# Financial Assistance Policy and Procedure

BayCare

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BayCareFinancialAssistance.org

## Purpose

BayCare Health System hospitals are not-for-profit entities established to meet the health care needs of the residents of the communities they serve. Accordingly, the hospitals provide emergency and other medically necessary care, without discrimination, regardless of the patient's financial assistance eligibility. The hospitals also provide other medical care services to certain individuals, for which they receive no payment. This policy will provide a systematic method for all BayCare Health System hospital facilities to provide financial assistance to the residents of the communities they serve.

## Policy

BayCare Health System hospitals will provide financial assistance for patients who are determined unable to pay for services due to financial hardship. Two financial assistance programs are available:

1. **AHCA charity**, under guidelines established by the state of Florida, is available for patients with gross family income under 200 percent of the federal poverty level or whose hospital-related expenses exceed 25 percent of the annual family income.
2. **Hardship charity**, under guidelines established by BayCare Health System, extends beyond AHCA charity limits and includes patients with gross family income up to 250 percent of the federal poverty level.

Patients who have submitted a financial assistance application with complete information and who have qualified for financial assistance will receive a 100 percent discount. Patients eligible for financial assistance won't be expected to pay more than amounts generally billed (AGB), which are the total amounts Medicaid would allow for such care.

BayCare Health System hospitals provide care for emergency medical conditions for patients regardless of source of payment, eligibility for financial assistance or lack of insurance coverage, and no requests for payment will be made before a medical screening is completed. The hospitals won't engage in debt collection activities that interfere with the provision of emergency medical care or take other actions that discourage individuals from seeking emergency medical care. Financial Assistance team members will be available to patients during designated times to assist patients with determining their eligibility for federal, state and county financial assistance programs. Final authority for determining eligibility and whether reasonable efforts were made to determine eligibility for financial assistance lies with the Vice President of Patient Financial Solutions.

**Measures to widely publicize the BayCare Financial Assistance Policy and related documents to patients, family members, visitors and the general public will include, but aren't limited to:**

- Financial assistance-related documents include the full policy, a plain-language summary of the full policy, the application for financial assistance and directions for completion, and a list of nonemployed providers of emergency and medically necessary care in the hospital facility that indicates whether they're covered/not covered under this Financial Assistance policy. All financial assistance-related documents will be available in languages identified as representing the lesser of 5 percent or 1,000 individuals of the populations likely to be affected, encountered or served by the hospitals as determined by registration and translation services data. All financial assistance-related documents described above will be available on hospital facility websites and the BayCare Health System corporate website. They will also be available from Registration, Emergency Department and Financial Assistance offices in all hospital facilities in English and translations in all identified languages, upon request and at no charge through paper copies, by mail or electronically to the patient.
- Conspicuous signage in registration areas and emergency rooms will reference the availability of financial assistance.
- Patient information brochures/packets will reference the availability of financial assistance.
- Patients will be advised of the availability of financial assistance in the registration and scheduling process when they voice concerns over payments.
- Patients will be informed of the financial assistance policy on billing statements after services are rendered. Information on each statement will include the URL where all financial assistance-related documents can be obtained and the telephone number to call for more information about the financial assistance policy and application process.
- Community agencies serving those residents in the service areas of the hospitals that are most in need of financial assistance will be identified through the Community Health Needs Assessment and other related means. They'll be provided financial assistance documents and avenues to assist individuals in need of financial assistance through the hospitals.

## Methods for Applying for Financial Assistance

Financial assistance-related documents and assistance with the application process can be obtained from Registration, Emergency Department and Financial Assistance offices within each hospital facility. In addition, a request for mailing the financial assistance-related documents can be made by calling (855) 233-1555, or the documents can be obtained directly from the hospital or corporate website. Completed applications may be returned to the area where they're obtained in the hospital, by mail, by fax or by email as noted on the application directions. Financial assistance applications completed for nonhospital-related services may be used to determine financial assistance eligibility for hospital-related services. Applications will be reviewed within 30 days. Notification of eligibility will be provided by mail/email upon patient request.

The following documentation or information may be used to determine financial assistance eligibility:

- Signed financial assistance application acknowledging that providing false information to defraud the hospital is a misdemeanor in the second degree (Section 817.50 F.S.). Medicare recipients must complete the full financial assistance application.
- A patient's stated gross yearly income in the absence of a signed, witnessed application. Not applicable for Medicare recipients.
- Income documented by one of the following: W-2 withholding forms, employer pay stubs, previous year federal tax return or verification of current wages from employer(s), from public welfare agencies or other governmental agency which can attest to the patient's income status for the past 12 months.

