



Enterprise-Wide Policy and Procedure

Policy: E – PFS – RI – Charity Care and Financial Assistance

Policy Number: E-PFS-RI-

**Applicable to the following
locations/departments:**

UF Health St. Johns

Responsible Department:

Patient Financial Services

Coordinating Departments:

N/A

Original Issue Date:

10/15/2009

Medical Director/Staff Approval:
(if applicable)

N/A

Legal and Regulatory References:

N/A

Other References/Corresponding Policies:

Formally: policy MGMT-033 Charity Care and
Financial Assistance

I. Objective

To ensure that UF Health meets its community obligations to provide financial assistance in a fair, consistent, and objective manner. To establish a program that is in compliance with Section 501(r) of the Internal Revenue Code (IRC).

II. Scope

UF Health St Johns personnel provide emergency (as defined by the Emergency Medical Treatment and Labor Act, or EMTALA), urgent and other Medically Necessary healthcare services to all individuals without discrimination and regardless of their ability to pay.

Financial Assistance is provided only when services are deemed Medically Necessary based on the clinical judgement of the provider and after patients have met all financial and eligibility criteria established in this Policy.

No exceptions to this Policy will be allowed unless approved by the Vice President (VP) Revenue Cycle, UF Health St Johns Chief Executive Officer (CEO).

III. Definitions

- a. **Amount Generally Billed (AGB)** – The AGB to insured patients for Emergency or Medically Necessary Care. To determine the AGB percentage (on a calendar year basis to be used for the upcoming fiscal year), UF Health St Johns divides total Medicare reimbursement into total Gross Charges for Medicare patients (utilizing the Medicare Provider Statistical and Reimbursement reports). This methodology complies with the “look-back method” described in the IRC. To locate UF Health St Johns calculated AGB percentage, please visit stjohns.ufhealth.org/financial-services
- b. **Emergency Care** – Immediate care that is necessary to prevent putting the patient’s health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts.
- c. **Gross Charges** – The full amount charged by UF Health for items and services before any discounts, contractual allowances, or deductions are applied.
- d. **Guarantor** – The individual responsible to pay the bill. Most patients over the age of eighteen (18) are their own Guarantors. However, children under eighteen (18) cannot enter into legally binding contracts so a parent or guardian is the Guarantor.
- e. **Medically Necessary Care** – Hospital services or care rendered, both inpatient and outpatient, in order to diagnose, alleviate, correct, cure, or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in overall illness or infirmity.
- f. **Presumptive Eligibility** – The process by which the hospital may use previous eligibility determinations and/or information from sources other than the individual to determine eligibility for financial assistance.
- g. **Underinsured** – Insured patients whose out-of-pocket medical costs exceed twenty-five (25) % of their family income.

- h. **Uninsured** – Patients with no insurance or third-party assistance to help satisfy their financial liability to healthcare providers.
- i. **Urgent Care** – Medically Necessary Care to treat medical conditions that are not immediately life-threatening, but could result in the onset of illness or injury, disability, death, or serious impairment or dysfunction if not treated within 12-24 hours.

IV. Policy

a. Financial Assistance Policy, Financial Assistance Application Form and Plain Language Summary of the Financial Assistance Policy are transparent and available to the individuals served in English and Spanish. These are the languages appropriate for the UF Health St Johns service area, in compliance with the Language Assistance Services Act, and are the primary languages of any populations with limited proficiency in English that constitute the lesser of 1,000 individuals or 5% of the members of the community served by the UF Health St Johns' facilities.

- i. Website: UF Health St Johns facilities will prominently and conspicuously post a complete and current version of the following on their respective website:
 - 1. Financial Assistance Policy
 - 2. Financial Assistance Application Form
 - 3. Plain Language Summary of the Financial Assistance Policy
 - 4. Contact information for UF Health Customer Service
 - 5. AGB percentage calculation
- ii. Signage: UF Health St Johns signage will be conspicuously displayed in public locations in UF Health St Johns facilities, including all points of admission and registration areas, including the Emergency Department, and include:
 - 1. UF Health St Johns website address where the Policy, Application Form, and Plain Language Summary can be accessed.
 - 2. The telephone number and physical location where the individuals can call or visit to obtain copies of the Policy, Application Form, and Plain Language (a) Summary, or to obtain more information about the Policy, form, or process.
- iii. In Person: Customer Service Representatives will offer patients the Financial Assistance Application which will be used to determine eligibility for all assistance programs.

