

	Policy	
	Title	
	Financial Assistance and Emergency Medical Care Policy	
	Effective Date: 10/1/2024	Last Reviewed: 10/1/2024
	Issuing Department: 8211 Finance	Approved By: Priscilla Needham
	Creation Date: 9/1/2016	Owner: Kim Wills

I. POLICY:

It is the policy of Tallahassee Memorial HealthCare, Inc. (TMH) to provide care to patients regardless of their financial situation. This policy applies to all emergencies and other medically necessary care provided by TMH. Care for emergency medical conditions is provided without discrimination and in accordance with the Emergency Medical Treatment and Active Labor Act (EMTALA).

TMH has established a Financial Assistance and Emergency Medical Care Policy (FAP) which allows patients to apply for assistance with medical expenses. Charges to patients who qualify for financial assistance will be limited to amounts generally billed (AGB) to individuals with insurance covering such care. The ‘look back’ method is used to calculate amounts generally billed. The AGB percentage is based on all claims allowed by Medicare, Medicaid, and private health insurers during the first two quarters of the prior fiscal year (October 1-March 31). The AGB will be updated annually and attached to this policy as Exhibit 1.

The FAP applies to care rendered at TMH locations **listed below**. This policy also covers any physician services that were rendered during an Inpatient stay at TMH (Exhibit 2). It does not apply to services rendered by non-TMH providers, such as anesthesiologists, radiologists, and pathologists.

Information about the FAP will be made available to the public by various means, including the provision of a summary of the FAP at the time of registration, notification in patient statements, posting of information on the hospital website, and personal conversations with patients/guarantors.

A. This Policy applies to the following locations:

Tallahassee Memorial Hospital
1300 Miccosukee Road Tallahassee, FL 32308

Tallahassee Memorial Emergency Center Northeast
1260 Metropolitan Blvd. Tallahassee, FL 32312

Tallahassee Memorial Rehabilitation Center
1609 Medical Drive Tallahassee, FL 32308

Tallahassee Memorial Behavioral Health
1616 Physician's Drive Tallahassee, FL 32308

Tallahassee Memorial Transition Center
3333 Capital Oaks Drive, Tallahassee, FL 32308

B. Members of the public may readily obtain copies of the policies, plain language summary, and financial assistance application free of charge online at <https://www.tmh.org/patients-and-visitors/billing-and-financial-assistance-information> .

C. The following services **are not covered** under this policy:

1. Items deemed “not medically necessary”
2. Elective surgery or procedures

II. DEFINITIONS:

Client Name– Participating facility names

EMTALA – Federal Emergency Medical Treatment and Active Labor Act.

FPG – U.S. Department of Health & Human Services Federal Poverty Guidelines.

SNF – Skilled Nursing Facility.

III. PROCEDURE:

A. Eligibility Criteria: To apply, a patient or family member must complete an application including gross income for a minimum of 3 months (up to 12 months) prior to the date of application or date of service. Proof of income is required with the exception of patients who qualify for presumptive eligibility detailed below.

1. To be considered for the Financial Assistance Policy, the patient/guarantor must complete the Financial Assistance Application, which may include the following information/documents:
 - a. Household gross income
 - b. Family Size
 - c. Proof of income
 - d. Proof of assets/bank statement
 - e. Signature/date

2. The Financial Assistance Application may be requested at the time of registration, through Patient Financial Services, or via the Internet at <https://www.tmh.org/patients-and-visitors/billing-and-financial-assistance-information>.
3. Patients qualifying for financial assistance will be granted eligibility for a 12-month period from the date of the application signature, after which time they must reapply.
4. A sliding scale is used to determine the amount of assistance offered to applicants.
5. Uninsured patients of TMH who are not eligible for financial assistance based on the other provisions of the policy will receive an Uninsured Discount.

Applicant's Income	Amount of Financial Assistance
At or below 200% of the Federal Poverty Guidelines	The applicant is eligible for 100% assistance and all charges are waived.
Between 201%-400% of the Federal Poverty Guidelines	The applicant is eligible for 80% assistance.
Total charges exceed 25% of the applicant's annual income	The applicant is eligible for 100% assistance and all charges are waived.,
All patients that are uninsured regardless of assistance application	Uninsured patients are eligible for 30% of total charges waived for services rendered

6. TMH will not engage in extraordinary collection actions (ECAs), including referral to a collection agency, before reasonable efforts have been made to determine if the patient/guarantor is eligible for the Financial Assistance Program. For the purposes of this policy, a reasonable time period is defined as 120 days following the date of the first statement to the patient/guarantor.
7. Following the 120-day notification period, the account may be referred to an external collection agency, and an entry may be placed on the patient's/guarantor's credit file.

