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Sponsor:	<i>Alisa Bert: VP, FINANCIAL OPERATIONS</i>
Section:	<i>GA-Patient Accounting Services</i>
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## GA-018-055 Financial Assistance Program Policy

### I. Purpose

- A. Broward Health provides charity care to patients who receive emergency and other medically necessary services and who satisfy the eligibility requirements for financial assistance under this policy. Patients receiving emergency and other medically necessary services who permanently reside within Broward Health's service area and meet the other requirements of this policy, may apply for financial assistance by submitting the Financial Assistance Program Application attached to this policy as Attachment A.
- B. Patients admitted via emergency transport or other acceptable circumstances who do not meet the residency guidelines can be eligible for a one time approval based on the other requirements of this policy.
- C. The primary criteria used to determine a patient's eligibility for financial assistance is based upon the family income as a percentage of the most current Federal Poverty Guidelines issued by the United States Department of Health and Human Services and made available annually through publication in the Federal Register.
- D. Broward Health will not discriminate against a patient applying for financial assistance because of race, creed, color, national origin, sex, age or religion. Broward Health's service area within Broward County runs from the Dania Cut-Off Canal north to the Palm Beach County line.

### II. Commitment to Provide Emergency Medical Care

- A. Broward Health provides, without discrimination, care for emergency medical conditions to individuals, regardless of whether they are eligible for assistance under this policy. Broward Health 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 Broward Health patients in a non-discriminatory manner, pursuant to Broward Health's EMTALA policy.

### III. Definitions

- A. AGB – means amounts generally billed for emergency or other medically necessary care to individuals who have insurance coverage.
- B. EMTALA – means the Emergency Medical Treatment and Active Labor Act, 42 USC 1395dd.
- C. Family Income- means the amount of money a person/family earns in one year from all sources prior

to taxes. Income includes:

- Adjusted Gross Income from self-employment
- Payments from Social Security
- Railroad retirement payments
- Unemployment compensation
- Workers' compensation
- Strike benefits from union funds
- Veterans' benefits
- Public assistance (including General Assistance money payments)
- Training stipends
- Alimony
- Child support
- Military family allotments
- Regular support from an absent family member or someone not living in the household
- Private pensions or government employee pensions
- Regular insurance or annuity payments
- Dividends
- Interest (not interest paid on mortgage from tax return)
- Rent payments received
- Royalties
- Periodic receipts from estates or trusts
- Net gambling or lottery winnings

- D. Financial Assistance – means hospital charges for care provided to a patient whose family income for the 12 months preceding the determination is less than or equal to 200% of the then-current Federal Poverty Guidelines for families residing in the Broward Health service area.
- E. Flat Rate Fee Agreement Program- Broward Health will offer an approved Flat Rate Fee to patients for specific selected procedures to guarantee a maximum out-of-pocket expense. The Flat Rate Fee Schedule will contain all discounted procedures offered within the medical center and will be approved by the Chief Financial Officer (CFO)/Regional Director of Finance, or designee.
- F. Medically Necessary – means services or supplies provided by Broward Health to identify or treat an illness or injury which, in the opinion of Broward Health are (i) consistent with the symptoms, diagnosis and treatment of the condition, disease, ailment or injuries; (ii) appropriate with regard to standards of good medical practice; (iii) not primarily for the convenience of the patient; (iv) the most appropriate supply or level of service which can safely be provided to the patient; and (v) necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain. When applied to an inpatient, it further means that the patient's symptoms or condition require that the services or the supplies cannot be safely provided to the patient on an outpatient basis.
- G. Permanent Residence – means any person not a citizen of the United States who is residing in the

United States under legally recognized and lawfully recorded permanent residence.

- H. Presumptive FAP Determinations- means a determination of eligibility to receive financial assistance based on information other than that provided by the patient in his or her application for Financial Assistance submitted under this policy.
- I. Valid Picture ID – means a state issued driver’s license, state issued identification card, I-551 stamped passport, or valid alien registration card/green card.

