TITLE: **Financial Assistance Program**

PURPOSE: To ensure that UF Health Jacksonville 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.

POLICY: UF Health Jacksonville provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this policy. UF Health Jacksonville 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 are provided to all UF Health Jacksonville patients in a non-discriminatory manner, pursuant to UF Health Jacksonville's EMTALA policy. (Policy Number MS-06-015)

This policy covers services rendered at UF Health Jacksonville Hospital. Patients receiving services will be billed separately for services rendered by physicians practicing at UF Health Jacksonville Hospital. A listing of those physicians is contained in Appendix A. Appendix A will be reviewed and updated quarterly.

Financial Assistance will not be granted for certain procedures and hospital programs where preferential package or elective pricing have already been taken into consideration. Programs where Financial Assistance will not be granted include but are not limited to: (1) All services not deemed medically necessary; (2) Dental care not associated with trauma, congenital abnormalities or life threatening disease, with the exception of routine dental care services provided under Agency for Healthcare Administration guidelines to hospital skilled nursing unit patients; (3) Infertility testing and treatment; (4) Elective abortions; (5) Cosmetic surgery not associated with trauma, cancer care, or congenital abnormalities; (6) Reversal of sterilizations.

DEFINITIONS:

A. **Amount Generally Billed (AGB):** The amount generally billed Medicare patients at UF Health Jacksonville for emergency or medically necessary care. The AGB is updated annually.
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. **EMTALA:** Emergency Medical Treatment and Labor Act, 42 USC 1395dd.
D. **Financial Assistance:** Assistance provided to patients who are unable to fully pay the expected out-of-pocket expenses for emergency and other medically necessary services rendered to patients and who meet the criteria established by this policy.
E. **Gross charges:** The full amount charged by UF Health Jacksonville for items and services before any discounts, contractual allowances or deductions are applied.
F. **Guarantor:** The individual responsible to pay for a medical bill.
G. **Medically Necessary:** Services identified as health-care services or supplies necessary to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine. In any of those circumstances, if the condition produces debilitating symptoms or side effects, then it is also considered medically necessary to treat.
H. **Presumptive Eligibility:** The process by which UF Health Jacksonville may use previous eligibility determinations and/or information from sources other than the individual to determine

eligibility for financial assistance when patient or guarantor is unable to provide the required documentation to complete the financial assistance application.

I. **Third Party Liability:** The legal obligation of third parties to pay for part or all of the expenditures for medically necessary services provided to a patient.
J. **Underinsured:** Insured patients whose out-of-pocket medical costs exceed 25% of their annual family income.
K. **Uninsured:** Patients with no insurance or third-party assistance to help satisfy their financial liability to healthcare providers.

PROCEDURE:

I. **Financial Assistance Criteria**. To be considered for financial assistance, the patient or their guarantor must cooperate by providing the information and documentation necessary to apply for other existing government programs including but not limited to Medicare, Affordable Care Act, Medicaid, Disability, and county programs that may be available for the healthcare services provided. The patient must comply and follow through with all requirements of said programs or Financial Assistance will not be granted.

A. Financial Assistance shall be granted

1. Financial Assistance shall be granted on a sliding scale for qualified applicants for patients 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.

2. Residents of Duval County Florida may be required to apply for Financial Assistance in person, or be represented during the Financial Assistance application process by a designated representative who has been appointed Power of Attorney (POA) by the patient. Duval County residents must provide two proofs of residence from separate sources. The primary proof of residence must be a Florida Driver License (a Florida Identification Card issued by the Florida Department of Motor Vehicles may replace a Florida Driver License if the applicant provides documentation of ineligibility for a Florida Driver License). Acceptable documents:
    - Voter registration card
    - Employer check stub
    - Property tax notice or deed
    - Electric bill
    - State of Florida hunting or fishing license
    - State of Florida vehicle registration
    - Notarized statement documenting support
    - Current lease agreement
    - Mortgage statement

    Document must contain the applicant's residential address

3. Patients qualified for Financial Assistance are eligible for assistance based on the weekly income scale identified in Appendix D. The weekly income scale will be updated annually to be effective March 1.

Rating	Patient Responsibility % of AGB
Full Charity	0
Part Pay 1	30
Part Pay 2	44
Part Pay 3	58

Part Pay 4	72
Part Pay 5	86
Part Pay 6	100

Family Unit: An individual, his/her spouse, birth child(ren), adopted child(ren) to include the unborn child who reside together at the same place of residence. The child(ren) must be age 17 or under to be included in the Family Unit. However, an emancipated minor must provide some form of documented proof to be considered for Financial Assistance as a separate family unit.

