for all payers (i.e. commercial insurers, Medicare, Medicaid or self-pay). Holy Cross's AGB is 92.3% of charges which represents the amount Medicare would allow for the care. This includes both the amount Medicare would pay and the amount, if any, the individual is personally responsible for paying in the form of co-payments, coinsurance and deductibles.

**Covered
Services**

The financial assistance policy applies only to charges for medically necessary patient services that are rendered at facilities operated solely by Holy Cross Health. It does not apply to services that are operated by a "joint venture," "affiliate," or other non-controlled entity in which Holy Cross Health participates. Hospital-based contracted physicians such as and not limited to Emergency Medicine, Anesthesia, Pathology, Radiology, Hospitalists, Intensivists, Surgicalists, and Neonatologists also honor scheduled financial assistance determinations made by Holy Cross Health.

Provision of services specifically for the uninsured: To ensure appropriate stewardship of its resources, in the event Holy Cross Health provides a more cost-effective setting for medically needed services (such as its Obstetrics/Gynecology Clinics or the Health Centers), which may include cooperation with community groups or contracted physicians, specific financial assistance and payment terms apply that may differ from the general Holy Cross Health financial assistance program. In these heavily discounted programs, patients are expected to make the minimum co-payments that are required regardless of the level of charity care for which the patient would otherwise be eligible. Those minimum obligations are not then eligible to be further reduced via the scheduled financial assistance policy.

Services Not Covered

Services not covered by this financial assistance policy are:

- Private physician services (except for the contracted providers described above) or charges from facilities in which Holy Cross Health has less than full ownership.
- Cosmetic, convenience, and/or other medical services which are not medically necessary. Medical necessity will be determined by Holy Cross Health consistent with all applicable regulatory requirements after consultation with the patient's physician and must be determined prior to the provision of any non-emergent service.
- Services that are covered by insurance but cannot be provided at a Holy Cross Health location, after efforts are made to educate the patients on insurance program coverage limitations and provided that federal Emergency Medical Treatment and Active Labor Act (EMTALA) obligations are satisfied.

Note: A comprehensive list of providers who participate and do not participate in the Holy Cross Health financial assistance program can be found on Holy Cross Health's external website and is made available upon request.

Patient Eligibility Requirements

Holy Cross Health provides various levels of financial assistance to patients whose income is less than 500% of the federal poverty level. Holy Cross Health will also provide assistance to patients that demonstrate a financial hardship as a result of incurring hospital medical debt that exceeds 20% of family income over a 12-month period.

In determining the family income of a patient (and otherwise for purposes of this policy as applied to a family), Holy Cross Health will include in the household size, at a minimum: the patient and patient's spouse, regardless of tax filing status; biological children, adopted children, and/or stepchildren; and anyone for whom the patient claims a personal exemption in a federal or state tax return. If the patient is a child, the family/household size will include: the biological parents, adopted parents, stepparents or guardians; biological siblings, adopted siblings or stepsiblings; and anyone for whom the patient's parents or guardians claim a personal exemption in a federal or state tax return.

Holy Cross Health does not use a patient's citizenship or immigration status as an eligibility requirement for financial assistance or withhold financial assistance or deny a patient's application for financial assistance on the basis of race, color, religion, ancestry or national origin, sex, age, marital status, sexual orientation, gender identity, genetic information, or on the basis of disability.

Any patient or the patient's authorized representative may make a request to reconsider the level of reduced-cost care approved or denial of free or reduced-cost care by Holy Cross Health for the patient. In such cases, requests are to be made to the financial counseling manager who will consider the total financial

circumstances of the patient including outstanding balances owed to Holy Cross Health, debt and medical requirements, as well as the patient's income. The financial counseling manager will assemble the patient's request and documentation and present it to the financial assistance exception committee (comprised of the Chief Mission Officer, Chief Financial Officer, and Chief Clinical Officer) for consideration. The financial counseling manager will also notify the patient or the patient's authorized representative of the availability of the Maryland Health Education and Advocacy Unit (HEAU) to assist in filing and mediating a reconsideration request and will provide the patient or the patient's authorized representative all contact information for the HEAU including the address, phone number, facsimile number, e-mail address, mailing address, and the website.

If an 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.