#### IV. Policy

- A. This policy is implemented and will be administered in strict accordance with Section 501(r)(4) of the Internal Revenue Code of 1986, as amended, and Treas. Reg. Section 1.501(r)-4. All of the terms, conditions and requirements contained therein are hereby incorporated by reference in this policy as if fully set forth herein
- B. Eligible Services - This policy applies only to charges for emergency or other medically necessary services provided by Broward Health and certain other providers. Services covered under the Flat Rate Agreement Program do not apply to this policy. Attached to this policy as Attachment B is information on how to access a list of all providers, in addition to Broward Health itself, delivering emergency or other medically necessary care at Broward Health that specifies which providers are covered by this policy and which are not covered.
- C. Measures to Widely Publicize the Availability of Financial Assistance - Broward Health will make available copies of the FAP Policy, FAP Application and the plain language summary in English, Creole, Portuguese and Spanish. The copies will be made available on Broward Health’s website, by mail, in the emergency room, and in all registration areas of the hospital. Copies will also be provided to other healthcare providers in the community and community organizations. Also, paper copies of the plain language summary of the FAP will be provided to patients as a part of the intake/discharge process. Signage will also be posted in prominent areas of the hospital visible to the public.

#### V. Procedure

- A. How to Apply for Financial Assistance
  - 1. Broward Health will accept an application for financial assistance from any person provided they meet certain qualifications and have applied and complied with all application and review requirements of any available local, state or federally funded health insurance programs. Applicants must gather all information requested on the FAP checklist, FAP Income Statement and FAP Application and meet personally with a Broward Health financial counselor in order to initiate the application process for financial assistance.
  - 2. If deemed eligible for other funding sources (excluding Auto/Liability sources), the applicant will be ineligible for financial assistance under this policy. Where applicable, proof of denial from other funding sources must be presented prior to the initiation of a financial assistance application. If the applicant refuses to apply for available assistance programs (examples include, but are not limited to, Health Insurance Marketplace, Medicaid, Medicare, Florida KidCare, etc.) and comply with the application process, the applicant will then be deemed ineligible for financial assistance under this policy.
  - 3. A completed application for financial assistance is required for all patients of Broward Health for services where no other funding source exists. Documentation supplied must correspond with the treatment date and each applicant must have a valid picture ID.
  - 4. Each application will require a signature from the applicant, or responsible party attesting to the

truthfulness and accuracy of the information provided on the application. Any person found to be intentionally providing fraudulent information will have the application denied without reconsideration.

5. Broward Health financial assistance applicants will be required to notify an appropriate representative of Broward Health in the event that their income circumstances change during the effective period of the financial assistance approval.
6. Each financial assistance application will serve to determine eligibility to receive financial assistance for all uninsured household family members listed within the application.
7. By signing the financial assistance application, the applicant is required to apply and comply with any available local, state or federally funded health insurance programs including the Health Insurance Marketplace. Failure to do so will result in revocation of the approved financial assistance.
8. Application for financial assistance must be completed during the application period which begins on the date the care is provided and generally ends on the 240<sup>th</sup> day after the date that the first post discharge billing statement for the care is provided.
9. The completed financial assistance application will be processed within approximately 30 business days of receipt pending no unforeseen circumstances.
10. Once an application is approved for financial assistance, the approved application is valid for twelve (12) months from the date of service established by the Central Financial Assistance Unit (CFAU) to provide financial assistance for emergency or other medically necessary services provided to the patient. The approval period for non-Broward County residents is limited to the initial and one follow up (within 30 days) visit. The approval period can be reviewed/amended at any time at the sole determination of Broward Health Administration.

**B. 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 the amounts generally billed to individuals who have insurance covering such care (AGB). Broward Health uses the Look-Back Method to determine AGB. Under this method, AGB is calculated by dividing the sum of all of its claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital during a prior 12-month period by the sum of the associated gross charges for those claims. Broward Health will begin applying the AGB percentage by the 120<sup>th</sup> day after the end of the 12-month period used in the calculation. Members of the public may obtain the current AGB percentage and an accompanying description of the calculation in writing and free of charge via the hospital contact information listed in section X of this policy.  
Broward Health does not bill or expect payment of gross/total charges from individuals who qualify for financial assistance under this policy.

**C. Eligibility Criteria**

**1. RESIDENCY**

- a. This policy addresses natural born, naturalized citizens or permanent residents of the United States, as defined by the United States Citizenship and Immigration Services, who have permanently resided within the service area of Broward Health for at least 30 days prior to the date of receiving emergency or other medically necessary care. In addition,

patients who reside outside of Broward Health's service area may qualify for a one time approval based on the other requirements of this policy.

- b. Broward Health requires that all non-Broward County residents and citizens of other countries requesting non-emergency treatment must present evidence of appropriate funding prior to non-emergency inpatient hospitalization or outpatient services. Patients who are non-Broward County residents or citizens of other countries may be referred from other medical institutions to the specialized facilities and resources available at Broward Health provided that funding and reciprocal transfer or placement agreements are guaranteed.
- c. Broward Health will provide inpatient and outpatient emergency care without regard to residency and funding status to individuals who present themselves at any of the Broward Health facilities and are evaluated by physicians to require emergency care.

