

Boca Raton Regional Hospital Financial Assistance Policy

Effective 7/1/2016

PURPOSE:

To provide qualifying patients in need of financial assistance with an opportunity to reduce or resolve outstanding patient account balances resulting from certain healthcare services provided by Boca Raton Regional Hospital (BRRH).

SCOPE:

This policy applies to all qualifying patients of BRRH 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 BRRH's mission to serve the health care needs of its patients, it is the policy of BRRH to provide a financial assistance program to hospital patients without regard to race, sex, age, religion, national origin, marital status, sexual orientation, disabilities, military service, or any other classification protected by federal, state or local laws. Financial assistance 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.

Patients/guarantors are required to cooperate with BRRH 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 financial assistance 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.

I. Definitions

“AGB” means amounts generally billed for emergency or other medically necessary care to individuals who have insurance coverage.

“BRRH” means Boca Raton Regional Hospital.

“EMTALA” means the Emergency Medical Treatment and Active Labor Act, 42 USC 1395dd.

“FAP” means Financial Assistance Policy.

“FPG” means Federal Poverty Guidelines.

“PBCHCD” means Palm Beach County Health Care District.

“Qualifying Dollars” means, with regard to all eligible services described in Section III herein (“Eligible Services”), the patient-responsible amount after application of the BRRH 75% uninsured discount. It includes balances incurred during the current calendar year and two prior

calendar years, and excludes balances owed to any and all physicians as well as balances pending litigation or probate outcome.

“SOC” means the Share of Cost requirements under the Medicaid Medically Needy Program (a Medicaid program for people who have too much income, or assets are over the limits for Medicaid, which is sometimes also referred to as the “share of cost” program).

“Uninsured Discount” means the discount automatically applied under the BRRH Uninsured Discount Policy. BRRH offers a 75% uninsured discount to all uninsured patients of BRRH having their primary residence within the United States which covers all bills for medically necessary hospital institutional services rendered by BRRH.

II. Commitment to Provide Emergency Medical Care

BRRH provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this policy. BRRH will not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care. Emergency medical services, including emergency transfers, pursuant to EMTALA, are provided to all BRRH patients in a non-discriminatory manner, pursuant to BRRH’s EMTALA policy.

III. Eligible Services

This policy applies only to charges for emergency or other medically necessary services provided by BRRH. 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. Private room difference charges are also excluded under this policy unless medically necessary. Attached to this policy as **Attachment A** is a list of all providers, in addition to BRRH itself, delivering emergency or other medically necessary care at BRRH that specifies which providers are covered by this policy and which are not covered.

IV. Types of Financial Assistance and Eligibility Criteria

In addition to a 75% Uninsured Discount which is automatically applied for every uninsured patient, BRRH offers two types of financial assistance to assist patients who meet the additional criteria described herein—Catastrophic Approval and Non-Catastrophic Approval.

- 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% and 600% of FPG. Persons qualifying for financial assistance 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 financial assistance resulting from catastrophic charges, the total balance owed BRRH - after financial assistance 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.

- b) Non-Catastrophic Approval is defined as a patient who meets all other application criteria and has family household income totaling less than 300% of the FPG (in effect at the time of the most recent service). There are two levels of Non-Catastrophic Approval:
- Income < 200% of FPG will qualify the patient for a 100% write-off of Qualifying Dollars.
 - Income from 201% to 300% of FPG will qualify the patient for a 50% write-off of Qualifying Dollars.
- 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.
- c) Income Limitation for Financial Assistance: Persons whose income exceeds 600% of FPG will not be eligible for Catastrophic or Non-Catastrophic financial assistance at BRRH. Commercial and managed care insurance policies are generally available to these higher income patients to cover their hospital expenses.
- d) Automatic Approvals (Presumptive Eligibility): The following categories of patients qualify for a 100% write-off of Qualifying Dollars.
- 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 financial assistance 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 PBCHCD coverage may have all balances due (after PBCHCD payment or denial) written off to financial assistance for dates of service which occur during the twelve (12) full calendar months prior to the PBCHCD eligibility date. This approval will not cover any services or

balances incurred after the application approval date.

- iii. Patients seen in the Residency Clinic at BRRH who express an inability to pay for services. Said patients will not be sent to a collection agency if balance is not paid in accordance with BRRH Collection Policy.
 - iv. Patients eligible for Project Access through the Florida Department of Health.
 - v. Any governmental program where the program has already screened the patient and deemed the patient indigent, and that has already performed proper due diligence to determine indigence.
 - vi. Uninsured Patient accounts whose demographic and financial data has been screened by vendor partner Experian and who qualify for presumptive eligibility charity write-off based on household family size and household family income as compared to the FPG.
- e) One-Time Only Approvals: Some types of approvals will be effective only for balances already incurred and not for future services (see “Covered Period for Financial Assistance Approvals” below). These types of approvals 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.

