

**BOCA RATON REGIONAL HOSPITAL
BUSINESS OFFICE POLICY MANUAL**

**POLICY #:
40180101**
FUNCTION: Finance

POLICY TITLE: Financial Assistance Policy

POLICY OWNER: Executive Director

EFFECTIVE DATE: 7/1/2016

LAST REVISED DATE: 3/4/2020

NEXT REVIEW DATE: 3/4/2023

RESPONSIBLE PARTY: Business Office Exec Director

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 BRRH Corporation, Inc.; Boca Raton Regional Hospital, Inc.; BRRH Foundation, Inc.; BocaCare, Inc.; the Medical Staff of BRRH, and any affiliates or subsidiaries of these entities. The patients qualifying under this policy are those who have outstanding unpaid hospital patient account balances which are not billable or payable by other third party insurance carriers and which are not eligible for funding by any other governmental source. Please refer to Attachment A for covered and non-covered physicians.

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.

“PEDSV” means Presumptive Eligibility Demographic Data Screening Vendor

“QUALIFYING DOLLARS” means, with regard to all eligible services described in Section III and IV herein (“Eligible Services” and “Types of Financial Assistance and Eligibility Criteria”), the patient-responsible amount after application of the BRRH 80% uninsured discount (75% for admission dates prior to 12/1/2019) or the remaining balance, if insured. It 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 applies an 80% uninsured discount (75% for admission dates prior to 12/1/2019) off gross charges 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 80% Uninsured Discount (75% for admission dates prior to 12/1/2019), which is automatically applied for every uninsured U.S. resident patient, BRRH offers the following financial assistance to assist patients who meet the additional criteria described herein.

Type of Financial Assistance	Eligibility	Discount and Amount Due	Timeframe Approved
Non Catastrophic	Meets all other applications criteria and:	Discount: 100% write-off of	Active AR Patient Balances retroactively back to the beginning of the current calendar year and forward

100% (1)	Family household income total is < or = to 200% of the FPG in effect at the time of the most recent service	Qualifying Dollars	to the end of the current Calendar Year. Note: As always, inpatient stays and high dollar outpatient cases should be screened for Medicaid.
Non Catastrophic 50% (1)	Meets all other applications criteria and: Family household income total ranges from 201% and 300% of the FPG in effect at the time of the most recent service	Discount: 50% write-off of Qualifying Dollar	Same as above
Catastrophic Approval 75% (Note: Estimated Volume 1-3 pts/Qtr)	Amount owed by the patient for BRRH medical Bills exceeds patient's family household annual income by 25% or greater AND the patient earned between 300% and 600% of FPG in effect at the time of the most recent service Note: FAP Application Required	<u>Discount:</u> 75% write-off of Qualifying Dollars	Only Balances Already Incurred Exception: Recurring Services (chemotherapy, radiation therapy, physical therapy, etc.) For the current calendar year Note: As always, inpatient stays and high dollar outpatient cases should be screened for Medicaid.
(1) Determination can be made by Presumptive Eligibility Demographic Screening Vendor (PEDSV) or a FAP Application, if needed.			
Type of Financial Assistance	Eligibility	Discount and Amount Due	Timeframe Approved
Automatic Approvals	FAU Residency Program	Discount: 100% write-off of Qualifying Dollars	Only Balances Already Incurred for the current calendar year after accounts are returned from BRRH's Early-out vendor.

Deceased Patients	<p>Discount:</p> <p>100% write-off of Qualifying Dollars</p>	<p>Only Balances Already Incurred</p> <p>Deceased patients without an estate for payment or uncooperative/or no family to assist with assistance process.</p>
Bankruptcy Notifications	<p>Discount:</p> <p>100% write-off of Qualifying Dollars</p>	<p>Only Balances Already Incurred</p> <p>Notice of bankruptcy and associated dates of service may qualify the patient for financial assistance</p>
Active Florida or Out of State Medicaid (Not automatic for share of cost)	<p>Discount:</p> <p>100% write-off of Qualifying Dollars</p>	<p>Only Balances Already Incurred and after any Medicaid Payment or Denial back to six (6) full calendar months prior to the Medicaid eligibility date.</p>
Any governmental program where the program has deemed the patient indigent (e.g. Project Access through the Florida Department of Health, Medical Needy program, SLMB, or QI1.)	<p>Discount:</p> <p>100% write-off of Qualifying Dollars</p>	<p>Same as Active Florida and Out of State Medicaid.</p>

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 and under-insured** 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 patient who meets all Palm Beach County residency eligibility requirements herein and whose BRRH medical services are pending may inquire or submit an application for consideration if expected BRRH balance will exceed i) above.
- iii. Medicaid Medically Needy (SOC) 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 episode of care, 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 in-house stay resulting from that Emergency visit.

c. **Income Inclusion for Financial Assistance Eligibility Determination**

When determining financial assistance eligibility, income from the following individuals will be included (including possible 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 or Significant other, 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 coverage. Patients may re-apply for re-certification no sooner than 30 days prior to the current coverage termination date.

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. Patient has access to cash to pay medical bills as identified by the credit report or other documentation provided by the patient.
- i. Financial circumstances indicating non-indigence, subject to discretion of the BRRH

Charity Care Committee determined denial reasons:

- If applicant (including household family members) has access to documented cash (bank account, savings account, etc.) exceeding the total balance owed to BRRH of the total balance estimated to be owed to BRRH over the course of the coming year for chronic conditions requiring recurring services, 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.
- BRRH determines maximum financial assistance dollars have been granted.

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 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 documentation within thirty (30) days of receipt of denial letter.

e. If an error is made by the approval committee, or by a representative of BRRH which resulted in an erroneous denial determination:

- May correct the error and be reconsidered anytime the error is brought to the attention of a member of the BRRH management team.

f. If an application is denied due to failure to comply with Medicaid, applicant may not be considered for financial assistance until all Medicaid 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.

Additionally, BRRH reserves the right to determine the maximum amount of financial assistance benefits granted in a given fiscal year.

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 an English and Spanish 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 are posted at points of patient registration throughout the hospital (including emergency room and admissions areas) advising patients of the financial assistance program.

XII. Payment Plans

BRRH offers payment plans to those patients who do not qualify for a 100% write-off of their dollars owed to BRRH. The length of the payment plan is based on the dollars owed.

XIII. 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 determined.

Information regarding the actions that BRRH may take in the event of nonpayment is 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.

XIV. 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 \$5.00 (or such other amount published in the Internal Revenue Bulletin).

XV. 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 for walk-in visits or scheduled appointments: Monday through Friday from 9:00am - 4:00pm, except nationally recognized holidays.

Customer Service Phones are staffed Monday through Friday from 8:00am to 6:00pm except nationally recognized holidays.

Or visit www.brrh.com Click on the "Patient Financial Assistance" link.

PROCEDURE:

This policy is administered by the Patient Financial Services department of Boca Raton Regional Hospital

Attachment A: List of BRRH physician and other practitioner providers covered by this policy and other practitioner providers not covered by this policy

Attachment B: Financial Assistance Application

Attachment C: Plain Language Summary of Financial Assistance Policy

ATTACHMENTS
<u>2021 HHS Federal Poverty Guidelines</u>
<u>Attachment A: List of BRRH physician and other practitioner providers covered</u>
<u>Attachment B: Financial Assistance Application</u>
<u>Attachment C: Plain Language Summary of Financial Assistance Policy</u>