LEE HEALTH
POLICY & PROCEDURES

FINANCIAL ASSISTANCE	LOCATOR NUMBER

TYPE

☐ **System-wide -** A formal statement of values, intents (policy), and expectations (procedure) that applies to every employee throughout the System.

☒ **Multidisciplinary/Interdisciplinary** - A formal statement of values, intents (policy), and expectations (procedure) that applies to more than one discipline and is usually of a clinical nature. **Check below all areas to which this applies.**

☐ **Departmental -** A formal statement of values, intents (policy), and expectations (procedure) exclusive to a particular department or group of people within a department at one or multiple locations that does not impact any other area.

CHAPTER: M05

TAB: 00

POLICY #: 190

Disciplines / locations to which this interdisciplinary policy applies:

☐ Health Information Management	☐ Pharmacy	☐ Acute Care Hospital Nursing
☐ Environmental Services	☐ Plant Operations	☐ Outpatient Services
☐ Information Systems	☐ Radiology	☐ Home Health
☐ Laboratory	☐ Rehabilitation Services	☐ Skilled Nursing Services
☐ Legal Services	☐ Respiratory	☒ Physician Offices
☐ Nutrition	☐ Public Safety	☐ Rehab Hospital
☒ Business Office	☒ Registration	_____

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Approved by:

Policy Administrator: **Anne Rose, Vice President, Revenue Cycle** **Date: 1/2025**

As Needed:

Date:

PURPOSE:

To establish the criteria and process by which Lee Health offers financial assistance to eligible patients.

DEFINITIONS:

Emergency Medical Care - Care to treat a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: serious impairment to bodily function, or serious dysfunction of any bodily organ or part, or placing the health of the individual in serious jeopardy.

Gross Charges - The total charges at the treating hospital's full established rates for the provision of patient care services before deductions from revenue are applied.

Medically Necessary Care - Medical care meeting the following conditions: (a) necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain; (b) individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs; (c) consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational; (d) reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide; and (e) furnished in a manner not primarily intended for the convenience of the patient, the patient's caretaker, or the provider. This definition of "medically necessary care" is the same definition referenced in Florida Administrative Code Rule 59G-1.010 governing Florida's Medicaid program, and the Florida Medicaid Definitions Policy.

The following services will not be considered as "medically necessary care" for purposes of this policy without a physician certification that the services are medically necessary care as defined above:

- Cosmetic Services
- Bariatric-related Services
- Services that are not received at a Lee Health hospital facility
- Services deemed non-covered by Medicare, whether or not a patient is covered by Medicare

Primary Service Area - Lee, Charlotte, Collier, Glades and Hendry Counties in Florida

Uninsured - A patient having no level of insurance or third-party assistance to assist with meeting his / her payment obligations.

POLICY:

The Lee Health Financial Assistance policy ("FAP") applies to emergency medical care and medically necessary care provided by Lee Health in a hospital setting, and includes services provided by Lee Physician Group physicians to hospital inpatients or hospital emergency room patients. The FAP does not apply to care provided by Lee Health outside of the hospital setting, such as office visits to physicians of Lee Physician Group. Treating physicians not employed by Lee Health may or may not offer financial assistance discounts.

A complete provider list identifying physicians that are and are not covered by the FAP may be found at http://www.leehealth.org/businessoffice/financial-assistance.asp. You may request a paper copy of the physician list by calling the Patient Financial Services Department at 1-800-809-9906. This list is updated at least quarterly.

Patients are eligible for financial assistance under the FAP only if they satisfy an applicable income threshold and:

a) Are uninsured;

b) Reside in the primary service area of Lee Health;

c) Supply Lee Health with necessary information about household finances; and

d) Receive services at a Lee Health hospital facility (The Rehabilitation Hospital, Cape Coral Hospital, Golisano Children's Hospital, Gulf Coast Medical Center, HealthPark Medical Center and Lee Memorial Hospital).

Financial assistance is not typically available for:

a) Insurance copayments

b) Insurance deductibles

c) People who fail to comply with reasonable insurance requirements such as obtaining authorizations or referrals

d) People who opt out of insurance coverage

e) People who reside outside of Lee Health's primary service area

Regardless of a patient's eligibility under the FAP, Lee Health will provide, without discrimination, care for emergency medical conditions (within the meaning of section 1867 of the Social Security Act). Lee Health will not engage in actions that discourage individuals from seeking emergency medical care. An award of financial assistance does not extinguish Lee Health's right to secure payment from other sources, such as insurance, liability settlements, and judgments. In addition, Lee Health retains discretion to provide financial assistance to patients who reside outside of its primary service area.

