

BETHESDA HEALTH

Subject: Financial Assistance Policy

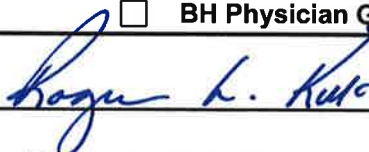
Operations Regulation: 1124

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Department of Origin: **Patient Financial Services** Effective Date: February 14, 2014
Last Revision: September, 2016

DIVISIONS: Bethesda Health Hospital Women's Health
 Focus Fin BH Physician Group Bethesda Health City

Approved by:



Roger L. Kirk, President & CEO

I. PURPOSE:

This policy is established to provide the operational guidelines for Bethesda Hospital, Inc. ("BHI") to identify uninsured patients who are Financially Indigent who may qualify for financial assistance, and to process patient applications for financial assistance. Furthermore the purpose of this policy is to outline the circumstances under which BHI will provide financial assistance to patients who are unable to pay for services and to address how BHI calculates amounts charged to patients eligible for financial assistance. This policy applies to Bethesda Hospital East and Bethesda Hospital West (the "Hospitals").

II. PRINCIPLES:

As a health care provider and tax-exempt organization, BHI seeks to meet the needs of patients within the community and others who seek care, regardless of their financial abilities to pay for services provided. In addition, BHI is designated as charitable (i.e., tax-exempt) organization under section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"). Pursuant to section 501(r) of the Code, in order to remain tax-exempt, BHI is required to (among other things) adopt and widely publicize its financial assistance policy.

The urgency of treatment associated with each patient's presenting clinical symptoms will be determined by a medical professional as determined by standards of practice. Further, the Hospitals follow the federal Emergency Medical Treatment and Active Labor Act (EMTALA) requirements by conducting a medical screening examination to determine whether an emergency medical condition exists.

For those patients who are uninsured or underinsured, BHI will work with patients to assist

with finding a financial assistance program that may cover some or all of their unpaid hospital bill(s). For those patients with private insurance, the Hospital must work through the patient and the insurer to determine what may be covered under the patient's insurance policy. As the hospital is often not able to get this information from the insurer in a timely manner, it is the patient's obligation to provide additional information regarding what services will be covered prior to seeking non-emergency level and non-urgent care services. Reference the Billing and Collections Policy.

III. DEFINITIONS:

AGB - means Amounts Generally Billed for emergency or medically necessary (non-elective) care to individuals who have insurance coverage.

Assistance Application - means Financial Assistance Application Form.

BHI - means Bethesda Hospital, Inc.

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

FAP - means Financial Assistance Policy.

Financial Indigent – means the classification described in Section IV.E.6 below.

FPG - means Federal Poverty Guidelines as updated annually in the Federal Register by the United States Department of Health and Human Services.

Hospitals - means Bethesda Hospital East and Bethesda Hospital West.

IV. POLICY:

A. FINANCIAL ASSISTANCE AVAILABLE

BHI shall provide financial assistance to uninsured patients, for their emergency or other medically necessary (non-elective) care, who qualify for classification as Financially Indigent in accordance with this policy. Specifically, full assistance (100% discount off gross charges) shall be available for uninsured patients with incomes below 200% FPG (see Schedule A).

To be considered for financial assistance, the patient must cooperate with the Financial Assistance Unit Caseworker to provide the information and documentation necessary to apply for other potential funding sources, such as Medicaid, Disability, or Healthcare District. Financial assistance will only be available if the patient does not qualify for another funding source, and if they meet the definition of Financially Indigent as outlined within this policy. The patient and/or guarantor will be responsible for completing the financial assistance application and providing the required documentation to verify income and assets that are necessary to determine the patient's eligibility for financial assistance. The

Financial Assistance Unit Caseworker will work with the patient and/or guarantor to determine the appropriate funding source before attempting to qualify the individual for financial assistance.

For those patients who do not qualify as Financially Indigent under this policy, BHI offers a self-pay discount for eligible patients. See BHI's **Self Pay and Flat Rate Services Prices Policy**.

B. COMMITMENT TO PROVIDE EMERGENCY MEDICAL CARE UNDER EMTALA

Any patient seeking urgent or emergent care (within the meaning of EMTALA) at BHI facilities shall be treated without discrimination and without regard to a patient's ability to pay for care or eligibility for assistance under this policy. BHI facilities shall operate in accordance with all federal and state requirements for the provision of urgent or emergent health care services, including screening, treatment and transfer requirements under the EMTALA. BHI facilities should consult and be guided by their emergency services policy, EMTALA regulations and applicable Medicare/Medicaid Conditions of Participation in determining what constitutes an urgent or emergent condition and the processes to be followed with respect to each.

