

Title: Financial Assistance	No.: FN 3.02
	Effective: 08/01/00
	Revised: 10/1/2016
Approved By: Shaun Ronan, VP Revenue Operations	Page 1 of 4

Entities: Health First, Inc. wholly owned or controlled entities including, but not limited to:

- Holmes Regional Medical Center
- Palm Bay Hospital
- Cape Canaveral Hospital
- Viera Hospital

I. OBJECTIVE

The objective of this policy is to establish guidelines and standards to be used in granting Financial Assistance to eligible individuals who are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for health care services due to their limited financial resources. Health care services under this policy do not include non-employed medical staff members such as: Radiologists, Anesthesiologists, and certain Cardiologists.

II. DEFINITION

Agency for Health Care Administration (AHCA): A state government agency involved in the monitoring and regulation of health care.

Amounts Generally Billed (AGB): The amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care.

Extraordinary Collection Action (ECA): Actions taken by a hospital facility against an individual related to obtaining payment of a bill for care covered under the hospital facility's FAP that requires a legal or judicial process, involves selling an individual's debt to another party, or involves reporting adverse information about an individual to consumer credit reporting agencies or credit bureaus (collectively, "credit agencies").

Financial Assistance Plan (FAP): A written policy that applies to all emergency and other medically necessary care provided by a hospital facility unless excluded in this policy. The policy does not generally apply to physician services provided by non-employed physicians.

Guarantor: The individual who is responsible for payment of health care services.

Household Income: Any funds coming into the household from immediate family members. This is not limited to wages, but also includes social security, unemployment compensation, disability benefits, income from investments, rental income and money from friends or relatives.

Uninsured: A guarantor who has no level of insurance or third party assistance to provide for meeting payment obligation for health care services.

Underinsured: A guarantor who has some level of insurance or third-party assistance but the remaining out-of-pocket responsibility exceeds their ability to pay without creating an extreme financial hardship.

III. POLICY

It is the policy of Health First to grant, when appropriate, Financial Assistance to eligible individuals who are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for health care services due to their limited financial resources. It is also the Health First policy to provide without discrimination care for emergency medical conditions (such as those defined by federal law known as “EMTALA”) to individuals regardless of their eligibility for Financial Assistance under this policy.

Any Health First Associate or member of the medical staff may refer patients for Financial Assistance. A patient, their family member, close friend or associate of the patient may also make a request for Financial Assistance on behalf of the patient.

IV. PROCEDURE

A. In determining application acceptance, the following information will be taken into account:

1. Patients or guarantors desiring to apply for Financial Assistance will be required to complete a Health First Financial Assistance application that can be obtained from Health First Patient Business Services, the Hospital Emergency Department, Hospital Registration, or <http://www.health-first.org/>. The application process may begin at pre-admission or at an allowable time thereafter. For Financial Assistance approval on elective procedures, please contact Health First Patient Business Services at the [number](#) below.

Health First Patient Business Services contact information:

Telephone: (321)434-1945

Address: 3300 Fiske Blvd, Rockledge FL 32955

2. Income guidelines for Financial Assistance qualification will be based on the Federal Poverty Guidelines as furnished annually by the Department of Health and Human Services.
3. AHCA guidelines and documentation requirements will be used in establishing qualifications for patient Financial Assistance. This documentation may include, but is not be limited to, the following:
 - a. Completed and signed Financial Assistance application;
 - b. Proof of Household Income, such as:
 - i. Federal tax returns;
 - ii. Paystubs;

- iii. Documentation establishing qualifications for certain specified state means-tested programs; or
 - iv. If the above listed information is not available, the applicant may contact Health First Patient Business Services for further information.
 - c. Health First may request a Credit Bureau Report and/or Asset Check from a reputable source. The report will include a date range from the date an application is received by Health First to the three previous years; and
 - d. Trustworthy methods and sources of information other than the FAP application to include predictive models and algorithms can be used as income verification documentation for Emergency Room services with total charges of no more than \$5000.00.
4. Patients who are eligible for Medicaid will not be required to complete a full Financial Assistance application. These patients may contact (321)434-1945 in order to determine what information they are required to complete.
5. Health First asserts sole discretion over determining applicant approval in the Financial Assistance Program.
6. Documented notes from a trusted outside vendor which gauges the patient's ability to pay for services based on statistical data.
7. A notification letter will be sent to the guarantor or patient to communicate eligibility for Financial Assistance or denial.
8. Patients who do not provide information necessary to completely and accurately assess their financial situation and/or who do not cooperate with efforts to secure other third party coverage, as determined by a Health First Financial Counselor, will not be eligible for Financial Assistance.
9. Telephone interviews may be used as a method of clarifying any information listed in the FAP application. Applicants must list a valid telephone number in the FAP application for this purpose.
10. Patients who are uninsured and do not qualify for full or partial Financial Assistance will be eligible for Health First's Discount [Policy](#) for Self Pay Patients (PBS 5.12).
11. Health First will adhere to a one hundred twenty (120) day notification period following the patient's first post-discharge billing statement date. During this period, the patient will receive a plain language summary of the FAP as well as notification in their billing statement directing them to this FAP.
12. Patients may apply for the FAP at any time between admittance for care and two hundred forty (240) days after the post-discharge billing statement is provided and the patient has left the hospital.