METHOD FOR APPLYING

Each patient has the opportunity to apply for financial assistance at all times throughout his or her relationship with Lee Health:

a) Before treatment;

b) Throughout treatment; and

c) Up to the resolution of his/her account.

Patients are requested to complete the Lee Health Financial Assistance Application ("FAA") and submit the requested information. Patients are requested to return the FAA and information within 15 days of their registration at the hospital. The FAA is available on the internet at http://www.leehealth.org/businessoffice/financial-assistance.asp.

A completed FAA with signed attestation may be accepted as sufficient documentation of reported income unless Lee Health, in its sole discretion, requests supporting documentation. Lee Health may request any of the following supporting documentation for the patient or the patient's household:

a) Pay stubs

b) Income tax return

c) Bank statements showing deposits to checking or savings accounts

d) Written verification of wage from employer

e) W-2 withholding form

f) Written verification from a governmental agency attesting to a patient's income status

g) Statement of support from friend when income reported is $0

h) Credit report

i) Documents demonstrating the patient's residency in the Lee Health primary service area

Failure to provide supporting documentation does not preclude Lee Health from providing financial assistance, in its sole discretion.

Patients who are identified as self-employed must provide both personal and business income tax records for the 12 months prior to the date of service as part of their application for financial assistance.

Lee Health may seek to verify income, including by checking an individual's credit history.

Consideration will be given to all applications. Reasonable efforts will be made to determine assistance eligibility based on incomplete applications. Eligibility determinations may be based on information obtained from the credit report or on previously-submitted financial information, diagnosis, and historical payments.

Patients who are known to have exhausted Medicaid benefits and/or to be homeless may be presumed eligible for financial assistance. This presumption may be based upon information obtained through Florida's Agency for Health Care Administration (*e.g.*, through the Agency's web portal or Medicaid Management Information System) or through Lee Health's billing software.

Approval for financial assistance may take up to 30 days after a complete application and all supporting documents are submitted.

Patients who qualify for financial assistance will remain eligible for a period of up to 180 days. After 180 days, updated financial documentation is required to determine further eligibility.

Estimates and financial assistance counseling will be available upon request before or after receiving services.

Individuals in need of assistance with the application process may contact the Patient Financial Services Office at 1-800-809-9906.

FINANCIAL ASSISTANCE AVAILABLE AND ELIGIBILITY CRITERIA

Lee Health offers financial assistance chiefly in two forms: (1) financial assistance based on the patient's income, and (2) discounts available to uninsured patients.

1. Income-Based Financial Assistance

If a patient's income is below 400 percent of the federal poverty guidelines, the patient can receive some form of financial assistance. Lee Health retains discretion to provide financial assistance even to patients who fall outside of these standard income guidelines.

- Income is defined as gross annual household income and the addition of 25% of any available liquid assets. Ex: Checking, Savings or Money Market account balances

- Household is defined as spouse and/or significant other, dependent children or others residing in home and claimed as a dependent on federal Income Tax Returns

Patient's Income	Amount of Financial Assistance
At or below 200 percent of the federal poverty guidelines	The patient is eligible for 100 percent financial assistance (also referred to as "charity care") and the hospital fees and Lee Physician Group fees related to the hospital care for Lee Health are completely waived.
Between 201 and 400 percent of the federal poverty guidelines	The patient is eligible for an 80 percent reduction in gross charges from Lee Health hospitals and Lee Physician Group fees related to the hospital care, in other words, the patient pays 20 percent of the gross charges.
Patient's responsibility for hospital charges exceeds 25 percent of the household income but household income does not exceed four times the federal poverty level for a family of four.	The patient is eligible for 100 percent financial assistance and the hospital fees and Lee Physician Group fees related to the hospital care for Lee Health are completely waived.

These discounts and adjustments do not apply to non-contracted providers or any account that is the result of an accident, liability claim, or other actions that result in a legal settlement. Further, such discounts shall not apply until all third party payment sources on an account have been identified and applied. Medicare deductible or coinsurance amounts eligible for FA will not be claimed as Medicare Bad Debt.