In furtherance of its commitment to provide emergency medical care, BHI 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.

C. SERVICES ELIGIBLE UNDER THIS POLICY

This policy applies to all emergency or other medically necessary (non-elective) care provided at the Hospitals. See Section IV.J below for a list of providers, other than BHI itself, delivering emergency or other medically necessary (non-elective) care in the Hospitals that specifies which providers are covered by this policy and which are not covered.

D. BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS

Federal tax laws and regulations prohibit charitable hospitals from charging patients who are eligible for financial assistance more for emergency or other medically necessary (non-elective) care than the amounts generally billed to individuals who have insurance covering such care (AGB).

BHI uses the Look-Back Method to determine AGB for the Hospitals. Under this method, AGB is calculated by dividing the sum of all of its claims for medical care that have been allowed by Medicare fee-for-service and all private health insurers during a prior 12-month period by the sum of the associated gross charges for those claims. BHI will begin applying the AGB percentage by the 120th day after the end of the 12-month period used in the calculation.

Members of the public may obtain the current AGB percentage free of charge via the hospital contact information set forth below.

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

E. ELIGIBILITY CRITERIA AND HOW TO APPLY FOR FINANCIAL ASSISTANCE

1. **Eligibility and Application.** BHI uses the FPG, in effect at the time the application is reviewed, to determine eligibility for financial assistance (see Schedule A). BHI will request that each patient applying for financial assistance under this policy complete a Financial Assistance Application Form (Assistance Application). To request a copy of the Assistance Application, for assistance completing the application, or to submit a completed application, please contact the organization via the Hospital Contact Information provided in Section I of this policy. The Assistance Application allows for the collection of needed information, including documentation verifying income (as described below), to determine eligibility for financial assistance.

a. Calculation of Immediate Family Members. BHI will request that patients requesting financial assistance verify the number of people in the patient's household.

1. Adults. In calculating the number of people in an adult patient's household, BHI will include the patient, the patient's spouse and any dependents of the patient or the patient's spouse.

2. Minors. For persons under the age of 18. In calculating the number of people in a minor patient's household, BHI will include the patient, the patient's mother, dependents of the patient's mother, the patient's father, and dependents of the patient's father.

b. Calculation of Income.

1. Adults. For adults, determine the sum of the total yearly gross income of the patient and the patient's spouse (the "Income"). BHI may consider other financial assets of the patient and the patient's family (members of family are as defined in section "Calculation of Immediate Family Members") and the patient's or the patient's family's ability to pay.

2. Minors. If the patient is a minor, determine the Income from the patient, the patient's mother and the patient's father. BHI may consider other financial assets of the patient and the patient's family (members of family are as defined in section "Calculation of Immediate Family Members") and the patient's or the patient's family's ability to pay.

2. **Income Verification.** BHI shall request that the patient verify the Income and provide the documentation requested as set forth in the Assistance Application. **NOTE:** Tax Returns and W-2's should be collected for year prior to date of admission.

a. Documentation Verifying Income¹. Income may be verified through any of the following mechanisms:

- Tax Returns (BHI preferred income verification document)
- IRS Form W-2
- Wage and Earnings Statement
- Pay Check Remittance
- Social Security
- Worker's Compensation or Unemployment Compensation Determination Letters
- Qualification within the preceding 6 months for governmental assistance program (including food stamps, CDIC, Medicaid and AFDC)
- Telephone verification by the patient's employer of the patient's Income
- Bank statements, which indicate payroll deposits

¹ Note that the federal poverty levels are the base eligibility criteria for this policy. Other financial information such as assets may be considered. Assets include immediately available cash and investments such as savings and checking as well as other investments, including retirement or IRA funds, life insurance values, trust accounts, etc. Assets also include the equity in the primary residence as well as other real estate the patient and/or guarantor may have.

b. Documentation Unavailable. In cases where the patient is unable to provide documentation verifying Income, BHI may at its sole discretion verify the patient's Income in either of the following two ways:

1. By having the patient sign the Assistance Application attesting to the veracity of the Income information provided, or
2. Through the written attestation of the BHI personnel completing the Assistance Application that the patient verbally verified Hospital's calculation of Income.

