

Policy Title: Financial Assistance Policy	Date of Origin: 05/01/2007
Site(s): JMC, PAV	Type: Multiple Departments
Policy Owner: Redlich, Corey (Dir of Patient Financial Svcs)	Department(s): Business Office
Review/Revise Due Date: 12/12/2016	Date Approved: 12/12/2013

Policy Statement

Jupiter Medical Center and Pavilion (JMC) is a not-for-profit entity committed to meeting the health care needs of community residents. JMC provides for the medical needs of unfunded or under-funded patients by rendering quality, emergency and other medically necessary care, regardless of race, creed, color, sex, national origin, sexual orientation, handicap, age or ability to pay.

Purpose

Unfunded / under-funded patients who do not qualify for federal, state, or local government assistance, and who are unable to pay for emergency or other medically necessary care, may apply for financial assistance under this policy.

Scope

Patient Financial Services

Definitions

- AccessOne – JMC’s extended payment program.
- AGB – Amounts generally billed for emergency or other medically necessary care to individuals who have insurance coverage.
- FAP – JMC’s Financial Assistance Policy.
- FPG – US Department of Health & Human Services Federal Poverty Guidelines.
- HCRA – Health Care Responsibility Act.
- JMC – Jupiter Medical Center and the Pavilion.
- PBCHCD – Palm Beach County Health Care District.

Policy

I. Overview

- A. JMC’s FAP has been established to ensure a fair and equitable system for determining financial need. General guidelines are established, allowing for evaluation of unique financial circumstances. A patient may be determined eligible for financial assistance (either free or discounted care) when the annual individual or family income does not exceed 400% of FPG as published annually in the Federal Register. Income and assets will be considered in assessing JMC financial assistance but may not be the sole determining factor. Among other elements to be considered are temporary factors such as short-term employment layoff, unemployment, disability or other demonstrated hardship. An evaluation of available assets will be necessary to determine eligibility for JMC financial assistance. If assets exist to pay the debt, financial assistance may be denied. Size of bill in relation to income and assets may be a qualifying factor in determining financial assistance provided.

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- B. Patients who do not qualify for financial assistance for emergency or other medically necessary care may qualify for a discount under JMC’s Uninsured Discount Policy.

II. Eligibility Criteria for Financial Assistance

- A. To qualify for financial assistance at JMC, the patient must not be eligible for Medicaid, PBCHCD Coordinated Care, HCRA, Victims’ Compensation, or any other government funding programs. Proof of ineligibility for applicable programs must be provided as part of the application’s supporting documentation.
- B. To determine the write off applicable to the patient’s bill, his/her total annual household income will be compared to the most current FPG:

<u>Income Level</u>	<u>Adjustment or Allowance Amount*</u>
Less the 200% of FPG	100% Discount
200% to 300% of FPG	75% Discount
301% to 350% of FPG	50% Discount
351% to 400% of FPG	25% Discount
Greater than 400% of FPG	Patient to pay balance

* Discount from gross charges.

- C. Total annual household income less than or equal to 200% of the FPG guidelines will entitle the patient to a 100% discount.
- D. Total annual household income over 200% but not greater than 400% of the FPG will entitle the patient to a graduated discount of up to 75%.
- E. Regardless of the applicable write off determined above, the patient’s responsibility will not exceed 25% of his/her total annual household income.
- F. For the purpose of this policy, total household income is the sum of the gross annual income of all persons in the family.
- G. For the purpose of this policy, assets are defined as funds on deposit in savings, checking, money market accounts, or investment accounts; cash surrender value of life insurance policies; equity ownership in a homestead property in excess of \$150,000; and equity in any non-homestead property.
- H. All patients without insurance will be offered financial counseling services to include reasonable payment arrangements via AccessOne, assistance with application processing for potential funding sources, including, but not limited to, Medicaid and Palm Beach County Health District programs, and an opportunity to apply for financial assistance under this FAP.
- I. Patients who would otherwise qualify for financial assistance under this FAP, but who, within the discretion of JMC, have sufficient assets available to pay for care, or sufficient insurance

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coverage or other third party payments available or expected to cover the care, will be reviewed by JMC on a case-by-case basis and may be deemed ineligible for JMC financial assistance.