V. Basis for Calculating Amounts Charged to Patients

Following a determination of eligibility under this policy, a patient eligible for financial assistance will not be charged more for emergency or other medically necessary care than AGB. BRRH uses the Prospective Medicare Method to determine AGB. Under this method, AGB is calculated by using the billing and coding process BRRH would use if the FAP-eligible individual were a Medicare fee-for-service beneficiary and setting AGB for the care at the amount BRRH determines would be the total amount Medicare would allow for the care (including both the amount that would be reimbursed by Medicare and the amount the beneficiary would be personally responsible for paying in the form of copayments, coinsurance, and deductibles).

BRRH does not bill or expect payment of gross charges from individuals who qualify for financial assistance under this policy.

VI. Who May Apply for Financial Assistance?

- a) General Requirements

- i) Any **uninsured** patient may apply for financial assistance provided the total Qualifying Dollars owed BRRH for eligible dates of service is greater than \$500.00.
- ii) Any **under-insured** patient may apply for financial assistance provided the total Qualifying Dollars owed BRRH after insurance for eligible dates of service is greater than \$5,000.00.
- iii) Any patient who meets all Palm Beach County residency eligibility requirements herein and whose BRRH medical services are pending may submit an application for consideration if expected BRRH balance will exceed i) or ii) above.
- iv) Medicaid Medically Needy Program eligible patients who have not met their monthly SOC requirements for the month may apply for financial assistance 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.

b) Residency Requirements

- i) A patient's U.S. Residency/Legal Status is not a factor for consideration on the FAP application for balances owed BRRH.
- ii) For cases not originating in the Emergency Department, proof of Palm Beach County residence is required for approval.
- iii) The BRRH FAP is not offered to non-residents of Palm Beach County for non-emergent services. These patients will be referred to their respective county of residence for non-emergent medical care. However, if the account of a non-Palm Beach County resident originated in the BRRH Emergency Department, the out of county patient is eligible to be considered for the BRRH FAP for that specific Emergency Department visit as well as any resulting in house stay resulting from that Emergency visit. Also clinically related, medically necessary follow-up services provided by BRRH within 14 days from discharge of the original Admitted Emergency Department case will also be covered by the approved application. Follow-up visits by out of county residents will not be eligible for financial assistance for Emergency Department treated and released patients. Follow-up visits by out of county residents will be eligible for the BRRH FAP if the patient's chronic life threatening illness was initially diagnosed at BRRH e.g. a cancer diagnosis.

c) Income Inclusion for Financial Assistance Eligibility Determination

When determining financial assistance eligibility, income from the following individuals will be included (including credit background check) when calculating "Family Household Income" for comparison with FPG:

- i) Patient
- ii) Parents of Minor (age is less than 18) unless the minor is emancipated
- iii) Parents if patient is 18 or older and declared as a dependent
- iv) Spouse, if member of household

- v) Parents, if member of household
- vi) Children, if member of household

VII. Covered Period for Financial Assistance Approvals

- a) 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
- b) Approved coverage may be revoked if it is discovered that the approval resulted from false, misleading or omitted information.
- c) 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 PBCHCD coverage. Patients may re-apply for re-certification no sooner than 30 days prior to the current coverage termination date.
- d) 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 Emergency Department. No ongoing coverage is granted.
- e) Approvals for “Balances after Insurance” cover only the balances incurred prior to the approval. No ongoing coverage is granted.

VIII. Reasons for Denial (list is not all-inclusive)

- a) Lying on application
- b) Reported expenses exceed reported income
- c) Residence requirement
- d) Over income versus FPG / 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) Financial circumstances indicating non-indigence, subject to discretion of the BRRH Charity Care Committee, e.g.:
 - 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.
 - 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.

IX. 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 PBCHCD Program, applicant may not be considered for financial assistance until all Medicaid and PBCHCD requirements have been met.

X. Appealing a Denial; Charity Care Committee Discretion

Applicants may appeal a financial assistance 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.

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.

XI. Measures to Widely Publicize the Availability of Financial Assistance:

BRRH implements various measures to widely publicize this FAP in communities served. Among other things, BRRH will publicize the existence of its financial

assistance program to the community served by posting a copy of the FAP, FAP application, and a plain language summary of the FAP on its internet website. Furthermore, patient collection statements/bills will advise patients of the existence of the financial assistance program, and signage will be posted at points of patient registration throughout the hospital (including emergency room and admissions areas) advising patients of the financial assistance program.

XII. Actions Taken in the Event of Nonpayment:

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

Information regarding the actions that BRRH may take in the event of nonpayment are described in a separate Billing and Collection Policy. Members of the public may obtain a free copy of this separate policy from BRRH via the contact information listed below.

