

Policy Name:	Healthcare Financial Assistance (HFA)
Policy Number:	Policy and Procedure 502
Department:	Finance
Functional Area:	Finance
Approved by:	Bon Secours Mercy Health, Inc. Board of Directors
Effective Date:	3/1/2026
Version:	7.0
Policy Status:	Approved

I. Policy

As established by IRS Code Section 501(r), this HFA Policy applies to all emergency and other medically necessary care provided by BSMH Healthcare Facilities.

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 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.

HFA is a program that is fully funded by Bon Secours Mercy Health. It 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 HFA Policy applies to the following BSMH Health Facilities in the United States of America ("USA") and do not include any hospitals located outside of the USA:

Cincinnati

- Mercy Health – Anderson Hospital
- Mercy Health – Clermont Hospital
- Mercy Health – Fairfield Hospital
- The Jewish Hospital – Mercy Health
- Mercy Health – West Hospital
- Mercy Health – Kings Mills Hospital

Kentucky

- Mercy Health - Lourdes Hospital
- Mercy Health - Marcum and Wallace Hospital

Lima

- Mercy Health - St. Rita's Medical Center

Lorain

- Mercy Health – Lorain Hospital
- Mercy Health - Allen Hospital

Springfield

- Mercy Health - Springfield Regional Medical Center
- Mercy Health – Urbana Hospital

Toledo

- Mercy Health - St. Vincent Medical Center
- Mercy Health – Perrysburg Hospital
- Mercy Health - St. Charles Hospital
- Mercy Health - St. Anne Hospital
- Mercy Health - Defiance Hospital
- Mercy Health - Tiffin Hospital
- Mercy Health - Willard Hospital

Youngstown

- Mercy Health - St. Elizabeth Youngstown Hospital
- Mercy Health - St. Elizabeth Boardman Hospital
- Mercy Health - St. Joseph Warren Hospital

Richmond

- Bon Secours - St. Francis Medical Center
- Bon Secours – Richmond Community Hospital
- Bon Secours - Memorial Regional Medical Center
- Bon Secours - St. Mary's Hospital

Rappahannock

- Rappahannock General Hospital

Hampton Roads

- Bon Secours Mary Immaculate Hospital
- Bon Secours Maryview Medical Center
- Bon Secours Harbour View Medical Center

South Carolina

- St. Francis Downtown

- St. Francis Eastside
- St. Francis Millennium

Southern Virginia

- Bon Secours - Southern Virginia Medical Center
- Bon Secours - Southside Medical Center
- Bon Secours - Southampton Medical Center

BSMH maintains a separate BSMH Medical Group Healthcare Financial Assistance Policy and Billing and Collections Policy for services provided by BSMH Medical Group practice locations. 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)

Commitment to Provide Emergency Medical Care:

BSMH provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this HFA Policy. BSMH Healthcare Facilities will not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care. Emergency medical services, including emergency transfers, pursuant to EMTALA, are provided to all BSMH patients in a non-discriminatory manner, pursuant to each hospital's respective EMTALA policy.

Services Eligible for HFA:

This HFA Policy applies to all emergency and other medically necessary care provided by BSMH Healthcare Facilities. The list of providers is maintained in a separate document. Members of the public may readily obtain it free of charge via the contact list provided in this policy and online at www.bsmhealth.org/financial-assistance, www.mercy.com/financial-assistance, and www.fa.bonsecours.com.

