



## POLICY AND PROCEDURE

**EFFECTIVE DATE:** NOT SET

**DISTRIBUTION:** SYSTEM-WIDE

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**VERSION #:** 1 **REPLACES:**

**ISSUED BY:** REVENUE CYCLE MANAGEMENT

**APPROVED BY:** POLICY AND PROCEDURE COMMITTEE, DAWN JAVERSACK (SVP/CFO HEALTH SYSTEM), MAGALY CERVERA ESCOBAR (DIRECTOR PT FINANCIAL SERV), WENDY BUICE (CONTRACTOR - VP REVENUE CYCLE (ENSEMBLE))

**POLICY AND PROCEDURE DESCRIPTION:** FINANCIAL ASSISTANCE POLICY

### SCOPE:

System-wide: The Nicklaus Children's Health System (NCHS) comprised of the Hospital, Foundation, Nicklaus Children's Pediatric Specialists, and other NCHS wholly owned entities and all employees and contractors of those entities.

### PURPOSE:

To ensure that US Citizens and lawfully present immigrants, who are unable to pay the Hospital charges are evaluated for financial assistance eligibility, regardless of race, religion, ethnicity, national origin, sex, pre-existing condition, physical, and/or mental disabilities.

### POLICY:

Financial assistance determinations will NOT be based on or affected by race, religion, ethnicity, national origin, sex, pre-existing condition, physical and/or mental disabilities in accordance with HIPAA regulations.

The Patient Financial Services (PFS) department will determine which patients meet the criteria for financial assistance/uncompensated care by a verifiable process based on the United States Department of Health and Human Services Federal Poverty Guidelines subject to the following provision: All attempts at insurance reimbursement is to be exhausted (i.e. apply for Medicaid, supply all 3<sup>rd</sup> party information including Motor Vehicle Information or other information necessary to adjudicate claims) before financial assistance eligibility can be considered.

Patients will be considered for 100% financial assistance/uncompensated status if their family income for the preceding 12 months is 200% or less of the current year's Federal Poverty Guidelines (published in the Federal Register). See Attachment A.

Patients with an income level from 201% to 400% FPG receive discounted care based on the chart below. The specific percentage discounts for the 201-400% FPG levels will be updated annually. Notwithstanding the percentages calculated, as stated above, 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.



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POLICY DESCRIPTION: FINANCIAL ASSISTANCE POLICY

0-200% FPG	201% -400% FPG
100% Adjustment	76% Adjustment

**\*\*Federal Poverty Guidelines Are Updated in Appendix A on a Yearly Basis\*\***

### **CATASTROPHIC EPISODES OF CARE:**

Patients will be considered for 100% financial assistance if the patient responsibility from hospital and/or affiliated physician services in the aggregate from a single episode of care exceed 25% of annual family income. Patients who qualify for catastrophic charity will still be evaluated and applicable patient responsibility applied using the AGB and sliding scale based on FPG.

### **PRESUMPTIVE ELIGIBILITY:**

Patients are presumed to be eligible for financial assistance based on individual life circumstances including but not limited to:

- Patient's income is below 200% Federal Poverty Guidelines and considered self-pay;
- Patient discharged to a SNF;
- Patient is deceased with no known estate and below 200% Federal Poverty Guidelines;
- State-funded prescription programs;
- Homeless or received 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);
- Patients that are referred through a National Association of Free Clinics;
- Low income/subsidized housing is provided as a valid address; or
- Other significant barriers are present.



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### POLICY DESCRIPTION: FINANCIAL ASSISTANCE POLICY

Patients determined to have presumptive financial assistance eligibility will be provided 100% financial assistance and will not be required to meet income criteria, asset eligibility criteria, or fill out a financial assistance application. Nicklaus Children's Health System may utilize available resources (e.g. technology solutions, service organizations, etc.) to obtain such information as credit score to assist in determining whether a patient is presumed eligible for financial assistance.

#### **COMMITMENT TO PROVIDE EMERGENCY MEDICAL CARE:**

Hospital provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this Financial Assistance Policy.

Hospital 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 Hospital patients in a non-discriminatory manner, pursuant to the hospital's EMTALA policy.

#### **ELIGIBLE SERVICES:**

This policy applies only to charges for emergency or other medically necessary services provided by Hospital, and at all NCHS ambulatory care centers. Elective services are not eligible for financial assistance. Attached to this policy as Attachment B is a list of all providers, in addition to the Hospital itself, delivering emergency or other medically necessary care at the Hospital that specifies which providers are covered by this policy and what are not covered.