XIII. Refunds:

If BRRH determines that an individual is eligible for financial assistance, BRRH will refund to the individual any amount he or she has paid for the care that exceeds the amount he or she is determined to be personally responsible for paying as a FAP-eligible individual, unless such excess amount is less than \$5 (or such other amount published in the Internal Revenue Bulletin).

XIV. Hospital Contact Information:

Boca Raton Regional Hospital Customer Service
626 Glades Road
Boca Raton, FL 33486

Phone 888-629-7686
Phone 561-955-4007
Fax 561-955-3466

Hours of Operation Monday through Friday 8:30 am-4:30 pm
Phones 9:30 am to 4:30 pm

www.brrh.com – Click on “Billing Info/Pay Online,” or click on “Patient Financial Assistance” under “Quick Links.”

APPENDIX A **PROVIDER LIST**

Physician providers of services at Boca Raton Regional Hospital (BRRH) are not required by law to abide by the financial assistance determinations resulting from the application of the financial assistance policy (FAP) of Boca Raton Regional Hospital (BRRH). However, some physicians and physician groups have voluntarily agreed to do so.

As indicated in the financial assistance policy (FAP) of Boca Raton Regional Hospital (BRRH), the following is a list of all physician providers, in addition to BRRH itself, delivering emergency or other medically necessary care at BRRH which specifies providers covered by the BRRH financial assistance policy and providers not covered by the policy.

Physicians Providing Care at BRRH – Covered by the BRRH financial assistance policy (FAP)

E-Med LLP: All emergency department physicians providing services to BRRH patients

Boca Pathology Group: All pathologists providing services to BRRH patients

Boca Care Inc. http://www.brrh.com/Our_Physicians_BocaCare.aspx

Sheridan Healthcorp: Physicians providing anesthesia, pain management & maternity Services

Center for Hematology & Oncology LLC: Physicians providing Hematology & Oncology services

Radiation Oncology Group: Physicians providing radiation oncology services

Boca Radiology Group: All radiologists providing services to BRRH patients

Physicians Providing Care at BRRH – NOT Covered by the BRRH financial assistance policy (FAP)

Other physicians and physician groups providing services to patients of Boca Raton Regional Hospital and listed below may or may not provide some level of financial assistance to their patients. Please contact the respective physician offices directly for further information.

http://www.brrh.com/physician_A-Z.aspx

APPENDIX B

FINANCIAL ASSISTANCE APPLICATION

To obtain a financial assistance application please contact:

Boca Raton Regional Hospital
Patient Financial Services
Customer Service
626 Glades Road
Boca Raton, FL 33486
Phone: 888-629-7686 or 561-955-4007
Fax: 561-955-3466
Hours of Operation:
Walk-in: Monday through Friday 8:30 am-4:30 pm
Phones: Monday through Friday 9:30 am to 4:30 pm

APPENDIX C

FEDERAL POVERTY GUIDELINES

for the 48 Contiguous States and the District of Columbia						
	133%	150%	185%	200%	250%	300%
15,800.40	\$ 17,820.00	\$ 21,978.00	\$ 23,760.00	\$ 29,700.00	\$ 35,640.00	\$ 47,520.0
21,306.60	\$ 24,030.00	\$ 29,637.00	\$ 32,040.00	\$ 40,050.00	\$ 48,060.00	\$ 64,080.0
26,812.80	\$ 30,240.00	\$ 37,296.00	\$ 40,320.00	\$ 50,400.00	\$ 60,480.00	\$ 80,640.0
32,319.00	\$ 36,450.00	\$ 44,955.00	\$ 48,600.00	\$ 60,750.00	\$ 72,900.00	\$ 97,200.0
37,825.20	\$ 42,660.00	\$ 52,614.00	\$ 56,880.00	\$ 71,100.00	\$ 85,320.00	\$ 113,760.0
43,331.40	\$ 48,870.00	\$ 60,273.00	\$ 65,160.00	\$ 81,450.00	\$ 97,740.00	\$ 130,320.0
48,850.90	\$ 55,095.00	\$ 67,950.50	\$ 73,460.00	\$ 91,825.00	\$ 110,280.00	\$ 146,920.0
54,383.70	\$ 61,335.00	\$ 75,646.50	\$ 81,780.00	\$ 102,225.00	\$ 122,670.00	\$ 163,560.0

than 8 persons, add \$4,160 for each additional person

The figures below are NOT the figures the Census Bureau uses to calculate the number of poor persons.
 The Figures that the Census Bureau uses are the poverty thresholds.

2016 Federal Poverty Guideline

Persons in family/household	Poverty guideline
1	\$11,880
2	16,020
3	20,150
4	24,300
5	28,440
6	32,580
7	36,730
8	40,880

For families/households with more than 8 persons,
 add \$4,160 for each additional person.
 add \$4,060 for each additional person.