Note: In all instances where the patient is unable to provide the requested documentation to verify Income, BHI will require that a satisfactory explanation of the reason the patient is unable to provide the requested documentation be noted on the Financial Assistance Assessment Form.

c. Expired Patients. Expired patients may be deemed to have no Income for purposes of the BHI's calculation of Income. Documentation of Income is not required for expired patients. Income verification is still required for any other family members (members of family are as defined in section "Calculation of Immediate Family Members").

d. Homeless Patients. Homeless patients may be deemed to have no Income for purposes of BHI's calculation of Income. Documentation of Income is not required for homeless patients. Income verification is still required for any other

family members (members of family are as defined in section "Calculation of Immediate Family Members") only if other family information is available.

e. Incarcerated Patients. Incarcerated patients (incarceration verification should be attempted by BHI personnel) may be deemed to have no Income for purposes of the Hospital's calculation of Income, but only if their medical expenses are not covered by the governmental entity incarcerating them (i.e. the Federal Government, the State or a County is responsible for the care) since in such event they are not uninsured patients. Income verification is still required for any other family members (members of family are as defined in section "Calculation of Immediate Family Members").

f. International Patients. International patients who are uninsured and whose visit to BHI was unscheduled will be deemed to have no Income for purposes of the Hospital's calculation of Income. Income verification is, moreover, still required for any other family members (members of family are as defined in section "Calculation of Immediate Family Members") only if other family are United States citizens.

g. Eligibility Cannot be Determined. If and when BHI personnel cannot clearly determine eligibility, the BHI personnel will use best judgment and submit a memorandum (such memorandum should be the first sheet in the documentation packet) listing reasons for judgment along with financial assistance documentation to appropriate supervisor. The BHI Manager will then review the memorandum and documentation. If the Manager agrees to approve the eligibility, they will sign Eligibility Determination form and continue with normal Approval process. If the Manager does not approve eligibility of the patient under this policy, the Manager should sign the submitted memorandum and return all documentation to BHI personnel who will note account and send documentation to the Hospital's Business Office for filing. If the Manager disagrees with BHI personnel's judgment, Manager should state reasons for new judgment and will return documentation to BHI personnel who will follow either denial process or approval process as determined by Manager.

h. Classification Pending Income Verification. During the Income Verification process, while BHI is collecting the information necessary to determine a patient's Income, the patient may be treated as a self-pay patient in accordance with BHI policies.

3. Information Falsification. Falsification of information may result in denial of the Assistance Application. If, after a patient is granted financial assistance as Financially Indigent, and BHI finds material provision(s) of the Assistance Application to be untrue, the financial assistance may be withdrawn.

4. Request for Additional Information. If adequate documents are not provided, BHI will contact the patient and request additional information in writing. A note will be input into BHI computer system and any and all paperwork that was completed will be filed accordingly. No further actions will be taken by BHI personnel. If requested

documentation is later obtained, all filed documentation will be pulled and patient will be reconsidered for financial assistance.

5. **Automatic Classification as Financially Indigent.** The following is a listing of types of accounts where financial assistance is considered to be automatic and documentation of Income or an Assistance Application is not needed:

- Medicaid accounts-Exhausted Days/Benefits
- Medicaid spend down accounts
- Medicaid or Medicare Dental denials
- Medicare Replacement accounts with Medicaid as secondary-where Medicare Replacement plan left patient with responsibility

6. **Classification as Financially Indigent.** Financially Indigent means an uninsured person who is accepted for care with no obligation (free care). Full assistance (100% discount off gross charges) shall be available for uninsured patients with incomes below 200% FPG. If BHI accepts the patient as Financially Indigent, the patient may be granted free care, per the above limitations.

7. **Approval Procedures.** BHI will complete a Financial Assistance Charity Application for each patient granted status as Financially Indigent. The approval process will be maintained with a tiered approach according to the total charges for each account. The approval signature process is as following:

\$1 - \$100,000	Manager of Patient Financial Assistance
\$100,001 - \$250,000	Director of Patient Financial Services
\$250,001 – above	Vice President of Finance/CFO

- A. The accounts will be filed according to the date the financial assistance adjustment was entered onto the account.
- B. BHI, at its discretion, may use outside data sources, such as a soft credit check, to determine “Presumptive Charity” approval based on third party publicly available data sources.
- C. **If application is approved, approval is automatic for all admissions for calendar year on balances that can be considered for financial assistance.**

8. **Denial for Financial Assistance.** If BHI determines that the patient is not Financially Indigent under this policy, it shall notify the patient of this denial in writing.

9. **Document Retention Procedures.** BHI will maintain documentation sufficient to identify for each patient qualified as Financially Indigent, the patient’s Income, the method used to verify the patient’s Income, the amount owed by the patient, and the person who approved granting the patient status as Financially Indigent. All documentation will be retained for 7 years before destruction.

10. **Reservation of Rights.** It is the policy of BHI to reserve the right to limit or deny financial assistance at its sole discretion.