III. Presumptive Eligibility

- A. There could be circumstances where a patient might appear eligible for financial assistance discounts and/or considerations, but there is no financial assistance form on file due to a lack of supporting documentation. Many times there is acceptable information provided by the patient or through alternative sources of information which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, JMC could use external agencies in determining estimate income amounts for the basis of determining financial assistance eligibility. Once determined, due to the nature of the presumptive circumstances, the only discount/financial assistance adjustment that can be granted is a 100% write-off of the account balance.
- B. Presumptive eligibility may be determined on the basis of individual circumstances that may include:
 - 1. State-funded prescription programs;
 - 2. Homeless or received care from a homeless clinic or shelter;
 - 3. Participation in Women, Infants and Children Programs;
 - 4. Food Stamp eligibility;
 - 5. Subsidized school lunch program eligibility;
 - 6. Eligibility for other state or local assistance programs that are unfunded (Medicaid share of cost);
 - 7. Low income/subsidized housing as a provided valid address;
 - 8. Patient is deceased with no known estate.

IV. Proof of Income and Residency

- A. The Financial Counselor responsible for evaluating the patient's eligibility will require supporting documentation for household income, expense and residency. Acceptable documentation includes any of the following:
 - 1. Copy of current driver's license;
 - 2. Copy of Social Security Card;
 - 3. Letter from employer stating income and length of employment - must be written on company letterhead;
 - 4. W-2 or 1099 from previous calendar year;
 - 5. Pay check stubs or 1099s from current year;
 - 6. IRS tax return from the most recent calendar year;
 - 7. Tax appraisal form for homestead property-most recent year;
 - 8. Forms approving/denying unemployment;
 - 9. Written verification from public/governmental agencies that can attest to the patient's income during the past 12 months;
 - 10. Food stamp referral;
 - 11. Medicaid remittance confirming Medicaid exhausted benefits;
 - 12. Written attestation from patient of income and address;

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13. Documentation confirming patient's debts and assets;
 14. Proof of address (utility bill, gas, electric, phone);
 15. Proof of ineligibility for government assistance programs.
- B. If verification of income is not available, the Financial Counselor will document all facts supporting the need for assistance.
- C. The application must be signed by the patient, guarantor or representative before being processed by the Financial Counselor.

V. Procedure for Applying for Financial Assistance

- A. Financial assistance eligibility is evaluated on the basis of a Financial Counselor need assessment to include available assets as well as gross family income.
- B. Financial assistance applies only after all other possible and or available third party payer resources have been exhausted, i.e. Medicaid, Health Care District.
- C. A Financial Assistance Application (see copy attached to this policy) will be offered to unfunded or under-funded patients who receive qualifying emergency or other medically necessary care at JMC.
- D. A determination of the applicant's eligibility is made promptly after completion of the application.
- E. A Financial Counselor will help the patient to complete the application; based on the information provided on this application, the Financial Counselor may ask the patient to complete an application for government assistance (Medicaid; PBCHCD, etc.).
- F. Catastrophic expenses fall under the FAP if uncompensated charges exceed 50% of the total annual family income and or assets. A review of the patient's financial condition will be performed to determine eligibility under this provision.
- G. Accounts may also be deemed eligible and referred for financial assistance by external collection agencies and or attorneys upon cancellation of a bad debt back to JMC.
- H. Asset and credit investigation may be made on all charity adjustments greater than \$1,000.00.
- I. A financial assistance request for \$10,000.00 and above requires (but is not limited to) the most current Federal Tax Return and the most current investment and bank statements be provided. If the patient does not have one or both, the following can be used for verification of income or assets: pay check stub, letter from employer, statement of monthly benefits for social security, letter of support.
- J. If the patient does not provide the required information, or cooperate in the application process, the patient may not be entitled to financial assistance.

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- K. JMC will not deny financial assistance under the FAP based on an applicant's failure to provide information or documentation that JMC's FAP or FAP application form does not require an individual to submit as part of a FAP application.