8. The patient/guarantor may apply for financial assistance prior to 240 days from the date of the first statement. The applications are valid for 12 months after the date of the date of the signature.

B. Assets:

There are situations where individuals may not have reported income but have significant assets available to pay for healthcare services. In these situations, we may evaluate and require documented proof of any assets that are categorized as convertible to cash and unnecessary for the patient's essential daily living expenses.

C. Federal Poverty Guidelines:

1. Eligibility is based upon expanded income levels of up to 400% of FPG when care is provided by the hospital. Approval is based upon the number of family members, inclusive of natural or adoptive children under 18, and family income.
2. If a dependent is disabled and over the age of eighteen, he/she may be included in family size the application.
3. The FPGs in effect on the date of service are in effect for the application process. They are issued each year in the *Federal Register* by the **Department of Health and Human Services (HHS)**.
4. The current and historical FPGs are available at <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.

D. Self-Pay Discount:

1. For those uninsured patients who do not qualify for any of the financial assistance discounts described in this policy, an automatic (self-pay) discount of 30% on their medical bills.

E. Geographic Area:

1. Patients who live in the community served by Tallahassee Memorial hospital or medical practice locations will be offered assistance. For those patients living outside the community, extenuating circumstances must be documented and approved by the Public Benefits Manager and be medically necessary or emergent in nature.

F. Patient Notification:

1. Upon receipt of the signed application, the information will be reviewed, income verified, and an eligibility determination will be made. The patient will be notified in writing of the determination.

G. Presumptive Eligibility:

1. Patients are presumed to be eligible for financial assistance based on individual life circumstances including but not limited to:
 - i. A patient's income is below 200% Federal Poverty Guidelines and considered self-pay.
 - ii. Patient discharged to a SNF.
 - iii. Patient is deceased with no known estate and below 200% Federal Poverty Guidelines.
 - iv. State-funded prescription programs.
 - v. Homeless or received care from a homeless clinic.
 1. Services rendered at Tallahassee Memorial Transition Center 3333 Capital Oaks Drive, Tallahassee FL 32308
 2. Services rendered at Tallahassee Memorial Hospital Residency Clinic when patient is referred from Tallahassee Memorial Transition Center
 - a. Family Medicine Residency 1301 Hodges Drive, Tallahassee, FL 32308.
 - b. FSU TMH Internal Medicine Residency Clinic. 1300 Miccosukee Rd, Tallahassee, FL 32308
 - vi. Participation in Women, Infants and Children programs (WIC).
 - vii. Food stamp eligibility.
 - viii. Subsidized school lunch program eligibility.
 - ix. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down).
 - x. Patients that are referred through the National Association of Free Clinics.
 - xi. Medicaid Eligible Patients when the following criteria apply:
 1. Medicaid eligibility requirements are met after the service is provided.
 2. Non-covered charges occur on a Medicaid eligible encounter; and
 3. The provider is not credentialed or contracted.

- xii. Low income/subsidized housing is provided as a valid address; or
 - xiii. Other significant barriers are present.
2. Patients determined to have presumptive financial assistance eligibility will be provided 100% financial assistance.
 3. Patients determined to have presumptive financial assistance eligibility will not be required to meet income criteria, asset eligibility criteria, or fill out a financial assistance application.
 4. Tallahassee Memorial Hospital may utilize available resources (e.g., technology solutions, service organizations, etc.) to obtain such information as credit scores to assist in determining whether a patient is presumed eligible for financial assistance.

H. Cooperation:

1. Patients/guarantors shall cooperate in supplying all third-party information including Motor Vehicle or other accident information, requests for Coordination of Benefits, pre-existing information, or other information necessary to adjudicate claims, etc.
2. While the application is being processed, it will be requested that patients who may be Medicaid-eligible apply for Medicaid. To receive assistance, the patient must apply for Medicaid and be denied for any reason other than the following:
 - i. Did not apply.
 - ii. Did not follow through with the application process.
 - iii. Did not provide requested verifications.

I. Accuracy of Application:

Financial assistance may be denied under this policy if there is reasonable suspicion of the accuracy of an application. If the patient/guarantor supplies the needed documentation and/or information requested to clarify the application, the financial assistance request may be reconsidered. Reconsideration will be reviewed and managed on a case-by-case basis.

J. Application Process:

1. Application forms are made available in Registration areas to facilitate early identification and initiation of the application process. Application forms may also be obtained by contacting Customer Service as indicated in the contact list at the end of this policy.

2. Public Benefits may accept verbal clarifications of income, family size or any information that may be unclear on an application.

