Doctors' Memorial Hospital
Perry, Florida
Policies and Procedures

Department: Patient Financial Services

Policy Description: Financial Assistance

Date Created: 11.29.2010

Reviewed Date: 5.14.2014

Revised Date: 10.27.2014, 10.21.2015, 4-21-16, 5.23.2016, 4.03.2017, 2.28.2018

I. **PURPOSE**: To determine the criteria and process by which Doctors' Memorial Hospital (DMH) staff will determine patient eligibility for financial assistance and ensure that Doctors' Memorial Hospital, Inc. meets its community obligation to provide financial assistance in fair, consistent and objective manner. Doctors Memorial Hospital is committed to providing Emergency and Medically Necessary Care without regard to race, religion, sex or national origin.

II. **POLICY**: DMH provides financial assistance for emergency and other medically necessary services to patients whose family income does not exceed 200% of the Federal Poverty Guidelines. Patients that have been approved at this level of financial assistance will not be subject to any billing or collection efforts with the exception of a $15.00 co-pay per visit in the DMH Rural Health Clinics (revision 4.03.2017).

Such patients must be residents of Taylor or Lafayette County.

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- In addition, other discounts may be available to uninsured patients. A 60% discount for self-pay is applied at time of service.
- Insured patients may be eligible for discount on the patient portion (after all insurance pays). If the patient responsibility is greater than 25% of the patient gross income, the patient is eligible for uncompensated financial adjustment of the portion greater than 25% of gross income. If the patient portion is less than 25% of gross income, the patient is not eligible for uncompensated financial adjustment.

III. **PROCEDURE:**

The process for determining whether a patient qualifies for financial assistance or discount may be initiated by DMH staff, the patient, the patient's spouse, the patient's parent (s) or legal guardian, the patient's proxy or surrogate (as defined by Florida Statutes, Chapter 765), or another family member on the patient's behalf. The following procedures shall be used to determine whether a patient is qualified for financial assistance or discounts.

1. Verify that the account is for emergency or medically necessary services. Any exception must be reviewed by the appropriate supervisor, manager, or director.
2. Obtain a credit report as authorized by the patient or guarantor.

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3. Obtain a complete financial information record (application), from the patient. The financial information record may be completed by the patient, or legal designee as defined by Florida Statutes, Chapter 765. (revision 5.23.2016)…. Exceptions to completion of a Financial Information Report and supporting documents may be made on a case by case basis such as homeless person(s), illiterate person(s). These situations will be considered on a case by case basis and approved by the PFS Director or designee.
4. Completed financial record with signed attestation will be accepted as supporting documentation of reported income to include:
    a. Pay Stubs or previous three months bank statements
    b. Income Tax Return
    c. Written verification of wage from employer
    d. W-2 withholding form
    e. Written verification from a government agency attesting to the patient's income status.
    f. Statement of support received from family / friend when income reported is $0.

Such documentation may be utilized for determining eligibility for a period of up to **180 days**. All documents will be scanned to the patient account. After 180 days, updated financial information is required to determine eligibility.

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5. Patients identified as self-employed must provide both personal and business income tax records for the most recent reporting period in order to be considered for financial assistance. Any exemption to this policy must be approved by management.
6. Verification of income is required for all Medicare recipients.
7. Approved patients whose gross household income falls at or below 200% of current Federal Poverty Level will be considered for the maximum allowable write off of 100%.
8. An individual's ability to pay may or may not be represented by an income test alone. An overall assessment of net worth (e.g., available credit, real estate, stocks, bonds, CD's and trust fund) may be warranted if reported income does not support other documented expenses on the financial information report. Assets will not be used as part of eligibility determination for Rural Health Clinic Services (revision 10.25.2017).
9. If the patient is eligible for Medicaid and his/her benefits have been exhausted, share of cost not met, or the services provided are not a covered benefit under the patients assigned Medicaid program, documentation of the account shall be accepted as approved.
10. Business office representative shall obtain all necessary information to meet charity / uncompensated care or discount eligibility. All accounts must have management approval prior to adjustment. All documents must be scanned into the patient account for audit purposes.
11. Amounts generally billed: Doctors' Memorial Hospital shall not bill any individual who is eligible for financial assistance under this policy more for emergency or other medically

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necessary care than the amount generally billed to patients who have insurance coverage under Medicare.

12. Policy related to Emergency Medical Care: Consistent with EMTALA - (Emergency Medical Treatment and Active Labor Act), all DMH facilities will provide appropriate medical screening to any individual, regardless of ability to pay, requesting treatment for a potential medical condition, If, following an appropriate medical screening, DMH personnel determine that the individual has an emergency medical condition, DMH will provide services, within the capability of Doctors' Memorial Hospital necessary to stabilize, the emergency medical condition or, will effect an appropriate transfer as defined by EMTALA.

13. Definition of Medical Necessity or Medically Necessary (Florida Medicaid Provider General Handbook):

A. Per 59G-1.010 (166), F.A.C., medically necessary or medical necessity means that the medical or allied care, goods, or services furnished or ordered must:

(a) Meet the following conditions:

1. Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain;
2. Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs;
3. Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational;
4. Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide; and
5. Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

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(b) "Medically necessary" or "medical necessity" for inpatient hospital services requires that those services furnished in a hospital on an inpatient basis could not, consistent with the provisions of appropriate medical care, be effectively furnished more economically on an outpatient basis or in an inpatient facility of a different type; and

(c) The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered service.

B. DMH does not cover screening examinations under the financial assistance policy.

C. DMH will use CMS medical necessity and frequency guidelines to check for medical necessity.

14. Billing and collections: Actions taken by Doctors Memorial Hospital in the event of non-payment, including collection actions are described in DMH policy and procedure governing referral of accounts to bad debt status. Doctors Memorial Hospital will not engage in any extraordinary collection actions as defined by applicable law, before making reasonable efforts to determine whether an individual is eligible for charity / uncompensated care under this policy.

15. The services of Doctors Memorial Hospital employed physicians and mid-level providers for emergency or medically necessary care are covered by the DMH financial assistance policy. This policy does not apply to other providers that provide care such as Pathologist, Radiologist, Anesthesiologist or other Specialist.

16. A plain language summary of Doctors Memorial Financial Assistance policy as well as how to apply for financial assistance is available on the DMH web-site, in the DMH Business

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Office and Main Registration areas. Statement and billing messages and other patient correspondence will also provide information for the charity care / uncompensated care program. Patients may obtain a written copy of the full financial assistance policy upon request.

17. Annual Gross Income means all money received by all persons over the age of eighteen living in the household including, but not limited to, Social Security benefits, Veteran's benefits, Alimony, Child support, Unemployment wages, Workers' Compensation benefits, public assistance benefits, wages and tips..

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Discounts are specific to each admission. The upfront collection and eligibility tool in use will calculate the discount for each visit at the time of registration.

References:

EMTALA
https://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA/index.html

Federal Poverty Guidelines http://www.medicaid.gov/medicaid-chip-program-information/by-topics/eligibility/downloads/2015-federal-poverty-level-charts.pdf

Florida Statutes, Chapter 765
http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0700-0799/0765/0765.html

Florida Medicaid Provider General Handbook
http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/GH_12_12-07-01_Provider_General_Handbook.pdf

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Original with Signature on file in Administration

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Sara A. Grambling, PFS Director