The following services are not covered under this HFA Policy:

- Items deemed "not medically necessary"

HFA Eligibility Criteria:

- Income
 - To apply for 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 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 under Ohio's Healthcare Assurance Program (HCAP).
 - 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, BSMH 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
 - HFA eligibility is based upon expanded income levels of up to 400% of FPG and is prorated on a sliding scale applicable to the respective market area. 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 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 200% FPG or below receive free care. Individuals with an income level from 201% to 300% FPG, and 301% to 400% FPG, respectively, receive discounted care based on the chart on Attachment 2. The specific percentage discounts for the 201%-300% FPG and 301% to 400% FPG income levels will be updated annually. Notwithstanding the percentages calculated, as stated above, following a determination of eligibility under this policy, a patient eligible for financial assistance will not be charged more for emergency or other medically necessary care than AGB.
- Self-Pay Discount
 - For those uninsured patients who do not qualify for any of the financial assistance discounts described in this policy, BSMH extends an automatic (self-pay) discount to their hospital bills as outlined on Attachment 2. This self-pay discount is not means-tested, and therefore is not subject to the section 501(r) AGB requirement, and is not reported by BSMH as financial assistance on Form 990, Schedule H.
- Geographic Area

- Patients who live in the community served by BSMH Healthcare Facilities will be offered HFA. For those patients living outside the community, extenuating circumstances must be documented and approved by the 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 or insurance;
 - 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 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 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 HFA:

- Application forms are made available in Pre-Admission, Admission / Registration, and several alternative registration sites to facilitate early identification and initiation of the application process. Application forms may also be obtained by contacting BSMH as indicated in the contact list at the end of this policy.
- BSMH will accept digital signatures on application forms where available.
- For patients in Maryland, state law requires a different application for financial assistance to be filed. The application may be found at www.bsmhealth.org/financial-assistance, www.fa.bonsecours.com or by contacting BSMH as indicated in the contact list at the end of this policy.

- BSMH 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.
- For patients in Ohio, Hospital Care Assurance Program (HCAP) requires a completed an application for:
 - Inpatient admission unless the patient is readmitted within 45 days of discharge for the same underlying condition.
 - Approved outpatient applications are effective for 90 days from initial date of service.
 - An inpatient application can also be used to cover outpatient services for the patient in the 90-day period immediately following the first day of the inpatient admission.
 - The application period for HCAP eligible dates of service is 3 years from the date of the first follow-up notice sent to a patient, regardless of bad debt status. Applications for HCAP eligible older than the 3-year application period will be denied and written notice sent.

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 HFA section above.

Basis for Calculating Amounts Charged to Patients:

- Following a determination of eligibility under this policy, a patient eligible for financial assistance will not be charged more for emergency or other medically necessary care than AGB. At least annually, BSMH, as applicable, calculates an AGB percentage for each of the BSMH Healthcare Facilities following the Look-back Method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a 12-month period (as defined by Treasury Regulations under section 501(r) of the Internal Revenue Code of 1986, as amended). Members of the public may obtain the current AGB percentage for any BSMH Healthcare Facility (and a description of the calculation) in writing and free of charge by contacting BSMH as indicated in the contact list at the end of this policy or online at www.bsmhealth.org/financial-assistance, www.mercy.com/financial-assistance, and www.fa.bonsecours.com.
- 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).
- Because both Maryland law and Federal tax law limit the amounts that may be charged to patients, an FAP eligible individual or an uninsured individual will not be charged more than the lesser of the AGB or the regulated charge set by the Maryland Health Services Cost Review Commission for emergency or other medically necessary care.

Actions Taken in the Event of Nonpayment:

- The actions that BSMH may take in the event of nonpayment are described in a separate ***Billing and Collections Policy***. Members of the public may obtain a free copy of this separate policy from the BSMH PFS by contacting BSMH or BSMHGMG as indicated in the contact list at the end of this policy or online at www.bsmhealth.org/financial-assistance, www.mercy.com/financial-assistance, and www.fa.bonsecours.com.

Measures to Widely Publicize the HFA Policy:

- BSMH make this 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 Healthcare Facilities offer a paper copy of the plain language summary of this HFA Policy to patients as part of the intake process; include a conspicuous written notice on billing statements that notifies and informs recipients about the availability of financial assistance under this HFA Policy; and have set up conspicuous public displays that notify and inform patients about this HFA Policy in public locations in the hospital facility, including, at a minimum, the emergency room (if any) and admissions areas.
- BSMH also accommodates all significant populations that have limited English proficiency by translating this HFA Policy, application form, and plain language summary of the policy into the primary language(s) spoken by such populations.

