

# Financial Assistance Program

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## **Purpose:**

The purpose of this policy is to provide a systematic and impartial method for evaluating an individual's eligibility for financial assistance and to insure consistency with Central Florida Health's (CFH) mission to improve the health and quality of life to the individuals and communities we serve.

## **Policy:**

CFH is a not-for-profit organization committed to meeting the healthcare needs of the community residents. CFH, through its hospital subsidiaries provides for the medical needs of low-income, underinsured, uninsured, indigent patients by rendering necessary, quality health care, regardless of race, creed, color, sex, national origin, sexual orientation, handicap, or age. Certain exclusions apply, which include, but are not limited to elective services, balances covered by other funding sources including liability insurance, and failure to cooperate in securing alternative funding sources. The dollar amount of uncompensated care is based on CFH's full established rates, provided to patients who are determined by CFH to be unable to pay their bill. The determination of a patient's ability to pay is based on the financial assistance guidelines established in this policy.

Patient eligibility for financial assistance is based upon Federal Poverty Level Guidelines as published each year by the U.S. Department of Health and Human Services in the *Federal Register* and at <http://aspe.hhs.gov/poverty>

## **Procedures:**

### *Application Process*

1. Patients who state they are unable to pay for their medical bills and/or request financial assistance shall undergo screening by Financial Counselors. Based upon the patient's financial situation and the medical care needed, a determination will be made whether the patient qualifies for the following:
  - Federal, state, county or community health care financial assistance programs
  - State, county, or community alternatives for health care needs
  - Financial assistance based on the criteria outlined in this policy
2. In order to qualify for financial assistance, The patient must meet one of the following criteria:
  - a) The patient must have been treated in one of CFH Hospitals Emergency Departments for an Emergency Medical Condition.
  - b) Patients must have been admitted as an inpatient to CFH Hospitals either through the Emergency Department, as a transfer, or as a direct admission to the hospital.
  - c) Outpatient services provided as a continuation of care of the services received in the emergency room or inpatient within the previous 30 days. Services do not include those that are elective or that are of a non-emergent or non-acute nature.
3. Financial Counselors will assist patients in applying for financial assistance by explaining the required documentation, or if applicable, refer the patient to the appropriate agency for governmental assistance.

# Financial Assistance Program

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4. If a patient meets the service type requirements to qualify to apply for financial assistance, and the patient is validated as homeless, they can qualify for 100% financial assistance.
5. Patients that have a balance after payment by Medicaid, Medicaid HMO plans, Medicare Part A or Part B, will be allowed to apply for financial assistance. The service must be inpatient, emergency room, or outpatient services provided as a continuation from initial inpatient or emergency room services within 30 days. The patient will be provided financial assistance benefits based solely on financial assistance guidelines

The following documentation must accompany the Financial Assistance Application:

## **Identification**

**Every applicant must provide 2 forms of identification one must have a photo ID.**

**Acceptable forms of identification are the following:**

- State issued ID/Drivers
- License/ Military ID (valid)
- Alien Registration
- Government issued photo ID
- Birth Certificate
- Social Security Card
- Passport (valid)
- Certificate of Citizenship
- Official document that includes name, address social security number
- Tax Form

## **Residency**

**Documentation provided as proof of residency must have applicant full name and physical address. At least one of the following items must be provided:**

- State issued ID/Driver's License (valid)
- Alien Registration Card/Receipt
- Tax Return, W-2 or 1099 (Previous Year)
- Current Utility Bill/Utility hook up work order dated w/in 60days
- Current Homeowners/Auto Insurance Policy or Bill
- Property Tax Bill
- Rental/Lease /Mortgage Agreement
- Voters Registration Card
- Vehicle Registration
- Official mail received at home of residency w/in 60 days
- Proof of Children enrolled in School District
- Education Institution Transcript Forms for current year
- Enrollment in a facility or agency program (NLCHTD) proof of residency prior to residing in one of these programs)