B. Financial Assistance will not be granted

1. Financial Assistance will not be granted to individuals who are eligible for other third party coverage but have refused to apply.
2. Financial Assistance will not be granted to patients with residence and/or an insurance provider domiciled outside of the United States.
3. Financial Assistance will not be granted to non-United States Citizens with the following exceptions:
   i. Applicant provides a valid Permanent Resident Card. The Permanent Resident Card may not be expired.
   ii. Applicant provides documentation that he/she has applied for United States Citizenship.
   iii. Applicant provides Refugee or Asylum documentation.
   iv. The sponsored applicant must provide a letter on letterhead from the Sponsoring Agency or documentation of income for the sponsor's household.

C. Self-pay Discount for Uninsured Patients

1. Uninsured patients who are not eligible for financial assistance under this policy may be eligible for a self-pay discounts of 45% off gross charges. Any self-pay discount applied will be reversed if insurance, Third Party Liability (TPL), auto insurance, settlement and/or other miscellaneous source of payment is identified.
2. The self-pay discount does not relieve or forgive point-of-service cash payments that the patient may be required to pay. Also, the discount will not be applied to any "cosmetic" or other elective services.

D. Basis for Calculating Amounts Charged to Patients

1. 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 AGB. UF Health Jacksonville uses the Look-Back Method to determine AGB. Under this method, AGB is calculated by dividing the sum of all its claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service during the prior fiscal year by the sum of the associated gross charges for those claims.
2. UF Health Jacksonville will begin applying the AGB percentage by the 120th after the end of the 12-month period used in the calculation. UF Health Jacksonville does not bill or expect payment of gross charges from individuals who qualify for financial assistance under this policy.

II. Financial Assistance Eligibility Determinations

A. Request for Assistance

1. Patients applying for Financial Assistance must complete the Financial Assistance Application (see Appendix B) in its entirety containing the signature of the patient/guarantor. The patient/guarantor must provide all requested documentation to be determined eligible for Financial Assistance.

2. Patients may apply for Financial Assistance in person by scheduling an appointment with the Financial Evaluation Department located at 2000 Boulevard Jacksonville, Florida 32209, phone number (904) 244-4015.

B. Applications are available in English and Spanish, and may be obtained by:

1. Calling (904) 244-4015.

2. E-mailing enroll@jax.ufl.edu.

3. Accessing the website via the following link: http://ufhealthjax.org/patient-care/financial-assistance.aspx

4. Visiting, in person, one of the following locations:

   i. UF Health Jacksonville Admissions Department 655 West 8th Street, Jacksonville, Florida 32209.

   ii. UF Health North Admissions Department, 15255 Max Leggett Parkway, Jacksonville, Florida 32218.

   iii. UF Health Jacksonville Financial Eligibility Department, 2000 Boulevard, Jacksonville, Florida 32209.

C. UF Health Jacksonville will make reasonable efforts to determine financial assistance eligibility before engaging in any extraordinary collection actions (ECAs) against a patient. Any actions that UF Health Jacksonville may take related to obtaining payment of a bill for medical care, including any ECAs, are fully set forth in a separate Billing and Collection Policy, a free copy of which may be obtained at https://ufhealthjax.org/patient-care/financial-assistance.aspx or via the contact information set forth in Section II.(B.) of this policy.

As more fully described in the Billing and Collection Policy, patients/guarantors have at least 240 days from the issuance of the first post-discharge billing statement to apply for financial assistance. During the first 120 days of this application window, ECAs may not be initiated. ECAs include the reporting of adverse information to a credit reporting agency and attorney engagements in a collection action that may or may not lead to a lawsuit. No ECAs will be initiated without a minimum of 30 days written notice. Such notice shall include a plain language summary of this policy, including phone numbers to call about assistance and the website where the policy and associated documents can be found.

D. Consideration for financial assistance will occur once the patient/guarantor supplies a completed financial assistance application. If the application is incomplete, the additional information required must be supplied prior be being deemed complete. The patient/guarantor shall be notified within 14 days of receipt of an incomplete application.

UF Health Jacksonville may qualify applicants for financial assistance via the use of a signed minimal attestation statement along with a third-party scoring tool or in catastrophic circumstances where the patient/guarantor can support that a financial hardship exists.