#### **PROCEDURE:**

1. To determine if a patient qualifies under this Financial Assistance Policy, an application for financial evaluation form must be completed and signed by the guarantor (see Attachment C). Applications will be accepted for 240 days after the first bill to the patient. The following documents will be accepted as proof of income:

- a. Federal withholding forms
- b. Pay stubs
- c. Income tax returns
- d. Forms approving or denying unemployment compensation or worker's compensation
- e. Written verification of wages from employer
- f. Written verification from public welfare agencies or any other governmental agency, which can attest to the patient's income status for the past 12 months
- g. A statement signed by the patient or responsible party acknowledging that providing false information to defraud a hospital of the purposes of obtaining goods or services is a misdemeanor

2. Accounts that have met the established qualification process are approved per balance criteria:



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### POLICY DESCRIPTION: FINANCIAL ASSISTANCE POLICY

- a. \$200,000 or greater: Chief Financial Officer
- b. \$100,000-\$199,999 AVP, Pre-Access (Eligibility Assistance Services Department)
- c. \$25,000-99,999: Director, Pre-Access (Eligibility Assistance Services Department)
- d. \$15,000-24,900: Manager, Pre-Access (Eligibility Assistance Services Department)
- d. 5,000-14999: Supervisor, Pre-Access (Eligibility Assistance Services Department)
- a. Approved:
  - a. Approved applications will be honored for a period of 90 days from the initial date of service.
  - b. For each inpatient admission, a review may be completed to determine that all eligibility factors continue to be met.
  - c. Guarantor is notified in writing
    - b. Denied: Guarantor is notified in writing and normal collection process is initiated.

*\*\*In some cases, for item #2, management of Pre-Access is managed by Ensemble Health Partners and it is acceptable as part of that management agreement that adjustment approvals are delegated to the Ensemble leadership team\*\**

### **BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS:**

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). The Hospital calculates AGB under the Look-Back Method, which means that the Hospital determines AGB for any emergency or other medically necessary care provided to an individual eligible for financial assistance based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a 12-month period (as defined by Treasury Regulations under section 501(r) of the Internal Revenue Code of 1986, as amended).

The Hospital does not bill or expect payment of gross/total charges from individuals who qualify for financial assistance under this policy.

**ACTIONS TAKEN IN THE EVENT OF NONPAYMENT:** Additional information regarding the actions that the Hospital may take in the event of nonpayment are described in a separate Billing and Collection Policy. Members of the public may obtain a free copy of this separate policy from the Hospital via the contact information listed below.



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### **MEASURES TO WIDELY PUBLICIZE THE AVAILABILITY OF FINANCIAL ASSISTANCE:**

The Hospital makes this Financial Assistance Policy, application form, and plain language summary of this policy widely available on its website, and implements additional measures to widely publicize the policy in communities served. Furthermore, the Hospital accommodates all significant populations that have Limited English Proficiency by translating this policy, application form, and plain language summary of this policy into the primary language(s) spoken by such populations.

**This policy is retroactive back to 1/1/2019 and can apply to any open balances between 1/1/2019 and forward.**

### **REFERENCES: HOSPITAL CONTACT INFORMATION:**

Website: <https://www.nicklauschildrens.org/patients-and-families/financial-assistance-program>

Telephone: 786-624-5888

#### **By Mail:**

Nicklaus Children's Hospital

Attn: PFS Customer Service

3100 SW 62 Avenue

Miami, FL 33155

#### **In Person:**

Eligibility Assistance Services Department

3100 SW 62 Avenue

Miami, FL 33155

**Links:** <https://www.federalregister.gov/documents/2018/01/18/2018-00814/annual-update-of-the-hhs-poverty-guidelines>



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Appendix A – Current Year FPD Guidelines (Yearly and Monthly)

2021 Federal Poverty Guidelines

YEARLY		2021	
<b>NCH</b>		100% Discount	76% Discount
		If less than 200%	If Greater than 200% but less than 400%
Family Size	Federal Poverty Guideline (FPG)*		
1	\$12,880	\$25,760	\$51,520
2	\$17,420	\$34,840	\$69,680
3	\$21,960	\$43,920	\$87,840
4	\$26,500	\$53,000	\$106,000
5	\$31,040	\$62,080	\$124,160
6	\$35,580	\$71,160	\$142,320
7	\$40,120	\$80,240	\$160,480
8	\$44,660	\$89,320	\$178,640
Each additional	\$4,540	\$9,080	\$18,160



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MONTHLY		100% Discount	76% Discount
NCH			
Family Size	Federal Poverty Guideline (FPG)*	If less than 200%	If Greater than 200% but less than 400%
1	\$1,451.67	\$2,903	\$5,807
2	\$1,830.00	\$3,660	\$7,320
3	\$2,208.33	\$4,417	\$8,833
4	\$2,586.67	\$5,173	\$10,347
5	\$2,965.00	\$5,930	\$11,860
6	\$3,343.33	\$6,687	\$13,373
7	\$3,721.67	\$7,443	\$14,887
Each additional	\$378.33	\$757	\$1,513