## **Household Income**

**The following is considered proof of Household Income and if applicable you must provide the following items:**

# Financial Assistance Program

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- Copy of most recent: Tax Return, W-2, 3 months of bank statements showing direct deposit, 3-months of current pay stubs, pension and retirement benefits, Social Security benefits, unemployment compensation, Worker's Compensation, Veteran's benefits, public assistance payments, alimony, child support.
- Income from dividends, interest, rents, royalties, annuity payments, estates, trusts, inheritance proceeds and student aid not subject to repayment.
- If patient is homeless a signed affidavit is required.
- If there is no source of income a letter of hardship and/or letter of support will be accepted.
- If patient is deceased with no assets a copy of the death certificate will be accepted only after posthumous Medicaid has been denied.

**Please note:** All sources of value including free rent and barter goods will be used to determine income.

## **Self Employed**

- Most recent complete personal and business tax return, twelve months of business account bank statements.
- Self-employment income ( defined as the amount of Gross Income reported on the Tax Return Schedule C)

## **Dependent Children in Household**

- Must have applied for Medicaid and be able to provide letter from the Florida Department of Children and Families confirming Medicaid determination
- The patient's signature will be required on the Financial Assistance Application to attest to the accuracy and completeness of the application and required supporting documentation.
- If the patient has applied for and successfully qualified for financial assistance within the past six months, CFH will use the prior eligibility determination.

Information regarding the patient's assets may be requested or researched and used by CFH Hospitals as part of the financial assistance eligibility review process. Sources used to determine assets may include: tax refunds, credit reports and county tax information.

- Applications for financial assistance may be denied if:
  - a) The applicant possesses savings, cash investments, or other assets in an amount sufficient to cover all or a portion of the account balance without placing financial hardship on the family.
  - b) A credit bureau inquiry indicates that the applicant has sufficient credit available to obtain a loan to repay the account and sufficient means to repay the loan without placing financial hardship on the family. Financial Counselors will document in the patient account notes the final determination of the financial assistance eligibility review.
  - c) Applicant has not completed the documentation requirements to determine eligibility for financial assistance within the 240-day application period.
- 6. Additionally the completed and signed Financial Assistance Application and supporting documents will be scanned to the patient's financial record.

# Financial Assistance Program

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## *Determining Eligibility for Central Florida Health Financial Assistance*

1. The patient must request, and be denied or have exhausted financial assistance from all other available financial aid healthcare programs, including public assistance available through Medicaid and other federal, state, county, and community programs, before applying for financial assistance. The patient must provide documentation of such eligibility denials as requested. Patients that qualify for Medicaid or other governmental programs (including charges for days exceeding a length of stay limit), but whose charges are non-covered services shall also be included.
2. To qualify for financial assistance, total household income for the preceding twelve months must meet the following criteria:
  - a) Patients qualify for financial assistance if their household income is at or below 200% of the federal poverty level. Sliding scale financial assistance is applied if households are 300% to 400% below the federal poverty level.
  - b) Household income shall be determined by considering the individual income assets of the patient applying for financial assistance if the patient is (1) not a minor and (2) not supported by other individuals living in the household. If the patient is partially supported by another person living in the household, (e.g. rent) such support, or a reasonable fair market value estimate of that support, will be considered as income in considering the patient's eligibility for financial assistance.
  - c) Additional conditions necessary to qualify for financial assistance:
    - If, applicable, Medicare or Medicaid benefits have been exhausted and the patient has no further ability to pay.
3. This policy applies solely to care and treatment rendered at CFH Hospitals as an inpatient or in the Emergency Department for an emergency medical condition or outpatient services provided as a continuation of care of the services received in the Emergency Department or inpatient within the previous 30 days. It does not extend to cosmetic, bariatric, dental care, pain management, home health care, chiropractic care, mental health care, hospice, physician charges, ground or air ambulance, radiologists, anesthesiologists, pathologists, or Emergency Department physicians.
4. Patients who do not provide the requested information necessary to complete and accurately assess their financial situation in a timely manner or do not cooperate with efforts to secure governmental aid will not be eligible for financial assistance. However, CFH reserves the right to consider applications for financial assistance that do not meet all the established criteria in the event of extraordinary circumstances with the documented approval of CFH Administrative Director of Revenue Cycle.
5. Financial Counselors will promptly notify patients in writing of the results of the Financial Assistance Application review and resulting eligibility once all requested documentation has been submitted.