E. 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 will include:

- Income from wages
- Income from self-employment
- Alimony
- Child Support
- Military family-allotments
- Public Assistance
- Pension/retirement
- Unemployment compensation
- Workers' compensation
- Grants and scholarships in excess of the cost of tuition and books
- W-2 withholding forms
- Pay Stubs (most recent 90 days or 12 months)
- Income Tax returns (most current)
- Written verification of wages from employer or third party payment source
- Written verification from public agencies which can attest to the applicant's income such as Social Security, Supplemental Security Income, Veteran's Administration, and Railroad Retirement.
- Previous 3 or 12 months of bank statements
- Survivor Benefits
- Disability Payments
- Interest or Dividends
- Rent
- Royalties
- Income from estates or trusts
- Notarized statement of support that verifies support received for the proceeding 90 days or 12 months
- Income from other miscellaneous sources

F. Patients/Guarantors are responsible for completing the required application forms and cooperating fully with the information gathering and assessment process. Financial counselors will be available to provide assistance at (904) 244-4015, enroll@jax.ufl.edu, or the Financial Evaluation Department located at 2000 Boulevard Jacksonville, Florida 32209.

1. If the patient/guarantor has completed any section of the required application by using the terminology of "Not Applicable" and/or "N/A", those entries will be determined to equal $0 and/or none unless information contradicting this statement exists.

2. Patients/Guarantors shall not be denied for failure to provide information not requested on the application and/or this policy.

G. UF Health Jacksonville will make reasonable efforts to provide financial assistance determinations within 7 days of receiving a completed Financial Assistance Application.

H. During the application review process all collection activity will be suspended, including any ECAs.

I. Upon successful financial assistance determination, the patient/guarantor will be notified of such determination:

1. In writing at the address provided on the application if the application was mailed.
2. In writing provided to the applicant at the completion of the in-person eligibility determination.

J. When a patient may appear eligible for financial assistance, but there is no completed financial assistance application on file due to a lack of supporting documentation, often there is adequate information provided by the patient or through other sources, which may provide sufficient evidence to provide the patient with financial assistance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

- State-funded prescription programs;
- Homeless or receives care from a homeless clinic;
- Participation in Women, Infants and Children programs (WIC);
- Food stamp eligibility;
- Subsidized school lunch program eligibility;
- Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down, Medicaid exhausted benefits, Medicaid SLMB and QMB);
- Low income/subsidized housing is provided as a valid address; and
- Patient is deceased with no known estate.

K. UF Health Jacksonville will keep all applications and supporting documents confidential, but may share the final eligibility determinations with other providers where a Business Associate Agreement exists for purposes of providing medical and/or financial services to qualified patients. UF Health Jacksonville may, at its own expense, request credit information to further verify the details of the application.

III. Appeals

A. Patients/Guarantors may appeal a financial assistance determination by providing the basis for the appeal in writing with additional information, such as income verification or an explanation of catastrophic circumstances, and submitting such appeal to the Patient Access Director, 655 West 8th Street, Jacksonville, Florida 32209 within 30 days of receiving the initial determination.
B. Patients/Guarantors will be notified of the appeals outcome.
C. Collection activities will be suspended during the appeal process
D. Patients/Guarantors may reapply for financial assistance if their fact and circumstances have changed since the previous application.

IV. Measures to Widely Publicize Availability of Financial Assistance

UF Health Jacksonville makes this policy, application form, and plain language summary of this policy widely available on its website in English and Spanish, and implements additional measures to widely publicize the availability of financial assistance in communities served, including the following:

A. Conspicuous plain language signage informing the public of this policy, and how to access assistance, shall be posted in all patient intake areas (Appendix C).
B. Paper copies of this policy or other related documents such as the posted summary and Financial Assistance Application shall be provided upon request unless the requestor asks for or agrees to accept copies via electronic means such as e-mail or website.
C. Patients will be offered a copy of this policy's plain language summary at the earliest practical moment during the continuum of care.
D. Copies of this policy with associated documents and signage will be translated to languages which represent the primary language to the lesser of 5% of the patient population or 1,000 individuals.
E. Billing statements will include a conspicuous written notice about the availability of financial assistance including the telephone number(s) to call for more information about this policy and the application process along with the direct website where copies of this policy and associated documents can be found.
F. This policy will notify and inform members of the community served by UF Health Jacksonville in a manner reasonably calculated to reach those members of the community who are most likely to require financial assistance.