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Category:	Admin/HR	Last Review Date:	February 17, 2025
Policy Owner:	Revenue Cycle Director	Retired Date:	
Policy Title:	S0l(r) Financial Assistance Policy		
Supersedes:	S0l(r) Financial Assistance Policy		

Financial Assistance Policy

DISTRIBUTION:

SYSTEM-WIDE

SCOPE:

System-wide: The Nicklaus Children's Health System comprised of the Hospital, Foundation, Nicklaus Children's Pediatric Specialists, and other Nicklaus Children's wholly owned entities and all employees and contractors of those entities.

PURPOSE:

To ensure that US Citizens and lawfully present immigrants, who are unable to pay the Hospital charges are evaluated for financial assistance eligibility, regardless of race, religion, ethnicity, national origin, sex, pre-existing condition, physical, and/or mental disabilities.

POLICY:

Financial assistance determinations will NOT be based on or affected by race, religion, ethnicity, national origin, sex, pre-existing condition, physical and/or mental disabilities.

The Patient Financial Services (PFS} department will determine which patients meet the criteria for financial assistance/uncompensated care by a verifiable process based on the United States Department of Health and Human Services Federal Poverty Guidelines subject to the following provision: All attempts at insurance reimbursement is to be exhausted (i.e. apply for Medicaid, supply all third party information including Motor Vehicle Information or other information necessary to adjudicate claims) before financial assistance eligibility can be considered.

CATASTROPHIC:

Nicklaus will consider the total medical expenses faced by an uninsured family and the family's ability to pay for those expenses, and offer greater assistance, when possible, to those individuals or families facing catastrophic medical expenses.

- Catastrophic Situations. Patients whose patient responsibility after all eligible discounts is greater than 25% of the gross annual family income may be eligible for Catastrophic financial assistance and awarded 100% on open balances not currently in bad debt.

Patients will be considered for 100% financial assistance/uncompensated status if their family income for the preceding 12 months is 200% or less of the current year's Federal Poverty Guidelines (published in the Federal Register). See Attachment A.

PRESUMPTIVE ELIGIBIILITY:

Presumptive Eligibility- Nicklaus Children's recognizes that not all patients/guarantors are able to complete the application requested for financial assistance. For those who are unable to provide required documentation, Nicklaus Children's may use outside agencies in determining Presumptive Eligibility for charity care. Such determinations will be made consistent with applicable law. Presumptive eligibility may be determined on the basis of individual circumstances including, but not limited to:

A. Patient's income is below 200% Federal Poverty Guidelines and considered self-pay

B. Patient discharged to a SNF

C. Patient is deceased

D. State-funded prescription programs

E. Homeless or received care from a homeless clinic

E. Participation in Women, Infants and Children programs (WIC)

G. Food stamp eligibility

H. Subsidized school lunch program eligibility

L. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down)

I. Patients that are referred through a National Association of Free Clinics

K. Medicaid Eligible Patients, when the following criteria apply:

- Medicaid eligibility requirements are met after the service is provided; Non-covered charges occur on a Medicaid eligible encounter; and The provider is not credentialed or contracted.

L. Low income/subsidized housing is provided as a valid address; or

M. Other significant barriers are present.

In the absence of patient provided information, this process will enable Hospital to make informed decisions on the financial needs of patients. Due to the inherent nature of the presumptive circumstances, a patient determined eligible for Presumptive Financial Assistance will receive 100% write off of the account balance.

COMMITMENTTO PROVIDE EMERGENCY MEDICAL CARE:

Hospital provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this Financial Assistance Policy.

Hospital 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. Emergency medical services, including emergency transfers, pursuant to EMTALA, are provided to all Hospital patients in a non-discriminatory manner, pursuant to the hospital's EMTALA Provisions policy.

ELIGIBLE SERVICES:

This policy applies only to charges for emergency or other medically necessary services provided by Hospital, and at all Nicklaus Children's ambulatory care centers. Elective services are not eligible for financial assistance. The policy applies to only Nicklaus Children's employed providers, including Nicklaus Children's hospital delivering emergency or other medically necessary care at the Hospital

PROCEDURE FOR APPLYING FOR FINANCIAL ASSISTANCE:

1. To determine if a patient qualifies under this Financial Assistance Policy, an application for financial evaluation form must be completed and signed by the guarantor (see Attachment B). Applications will be accepted for 240 days after the first bill to the patient. The following documents will be accepted as proof of income:

- Last 3 months payroll check stubs
- Self-Employed patients are required to supply- Most recent P&L statement or most recent years tax return to include full 1040 with Schedules C
- Schedule E from tax return for other real estate or rental income
- Written verification from employer/governmental agencies verifying income for the last 3 months
- Copies of any pension, alimony, or other sources of income
- Copies of social security earnings
- Any other information felt to be pertinent.
- If bank accounts exist, the most recent bank statement for each accounts

2. Accounts that have met the established qualification process are approved according to balance criteria:

a. amount greater than $5001- $15,000- Senior/Supervisor

b. $15,000-$50,000- Manager

c. $50,000 and greater- Director

BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS:

Following a determination of eligibility under this policy, 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). The Hospital calculates AGB under the Look-Back Method, which means that the Hospital determines AGB for any emergency or other medically necessary care provided to an individual eligible for financial assistance based on claims allowed by Medicare fee-for-service and **all** private health insurers that pay claims to the hospital facility during a 12-month period (as defined by Treasury Regulations under section 501(r) of the Internal Revenue Code of 1986, as amended). The Hospital does not **bill** or expect payment of gross/total charges from individuals who qualify for financial assistance under this policy.

ACTIONS TAKEN IN THE EVENT OF NONPAYMENT:

Additional information regarding the actions that the Hospital 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 Hospital via the contact information listed below.

MEASURES TO WIDELY PUBLICIZE THE AVAILABILITY OF FINANCIAL ASSISTANCE:

The Hospital makes this Financial Assistance Policy, application form, and plain language summary of this policy widely available on its website, and implements additional measures to widely publicize the policy in communities served. Furthermore, the Hospital accommodates all significant populations that have Limited English Proficiency by translating this policy, application form, and plain language summary of this policy into the primary language(s) spoken by such populations.

HOSPITAL CONTACT INFORMATION:

Website: https://www.nicklauschildrens.org/patients-and-familiies/financial-assistance-program.aspx

Telephone: 888-538-3036

By Mail:

Nicklaus Children's Hospital
Attn: PFS Customer Service
3100 SW 62 Avenue
Miami, FL 33155

In Person:

Eligibility Assistance Services
Department 3100 SW 62 Avenue
Miami, FL 33155

REFERENCES:

Federal Poverty Guidelines

Section 1557 of the Patient Protection and Affordable Care Act

APPROVED BY:

POLICY AND PROCEDURE COMMITTEE, POLICY AND PROCEDURE COMMITTEE,

Please refer to the electronic copy for the latest version of the document. This document is *uncontrolled when printed. Please check the* master *policy list in PolicyStat to verify that this* is *the correct version before* use.

Attachments

Attachment A- https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines

Attachment B- https://www.nicklauschildrens.org/NCH/media/docs/pdf/Finance/2025_Nicklaus-Financial-Application.pdf