- Asset documentation that's including but not limited to bank statements and/or investment statements.
- Patient information may be verified through a consumer credit report, property searches or other means to substantiate a patient's financial circumstances.

Information needed to determine financial assistance eligibility includes the patient's demographic information and income, assets, household members' names, birthdates, Social Security numbers and income for all household members.

Household members include a spouse regardless of tax filing status or family members who were claimed on a patient's income tax from the prior year or to be claimed in the next tax filing period. Other family members in the household who are being directly supported by the patient may be included on the application, if that inclusion speaks to the patient's need for financial assistance.

Additional financial documentation may be requested to validate financial assistance eligibility when there is evidence of a patient's ability to meet their financial obligations. Financial documentation requested to determine eligibility include but aren't limited to most recent tax returns, most recent bank checking and savings account statements, and the most recent investment accounts. When financial documentation is required for further review of the patient's financial situation, assets and available credit may be considered in the financial assistance eligibility review.

All Medicare recipients must provide proof of income and assets to be considered for financial assistance. If available liquid assets are over $50,000 for the household, the patient may not be eligible for financial assistance.

For insured patients (non-Medicare), if available liquid assets exceed five times the patient responsibility amount, the patient may not be eligible for financial assistance.

For uninsured patients, if available liquid assets exceed five times the amount of total charges, the patient may not be eligible for financial assistance.

A patient (guarantor) may file an appeal by submitting a letter by, email or fax, with an explanation of their financial circumstances and documentation related to their extenuating circumstances. Proof of a change in financial circumstances may be required for reconsideration of a denial. The final decision on an appeal will be made by a member of the Financial Assistance leadership team.

Financial assistance determinations are valid for 12 months prior to and subsequent to the date of application. Patients may request financial assistance up to one year after the date of service.

If a patient submits an incomplete financial assistance application within 240 days of the first post discharge billing statement for the care for which they're requesting financial assistance, they'll be notified which necessary information is missing with a copy of the plain language summary of the Financial Assistance Policy, and any collection efforts related to charges for that care will be suspended. Patients who qualify for financial assistance will have their balance adjusted to zero, collection efforts will cease permanently and notice will be sent to any credit bureau where adverse information had previously been reported.

**Criteria used to determine a patient's eligibility for financial assistance:**

1. Financial assistance under this policy won't be provided to non-Florida residents who are citizens of other countries for planned procedures, including labor and delivery and babies born of non-Florida residents, and not related to continuity of care, individuals who are eligible for other third-party coverage but choose not to use their coverage, or patients who seek care outside of their provider network or from outside the hospital service area for non-emergency. Patients who reside in the service area and are sponsored by organizations may be requested to provide proof of non-covered medical care by their sponsor before a financial assistance application can be reviewed.
2. The following services are deemed to be not medically necessary and not eligible for financial assistance under this policy: Experimental, related to a research study, self-pay bariatric surgical procedures covered under flat rate agreements, a pricing package or an elective cosmetic or fertility related procedure. Patient balances for bariatric procedures authorized by primary insurance may be considered for financial assistance after insurance payments.
3. Financial assistance is considered for patients with balances where no additional payor source is identified, including but not limited to any entity that may pay a patient directly after medical bills are submitted.
4. Patient income must meet one of the following criteria:
   a. AHCA Charity: Gross family income for the 12 months preceding the determination doesn't exceed 200 percent of the current federal poverty guidelines and/or the unpaid portion of the hospital bill due from the patients exceeds 25 percent of the annual family income. The total gross family income can't exceed four times the federal poverty level for a family of four regardless of the charges due from the patient. Other AHCA-eligible patients include Medicaid eligibles, patients under county assistance programs and Medicare/ Medicaid eligibles who have exhausted benefits or receiving non-covered services
   b. BayCare Hardship Charity is extended to a patient who meets any of the following guidelines:
      i. A financial assistance application form with income information indicating gross family income up to 250 percent of federal poverty guidelines
      ii. Patients with Medicaid or county-run indigent health care programs in the immediately prior or subsequent six months to the date of service under review
      iii. Verified recipient of food stamps
      iv. Charges not covered under Medicaid as part of the patient's Medicaid share of cost
      v. Patients identified as homeless or deceased patients with no estate
      vi. Patients referred from community or charitable organizations which have agreements with individual hospitals to provide specific services to identified patients with no charge to the patient, i.e. community free clinics, mammography voucher program. Hospitals will attempt to obtain a financial assistance application form to consider for AHCA charity. These patients will be considered as eligible for financial assistance under this policy if they don't meet AHCA guidelines.

