HALIFAX HEALTH

Policy Title: Financial Assistance Programs		
Department: Patient Business Financial Services		TJC Chapter(s):
Title of Policy Owner: Director of Revenue Cycle Legal Affairs and Business Operations		Approved by: Vice President of Patient Business Financial Services
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I. **PURPOSE**:

Halifax Health is committed to providing financial assistance to uninsured or underinsured individuals, without discrimination, who are in need of emergent or medically necessary services regardless of the patient's ability to pay. The purpose of this policy is to provide a systematic method for identifying and providing financial assistance to:

1) Residents of the Halifax Hospital Medical Center special tax district, whether they are served at a Halifax Health affiliate located inside or outside of the district's geographic boundaries; and
2) Any patient who is uninsured or underinsured and is not able to pay their financial obligation for medical care.

II. **SCOPE**:

This policy applies to all team members at all locations interacting with patients, authorized patient representatives, payers or other sources of financial remediation for outstanding balances. This may encompass the Financial Counseling, Billing, Customer Service, and Collections teams.

III. DEFINITIONS:

The following terms are defined as follows within this policy:

Halifax Hospital Medical Center special tax district – the legal entity formed by Chapter 2003-374, Laws of Florida encompassing the geographic boundaries described therein.

Extraordinary Collection Actions (ECAs) – A list of collection activities, as defined by the IRS and Treasury, which healthcare organizations may take against an individual to obtain payment for care only after Reasonable Efforts have been made to determine if the individual is eligible for financial assistance. These actions include reporting adverse information to credit bureaus/reporting agencies along with legal/judicial actions. Please reference the Patient Collections Policy for a more detailed description of how ECAs are employed.

Reasonable Efforts – In general, Reasonable Efforts may include; third-party proprietary data to determine a patient's financial status and/or the request and requirement of patient personal or professional financial information. The request and collection of this information will be for the intent of making determinations of eligibility and presumptive eligibility for full or partial assistance, evaluation for external coverage or assistance program qualification, financial reductions. Halifax Health will make a Reasonable Effort to provide all patients with written and oral notifications about the Financial Assistance Program (FAP) and application process by posting FAP information on our website, providing this information in person, by mail or via email. FAP documents will also be available as hand-outs at Halifax Health.

Financial Assistance Applications (FAA) – Refers to both Financial Assistance Assessment

Self Declaration and Financial Assistance Assessment – Patient Assistance forms

Insured – Third party coverage for medical treatment is sufficient to pay for the full amount of charges after contractual adjustments, patient responsibility payments and other relevant deductions.

Underinsured – Any patient from whom third party coverage for medical treatment is insufficient to cover treatment based on income.

IV. POLICY:

This Financial Assistance Program applies to any patient who is not able to pay their financial obligation for medical care. Financial Assistance is provided to individuals when care is deemed medically necessary and after patients have been found to meet financial criteria. Halifax Health offers both free care and discounted care, depending on individuals' family size and income.

Patients who are uninsured, underinsured, ineligible for government assistance programs, or unable to pay based on their individual financial situation may be eligible for charity care or discounted billing. Halifax Health will make every reasonable effort to assist patients in exploring alternative means of assistance, including Medicare, Medicaid or coverage through the Health Insurance Marketplace.

Patients will be considered for charity care if household family income does not exceed 200% of the current Federal Poverty Guidelines (FPG), unless the amount of the hospital charges exceeds 25% of the gross annual family income and meets Halifax Health Patient Assistance (HHPA) or Catastrophic qualifications as outlined in this policy. However, in no case shall the hospital charges for a patient whose gross family income exceeds four (4) times the Federal Poverty Level for a family of four be considered charity. Patients with a family income between 200% to 400% of the current FPG may qualify for discounted billing or the catastrophic charity program. In order to determine eligibility for free care or discounted care, at minimum, one of the following forms must be submitted:

- W-2 withholding forms
- Paycheck stubs
- Income tax returns
- Forms approving or denying unemployment compensation or workers compensation
- Written verification of wages from employer
- Written verification from public welfare agencies or any governmental agency which can attest to the patients income status for the past twelve (12) months
- A witness statement signed by patient or responsible party, as provided for in public law 770-725, as amended, known as the Hill-Burton Act, except that such statement need not be obtained within the 48 hours of the patients' admission to the hospital as required by the Hill-Burton Act. The statement shall include an acknowledgement that, in accordance with Section 817.50 F.S., providing false information to defraud a hospital for the purpose of obtaining goods or services is a misdemeanor in the second (2nd) degree (FAA).
- A Medicaid remittance voucher which reflects that the patient's Medicaid benefits for that Medicaid fiscal year have been exhausted.