In any case where the patient's statements to obtain financial assistance are determined to be materially false, all financial assistance that was based on the false statements or documents will be rescinded, and any balances due will be processed through the normal collection processes.

The scheduled financial assistance program provides free medically necessary care to those most in need – patients who have income equal to or less than 200% of the federal poverty level. It also provides for a 75% reduction in charges for those whose income is between 201% and 250%, 60% reduction in charges for those whose income is between 251% and 300%, 50% reduction in charges for those whose income is between 301% and 350%, 45% reduction in charges for those whose income is between 351% and 400%, 40% reduction in charges for those whose income is between 401% to 450% and a 35% reduction in charges for those whose income is between 451% to 500%. Patient co-pay, deductible and coinsurance amounts are also eligible for financial assistance based on the sliding scale above provided that there is no conflict with contractual arrangements with the patient's insurer or enrollment in a Montgomery County program.

Holy Cross Health's schedule of financial assistance will change according to the annual update of federal poverty levels published in the HHS Federal Register.

Continuing financial obligation of the patient: Patients who receive partial financial assistance have been determined to be capable of making some payment for their care. Unless a specific patient financial assistance exception request is made and approved, or Holy Cross Health management formally adopts a procedure that exempts collection processes for particular services, patients are expected to pay the amount of the reduced balance. In cases other than the above, any patient who fails to pay their reduced share of the account in question will have

that account processed through our normal collection procedures, including the use of outside agencies. However, Holy Cross Health will not pursue a judgment against anyone who has legitimately qualified for any scheduled level of Holy Cross Health financial assistance. Income-based payment plans are also made available to patients irrespective of their insurance status that request assistance.

Notice of Financial Assistance

Holy Cross Health provides notice of this policy to the patient, the patient's family, or the patient's authorized representative in multiple ways, as described below, and in all instances, consistent with applicable law, before discharging the patient and in each communication to the patient regarding the hospital bill. The information will be made available via the following methodologies:

- 1) A simplified language summary of Holy Cross Health's financial assistance policy, financial assistance applications, and the Hospital Information Sheet is prominently displayed in all registration and cashier areas, the facilities' main lobby, cafeteria and the emergency center, and the health center campuses in English, Spanish and in the predominant languages represented by our patient population as required by then-applicable regulations. All documents can also be accessed, viewed, downloaded and printed from Holy Cross Health's external website.
- 2) Notice of financial assistance availability is indicated on the Patient Consent to Conditions of Treatment form and on all Holy Cross Health billing statements along with a reference to the external website and phone number where inquiries can be made.
- 3) The Hospital Information Sheet is provided to the patient, the patient's family, or the patient's authorized representative before discharge, with the hospital bill, on request and in each written communication to the patient regarding collection of the hospital bill.
- 4) All self-pay patients are advised of the existence of the financial assistance program during the pre-registration and registration process.
- 5) Information regarding eligibility and applications for financial assistance will be mailed to any patient who requests it at any time – including after referral to collection agencies.

The actions that Holy Cross Health may take in the event of nonpayment are described in a separate policy entitled "Billing and Collection of Patient Payment Obligations". A copy of the policy is available through our financial counseling department upon request.

Related Documents

- Finance: Billing and Collection of Patient Payment Obligations
 - Holy Cross Health Financial Assistance Program – Participating Providers
 - Holy Cross Health Financial Assistance Program – Non-Participating Providers
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- References**
- Trinity Health. Trinity Health Finance Policy No. 1, “Financial Assistance to Patients”, February 20, 2024
 - Trinity Health. Trinity Health Finance Procedure RE.PFS.3, “Financial Assistance to Patients”, March 19, 2024
 - Federal Poverty Guidelines, HHS Federal Register
 - Code of Maryland Regulations (COMAR) 10.37.10.26A and 10.24.10.04
 - Patient Protection and Affordable Care Act: Statutory Section 501(r)
 - Maryland Code Annotated, Health-General Article § 19-214.1
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Questions and More Information Contact the financial counseling department at 301-754-7195 or the financial counseling manager at extension 301-754-8377 with questions and for more information.

Policy Modifications The Trinity Health Mid-Atlantic Board of Directors must approve modifications to this policy. In addition, this policy will be presented to the Board for review and approval every two years.

Approval This policy was reviewed and approved by the Trinity Health Mid-Atlantic Board of Directors on July 16, 2025.
