

Boca Raton Regional Hospital Financial Assistance Policy Effective 1/1/12

PURPOSE:

To provide qualifying medically indigent patients with an opportunity to reduce or resolve outstanding patient account balances resulting from healthcare services provided by BRRH.

SCOPE:

This policy applies to all qualifying patients of Boca Raton Regional Hospital having outstanding unpaid hospital patient account balances. This policy does not apply to any dollars owed to physicians or other professional service healthcare practitioners.

POLICY:

By virtue of its exemption from federal and state taxes and as part of Boca Raton Regional Hospital's mission to serve the health care needs of its patients, it is the policy of BRRH to provide a financial assistance/charity care program to hospital patients without regard to: race, creed, color or national origin. Financial assistance/charity care determination shall be based on indigence as defined by a percentage of the then current Federal Poverty Guidelines (FPG) or BRRH related catastrophic medical bills for patients who meet specified financial criteria, request such assistance and/or are deemed eligible according to the guidelines within this policy.

No patient shall be refused emergent medically necessary treatment because of his/her ability to pay in accordance with EMTALA regulations. However, patients/guarantors are required to cooperate with the hospital or its appointed agents to secure payment from programs for which they may be eligible. Patients/guarantors refusing or failing to pursue viable payment options which may be available to cover their medical bills will jeopardize their ability to participate in the BRRH Charity Care program. In the event patients/guarantors refuse or fail to pursue other available viable funding options, full collection efforts shall be undertaken by BRRH in order to resolve the hospital bill.

Boca Raton Regional Hospital will publicize the existence of its charity care program to the community served by providing information about the program on the hospital's internet website. Additionally patients indicating an inability to pay their BRRH hospital bill will be made aware of the charity care program and invited to complete an application in accordance with the requirements of the policy described herein. BRRH will encourage its collection vendors/agents to offer charity care applications to patients who express an inability to pay their hospital bill. Patient collection statements/bills will advise patients of the existence of the charity care/financial assistance program. Signage will be posted at points of patient registration throughout the hospital advising patients of the charity care/financial assistance program.

All hospital services are eligible for inclusion in this policy with the exception of cosmetic surgery or any other elective service deemed not medically necessary.

I. Types of Charity Care Approval:

Boca Raton Regional Hospital will provide two types of Charity Care to assist patients. They

are defined as Catastrophic & Non-Catastrophic.

- a) Catastrophic Approval is defined as BRRH medical bills which would exceed a patient's family household annual income by 25% or greater, and the patient earned between 300% & 600% of the Federal Poverty Guidelines (FPG). Persons qualifying for charity care adjustments resulting from the Catastrophic Approval process will receive a partial write-off of balances owed to BRRH but will still owe a portion of their hospital bill. If the patient is approved for charity care resulting from catastrophic charges – the total balance owed BRRH - after charity adjustment - for all accounts used to calculate the catastrophic threshold shall be equal to 10% of patient's reported annual family household income.

Catastrophic approvals apply only to balances already incurred by the patient at the time of the approval unless the patient is receiving recurring BRRH services for a specific illness/injury e.g. chemotherapy, radiation therapy, physical therapy etc. Recurring patients will be expected to pay a maximum of 10% of their annual family household income to BRRH per year. An additional 10% will be owed each year for as long as the recurring services continue as medically necessary - provided all other requirements (financial, residency etc.) of this policy are met.

Persons whose income exceeds 600% of FPG will not be eligible for Catastrophic or non-Catastrophic Charity Care at BRRH. Commercial and managed care insurance policies are generally available to these higher income patients to cover their hospital expenses.

- b) Non-Catastrophic Approval is defined as a patient who has family household income totaling less than 300% of the FPG. There are two levels of Non-Catastrophic Approval:

Income < 200% of FPG will qualify the patient for a 100% write-off of "Qualifying dollars owed to BRRH".