V. Appealing the Financial Assistance Determination

- a. The responsible party may appeal a Financial Assistance determination by providing additional information, such as income verification or an explanation of catastrophic circumstances, within thirty (30) days of receiving the initial determination.
- b. The responsible party will be notified of the appeals outcome by mail.
- c. Collection activities will be suspended during the appeal process.
- d. The responsible party may reapply for Financial Assistance if their facts and circumstances have changed since the previous application.

If the patient and/or guarantor qualifies for suspension of collection through UF Health's Financial Assistance Program, the account(s) remain payable from health or accidental insurance, workers' compensation, and TPL claims.

Communication of the Charity Program to Patients and Within the Community:

- a. Notification about charity available from UF Health St Johns, which shall include a contact number, shall be disseminated by UF Health St Johns by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in emergency rooms, in the Conditions of Admission form, admitting and registration departments, and the patient financial services office that is located off of the facility campus, and at other public places as UF Health St Johns may elect.
- b. UF Health St Johns shall also publish a summary of this charity care policy on facility websites, in brochures available in patient access sites and at other places within the community served by the hospital as UF Health St Johns may elect. Such notices and summary information shall be provided in the primary languages spoken by the population serviced by UF Health St Johns.
- c. Referral of patients for charity may be made by any member of the UF Health St Johns staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for charity may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

VI. Relationship to Collection Policies:

- a. UF Health St Johns management shall develop policies and procedures for internal and external collection practices (including actions the hospital may take in the event of non-payment, including collections action and reporting to credit agencies) that take into account the extent to which the patient qualifies for charity, a patient's good faith effort to apply for a governmental program or for charity from UF Health St Johns, and a patient's good faith effort to comply with his or her payment agreements with UF Health St Johns.
- b. For patients who qualify for charity and who are cooperating in good faith to resolve their discounted hospital bills, UF Health St Johns may offer extended payment plans, will not send unpaid bills to outside collection agencies, and will cease all collection efforts.
- c. A collection agency may be used to obtain payment. UF Health St Johns currently uses outside vendors to attempt the collection of self-pay balances. You will be contacted three times (via billing statements) during a 120-day period reminding you of your bill(s). During this period, you will be expected to pay your bill(s) in full, establish a payment plan or apply for financial assistance.
- d. If the balance is unpaid after the 120-day period or a payment plan has not been established, your account will be sent to a collection agency. Your credit may be

impacted if the balance is not resolved 60 days after collection agency placement.

- e. UF Health St Johns will not impose extraordinary collections actions such as wage garnishments; liens on primary residences, or other legal actions for any patient without first making reasonable efforts to determine whether that patient is eligible for charity care under this financial assistance policy. Reasonable efforts shall include:
 - i. Validating that the patient owes the unpaid bills and that all sources of third-party payment have been identified and billed by the hospital;
 - ii. Documentation that UF Health St Johns has or has attempted to offer the patient the opportunity to apply for charity care pursuant to this policy and that the patient has not complied with the hospital's application requirements;
 - iii. Documentation that the patient does not qualify for financial assistance on a presumptive basis;
 - iv. Documentation that the patient has been offered a payment plan but has not honored the terms of that plan.