MEASURES TO WIDELY PUBLICIZE THE FINANCIAL POLICY

Financial assistance-related documents include the full policy, plain language summary of the full policy, the application for financial assistance and directions for completion. All financial assistance documents will be available on the hospital facility's website (www.halifaxhealth.org), and from registration in both English and Spanish, upon request and at no charge through paper copies, by mail or electronically to the patient.

1. Financial assistance applications will be made available to anyone who requests them. The hospital will post notices, in English and Spanish, in all registration areas regarding the availability of charity assistance.
2. Patients will be advised of the availability of financial assistance during the registration, scheduling or collection process when they voice concerns over payment.
3. The financial assistance policy and application is available in both English and Spanish on our website (www.halifaxhealth.org).
4. Uninsured patients will receive information on applying for the financial assistance program with their bill and statement.

FINANCIAL ASSISTANCE PROGRAMS AND ELIGIBILITY

1. **Eligibility**
   a. Halifax Health determines the need for financial assistance by reviewing the particular services requested or received, the individual's eligibility for other external programs (such as Medicaid or insurance through the Health Insurance Marketplace), or the individual's historical financial profile and current financial situation. Charity care or discounted billing will be granted based on the individual's ability to pay and the FPG issued and updated annually.
   b. Services eligible for financial assistance include: emergency or urgent care, inpatient, outpatient, elective and physician accounts as long as the services are deemed medically necessary. Financial assistance and discounts only apply to Halifax Health bills. Independent, non-employed physicians may or may not honor financial assistance or discounts. At no time will any patient be denied emergency medical care based on any current or previous ineligibly for financial assistance.
   c. Balances payable by a third party insurance including but not limited to automobile insurance, workers compensation, or liability insurance are subject to review and may not be eligible for financial assistance. Flat rate services or services due to complications from these services are not eligible for financial assistance. Prescription benefits are limited to the Patient Assistance Formulary. Patients are required to notify Halifax Health Patient Assistance if they have a change in circumstance that may affect their eligibility.

2. **Programs**
   Halifax Health financial assistance programs are the payor of last resort. Uninsured patients who are not eligible for financial assistance under this policy may be eligible for a self-pay discount of 45% off gross charges. Any self-pay or financial assistance discount applied will be reversed if insurance, third party liability (TPL), a settlement and/or other miscellaneous source is identified.

   The Patient Business & Financial Services Staff shall evaluate the patient's application and recommend one of the following financial assistance programs if the patient meets eligibility requirements. If deemed eligible for financial assistance, the patient's unpaid medical bills for the twelve (12) months prior to application date may be eligible under the program. Any unpaid medical services with dates of service prior to eligibility may be considered on a case by case basis for inclusion in the program.

   Halifax Health Patient Assistance Program (HHPA) – Patients that can demonstrate their family income is at or below 200% of the Federal Poverty Guideline or whose hospital-related expenses exceed 25% of the annual family income may be entitled to a full write off of charges. Upon completion of the required documentation, eligibility is effective for twelve (12) months from date of the application interview.

   Halifax Health Uninsured Sliding Discount Program – Patients who are able to demonstrate that their family income is between 200% to 400% of the Federal Poverty Guideline may be eligible to receive services at the average rate of payment Halifax Health would receive from Medicare or a percentage thereof depending on the patient's gross income.

   Catastrophic Eligibility – Patients and/or responsible parties who have completed a FAA, may qualify for a catastrophic charity benefit. After services have been rendered, PBFS staff will use a combination of third-party systems and information from the FAA form to determine patient eligibility. The following guideline is used to determine eligibility:
   - Patients demonstrating income is at or below four (4) times the Federal Poverty Level for a family of four and medical bills within a twelve month period or greater than 25% of annual gross income (as reported in FAA documentation) may be eligible for catastrophic coverage up to 100% of charges
   - Halifax Health may supplement or confirm information given by patient using third party information from other sources such as Transunion, Experian, Property Appraiserwebsite
   - If FAA is complete and a medical hardship is determined, catastrophic coverage may be granted if approved by Manager of Collections or Vice President of Patient Business Financial Services.
   - Note, other assets will be considered prior to approval
   - Patients with income greater than four (4) times the Federal Poverty Level for a family of four are excluded from catastrophic eligibility