Notice to Ohio Residents—Ohio Hospital Care Assurance Program (HCAP): BSMH provides, without charge to the individual, basic, medically necessary hospital-level services to individuals who are residents of Ohio, are not Medicaid recipients, and whose income is at or below the federal poverty line. Covered services are inpatient and outpatient services covered under the Ohio Medicaid Program, with the exception of transplantation services and services associated with transplantation. Recipients of Disability Financial Assistance qualify for assistance. Ohio residency is established by a person who is living in Ohio voluntarily and who is not receiving public assistance in another state. Requests for financial assistance for Ohio residents are processed for HCAP first, and then are otherwise subject to the provisions of this HFA Policy.

V. Definitions

- **AGB** – Amounts generally billed for emergency or other medically necessary care to individuals who have insurance coverage.
- **BSMH** – Bon Secours Mercy Health
- **BSMH Healthcare Facilities** – Bon Secours Mercy Health hospitals
- **EMTALA** – Federal Emergency Medical Treatment and Active Labor Act.
- **FPG** – U.S. Department of Health & Human Services Federal Poverty Guidelines.
- **HCAP** – Ohio Hospital Care Assurance Program.
- **HFA** - Healthcare Financial Assistance.
- **HFA Policy** – BSMH Healthcare Financial Assistance Policy.
- **PFS** – Patient Financial Services Department.
- **SNF** – Skilled Nursing Facility.

VI. Attachments

Attachment 1 - BSMH Contact Information Section

Attachment 2 – BSMH Hospital Sliding Scale Discount Chart

VII. Related Policies

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

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

BSMH maintains separate Healthcare Financial Assistance and Billing and Collections Policies for the BSMH Medical Group practice locations and Urgent Care facilities. For further information, please see the following policies:

- BSMH Medical Group Healthcare Financial Assistance Policy
- BSMH Medical Group Billing and Collections Policy
- BSMH Urgent Care Healthcare Financial Assistance Policy
- BSMH Urgent Care Billing and Collections Policy

VIII. Version Control

Version	Date	Description	Prepared By
1.0	11/25/2019	Healthcare Financial Assistance (HFA)	Finance/Travis Crum
2.0	2/18/2021	Healthcare Financial Assistance (HFA)	Finance/Travis Crum
3.0	2/17/2022	Healthcare Financial Assistance (HFA)	Finance/Travis Crum
4.0	1/24/2023	Healthcare Financial Assistance (HFA)	Finance/Travis Crum
5.0	1/22/2024	Healthcare Financial Assistance (HFA)	Finance/Travis Crum
6.0	1/24/2025	Healthcare Financial Assistance (HFA)	Finance/Travis Crum
7.0	1/23/2026	Healthcare Financial Assistance (HFA)	Finance/Travis Crum

Contact Information:

For more information, please contact BSMH as follows for **Mercy Health hospitals**:

Website	www.bsmhealth.org/financial-assistance www.mercy.com/financial-assistance	
Telephone	1-855-732-0138	
By Mail	Mercy Health Public Benefits Dept PO Box 631774 Cincinnati, OH 45263-1774	
In Person	Mercy Health - Anderson Hospital 7500 State Road Cincinnati, OH 45255 Dept: Financial Counseling Mercy Health – Clermont Hospital 3000 Hospital Drive Batavia, Ohio 45103 Dept: Financial Counseling Mercy Health – Fairfield Hospital 3000 Mack Road Fairfield, Ohio 45014 Dept: Financial Counseling The Jewish Hospital – Mercy Health 4777 E. Galbraith Road Cincinnati, Ohio 45236 Dept: Financial Counseling Mercy Health – West Hospital 3300 Mercy Health Blvd., Cincinnati, Ohio 45211 Dept: Financial Counseling Mercy Health – Kings Mills Hospital 5440 Kings Island Drive Mason, Ohio 45040 Dept: Financial Counseling Mercy Health - Springfield Regional Medical Ctr 100 Medical Center Drive (at West North St) Springfield, Ohio, 45504 Dept: Financial Counseling Mercy Health – Urbana Hospital 904 Scioto St, Urbana, OH 43078 Dept: Financial Counseling Mercy Health - St. Rita's Medical Center 730 W. Market St. Lima, OH 45801 Dept: Financial Counseling Mercy Health - Lourdes Hospital 1530 Lone Oak Rd Paducah, KY 42003 Dept: Financial Counseling Mercy Health - Marcum and Wallace Hospital 60 Mercy Court Irvine, KY 40336 Dept: Financial Counseling	Mercy Health - St. Charles Hospital 2600 Navarre Avenue Oregon, OH 43616 Dept: Financial Counseling Mercy Health - St. Anne Hospital 3404 W. Sylvania Avenue Toledo, OH 43623 Dept: Financial Counseling Mercy Health - Defiance Hospital 1404 E. Second Street Defiance, OH 43512 Dept: Financial Counseling Mercy Health - Tiffin Hospital 45 St. Lawrence Drive Tiffin, OH 44883 Dept: Financial Counseling Mercy Health - Willard Hospital 1100 Neal Zick Rd. Willard, OH 44890 Dept: Financial Counseling Mercy Health – Perrysburg Hospital 12623 Eckel Junction Rd. Perrysburg, OH 43551 Dept: Financial Counseling Mercy Health - St. Elizabeth Youngstown Hospital 1044 Belmont Ave. Youngstown, OH 44501 Dept: Financial Counseling Mercy Health - St. Elizabeth Boardman Hospital 8401 Market St. Boardman, OH 44512 Dept: Financial Counseling Mercy Health - St. Joseph Warren Hospital 667 Eastland Avenue Warren, Ohio 44484 Dept: Financial Counseling Mercy Health – Lorain Hospital 3700 Kolbe Rd. Lorain, OH 44053 Dept: Financial Counseling

	Mercy Health - St. Vincent Medical Center 2213 Cherry Street Toledo, OH 43608 Dept.: Financial Counseling	Mercy Health - Allen Hospital 200 W. Lorain St. Oberlin, Ohio 44074 Dept: Financial Counseling
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Information:

 For more information, please contact BSMH as follows for **Bon Secours hospitals**:

<i>Website</i>	www.fa.bonsecours.com	
<i>Telephone</i>	804-342-1500 (Local Richmond) 877-342-1500	
<i>By Mail</i>	Bon Secours Mercy Health Financial Aid P.O. Box 631360 Cincinnati, OH 45263-1360	
<i>In Person</i>	Bon Secours St. Francis Medical Center 13710 St. Francis Boulevard Midlothian, VA 23114 Dept: Financial Counseling Bon Secours – Richmond Community Hospital 1500 N. 28th Street Richmond, VA 23223 Dept: Financial Counseling Bon Secours Memorial Regional Medical Center 8260 Atlee Road Mechanicsville, VA 23116 Dept: Financial Counseling Bon Secours St. Mary's Hospital 5801 Bremono Road Richmond, VA 23226 Dept: Financial Counseling Rappahannock General Hospital 101 Harris Road Kilmarnock, VA 22482 Dept: Financial Counseling Bon Secours - Southside Medical Center 200 Medical Park Blvd Petersburg, VA 23805 Dept: Financial Counseling Bon Secours - Southern Virginia Medical Center 727 N Main Street Emporia, VA 23847 Dept: Financial Counseling Bon Secours Southampton Medical Center 100 Fairview Drive Franklin, VA 23851 Dept: Financial Counseling	Bon Secours Mary Immaculate Hospital 2 Bernadine Dr Newport News, VA 23602 Dept: Financial Counseling Bon Secours Maryview Medical Center 3636 High Street Portsmouth, VA 23707 Dept: Financial Counseling Bon Secours Harbour View Medical Center 1020 Bon Secours Drive Suffolk, VA 23435 Dept: Financial Counseling St. Francis Downtown One St. Francis Drive Greenville, SC 29601 Dept: Financial Counseling St. Francis Eastside 125 Commonwealth Drive Greenville, SC 29615 Dept: Financial Counseling St. Francis Millennium 2 Innovation Drive Greenville, SC 29607 Dept: Financial Counseling