## 2. INCOME

- a. A qualified/approved applicant for financial assistance whose family income is at or below 200% of the Federal Poverty Guidelines for Broward County will receive full financial assistance with a co-pay responsibility. Applicants whose income is above 200% will not be eligible for financial assistance. See Attachment C for copay amounts.
- b. The determination for financial assistance will be based upon the family's income for the twelve months prior to the date on which the applicant receives emergency or other medically necessary care.
- c. An applicant who has had a change in circumstance that has kept the applicant from being able to work may apply/re-apply for financial assistance once a diagnosis is provided to support the inability of the applicant to work due to his/her illness. If the applicant must have life sustaining treatment, a reconsideration of the applicant's current account status will be reviewed to determine if the applicant is eligible to receive financial assistance for such life sustaining treatment.

## 3. LEVELS OF AUTHORITY FOR APPROVAL

- a. All completed applications, including all required supporting documentation, which fall within the poverty level income guidelines will be reviewed and approved by a CFAU representative once verified.
- b. A Presumptive FAP Determination may be made on the basis of the following:
  - 1. All Medicaid and Medicaid HMO inpatients/outpatients, since already qualified as indigent by Medicaid, will have an indigent allowance applied to any outstanding medical center balances after all benefits have been exhausted.
  - 2. Patients who are registered with Broward Health Homeless Clinic as W72 (homeless grant) approved, the only requirement for FAP approval will be for the patient to submit a signed FAP income statement.
- c. Any incomplete or questionable applications or appeals, where eligibility cannot be fully verified based on the documentation provided, must be reviewed by the Administrative Director of Medical Center Business Operations or designee for a determination of the applicant's eligibility for financial assistance.
- d. The VP Financial Operations must approve any exceptions based on residency and or exemption from other funding sources. Any exceptions made must be clearly documented

as part of the application.

D. Actions Taken in the Event of Nonpayment

1. Information regarding the collection actions that Broward Health may take in the event of nonpayment of charges for medical care are described in a separate Billing and Collection Policy. Patients and other members of the public may obtain a free copy of this separate policy from Broward Health via the hospital contact information listed herein.

E. Hospital Contact Information

1. Broward Health Website: [www.browardhealth.org](http://www.browardhealth.org)
2. Broward Health Facility Contact Information:
  - a. Broward Health Medical Center (954)355-5442, 600 S. Andrews Ave, Ft. Lauderdale, FL 33316
  - b. Broward Health North (954) 786-6589, 201 E. Sample Rd., Deerfield Beach, FL 33064
  - c. Broward Health Imperial Point (954) 776-8708, 6401 N. Federal Highway, Ft. Lauderdale, FL 33308
  - d. Broward Health Coral Springs (954) 344-3006, 3000 Coral Hills Drive, Coral Springs, FL 33065
3. For a listing of additional Broward Health facilities, including outpatient facilities, urgent care centers, and clinics, visit <http://www.browardhealth.org/Locations>.

VI. Regulations/Standards

Section 501(r)(4) of the Internal Revenue Code

VII. References

F.S. 409.911(1)(c)

Internal Revenue Code §§ 501(r)(4) (financial assistance policies); 501(r)(5) (limitation on charges); and 501(r)(6) (billing and collection requirements) (and Treasury Regulations issued thereunder)

Administration and Interpretation

The interpretation and administration of this policy is the responsibility of the Vice President, Financial Operations.

ATTACHMENT A — Includes the Financial Assistance Program Checklist, Financial Assistance Program Income Statement, and the Financial Assistance Program Application.

ATTACHMENT B – PROVIDER LIST - A list of providers delivering emergency and other medically necessary care covered by the FAP Policy is available on Broward Health's website ([www.browardhealth.org](http://www.browardhealth.org)).

ATTACHMENT C – COPAY AMOUNTS

## Attachments

[BH FAP Attachment B Provider List .pdf](#)

[BH FAP Attachment A Checklist, FAP Income Statement, FAP Application.pdf](#)

[BH FAP Attachment C Co-Payments 02012021.pdf](#)

## Approval Signatures

Step Description	Approver	Date
	Alisa Bert: VP, FINANCIAL OPERATIONS	11/2021
	Janice Mitchell: AVP, HOSP REVENUE CYCLE OPS	11/2021
	Anita Patton: ADMIN SEC-REVENUE CYCLE ASSOC	11/2021

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