VI. Approval Process

- A. The Financial Counselor will determine a patient's eligibility for financial assistance within 30 days of the date the application is received by the hospital, meaning that all required information and supporting documentation has been provided to the Financial Counselor and the application has been signed and witnessed.
- B. The Financial Counselor will complete and submit a Financial Assistance Approval Form to the Patient Financial Services Financial Assistance Committee for review, approval, additional needed information, denial and or signature.

Approval and Signature Authority for FAP:

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|----|-------------------------------------|--------------------|
| 1) | Patient Financial Services Director | up to \$75,000 |
| 2) | Chief Financial Officer | \$75,000 and over. |

Upon approval of a Financial Assistance Application, the Financial Counselor will submit the adjustment to a Patient Financial Services Manager or designee for entry into the patient accounting system. All supporting documentation will be scanned into the document imaging system and kept on file for seven years.

- The Financial Counselor will document the disposition of the patient's Financial Assistance Application in the patient accounting system, and within 3 days of approval or denial, and will send the patient a notification letter.
 - Financial assistance approval will apply to all current open account balances due from the patient. This will not be a standing approval for future visits. Future visits will require the patient and or guarantor to be re-evaluated.
- C. Applications for assistance are available from JMC Financial Counselors between 8:00 a.m. and 4:30 p.m. (Monday through Friday) and/or with Customer Service, and Collection Representatives in Patient Financial Services. Individuals may also obtain an application by calling the Admissions Department at 561-263-3820. Services eligible for financial assistance are medically necessary inpatient and outpatient services.

VII. Basis for Calculating Amounts Charged to Patients

- A. Following a determination of eligibility under this FAP, a patient eligible for financial assistance will not be charged more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance covering such care (AGB).
- B. JMC does not bill or expect payment of gross/total charges from individuals who qualify for financial assistance under this FAP.

VIII. Actions Taken in Event of Nonpayment

- A. The actions that JMC 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 the JMC Customer Service Department by visiting or sending a written request to 1701 Military Trail, Suite 160B, Jupiter, FL 33458, or by calling 561-263-7440.

IX. Measures to Widely Publicize the Financial Assistance Policy

- A. Any notices, forms, letters, applications, policies, or other documents related to the FAP shall be prepared in English and Spanish. JMC may elect to furnish translation aids, translation guides, or provide assistance through use of qualified bilingual interpreters in completing English documents and in understanding English documents.
- B. Every patient will, upon admission as an inpatient or outpatient, receive a written notice that shall contain information about the availability of financial assistance, including information about this policy as well as contact information for a hospital employee or office from which the person may obtain further information about the policy.
- C. JMC will make the FAP, FAP application form, and a plain language summary of the FAP widely available on its website. The documents will be available in English and Spanish. The documents will be posted in a format that will allow any individual with access to the Internet to access, download, view, and print a hard copy of the documents without requiring special computer equipment and without the payment of a fee. JMC will provide any individual who asks how to obtain online access to a copy of the FAP, FAP application form, or plain language summary of the FAP with the direct website address, or URL, of the web page on which these documents are posted.
- D. JMC will make paper copies of the FAP, FAP application form, and plain language summary of the FAP available upon request and without charge, both in public locations in the hospital facility and by mail, in English and Spanish.
- E. Public notices will be clearly and conspicuously posted in locations visible to the public including, but not limited to, all of the following: the emergency department, billing office, admissions office, and other outpatient settings. These posted notices will explain that JMC offers a financial assistance program to individuals who are uninsured or underinsured. These notices will include a contact office and telephone number so an individual can call to obtain more information about this FAP and to apply for financial assistance.
- F. Anyone among JMC personnel who reasonably believes that an individual does not have the ability to pay for emergency or other medically necessary care will inform the individual that financial assistance may be available and direct them to the notices described in this policy.

Related Documents

- JMC Billing and Collection Policy
- JMC Plain Language Summary of Financial Assistance Policy

References

- A. Section 501(r) of the Internal Revenue Code of 1986, as amended, and the Proposed Treasury Regulations issued thereunder dated June 2012.

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- B. The Patient Protection and Affordable Care Act, Public Law 111-148, Section 9007(a) (creating new Section 501(r) of the Internal Revenue Code).

Approved by: Finance Committee, Policy Committee, Dale Hocking (Vice President, CFO)	Approve Date: 12/12/2013
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