K. Financial Assistance for Catastrophic Situations:

1. Florida statute allows Providers to classify charges as “charity” for patients whose family income is at or below 200% of the Federal Poverty Guidelines, or if their medical expenses exceed 25% of their annual income and documented financial information supports the patient does not have the ability to pay for services. “Charity care” or “uncompensated charity care” means that portion of the charges for service reported to the Agency for Health Care Administration for which there is no compensation, for care provided to a patient whose family income for the 12 months preceding the determination is less than or equal to 200% of the federal poverty level, unless the amount due from the patient exceeds 25% of the annual family income. However, in no case shall the Provider’s charges for a patient whose family income exceeds four times the federal poverty level for a family of four be considered charity. (F.S.409.911) If the patient qualifies for the 25% rule for charity and the patient demonstrates the ability to pay a portion of the services, TMH may collect a maximum of the AGB (Amount Generally Billed) and apply charity for the remaining balance.
2. To begin the financial assistance process, a financial assistance application should be submitted. See the Eligibility section above.

L. Basis for Calculating Amounts Charged to Patients:

1. Tallahassee Memorial Hospital shall not bill or expect payment of gross charges from individuals who qualify for financial assistance under this policy.
2. At least annually, Tallahassee Memorial Hospital will review and adjust sliding scale discounts applicable to patients with self-pay balances after insurance (See Deductible section above).

M. Actions Taken in the Event of Nonpayment:

1. The actions that Tallahassee Memorial Hospital may take in the event of nonpayment are described in a separate ***Billing and Collections Policy***. Members of the public may obtain a free copy of this separate policy by contacting Customer Service as indicated in the contact list at the end of this policy.

N. Measures to Widely Publicize the Financial Assistance Policy:

1. Tallahassee Memorial Hospital makes this Financial Assistance Policy, application form, and plain language summary of the policy widely available on its website and implements additional measures to widely publicize the policy in communities served.
2. The facility offers a paper copy of the plain language summary of this Financial Assistance Policy to patients as requested; include a conspicuous written notice on billing statements that notifies and informs recipients about the availability of financial assistance under this Financial Assistance Policy; and have set up conspicuous public displays that notify and inform patients about this Financial Assistance Policy in public, including, at a minimum, the registration areas.
3. Tallahassee Memorial Hospital also accommodates all significant populations that have limited English proficiency by translating this Financial Assistance Policy, application form, and plain language summary of the policy into the primary language(s) spoken by such populations.

IV. REFERENCES:

- 501r of the Internal Revenue Code regarding the provision of financial assistance and emergency medical care
- Exhibit 1 - Amounts Generally Billed (AGB)
- Exhibit 2 - Covered Physician Providers
- TMH maintains a separate Billing and Collections Policy for emergency and medically necessary care.

Exhibit 1

Amounts Generally Billed

FY2025

Based on claims allowed by Medicare, Medicaid and commercial payers for the period October 1, 2023-March 31, 2024, the amounts generally billed (AGB) percentage for Fiscal Year 2025 is 19% of charges. This percentage will be used to determine eligibility under the TMH Financial Assistance Policy for applications received between October 1, 2024 and September 30, 2025.

Exhibit 2

Covered Physician Providers

Practice Legal Name
TMH Physician Partners - Primary Care Southwood
TMH Physician Partners - Primary Care Bradfordville
TMH Physician Partners - Primary Care Wakulla
TMH Physician Partners - Primary Care Quincy
TMH Physician Partners - Primary Care Perry
TMH Physician Partners - Primary Care Monticello
TMH Physician Partners - Primary Care Blountstown
TMH Physician Partners - Primary Care Panama City Beach
TMH Physician Partners, Services by Southern Medical
TMH Physician Partners, Services by Southern Medical Group Northeast
Tallahassee Memorial Family Medicine Residency Program
The FSU College of Medicine Internal Medicine Residency Program at Tallahassee Memorial
TMH Physician Partners - General Surgery Suite 4400
TMH Physician Partners - Maternal-Fetal Medicine
TMH Physician Partners - Gynecologic Oncology
TMH Physician Partners - Cancer & Hematology
TMH Physician Partners - Neurology
TMH Physician Partners - Endocrinology, Obesity & Diabetes
TMH Physician Partners - Lipidology
TMH Physician Partners - Urology
TMH Physician Partners - Pulmonary, Critical Care and Sleep
TMH Physician Partners - Chronic Pain Management
Heart Rhythm Clinic Heart Rhythm
TMH Physician Partners - Neuropsychology
TMH Physician Partners - Rheumatology
Heart Failure Heart Failure
TMH Physician Partners - General Surgery Suite 100
TMH Physician Partners - General Surgery Suite G-02
TMH Physician Partners - Radiation Oncology
Tallahassee Memorial Wound Healing Center
Tallahassee Memorial Behavioral Health Center