vii. Where an inability to pay is indicated based on diagnosis, employment status and payment history and no financial assistance application is available

viii. Confirmation of out-of-state Medicaid but no payment is received

ix. Balance owed is greater than 25 percent of gross family income beyond stated criteria in 4a above

x. Legal-related encounters when no further payment is expected but an expired FA application is available

xi. Patients exceeding other criteria with a documented financial hardship or extenuating financial circumstances reflected by an unexpected financial occurrence beyond a patient's normal budget

Presumptive financial assistance decisions for uninsured emergency room patients within three months of date of service may be determined based on third party analytics, using a credit inquiry process, under the following circumstances:

- Uninsured accounts of patients not seen by the Financial Assistance team or without a current financial assistance application on file
- The reported federal poverty level (FPL) of the patient meets the criteria for financial assistance

## Prior Payments and Refunds for Financial Assistance-Eligible Patients

Prior payments made by patients who are subsequently approved for financial assistance will be refunded to the patient. Refunds are limited to hospital-based services provided by the hospital. When further financial information has been requested from a patient and asset limit criteria hasn't been met, prior payments won't be refunded as the patient will be deemed ineligible for financial assistance.

## Billing and Collections

Uninsured patients not qualifying for financial assistance will qualify for a 40 percent discount from billed charges and an additional 10 percent discount if paid in full within 30 days of the first statement in accordance with the Uninsured Patient Discount Policy. These 40 percent and 10 percent discounts don't constitute financial assistance under this policy.

All patients with outstanding balances and determined to be ineligible for financial assistance will be subject to standard collection processing and may result in turnover to a collection agency. Accounts for patients ineligible for financial assistance with unpaid balances and not in an established payment plan, will transfer to a collection agency 158 days from the first post discharge billing statement and after three billing statements that have contained the plain language summary of the financial assistance policy.

Extraordinary collection actions (ECAs) won't occur on outstanding patient balances prior to making reasonable efforts to determine if a patient is eligible for financial assistance. These efforts include:

- All actions previously described in this policy
- An attempt at oral notification of the pending ECA at least 30 days prior to implementing the ECA
- A written notice, provided at least 30 days prior to implementing the ECA, indicating that financial assistance is available for eligible individuals, identifying the ECA(s) the hospital (or collection agency) plans to take against the individual, including a plain language summary of this policy, and stating a deadline after which the ECA(s) will be taken that's at least 30 days after the date of the written notice
- Waiting at least 240 days after the date of the first post-discharge billing statement for emergency or other medically necessary care before engaging in ECAs related to unpaid balances for that care

ECAs may include debt reported to a consumer credit reporting agency or credit bureau, legal or judicial processes to collect the debt, sale of the debt, lawsuits or liens against the patient or patient's property, or requiring payment on past unpaid bills for FAP related care before providing medically necessary care.

Patients who qualify for financial assistance during the collection process and within one year from the date of service will have their balance adjusted to zero, collection efforts will cease permanently and notice will be sent to any credit bureau where adverse information had previously been reported.

All contracted parties involved in debt collection activities on behalf of BayCare Health System and affiliated hospital facilities will be subject to all financial assistance and billing and collection standards included in this policy.

**Hospital websites where all financial assistance documents (this policy, a plain language summary of the policy, the application for financial assistance, a list of non-employed providers of emergency and medically necessary care in the hospital, and translations of these documents) can be obtained from:**

- **List of providers:** BayCareFinancialAssistance.org
- **Bartow Regional Medical Center:** BayCare.org/BRMC
- **BayCare Alliant Hospital:** BayCare.org/BAH
- **BayCare Health System:** BayCare.org
- **Mease Countryside Hospital:** BayCare.org/MCH
- **Mease Dunedin Hospital:** BayCare.org/MDH
- **Morton Plant Hospital:** BayCare.org/MPH
- **Morton Plant North Bay Hospital:** BayCare.org/MPNBH
- **St. Anthony's Hospital:** BayCare.org/SAH
- **St. Joseph's Hospitals:** BayCare.org/SJH
- **South Florida Baptist Hospital:** BayCare.org/SFBH
- **Winter Haven Hospitals:** BayCare.org/WHH

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