

Owner (Name and Title): Shaun Ronan, VP Revenue Operations		Department: Patient Business Services	Policy Number: FN 3.07
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Policy Statement

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.

Scope

The scope of this policy is as follows: Holmes Regional Medical Center, Cape Canaveral Hospital, Palm Bay Hospital, Viera Hospital. This policy does not include non-employed medical staff members such as: Radiologists, Anesthesiologists and certain Cardiologist.

Definitions

Agency for Healthcare Administration (AHCA): A state government agency involved in the monitoring and regulation of healthcare.

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 accepted in this policy. The policy does not apply to physician services provided by non-employed physicians.

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

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

Provisions

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 or a family member, close friend or associate of the patient may also make a request for Financial Assistance on behalf of the patient.

I. Procedure

Patients or guarantors desiring to apply for Financial Assistance may 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.hf.org/>. The application process may begin at pre-admission or at an allowable time thereafter.

Health First Patient Business Services contact information:

Telephone:(321)-434-5427

Address:3300 Fiske Blvd, Rockledge FL 32955

- A. 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.
- B. AHCA guidelines and documentation requirements may be used in establishing qualifications for patient Financial Assistance. Patients with household incomes at or below 200% or whose hospital-related expenses exceed 25% of the household income will be entitled to a full write off of charges.
- 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 the application is received by Health First to the three previous years.
- 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.
- E. Patient who are eligible for Medicaid will not be required to complete a full Financial Assistance application.
- F. Patients who file bankruptcy will be eligible for Financial Assistance.
- G. Deceased patients with no estate will be eligible for Financial Assistance
- H. Health First asserts sole discretion over determining applicant approval in the Financial Assistance Program.

- I. Documented notes from a trusted outside vendor which gauges the patient's ability to pay for services based on statistical data may be used to determine eligibility.
- J. Patients who are uninsured and do not qualify for Financial Assistance will be eligible for Health First Discount for Self Pay Patients (PBS 5.12)
- K. Health First will adhere to a one hundred twenty (120) day notification period following the patients first post-discharge billing statement date.
- L. 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.
- M. All approved Financial Assistance applications will be valid for a period of up to 12 months unless the patients circumstances have changed which would warrant updated determination.

II. COLLECTION AND BILLING PRACTICES

- A. The patient and/or guarantor will be billed in the following situations:
 - 1. The entire balance is patient 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 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 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.

III. 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. 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.

IV. 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 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%

Reference

Federal Poverty Guidelines: <https://aspe.hhs.gov/poverty>

Formerly Known As:

Secondary Materials

Exceptions