Lakeside Medical Center
Health Care District Palm Beach County

POLICY

Policy Title:	**Financial Assistance**	Effective Date:	08/01/2018
Department:	**Admitting**	Policy Number:	N/A

APPLICABILITY

This policy applies to all emergency and other medically necessary care provided by Lakeside Medical Center to Palm Beach County residents, as well as to the services provided at the hospital facility by those providers listed in Exhibit A. Those physicians and providers who may provide emergency treatment and medically necessary care at the hospital facility but who are not covered by this policy are listed in Exhibit B. The determination of financial assistance may be made before admission, at the time of admission, or shortly thereafter. Eligibility for financial assistance will only be considered after all potential payment sources have been exhausted. The co-pay and/or coinsurance amount will be pursued for all accounts with the exception of deceased and homeless patients with no other guarantor. Patient account transactions for patients deemed eligible for financial assistance will be posted in the month the determination is made. Additional information is included in the Hospital Billing and Collection Procedure.

AVAILABILITY

A copy of this policy, the Plain Language Summary of this policy, the application for financial assistance and the Hospital Billing and Collection Procedure will be made available at no charge by writing to the Admissions Office at Lakeside Medical Center, 39200 Hooker Highway, Belle Glade FL 33430. You may also obtain a copy at the Admissions office, Business Office, in our Emergency Room or on our website www.hcdpbc.org/for-patients/hospital under Billing and Insurance.

DEFINITIONS

Lakeside Medical Center: Referred to herein as "Hospital."

Federal Poverty Level Guidelines (FPLG): Updated by the federal government annually, these guidelines are used to determine eligibility for financial assistance by comparing household income to household size.

Financial Assistance: The process of discounting charges for patients who meet eligibility criteria, up to a 100% reduction of patient financial responsibility.

Uninsured: The patient has no level of insurance or third party assistance to assist with meeting their payment obligations.

Underinsured: The patient has some level of insurance or third party assistance but still has out of pocket expenses that exceed their ability to pay.

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PROCEDURE

Eligibility Criteria for Financial Assistance

Eligibility for financial assistance will be considered for those who are uninsured, underinsured, ineligible for any government health care benefit program and are unable to pay for their care, based upon a determination of financial need in accordance with this procedure. The granting of financial assistance is based on an individualized determination of financial need and will not take into account age, gender, race, social or immigration status, disability, sexual orientation or religious affiliation. The Hospital, in its sole discretion, will determine whether or not patients are eligible to receive financial assistance for deductibles, co-insurance or copayment responsibilities.

No patient eligible under this Procedure will be charged more than the amount generally billed (AGB) to other patients for emergency or other medically necessary services. AGB is determined using the billing and coding process used for individuals covered by Medicare and represents the maximum amount that the Medicare beneficiary would be responsible for paying for services rendered. Amounts charged means the amount the patient is personally responsible for paying after all deductions, discounts (including FAP discounts) and insurance reimbursements have been applied.

In addition to assessing eligibility under this procedure, the Hospital may take other actions in the event of non-payment. These actions are explained in the Hospitals Billing and Collection Procedure.

Determination of Need

1. Financial need will be determined based on an assessment that involves:
    a. An application process, in which the patient or the patient's guarantor are required to cooperate and supply personal and financial information on an application, in addition to supporting documentation relevant to making a determination of financial need;
    b. The use of externally publically available data sources that provide information on a patient's or a patient's guarantor's ability to pay;
    c. Reasonable efforts by the Hospital to explore appropriate alternative sources of payment and coverage from public and private payment programs and to assist patients to apply for such programs;
    d. Consideration of the patient's available assets and all financial resources available to the patient; and
    e. A review of the patient's outstanding accounts receivable for prior services rendered by the Hospital, as well as the patient's payment history.

2. Requests for financial assistance shall be processed promptly and the Hospital will notify the patient or applicant in writing within thirty (30) days of receipt of a completed application.