13. All approved Financial Assistance applications will be valid for a period of up to 12 months unless the patient's circumstances have changed which would warrant updated determination.

V. COLLECTION AND BILLING PRACTICES

- A. The patient and/or guarantor will be billed in the following situations:
 1. The entire balance is the patients responsibility (self-pay);
 2. The self-pay balance is greater than \$9.99;
 3. The patient account does not have any statement holds or billing indicators on the account, which prevent these bills from being generated, including a pending Financial Assistance Application; and
 4. A valid mailing address is on file with no returned mail.
- B. Accounts qualifying for in-house collection activities within Health First will be completed as follows (See Self Pay Collection Guidelines Policy PBS 5.04):
 1. Guarantor receives two (2) statements sent out every 30 days (for each guarantor account) and may also receive up to two (2) collection letters. Patient /Guarantor will receive notification of the FAP in three billing statements prior to receiving an ECA.
 2. Patient Accounting staff makes outgoing phone calls to the guarantors in an attempt to secure payment. [Payment will be asked for in full. Payment plans are available and become effective upon receipt of initial payment or deposit from patient \(sometimes referred to as a good faith payment\).](#)
 3. One hundred twenty (120) days after the first post-discharge statement is provided and the patient vacates the hospital, accounts are transferred to a collection agency.

VI. DETERMINING AMOUNTS CHARGED TO PATIENTS

- A. Amounts charged for emergency and medically necessary hospital-based medical services (as detailed above) to patients eligible for Financial Assistance will not be more than the amounts generally billed to individuals with insurance covering such services.
- B. A sliding scale is used to determine the amount of discount to be offered to patients and/or guarantors. Discounts range from seventy five percent (75%) to one hundred percent (100%) of the gross charges billed. Financial Assistance may consist of full or partial adjustment of the balance.
- C. Extended payment options:
 1. Payment of COBRA or health insurance premiums for a limited period of time may be considered if a patient is approved to receive Financial Assistance.

2. Health First reserves the right to reverse Financial Assistance adjustments and pursue appropriate reimbursement or collections. This may occur as the result of a suit against a third party for proceeds from a judgment, settlement, or compromise attributable under state law to the patient's care that a hospital facility has provided.
- D. Emergency Department physicians will abide by the timelines set forth in this policy. The contracted provider of Emergency Department services will independently review and determine any applicable discounts to the Patient.

VII. MEASURES TO PUBLICIZE POLICY

Information about Health First's Financial Assistance program shall be made available to patients and guarantors by various means, including the publication of notices in patient bills and by posting notices in the Emergency and Admitting Departments, and at other public places the Health First facility may elect. Written summary information describing the policy along with Financial Assistance contact information will be made available to each patient in all Emergency and Admitting Departments. Information about the policy will be provided during appropriately related calls to the customer service department. The policy will also be posted on the Health First website. Such information shall be provided according to applicable law.

VIII. AGB CALCULATION

- A. The Average General Billing (AGB) was determined by using the Look-back Method for each Health First Facility.
1. The AGB percentages are as follows:
 - a. Holmes Regional Medical Center – 24%
 - b. Palm Bay Hospital – 23%
 - c. Cape Canaveral Hospital – 25%
 - d. Viera Hospital – 25%

Reviewed: 02/1999, 08/2000, 02/2001, 02/2003, 05/2004, 02/2005, 02/2006, 02/2007, 02/2008, 05/2009, 11/2010, 03/2011, 02/2013, 05/2014, 06,2015, 10/2016

Revised: 02/1999, 08/2000, 02/2001, 02/2005, 07/2006, 4/2008, 9/2008, 5/2009, 11/2010, 3/2011, 07/2013, 05/2014, [10/2016](#)

Owner: PBS