Income from 201% to 300% of FPG will qualify the patient for a 50% write-off of "Qualifying dollars owed to BRRH".

- c) Automatic Approvals:

- i. Patients with active Florida or Out of State Medicaid medical benefits - where means testing/low income documentation was used as criteria to qualify for said Medicaid benefits - may have all balances due (after Medicaid Payment or denial) written off to Charity Care for dates of service which occur during the six (6) full calendar months prior to the Medicaid eligibility date. This approval will not cover any services or balances incurred after the application approval date.
- ii. Patients with active Palm Beach County Health District (PBCHD) coverage may have all balances due (after PBCHD payment or denial) written off to Charity Care for dates of service which occur during the twelve (12) full calendar months prior to the PBCHD eligibility date. This approval will not cover any services or balances incurred after the application approval date.

- d) One-Time Only Approvals: Some types of approvals will be effective only for balances already incurred and not for future services. (See section VIII of this policy) These types

include balances resulting from Medicaid Medically Needy Program participants, balances owed by insured patients i.e. balances after insurance, balances owed by emergency patients residing outside Palm Beach County and others as approved by the Charity Care Committee.

II. Who May Apply?

- a) Any **un-insured** patient may apply for Charity Care provided the total qualifying dollars owed BRRH for eligible dates of service > \$500.00.
- b) Any **under-insured** patient may apply for Charity Care provided the total qualifying dollars owed BRRH after insurance for eligible dates of Service > \$5,000.00.
- c) Any patient who meets all residency eligibility requirements (section IV of this policy) and whose BRRH medical services are pending may submit an application for consideration if expected BRRH balance will exceed a) or b) above.
- d) Medicaid Medically Needy eligible patients who have not met their monthly Share Of Cost (SOC) requirements for the month may apply for charity care provided they meet all other requirements of this policy. If approved – the approval will apply to the account(s) for that respective SOC month only.

III. Application Requirements:

- a) In order to be considered for BRRH Charity Care, patients must be screened for and fully cooperate with the Medicaid, PBCHD, Victim of Crime (if appropriate) and any and all other identified potential funding source application requirements. All insurance benefits must have been exhausted.

Patients applying for financial assistance will continue to receive dunning statements and collection calls during the Charity Care application process until a final approval has been documented by the Charity Care Committee.

b) Required Proof of Income

- W-2 – most recent
- Tax Return (gross income) – most recent
- Pay Stub
- Interest Income documents
- Bank Statements
- Unemployment Income documents
- Social Security Income documents
- Disability Income documents
- Letter from Employer (notarized or on Letterhead)
- Rental Income documents
- BRRH Income Statement signed by patient and notarized

- Child Support documents
- Alimony documents
- Annual Social Security Income Statement
- Letter of Support

c) **Acceptable Proof of Residence Documents (one of the following required):**

Each of the following must be issued or dated six (6) months or more prior to the original BRRH date of service:

- Valid Government issued I.D. Card.
- Letter of Domicile from Government
- Utility Bill
- Bank or Credit Card Statement
- Cable Bill
- Other Valid Mail Correspondence
- Lease/Mortgage
- Notarized Statement of Residence from head of household
- Paycheck Stub
- Deed
- Property Tax Bill
- W-2
- Tax Return
- Unemployment Documents
- Vehicle Registration

d) **Acceptable Proof of Identification (one of the following required):**

- Government issued Passport
- Government issued Photo I.D.
- Picture Student I.D.

e) **Documents requiring Notary:**

Notary may not be an employee of BRRH and may not be a relative of the applicant:

- Letter of Support
- Letter of Residence
- Income Statement

IV. Residency Requirements:

- a) A patient's U.S. Residency/Legal Status is not a factor for balances owed on accounts originating in the E/D. Non-documented U.S. aliens are not eligible for Charity Care for cases not originating in the E/D nor may they be considered for financial assistance with any potential future services.
- b) For cases not originating in the E/D, Proof of Palm Beach County Residence is required for approval. (see section III.c of this policy)
- c) If the account originated in the Emergency Department; the patient is eligible to be considered for Charity Care for that specific E/D and E/D Admitted Account only without regard to residency status. Also clinically related-required (per Physician) follow-up services provided by BRRH within 14 days from discharge of the original Admitted E/D case will also be covered by the approved application. Follow-up visits by out of county residents will not be eligible for charity care funding for E/D treated and released patients. Follow-up visits by out of county residents occurring greater than 14 days from discharge will not be eligible for charity care funding.