2. **Income-Based Financial Assistance for Patients Undergoing Active Cancer Treatment(s)**

If a patient's income is below 400 percent of the federal poverty guidelines; and the patient is undergoing active cancer treatment, the patient can receive some form of financial assistance. Lee Health retains discretion to provide financial assistance even to patients who fall outside of these standard income guidelines.

- Income is defined as gross annual household income and the addition of 25% of any available liquid assets. Ex: Checking, Savings or Money Market account balances

- Household is defined as spouse and/or significant other, dependent children or others residing in home and claimed as a dependent on federal Income Tax Returns

Patient's Income	Amount of Financial Assistance
At or below 400 percent of the federal poverty guidelines	The patient is eligible for 100 percent financial assistance (also referred to as "charity care") and the hospital fees and Lee Physician Group fees related to the hospital care for Lee Health are completely waived, including balances after insurance unless prohibited by law.

These discounts and adjustments do not apply to non-contracted providers or any account that is the result of an accident, liability claim, or other actions that result in a legal settlement. Further, such discounts shall not apply until all third party payment sources on an account have been identified and applied.

3. **Discounts for Uninsured Patients**

If a patient is uninsured and does not qualify for income-based financial assistance, Lee Health offers a discount of 80% of the total charge for hospital-based facility services; and a discount of 25% of the total charge for professional services provided by LPG providers.

BASIS FOR CALCULATING AMOUNTS GENERALLY BILLED

When a patient qualifies for financial assistance of less than 100 percent of gross charges as set forth above, the fees for which the patient is responsible will not exceed the amounts generally billed to individuals who have insurance covering such care ("AGB").

Lee Health uses the "look-back" method to calculate the AGB for its hospital facilities. The AGB is the maximum amount we will collect from a patient who is eligible for financial assistance under the Financial Assistance policy. The AGB percentage is based on all claims allowed by Medicare, Medicaid and private health insurers over a 12 - month period, divided by the associated gross charges for those claims. The calculation for Lee Health's AGB may be found at http://www.leehealth.org/businessoffice/financial-assistance.asp.

COLLECTION ACTIONS

Granting financial assistance is always preferable to taking action to collect past-due patient balances. Lee Health will take reasonable steps to determine a patient's eligibility under the FAP. These steps include discussing the FAP at registration, making application materials available in hospital registration areas and on the internet, and offering financial counseling. But patients must be active participants in the application process and submit requested documentation in support of their applications.

If patients do not apply for or qualify for financial assistance and do not pay their balance, the account will be sent to a collection agency. Patients will be sent a letter, in addition to their final statement, informing them their account is being sent to a collection agency. Patients have five business days to respond to the letter before collection action is initiated. While Lee Health may refer accounts to a collection agency for further collection efforts, Lee Health does not engage in the extraordinary collection action of selling such accounts to collection agencies.

Lee Health may pursue legal action against patients who do not qualify for financial assistance and have sufficient assets to cover balances unpaid for longer than 120 days. Legal action will not be taken until approved by Lee Health internal legal counsel, and the patient will be given 30 days' notice prior to legal action being pursued. Such legal action may include civil lawsuits, and garnishments on wages. Under limited circumstances, and where permitted by law, Lee Health may deny (or require payment before providing) non-emergent care for an individual who has not paid one or more bills for prior care from Lee Health. Lee Health may also file claims in bankruptcy and estate proceedings and pursue liens as permitted by governing law.

Lee Health's Patient Financial Services Office, in consultation with the Legal Services Department, have final authority to determine whether Lee Health has made reasonable efforts to determine FAP eligibility before engaging in collection actions.

If a patient qualifies for financial assistance and an account is written off as a charity expense, it will not be claimed as a bad debt expense.

PUBLICATION OF THE FAP

This FAP, along with the FAA and a plain language summary of the FAP, will be widely publicized within the community Lee Health serves, in full compliance with U.S. Department of Treasury Regulations. Lee Health will also make these same materials and required notifications available in Spanish, Haitian-Creole, German, and the primary language of any other group with a population exceeding the lesser of 1000 individuals or five percent (5%) of the community served by Lee Health.

Persons with questions about the Financial Assistance Policy can telephone a financial counselor at 1-800-809-9906. Information regarding the Financial Assistance policy is also available at http://www.leehealth.org/businessoffice/financial-assistance.asp.

RELATED POLICIES:

M05 00 730 Prescription Assistance for Insured Patients

M05 00 731 Prescription Assistance for Uninsured Patients