11. **Non-covered Services.** Services that are considered non-emergent or non-urgent according to the EMTALA regulations and policy are not eligible for financial assistance.

F. WIDELY PUBLICIZING THE AVAILABILITY OF FINANCIAL ASSISTANCE

The Hospitals make this policy, Assistance Application, and a plain language summary of this policy widely available in the communities served in a variety of ways. Among other things, information on the availability of financial assistance and other programs of public assistance is posted in key public areas in the Hospitals, including the following locations: Central Admitting / Patient Access, Emergency Room admission/registration Area, Clinic admission/registration locations, inpatient admission/registration areas, financial counselor locations and the Business Office/Patient Accounting Department. Signs inform the patient of the availability of financial assistance and other forms of public assistance and include instructions on how to apply for or obtain additional information. All signs and notices shall be translated into English, Spanish and French/Creole.

G. ACTIONS TAKEN IN THE EVENT OF NONPAYMENT

The actions that BHI may take in the event of nonpayment are described in a separate Billing and Collections Policy. Members of the public may obtain a free copy of this separate policy by contacting BHI via the contact information set forth below.

H. RESPONSIBILITY AND AUTHORITY

1. The President shall have overall responsibility and authority for this policy.
2. The Vice President of Finance & CFO will be responsible to assure implementation of this policy.
3. The Director of Patient Finance Services is responsible for assuring that the Financial Assistance Unit properly classifies documents, and processes patients referred by Patient Access or other sources. The Director of Patient Access is responsible for assuring that proper referrals are made to the Financial Assistance Unit. Patient Accounting and the Financial Assistance Unit are responsible for assuring compliance with the proper write off procedures.

I. HOSPITAL CONTACT INFORMATION

Telephone Number	561-737-7733, Ext. 84671
Website	www.bethesdaweb.com
Mailing Address	Bethesda Hospital East Attn: Patient Financial Assistance 2815 South Seacrest Blvd.

	Boynton Beach, FL 33435
Physical Address	Ask for a Financial Counselor at either of the following locations: Bethesda Hospital East 2815 South Seacrest Blvd. Boynton Beach, FL 33435 Bethesda Hospital West 9655 West Boynton Beach Blvd. Boynton Beach, FL 33472

J. PROVIDER LIST

The following is a list of providers delivering emergency or other medically necessary care in the Hospitals that specifies which providers are covered by BHI's Financial Assistance Policy and which are not covered.

PROVIDERS COVERED BY BHI'S FINANCIAL ASSISTANCE POLICY

BHI's Financial Assistance Policy applies to Bethesda Hospital East and Bethesda Hospital West.

PROVIDERS NOT COVERED BY BHI'S FINANCIAL ASSISTANCE POLICY

The following providers are not covered by BHI's Financial Assistance Policy. You may contact the following providers directly for information regarding the availability of financial assistance for their respective services.

Physicians by Individual Name:

Visit <http://www.bethesdaweb.com/index.cfm?fuseaction=physicianlocator.main>;

Click on  under "Locate Physicians"

The name, specialty, city, and zip code of each member of the medical staff will appear in alphabetical order, along with a tab to access additional information for each physician.

Physicians by Department:

Anesthesiology:

Ascent Medical Group, LLC
406 SW 12th Avenue
Deerfield Beach, FL 33442
(954) 426-1169

Emergency Services:

Schumacher Clinical Partners
4849 Greenville Ave.
Suite 400
Dallas, TX 75206
(877) 693-5700

Radiology:

Bethesda Radiology Associates
200 Knuth Road
Suite 200
Boynton Beach, FL 33436
(561) 736-1200

Pathology:

Bethesda Pathology Group
1955 South Military Trail
West Palm Beach, FL 33415
(561) 641-2100

Neonatology/Pediatric ER:

KidZ Medical Services
5955 Ponce de Leon Boulevard
Coral Gables, FL 33146
(305) 661-1515

Intensivists:

Critical Care Associates of South Florida, LLC
P.O. Box 810097
Boca Raton, FL 33481
(561) 939-0208

SCHEDULE A
FINANCIAL ASSISTANCE ELIGIBILITY GUIDELINES

Based on Federal Poverty Guidelines Effective January 25, 2016

Financially Indigent

		Eligible for Full Discount
Family Size	FPG	200% FPG
1	\$11,880	\$23,760
2	\$16,020	\$32,040
3	\$20,160	\$40,320
4	\$24,300	\$48,600
5	\$28,440	\$56,880
6	\$32,580	\$65,160
7	\$36,730	\$73,460
8	\$40,890	\$81,780

Financial Indigent Classification – Add \$4,160 for each additional person > 8