V. Who's Income to include (including credit background check) when calculating "Family Household Income" for comparison vs. Federal Poverty Guidelines?

- a) Patient
- b) Parents of Minor (age is less than 18) unless the minor is emancipated.
- c) Parents if patient is 18 or older and declared as a dependent.
- d) Spouse, if Member of household
- e) Parents, if member of household
- f) Children, if member of household

VI. Application Determination – Approval or Denial:

- a) If applicant (including family members of household) has access to documented cash (bank account, savings account, etc.) exceeding 25% of the total balance owed to BRRH or 25% of the total balance estimated to be owed to BRRH over the course of the coming year, the application will be denied.
- b) If applicant's (including family members of household) annual income is from 201% to 300% of the published federal poverty guidelines (in effect at time of most recent service) and all other application criteria have been met, the application will be approved for 50% write-off of balances owed to BRRH.
- c) If applicant's (including family members of household) annual income is 200% or less than the published federal poverty guidelines (in effect at time of most recent service) and all other application criteria have been met, the application will be approved for 100% write off of balances owed to BRRH.
- d) If any third party payer or healthcare funding source could be used, or could have been

used to cover the cost of care, the application for charity care will be denied.

- e) If patient is approved for charity care resulting from catastrophic charges – the total balance owed BRRH for all accounts used to calculate the catastrophic threshold after charity adjustment shall be equal to 10% of patient's annual family household income.
- f) The Charity Care Committee may approve or deny any application exceptions to this policy on a case by case basis by simple majority silent vote.

VII. Qualified Dollars owed BRRH and considered for Charity Care:

Applications will be accepted for balances resulting from any service provided during the current calendar year and up to two prior calendar years. Patient must first be considered and cooperate with Medicaid and PBCHD if either of these programs would cover any of these service dates.

Qualified Dollars owed BRRH: Excludes: Private Room Difference; Cosmetic Procedures. Includes balances incurred during the current calendar year and two prior calendar years. Excludes balances owed to any and all physicians. Excludes balances pending litigation or probate outcome.

VIII. Covered Period for Charity Care Approvals:

- a) Approved non-catastrophic applications are valid to cover balances incurred during the twelve (12) full calendar months following the most recent date of service for which the application was initiated.

Catastrophic approvals apply only to balances already incurred by the patient at the time of the approval unless the patient is receiving recurring BRRH services for a specific illness/injury e.g. chemotherapy, radiation therapy, physical therapy etc. Recurring patients will be expected to pay a maximum of 10% of their annual family household income to BRRH per year. An additional 10% will be owed each year for as long as the recurring services continue as medically necessary - provided all other requirements (financial, residency etc.) of this policy are met.

- b) Approved coverage may be terminated by BRRH based on new information noted by BRRH including, but not limited to:
 - i) Changes to recent income
 - ii) Marital status
 - iii) Residence
 - iv) Dependent status
 - v) Health insurance coverage
 - vi) Disability status
- c) Approved coverage may be revoked if it is discovered that the approval resulted from false, misleading or omitted information.

- d) Re-Certification: At the end of the approved covered service period, patients will be required to begin the full application process again including the requirement to be screened for potential Medicaid and/or PBCHD coverage. Patients may re-apply for re-certification no sooner than 30 days prior to the current coverage termination date.
- e) Approvals for non-residents of Palm Beach County cover only the balances incurred prior to the approval and only for balances resulting from services originating in the E/D. No ongoing coverage is granted.
- f) Approvals for “Balances after Insurance” cover only the balances incurred prior to the approval. No ongoing coverage is granted.

