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GA-018-055 Financial Assistance Program Policy

I. Purpose

- A. North Broward Hospital District d/b/a “Broward Health” provides financial assistance to patients who receive emergency care and/or other medically necessary services in a Broward Health Hospital and who satisfy the eligibility requirements for financial assistance under this policy. Patients receiving emergency care and/or other medically necessary services in a Broward Health Hospital 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. Broward Health will not discriminate against an individual applying for financial assistance on the basis of race, color, national origin, sex, age or religion.

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 financial assistance under this policy. Broward Health will not engage in actions that discourage individuals from seeking emergency medical care, 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, are provided to all Broward Health patients in a non-discriminatory manner, pursuant to Broward Health’s Emergency Medical Treatment and Active Labor Act (“EMTALA”) policy.

III. Definitions

- A. Amounts Generally Billed (“AGB”)- means amounts generally billed for emergency care or other medically necessary care to individuals who have insurance coverage.
- B. Application Period - means the period of time during which an application for

financial assistance will be accepted by Broward Health, with such period of time beginning on the date the care is provided and ending on the 240th day after the date that the first post discharge billing statement for the care is provided.

- C. Broward Health Hospital – means Broward Health Medical Center, Broward Health North, Broward Health Imperial Point, or Broward Health Coral Springs.
- D. Broward Health Service Area - means the geographic boundaries as set forth in Sec 1 of the North Broward Hospital District Charter
- E. Eligible Services - means hospital charges for emergency care or other Medically Necessary Services provided by Broward Health and certain other providers as defined in Attachment B in a Broward Health Hospital.
- F. EMTALA - means the Emergency Medical Treatment and Active Labor Act, 42 USC 1395dd, as amended.
- G. 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
- H. Financial Assistance - means free or discounted emergency services and other

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Medically Necessary Services provided to individuals in a Broward Health Hospital who meet Broward Health's eligibility criteria for financial assistance, as provided in this policy, and are unable to pay for all or a portion of the services.

- I. Medically Necessary Services – means services or supplies provided by Broward Health to identify or treat an illness or injury which 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.
- J. Presumptive Financial Assistance Policy ("FAP") Determinations- means a determination of eligibility to receive financial assistance based on information obtained by Broward Health as outlined in this policy other than information provided by the patient in his or her application for Financial Assistance submitted under this policy.
- K. 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 will be administered in accordance with Section 501(r)(4) of the Internal Revenue Code of 1986, as amended, and Treas. Reg. Section 1.501(r)-4 ("IRS Code/ Treas Regs"). All of the terms, conditions and requirements contained in the IRS Code/Treas Regs are incorporated by reference in this policy as if fully set forth herein.
- B. Measures to Widely Publicize the Availability of Financial Assistance - Broward Health will make available copies of this Financial Assistance Policy ("FAP"), the FAP Application, and the plain language summary in English, Creole, Portuguese and Spanish by mail upon request. This information is also available on Broward Health's website <https://www.browardhealth.org>, in the emergency room, and in all registration areas of the hospital. Copies will also be provided to other health care 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 conspicuously posted in the emergency room, admissions areas, and other prominent hospital areas visible to the public.

V. Procedure

- A. Application requirements for Financial Assistance
 - 1. Broward Health will accept an application for financial assistance from any individual provided the individual meets certain qualifications and has applied and complied with all application and review requirements of any available local, state or federally funded health insurance programs,

including the Health Insurance Marketplace. Individuals must gather all information requested on the FAP checklist, FAP Income Statements, and FAP Application and meet personally with a Broward Health financial counselor in order to initiate the application process for financial assistance.

2. If an individual is deemed eligible for other funding sources (excluding Auto/Liability sources) that cover the cost of Eligible Services, the individual 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 an individual refuses to apply for available assistance programs (examples include, but are not limited to, Health Insurance Marketplace, Medicaid, Medicare, Florida KidCare, etc.) and/or otherwise fails to comply with the application process, the individual will be ineligible for financial assistance under this policy.
3. A completed application for financial assistance is required for all patients of Broward Health seeking financial assistance under this policy for Eligible Services provided in a Broward Health Hospital 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. Individuals receiving financial assistance from Broward Health pursuant to this policy are 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 financial assistance eligibility for all uninsured household family members listed within the application.
7. An application for financial assistance must be completed and submitted during the Application Period.
8. The completed financial assistance application will be processed within approximately 30 business days of receipt pending no unforeseen circumstances.
9. Once a financial assistance application is approved by Broward Health, and unless family income or other circumstances change, the approval is valid for twelve (12) months from the date of service established by the Central Financial Assistance Unit (CFAU) to provide financial assistance for Eligible Services to the patient. The approval period for individuals outside the Broward Health Service Area, as set forth in Section C below, 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 Eligible Services 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 Eligible Services 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 120th 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 V-E of this policy.
2. The AGB calculation is separate from what an individual eligible for financial assistance under this policy will be billed or expected to pay.