Attachment 2

Effective March 1, 2026				
Hospital	0-200% FPG	201% - 300% FPG	301% - 400% FPG	Uninsured/Self-Pay Discount
Mercy Health - Lourdes Hospital	100%	79%	79%	40%
Mercy Health - Marcum and Wallace Hospital	100%	73%	73%	40%
Mercy Health - Anderson Hospital	100%	78%	78%	40%
Mercy Health - Clermont Hospital	100%	78%	78%	40%
Mercy Health - Fairfield Hospital	100%	79%	79%	40%
The Jewish Hospital	100%	77%	77%	40%
Mercy Health - West Hospital	100%	79%	79%	40%
Mercy Health – Kings Mills Hospital	100%	75%	75%	40%
Mercy Health - Springfield Regional Medical Center	100%	81%	81%	40%
Mercy Health - Urbana Hospital	100%	79%	79%	40%
Mercy Health - Defiance Hospital	100%	72%	72%	40%
Mercy Health - Tiffin Hospital	100%	69%	69%	40%
Mercy Health - Willard Hospital	100%	64%	64%	40%
Mercy Health - St. Vincent Medical Center (Includes Mercy Health - St. Anne Hospital, Mercy Health - St. Charles Hospital, and Mercy Health – Perrysburg Hospital)	100%	85%	85%	40%
Mercy Health - Allen Hospital	100%	75%	75%	40%
Mercy Health - Lorain Hospital	100%	79%	79%	40%
Mercy Health - St. Rita's Medical Center	100%	80%	80%	40%
Mercy Health - St. Elizabeth Boardman Hospital	100%	80%	80%	40%
Mercy Health - St. Elizabeth Youngstown Hospital	100%	80%	80%	40%
Mercy Health - St. Joseph Warren Hospital	100%	81%	81%	40%
Bon Secours - Memorial Regional Medical Center	100%	80%	80%	40%
Bon Secours - Richmond Community Hospital	100%	80%	80%	40%
Bon Secours - St. Francis Medical Center	100%	77%	77%	40%
Bon Secours - St. Mary's Hospital	100%	77%	77%	40%
Bon Secours Mary Immaculate Hospital	100%	77%	77%	40%
Bon Secours Maryview Medical Center	100%	78%	78%	40%
Bon Secours Harbour View Medical Center (Begins May 2025)	100%	*See Below	*See Below	40%

Rappahannock General Hospital	100%	59%	59%	40%
St. Francis Downtown	100%	81%	81%	40%
St. Francis Eastside	100%	81%	81%	40%
St. Francis Millennium	100%	81%	81%	40%
Bon Secours - Southern Virginia Medical Center (Emporia)	100%	90%	90%	70%
Bon Secours - Southampton Medical Center (Franklin)	100%	83%	83%	70%
Bon Secours - Southside Medical Center (Petersburg)	100%	91%	91%	70%

* Bon Secours Harbour View Medical Center will follow the Prospective Medicare method to calculate the AGB and the discount for patients between 201% - 400% FPG for its first full year of operations. Discounts will therefore be determined on a case-by-case basis.

The adjustment for uninsured patients is applied to gross charges, and the adjustment for insured patients is applied to the remaining balance.