IX. Reasons for Denial include but are not limited to:

- a) Lying on Application
- b) Reported Expenses exceed Reported Income
- c) Residence Requirement
- d) Over Income vs. Federal Poverty Guideline BRRH Policy limits
- e) Insufficient Documentation
- f) Unresponsive - Failure to Cooperate with application requirements
- g) Patient was eligible for State/County Funding but Failed to Cooperate
- h) Extenuating financial circumstances indicating non-indigence, subject to discretion of the BRRH Charity Care Committee, e.g.:
 - Ownership of multiple properties other than primary residence.
 - Documented equity exceeding \$100,000 excluding primary residence.
 - Ownership of multiple vehicles, not including primary mode of transportation including multiple cars, boats, motorcycles, planes, trucks, etc.

X. When may an Applicant Re-Apply?

- a) If an application is denied for Income:
 - May re-apply a minimum of ninety (90) days after the date of the initial denial if a proven change in income status occurs, or a proven error was made by BRRH on the initial application, or if hospital account balances grow to meet or exceed the catastrophic clause, or if a change of permanent residence to Palm Beach County can be proven.
- b) If an application is denied for lying on application:
 - Not eligible to re-apply.
- c) If an application is denied for reported expenses exceed Income:
 - May provide additional clarifying documentation, provided it was not deceptively omitted previously.
 - Must be provided within thirty (30) days of receipt of denial letter.

- d) If an application is denied for Failure to Cooperate/Insufficient Documentation:
 - May provide required information within thirty (30) days of receipt of denial letter.
- e) If an application is denied due to failure to comply with the Medicaid or PBCHD Program – applicant may not be considered for charity care until all Medicaid & PBCHD requirements have been met.

XI. Appealing a Denial:

Applicants may appeal a charity care determination by stating their case in writing including all supporting documentation to the BRRH Charity Care Committee within 30 calendar days of the date of the decision notification letter. The applicant will be advised of their appeal rights within the body of the denial letter sent to the applicant.

Appeal decisions will be communicated to the applicant within 45 days of receipt of appeal letter.

XII. Charity Care Committee Membership:

- a) The Charity Care Committee shall be comprised of the following members:
 - Executive Director, Revenue Cycle Services
 - Director Patient Financial Services
 - Director Patient Access Services
 - Director, Patient Relations
 - Manager, Patient Accounts – Non-Governmental
 - Manager, Patient Access
 - A member of the CHO PFS Leadership Team
 - A designee appointed by the Executive Director Revenue Cycle Services
- b) The Committee shall meet to consider applications a minimum of once per month and more as needed to ensure all completed applications are finalized within 30 days of submission.
- c) A minimum of four committee members must be present to render a decision.
- d) Committee tie votes will be decided by the highest ranking member of the committee having the longest tenure at BRRH.
- e) Committee members must recuse themselves from any case in which they know or have a formal or informal relationship with the applicant or applicant's family.

PROCEDURE:

IX. Write Off Process:

1. If the patient qualifies for this program, the charity care write off will be posted by PFS using transaction adjustment code "A0011 - Charity Adjustment".
2. Charity adjustments will be posted to the outstanding patient balance remaining on the account after all contractual and other appropriate adjustments have been posted to the account. This includes the "Self-Pay Proactive Discount" adjustment offered to all uninsured patients. Only the dollar amount expected to be paid by the patient - prior to charity approval - will be written off to the charity adjustment code.
3. If the account had been referred to an early out or bad debt collection vendor partner, PFS will notify the agency to close and return the account to BRRH - if the patient is determined to qualify for Charity Care.
4. No negative delinquency notations will remain on the patient's credit report relative to balances approved for Charity Care write-off.