V. Procedure

I. Eligibility for Financial Assistance and Catastrophic Reduction

- a. Financial Assistance will be considered for those individuals with medical costs, who are uninsured or underinsured and who are unable to pay for their care, based on determination of financial need in accordance with this Policy.
- b. Financial Assistance is provided only when services are deemed Emergency or Medically Necessary based on the clinical judgement of the provider and after patients have met all financial and eligibility criteria established in this Policy. This may include any of the following conditions:
 - i. Individual has no third-party insurance coverage;
 - ii. Individual is eligible for public assistance but a particular service is not covered;
 - iii. Medicare or Medicaid benefits have been exhausted and the individual has no further ability to pay; or Individual is insured but qualifies for assistance based on financial need to pay for the individual's balance after insurance.
- c. This Policy covers services at the following UF Health locations:
 - UF Health St Johns Hospital
 - UF Health Physicians

Services provided at a UF Health facility by providers not employed by UF Health are billed independently and are not covered under this Policy. A list of the Physicians who bill independently is contained on the Financial Assistance page, <https://ufhealth.org/financial-assistance>. This list is updated on a bi-annual basis

Financial Assistance will not be granted under this Policy for certain procedures and hospital programs where preferential or elective pricing have already been taken into consideration

- i. Federal Poverty Limit Guidelines and definitions of family size and household income will apply to determine an individual's income.
 - ii. Financial Assistance shall be granted to qualified applicants with income up to 200% of the poverty guidelines. Any Financial Assistance granted will be reversed if insurance, Third Party Liability (TPL), auto insurance, settlement and/or other miscellaneous source of payment is identified.
 - iii. To be considered for Financial Assistance, the patient or their Guarantor, hereafter referred to as the "applicant(s)", must cooperate by providing the information and documentation necessary to apply for other existing government programs such as Medicaid, Disability, and City and County Programs that may be available to pay for the healthcare services provided.
- d. Financial Assistance may not be granted to applicants:
- i. Who are likely to be eligible for other third-party coverage but have refused to apply (a reasonable determination will be made based on the individual situation and the total outstanding balance to the organization).
 - ii. Who are covered by insurance and are not compliant with insurance requirements.
 - iii. With residence and/or insurance provider domiciled outside of the United States. Financial Assistance for these patient(s) would require the approval of the VP Revenue Cycle, UF Health or the CEO, UFP.
- e. Financial Assistance application will be considered up to 240 days after the first post discharge billing statement. A Financial Assistance application will be considered valid up to twelve (12) months after the last date of application approval.
- f. Income will be determined based on the application and/or supporting documentation. Unemployed individuals will be considered to have no income unless they are receiving unemployment or some other type of assistance. Supporting documentation may include:
- i. W-2 withholding forms.
 - ii. Paystubs (most recent ninety (90) days).
 - iii. Income tax returns (most current).
 - iv. Written verification of wages from an employer.
 - v. Written verification from public welfare agencies or any governmental agency which can attest to the applicant's and/or other family members' income for the last twelve (12) months (such as Social Security or local unemployment office).
 - vi. Previous three (3) month's bank statements.
 - vii. In the absence of income, a letter of support from individuals providing for the Guarantor's basic living needs will be accepted.

- g. "Gross Family Income" includes all members of the immediate family and their Dependents in the household. This includes any adult and, if married, a spouse, and any natural or adopted minor children of said adults. Income from family members include:
 - i. Income from wages.
 - ii. Income from self-employment.
 - iii. Alimony.
 - iv. Child Support.
 - v. Military family allotments.
 - vi. Public assistance.
 - vii. Pension.
 - viii. Social Security.
 - ix. Unemployment compensation.
 - x. Workers' compensation.
 - xi. Veteran's benefits.
 - xii. In some cases, information on available assets or other financial resources may be considered.
- h. The State of Florida does not recognize legal separation. Applicants will be asked to provide additional documentation if their marital status is marked as "separated" on the Financial Assistance application.
- i. Catastrophic Reduction Program – Individuals who are denied Financial Assistance, due to being over the 200% of federal poverty limit, can be reviewed for Catastrophic Reduction. The reduction can be considered if the guarantor's balance exceeds 25% of the guarantor's stated annual household income. Minimum balance on account must exceed \$10,000. This is a one-time reduction on all active account balances.
- j. Self-pay discount for Uninsured patients
 - i. Uninsured patients who are not eligible for Financial Assistance may be eligible for a self-pay discount off of the UF Health and UFP gross charges. Please contact our office for the current discount amounts at 904-819-4539 or 904-508-0916. Any self-pay discount applied will be reversed if insurance coverage is located.
 - ii. The self-pay discount does not relieve nor forgive point-of-service cash payments that the patient may be required to pay. The discount will not be applied to any of the services excluded from the Financial Assistance Program.

