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 the residents served within the taxing district of Halifax Health.

POLICY

This Financial Assistance Policy (FAP) 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. Patients will be considered for AHCA charity care, under the guidelines established by the state of Florida, if household family income does not exceed 200% of the current FPG, unless the amount of the hospital charges exceeds 25% of the gross annual family income. However, in no case shall the hospital charges for a patient whose gross family income exceeds four (4) times the FPL for a family of four be considered AHCA charity. Patients with a family income between 200% to 400% of the current FPG may qualify for Halifax Health Charity or discounted billing, which extends beyond the AHCA charity limits. A financial assistance application, which includes a means/asset test, will be used to assist in the determination of the appropriate financial assistance program.
Policy Title: Financial Assistance Program Guidelines
Department: Patient Business Financial Services

TJC Chapter(s):

Title of Policy Owner: Director of Patient Financial Services
Approved by: Director Patient Financial Services And Chief Revenue Officer

Effective Date: 08/2011, 05/02/13
Reviewed Date: 03/2012, 05/02/13, 12/22/2014, 7/1/2016

DEFINITIONS
A. FAP – Financial Assistance Policy

C. FPG – Federal Poverty Guidelines

D. FPL – Federal Poverty Level

D. HH – Halifax Health

E. AHCA – Agency for Health Care Administration. AHCA establishes the state of Florida Charity Care requirements.

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 facilities’ website (www.halifaxhealth.org), and from registration and the Financial Assistance office 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 bills and statements.

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), 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.
   i. Flat rate services or complications from these services are not eligible for financial assistance.
   ii. Financial assistance and discounts only apply to Halifax Health bills.
   iii. Elective or specialty services must be prior referred and authorized by the Primary Care Physician at the Community Clinic. Independent physicians may or may not honor financial assistance or discounts.
   iv. Prescription benefits are limited to the Halifax Health Patient Assistance Formulary.

c. Any balance can be considered for charity, including balances after insurance payment. Balances payable by a third party insurance including but not limited to automobile insurance, worker’s compensation, or liability insurance are subject to review and may not be eligible for financial assistance. 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. 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 will 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.

   AHCA Charity – AHCA Charity is based on the AHCA Charity guidelines. Patient’s that can demonstrate their family income is at or below 200% of the FPG or whose hospital-related expenses exceed 25 percent of the annual family income will be entitled to a full write off of charges. However, in no case shall the hospital charges for a patient whose gross family income exceeds four (4) times the FPL for a family of four be considered AHCA charity. Upon completion of the required documentation, eligibility is effective for twelve (12) months from date of the application interview.

   Financial or Medical Hardship Charity – If a patient’s and/or responsible party’s (i.e., parents, spouse) income is between 200% to 300% of the FPG, they may be considered for a Financial or Medical Hardship under guidelines established by Halifax Health. Eligibility is determined based on available income and assets, acuity, and projected patient clinical outcomes. Patient must have medical bills that are greater than 25% of their gross annual family income.

   Halifax Health Uninsured Sliding Discount Program – Patient’s that can demonstrate that their family income is between 300% to 400% of the FPG 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. Uninsured patients with a family income above 400% of FPG will be eligible for the Halifax Health Uninsured Discount Program.

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 financial assistance will not be subject to any billing and/or collection actions with no expectation of payment. Expected payments for services covered under this policy will not exceed the amounts generally billed (AGB), which are the total amounts Medicare would allow for such care.

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, 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 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. Halifax Health will make every reasonable attempt to assist patients in exploring alternative means of assistance, including Medicare, Medicaid or coverage through the Health Insurance Marketplace.

5. Relationship to Billing and Collection Policies
   Halifax Health maintains separate policies outlining its billing and collection procedures. 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 financial assistance.

6. 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. Halifax Health may provide free or discounted services when:
   - Patient is eligible for state-funded prescription medication program
   - Patient is homeless
   - 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

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

N-HMC- 13 Halifax Health Patient Assistance Fast Facts
N-HMC-408 Halifax Managed Healthcare Assistance (HHPA) Checklist
N-HMC-174 Halifax Health Patient Assistance Financial Assistance Assessment
Florida Agency for Health Care Administration - Florida Title XIX Inpatient Hospital Reimbursement Plan

COMMITTEE APPROVAL DATE