Presumptive Eligibility

Halifax Health may refer to or rely on external sources and/ or other program enrollment resources in the case of patients lacking documentation that supports eligibility or individual circumstance. It may provide free or discounted services when:

- Patient is eligible for state-funded prescription medication program
- Patient is homeless
- Patient does not apply for HHPA Assistance
- Patient participates in Women, Infants and Children programs (WIC)
- Patient is eligible for food stamps or subsidized school lunch program
- Patient is eligible for assistance under the Crime Victims Act or Sexual Assault Act
- Patient is eligible for other state and local assistance programs that are unfunded
- Patient's valid address is considered low income or subsidized housing
- Patient is deceased with no known estate
- Patient files bankruptcy
- Patient is deemed to have minimal financial resources based on a proprietary third party tool utilized by the facility

3. Basis for Calculating Discounts

The patient's estimated annual household income, adjusted for family size, will be used to determine program eligibility. Patients that have qualified for full financial assistance will not be subject to any billing and/or collection actions with no expectation of payment. Patients approved for partial financial assistance will be subject to billing and/or collection actions related to their determined amount. Expected payments for services covered under this policy will not exceed the Amounts Generally Billed (AGB) which is the average commercial payments for services. This is a sliding scale program so the maximum due would be 55% of charges.

4. Applying for Financial Assistance

1. Patients are requested to complete the financial assistance application, as well as submit as much of the requested information as possible. In addition to completing an application, required documentation may include: proof of identity, residency within the Halifax Health taxing district, income, and asset verification.
2. Patients are requested to return the application and information as soon as possible or within 15 days. Collection activity will be placed on hold while patients are in the financial assistance application process.
3. Consideration will be given to all applicants. Applications will be reviewed as soon as possible and notification of eligibility will be provided by mail or by email upon patient request.
4. A patient may appeal a denial by phone, by email, or by letter with an explanation of their financial circumstances and documentation related to their extenuating circumstances.

5. Applying for Catastrophic Eligibility

1. Patients are requested to complete the financial assistance application, as well as submit as much of the requested information as possible.
2. Patients have completed t h e consent form to allow Halifax Health to submit information to third-party system.
3. Patients are requested to return the application and information as soon as possible while in-house or within 15 days upon discussion with PBFS team member.
4. Applications will be reviewed as soon as possible, patient may not be directly notified of approval.

6. Relationship to Billing and Collection Policies

Halifax Health will not engage in, nor will it authorize its collection agency to engage in, extraordinary collection actions without verifying that patients have been given the opportunity to apply for HHPA financial assistance. Any external agency or business partner Halifax Health contracts with for the purposes of debt servicing is required to adhere to and comply with the provisions of this FAP.

Halifax Health will send the patient/guarantor monthly bills for any unpaid balances for up to 120 days after treatment. During this 120-day period, Halifax Health Credit & Collections will attempt to contact the patient/guarantor a minimum of three times via statements, phone calls, and/or e-mails. During this period, the patient is expected to either:

- Apply for financial assistance
- Establish a payment plan for the balance – low/no interest options available

- Pay the outstanding bill in full

After the 120-day period, if the patient/guarantor does not take one of the three actions listed above, then the account will be referred to one of our contracted collection agencies. The patient's credit report may reflect the unpaid bill 365 days after it becomes due.

The deadline for application of consideration for patient financial assistance is 240 days following the issuance of the first post-discharge statement for the outstanding balance. If within that timeframe the patient is able to provide additional information to support determination of 100% financial assistance qualification, accounts within twelve months (12) of the patient's eligibility and placed with a collection agency will be closed, Halifax Health will adjust the balance and request the agency recall adverse credit reporting action related to the eligible debt(s).

If the patient qualifies for partial (less than 100%) financial assistance, the account balance will be adjusted to reflect this discount, however placed accounts will not be returned from the collection agency and adverse credit action may still be reflected on the patient's credit report.

7. **Other Factors**
   Halifax Health patient assistance staff may request additional information to clarify inconsistencies or to make an accurate determination of income, assets and/or financial need.

REFERENCES

Patient Financial Assistance Plain Language Summary
N-HMC-408 Halifax Managed Healthcare Assistance (HHPA) Checklist
N-HMC-174 Halifax Health Patient Assistance (HHPA) Financial Assistance Assessment
Florida Agency for Health Care Administration - Florida Title XIX Inpatient Hospital Reimbursement Plan Florida Statute 409.11 – Disproportionate Share Program