II. Method for Applying for Financial Assistance and Catastrophic Reduction

- a. Financial Assistance - Completion of the UF Health St Johns Financial Assistance Application Form is required. This includes providing all of the supporting documentation required to verify eligibility and to verify income.
- b. Requests for Financial Assistance may be made before or after the provision of care. Requests made before the provision of care would require the advance approval of the VP Revenue Cycle, CFO, CEO of UF Health St Johns or VP of UFP.

- c. Applicants are responsible for completing the required application and cooperating fully with the information gathering and assessment process. Financial Assistant will be available in person or by phone to provide assistance if needed.
 - i. If the Guarantor has completed any section of the required application by using the terminology of "Not Applicable" and/or "NA", those entries have been determined by definition to equal \$0 and/or "None."
 - ii. Applications shall not be denied for failure to provide information not asked for on the application or in this Policy.
- d. Persons will be considered "Presumptively Eligible" under the following circumstances:
 - i. Individual is Homeless;
 - ii. Eligible for other unfunded state or local assistance programs;
 - iii. Eligible for food stamps or subsidized school lunch program;
 - iv. Eligible for a state-funded prescription medication program;
 - v. Valid address is considered a low-income or subsidized housing;
 - vi. Individual is deceased with no known estate; or
 - vii. Individual is currently eligible for Medicaid.
- e. Applications are available free of charge in English and Spanish, and can be accessed:
 - i. By calling the Financial Counseling Department at 904-819-4539, or 904-508-0916.
 - ii. Online at: stjohns.ufhealth.org/financial-services
- f. Completed Applications can be submitted by the below methods:
 - i. Fax: 904-819-4906
 - ii. Email at financialassistance@flaglerhealth.org
 - iii. By Mail: UF Health St Johns Flagler Business Office
400 Health Park Blvd
St Augustine, FL 32086
 - iv. In Person:
Patient Financial Services Business Office
100 Whetstone Place Suite 101
St Augustine, FL 32086
- g. Catastrophic Reduction - Requires the completion of the Financial Assistance application. Must have received a denial for being over the 200% of federal poverty/assets limit with the Financial Assistance Program.

III. UF Health Actions Taken During Financial Assistance Application Process

- a. No Financial Assistance Application Submitted – If no Financial Assistance application has been submitted in a 120-day period following the date after the first post-discharge billing statement was sent to the individual, and the deadline in the written notice has passed, UF Health may initiate extraordinary collection actions (ECA).
- b. Incomplete Financial Assistance Application Submitted – When an incomplete

Financial Assistance application is submitted during the 240-day period following the date on the post-discharge billing statement (the application period), UF Health must take the following actions:

- i. Temporarily suspend ECA's;
 - ii. Provide the individual with a written notice that describes the additional information and/or documentation required under the Financial Assistance Policy; or
 - iii. If the individual does not complete the Financial Assistance application within a reasonable time deadline, UF Health St Johns may initiate or resume ECA's.
- c. Complete Financial Assistance Application Submitted – UF Health St Johns must take the following actions:
- i. Suspend any ECA's;
 - ii. Suspend any collection activity during the time the UF Health St Johns Financial Assistance application is being processed;
 - iii. If the account is placed with a collection agency, the agency will be notified to suspend the collection efforts until determination is made;
 - iv. Make and document determination of eligibility decision;
 - v. Notify the individual on a timely basis of the eligibility determination;
 - vi. Provide the patient with a billing statement that indicates the balance after the application of Financial Assistance; and
 - vii. Take reasonable action to reverse any ECA's taken against the individual.
- d. UF Health will keep all applications and supporting documentation confidential. UF Health may, at its own expense, request credit information to further verify the details of the application.
- e. UF Health will make every effort to provide Financial Assistance determinations within seven (7) business days of receiving a completed Financial Assistance application. Notification of Financial Assistance determinations will be mailed to the applicant.