C. Eligibility Criteria

1. RESIDENCY WITHIN THE BROWARD HEALTH SERVICE AREA

- a. An individual is considered a resident within the Broward Health Service Area if the individual is natural born, naturalized citizen or permanent resident of the United States, as defined by the United States Citizenship and Immigration Services, who has permanently resided within the Broward Health Service Area for at least 30 days prior to the date of receiving Eligible Services.

2. RESIDENCY OUTSIDE THE BROWARD HEALTH SERVICE AREA

- a. An individual who does not meet the standard in Section V.C.1 above is considered a resident outside the Broward Health Service Area.
- b. Patients who reside outside of the Broward Health Service Area may qualify for a one-time approval based on the other requirements of this policy.
- c. All patients who reside outside of the Broward Health Service Area requesting non-emergency treatment must present evidence of appropriate funding prior to non-emergency inpatient hospitalization or outpatient services. Patients who reside outside of the Broward Health Service Area may be referred from other medical institutions to the specialized hospitals and resources available at Broward Health provided that funding and reciprocal transfer or placement agreements are guaranteed.

- d. 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 hospitals and are evaluated by physicians to require emergency care.

3. INCOME

- a. The primary criteria used to determine an individual's eligibility for financial assistance is the individual 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.
- b. A qualified/approved applicant for financial assistance whose family income is at or below 300% of the Federal Poverty Guidelines for Broward County will receive 100% financial assistance with the exception of a co-pay responsibility. See Attachment C for copay amounts. In addition, applicants whose income is above 300%, where the hospital charges due from the patient exceed 25% of the annual family income, can be eligible for a one-time approval. However in no case shall the hospital charges for a patient whose family income exceeds 400% of the FPG be considered for financial assistance.
- c. 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 Eligible Services.
- d. 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.

4. 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. Individuals presumptively eligible for financial assistance will be reviewed and approved by a CFAU representative without submission of a completed application or having to apply for other insurance programs. A Presumptive FAP Determination may be made as follows:
 - i. 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.

- ii. Patients who are registered with Broward Health Homeless Clinic as W72 (homeless grant) approved will receive 100% financial assistance for Eligible Services after the patient submits a signed FAP income statement.
- iii. Identifying Presumptive FAP Determinations via Electronic Screening Software Tool
 - a. Broward Health recognizes that a portion of the uninsured patient population may not engage in the traditional financial assistance application process. If the information required by this policy is not provided by the patient, Broward Health may utilize an automated predictive scoring tool provided by a third-party vendor to identify patients that qualify for financial assistance under this policy. This screening process utilizes public data and includes estimates for income, household size, and compares to the FPG.
 - b. The automated predictive scoring tool will be deployed prior to bad debt assignment after all other eligibility and payment sources have been exhausted. This allows Broward Health to screen all uninsured patients, (including patients residing outside the Broward Health Service Area), with balances of \$5,000 or higher for eligibility for financial assistance under this policy prior to pursuing any extraordinary collection actions. The data returned from this automated predictive scoring tool will constitute adequate documentation of financial need under this policy, including instances where documentation is not available from the patient.
 - c. Patients who have filed for bankruptcy are also to be screened via the automated predictive scoring tool for eligibility for financial assistance under this policy. Notification of the filing may come from collection agencies working the accounts. Their notification to Broward Health will

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trigger the electronic screening software tool to review for eligibility for financial assistance under this policy and not be limited to \$5,000 and higher balances on the accounts.

d. When electronic enrollment is used as the basis for presumptive eligibility, the highest discount of full free care will be granted for eligible services for retrospective dates of service only. Broward Health is not required to notify the patient of the determination of eligibility under this policy.

iv. Any incomplete or questionable applications or appeals, where eligibility cannot be fully verified based on the documentation provided, must be reviewed by the AVP Hospital Revenue Cycle Operations or his/her designee, for a determination of the applicant's eligibility for financial assistance.

v. The VP Financial Operations, or his/her designee, 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

2. Broward Health Hospital Contact Information:

- a. Broward Health Medical Center (954)355-5442, 1600 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

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).

ATTACHMENT C - COPAY AMOUNTS

Attachments

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

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

[BH FAP Attachment C - Co Payments 02012022.pdf](#)

Approval Signatures

Step Description	Approver	Date
	Anita Patton: ADMIN SEC-REVENUE CYCLE ASSOC	Pending
	Janice Mitchell: AVP, HOSP REVENUE CYCLE OPS	05/2023