Presumptive Financial Assistance Eligibility

There are instances when a patient may appear eligible for financial assistance but there is not a current Financial Assistance application on file. In the event there is no documentation to support a patient's eligibility for financial assistance, the Hospital will use outside agencies for the purpose of determining eligibility for financial assistance. When an eligibility determination is made based on the patient's presumptive circumstances, the only discount that can be provided is a one-hundred percent (100%) write off of the account balance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

- State funded prescription programs;
- Homeless or received care from a homeless clinic;
- Participation in Women, Infants and Children Program (WIC)
- Food stamp eligibility;
- Subsidized school lunch program eligibility;
- Eligibility for other state or local assistance programs that are unfunded;
- Low income/subsidized housing is provided as a valid address
- Medicaid eligible with exhausted benefits or coverage limits exceeded
- Patient is deceased with no known estate
- When no documentation or verification of eligibility is available, the patient is considered a self-pay patient until documentation is provided to support financial need and eligibility for a financial assistance program.

Financial Assistance Eligibility Guidelines

Hospital services will be made available to the patient on a sliding fee scale, in accordance with financial need as determined in reference to Federal Poverty Level Guidelines (FPLG) in effect at the time of the determination as follows:

- Patients whose family income is at or below 200% of the FPLG qualify for a 100% reduction in financial responsibility.

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- Patients whose family income exceed 200% of the FPLG but are no more than 300% of the FPLG qualify to receive a 80% discount Medicare's expected reimbursement.
- Patients whose family income exceed 300% of the FPLG but are no more than 400% of the FPLG qualify to receive a 60% discount Medicare's expected reimbursement.
- Patients whose family income exceeds 400% of the FPLG qualify to receive a 40% discount of Medicare's expected reimbursement.

Process for Applying for Financial Assistance

1. A completed Financial Assistance Application must be submitted
2. All alternative payment sources will be reviewed to assist in payment of a patient's account prior to screening for financial assistance eligibility.
3. Once these sources have been exhausted, a patient will be requested to supply documentation of Palm Beach County residency and financial status, which may include:
    a. Tax Returns
    b. W-2 forms
    c. Paycheck Stubs
    d. Government or employer sponsored benefits, such as Workers' Compensation, Unemployment Compensation, long- or short-term disability, SSI or SSDI.
    e. A completed financial assistance application
    f. Utility bill, rental lease or occupancy agreement.
4. This information will be screened against the current Federal Poverty Level Guidelines. Patients falling within these guidelines will qualify for financial aid and their account will be written off to the extent allowable by the guidelines.
5. Patients with insurance coverage leaving the patient with financial obligations that are beyond their ability to pay can also qualify for financial assistance. Once deemed eligible, account balances will be written off using the "Financial Assistance" adjustment code.
6. This approval will be valid for twelve (12) months and can be used retroactively for services up to three (3) months prior to submission of a financial assistance application.
7. Documentation for financial assistance determination must include the following:

a. Annual Gross household Income

b. Number of family members

c. Other information used for this determination

Application Approval

Prior to submission of the application for approval, the documentation to support the application will be reviewed by the Financial Counselor. Any missing or additional documentation required will be obtained prior to the application being approved.

Documentation required for write off amount:

1. Patient bill
2. Patient ledger card
3. Remittance advice
4. Patient financial class
5. Payments received
6. Other pertinent information.

All applications will be reviewed and approved by the Financial Counselor. Balances greater than $2,500 will require the approval of the Finance Manager. Balances greater than $10,000 will require the approval of the Chief Financial Officer.

Communication of the Financial Assistance Policy to Patients and the Public

Using language comprehensible to an ordinary layperson, the Hospital will publicize the availability of financial assistance and the method of application to be used. This information will be provided in the languages spoken by the population served by the Hospital. Means of publication include but are not limited to:

- Documentation will be available in the Admissions, Business Office and Emergency Departments.
- Notice will be posted in the Admissions, Emergency and Business Office departments.
- Notice will be posted on the Hospital website. Policies and forms will also be available on the website.
- Information will be provided to the public upon request.
- Information will be provided to all patients upon registration or admission.

CROSS-REFERENCES

Federal Poverty Level Guidelines

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Florida Statutes, Section 395.301

26 CFR 1.501(r)

Health Care District of Palm Beach County District Wide Policy – Financial Assistance – 201508-FA

Billing and Collections Policy

Plain Language Summary

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APPROVED BY	DATE
Darcy J. Davis, Chief Executive Officer	8-21-18
Finance and Audit Committee	07/24/2018
Health Care District Board	07/24/2018

POLICY REVISION HISTORY

Original Policy Date	Revisions	
01/01/2011	02/22/2012	
	10/31/2014	
	07/24/2018	