# Financial Assistance Program

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## *Approval Process*

1. CFH Hospitals shall limit the amount charged for care it provides to any individual who is eligible for assistance under this policy:
  - a) For emergency or other medically necessary care, not more than the amounts generally billed (AGB) to individuals who have insurance covering such care. AGB shall be calculated using the "prospective Medicare or Medicaid method." Under this method, the AGB is equal to the amount that Medicare or Medicaid would pay for the item or service in question, including any deductible or coinsurance owed by the individual.
2. The completed Financial Assistance Application along with all supporting documentation and approval form will be kept on file for seven years.
3. The following actions must be taken by CFH prior to engaging in extraordinary collection actions against individuals.
  - Provide the individual with written notice of the specific action it intends to take in order to obtain payment; the notice must include the deadline that is at least 30-days after the written notice is provided.
  - The Plain Language Summary must be included with the written notice
  - CFH must take steps to orally notify the individual about the availability of financial assistance and how such assistance can be obtained.
  - All of the above notifications must be documented.

## *Billing and Collection Process*

1. Notification of extraordinary collection actions (ECA) will be sent to patients in the last billing statement submitted 30-days prior to the 120-day notification period. ECA may include the following:
  - a. Deferring, denying or requiring a payment before providing non-emergent care.
  - b. Submitting accounts to bad debt collection agency and reporting to credit bureau.
  - c. Any action that requires legal or judicial process in order to collect payments.
2. Applicant must complete the financial assistance application prior to the 120-day notification period in order to avoid extraordinary collection action. However, if the applicant request financial assistance after the 120-day notification period and within the 240-day application period, collection efforts will cease until applicant is either approved or denied. If the applicant is non-compliant with documentation requirements and within the 240-day application period the application will be denied and no further extensions will be granted.
3. If patient qualifies for financial assistance, their eligibility shall be active for six months after the patient's date of discharge from the Emergency Department or inpatient Admission from CFH Hospitals. In the six month post discharge period, only outpatient services provided incidental to the patient's original diagnosis or reason for admission to the Emergency Department or hospital facility will be covered.
4. Any balance not qualifying for financial assistance or account balances not related to initial approval based on diagnosis and/or place of service shall be subject to

# Financial Assistance Program

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extraordinary collect actions (ECA) unless appropriate financial arrangements have been established.

## *Patient Notification of CFH Financial Assistance Program*

1. Public Notice:
  - a. CFH Financial Assistance Program notice is prominently displayed in patient registration areas and Emergency Departments.
  - b. The CFH Financial Assistance Program and Plain Language Summary are available on the CFH website at: [www.centralfloridahealth.org](http://www.centralfloridahealth.org)
  - c. Financial Assistance Plain Language Summary is a clear, concise and easy to understand summary of the Financial Assistance Program including how to obtain further details.
  - d. CFH Team Members in patient registration areas are trained to answer basic questions regarding the CFH Financial Assistance Program and to contact Financial Counselors for additional information and assistance.
  - e. Individuals registering at CFH facilities will be offered the Financial Assistance Plain Language Summary.
  - f. Patient Billing Statements contain language notifying patients of financial assistance availability and contact information for further details.

## *Monitoring*

1. As part of the CFH Annual Community Benefits Analysis, a review of the Financial Assistance Program will be conducted to insure compliance and consistency in implementation.
2. CFH shall comply with all applicable governmental reporting requirements.
3. Medicare beneficiaries that qualify for financial assistance will have the account balance adjustment classified as Medicare Bad Debt provided Centers for Medicare and Medicaid services requirements have been met.