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Applicability:	Parrish Medical Center

Financial Assistance, 9500-5014

POLICY SCOPE:

Parrish Medical Center, Parrish Health Center at Port St. John and Parrish Health and Fitness Center

I. POLICY STATEMENT

Parrish Medical Center provides financial assistance to qualified individuals to facilitate their access to emergency and other medically necessary care. Financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Parrish Medical Center's procedure for completing and submitting a financial assistance application or obtaining other forms of payment or financial assistance and to contribute to the cost of their care based on their individual ability to pay. In order to manage its resources responsibly and to allow Parrish Medical Center to provide the appropriate level of assistance to the greatest number of persons in need, Parrish Medical Center offers, and considers financial assistance, as the payer of last resort. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so.

II. PURPOSE

Parrish Medical Center is committed to providing financial assistance to persons who have healthcare needs and are uninsured, ineligible for a government program, or otherwise unable to pay for emergency or other medically necessary care based on their individual financial situation. Consistent with our mission, **Healing Experiences for Everyone all the Time®**, Parrish Medical Center's Board of Directors establishes this policy for the provision of patient financial assistance (charity care). The purpose of this policy is to provide a systematic method for identifying and providing financial assistance to individuals served within the North Brevard County Hospital District. Parrish Medical Center provides care for emergency medical conditions, without discrimination as to age, gender, geographic location, cultural background, physical mobility, sexual orientation, gender identification, or race, to individuals who are in need of emergent and other medically necessary services regardless of the patient's financial ability to pay.

Parrish Medical Center widely publicizes the availability of financial assistance within the hospital and within the community served by the hospital. Among other things, Parrish Medical Center makes this policy, the financial assistance application, and a plain language summary of this policy widely available in English and Spanish.

III. Definitions

For the purpose of this policy, the terms below are defined as follows:

- A. **AGB:** Amounts generally billed for emergency or other medically necessary care to individuals who have insurance coverage.
- B. **Clinically Unstable:** Patient is unfit for financial intervention based on clinical analysis.
- C. **Elective or Non-Urgent:** These are defined as a condition in which the next available date for scheduled admission or visit/procedure is not considered to cause an adverse effect on the patient's health or welfare.
- D. **Emergent:** Emergent is defined as a condition in which the life or limb of the patient is in immediate danger and in which any delay in administering treatment or care would significantly increase such danger.
- E. **EMTALA:** The Federal Emergency Medical Treatment and Labor Act, 42 U.S.C. 1395dd.
- F. **Extraordinary Collection Actions (ECAs)** – A list of collection activities, as defined by the Internal Revenue Service (IRS) and United States Department of Treasury, which healthcare organizations may take against an individual to obtain payment for care only after Reasonable Efforts have been made to determine if the individual is eligible for financial assistance. These actions include reporting adverse information to credit bureaus/reporting agencies along with legal/judicial actions. Please reference the Halifax Health Patient Collections Policy (attached as Schedule 4) for a more detailed description of how ECAs are employed.
- G. **Family:** Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to IRS rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.
- H. **Family Income:** Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:
 - 1. Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;
 - 2. Noncash benefits (such as food stamps and housing subsidies) do not count;
 - 3. Determined on a before-tax basis;
 - 4. Excludes capital gains or losses;
 - 5. If a person lives with a family, includes the income of all family members (non-relatives, such as housemates, do not count)
- I. **Financial Assistance (Charity Care):** Healthcare services that have been or will be provided but are never expected to result in cash inflows. Charity care results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.
- J. **FPG:** The Federal Poverty Guidelines as updated annually in the Federal Register by the United States Department of Health and Human Services.

- K. **Gross charges:** The total charges at the organization's full established rates for the provision of patient care before deductions from revenue are applied.
- L. **Medically necessary:** As defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury).
- M. **Parrish Medical Center facilities:** For purposes of financial assistance eligibility, this policy extends to services provided at Parrish Medical Center facilities – specifically, the "Covered Facilities" listed on Schedule 1.
- N. **Reasonable Efforts:** In general, Reasonable Efforts may include; considering third-party proprietary data to determine a patient's financial status and/or the request and requirement of patient personal or professional financial information. The request and collection of this information will be for the sole intent of making presumptive determinations of eligibility for full or partial assistance, evaluation for external coverage or assistance program qualification, or financial reductions. Parrish Medical Center will make a Reasonable Effort to provide all patients with written and oral notifications about the FAP and application process by posting FAP information on our website, providing this information in person, by mail or via email. FAP documents will also be available as hand-outs at Parrish Medical Center (at least in the Emergency Department and Registration/admission areas), Parrish Health Center at Port St. John and Parrish Health and Fitness Center.
- O. **Underinsured:** The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.
- P. **Uninsured:** The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.
- Q. **Urgent:** Urgent is defined as a condition in which the health of the patient is in need of immediate attention and in which any prolonged delay in administering treatment would jeopardize the health of the patient.

IV. Commitment to Provide Emergency Medical Care

Parrish Medical Center provides, without discrimination, as to age, gender, geographic location, cultural background, physical mobility, sexual orientation, gender identification, race or financial ability to pay, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this policy. Parrish Medical Center 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 Parrish Medical Center patients in a non-discriminatory manner, pursuant to Parrish Medical Center's EMTALA policy.

V. Overview

This policy:

- A. Describes services eligible for financial assistance
- B. Describes what Parrish Medical Center facilities are covered by this policy
- C. Explains whether affiliated providers a patient may encounter at Parrish Medical Center participate in

Parrish Medical Center's financial assistance program

- D. Establishes eligibility criteria for financial assistance
- E. Describes the method by which patients may apply or be considered for financial assistance
- F. Explains the process to appeal a denied financial assistance request
- G. Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy, and limits the amounts that Parrish Medical Center will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance to amounts generally billed (allowed) for commercially insured and Medicare patients
- H. Describes how Parrish Medical Center will widely publicize the policy within the hospital and the community served by the hospital
 - I. Describes the actions that Parrish Medical Center may take in the event of nonpayment
- J. Provides all relevant Parrish Medical Center contact information for matters involving financial assistance or help with the financial assistance process

VI. Eligible Services

This policy applies only to charges for emergency and other medically necessary care provided by Parrish Medical Center at its Parrish Medical Center facilities.

- A. Emergent and Urgent services are eligible services under this policy.
- B. Non-Urgent services (services that are not Emergent or Urgent) are eligible services under this policy; however, patients must be financially cleared prior to services, when possible. Those patients who are not cleared through the financial clearance process may be rescheduled until clearance is obtained.
- C. Elective cosmetic (i.e. cosmetic implants, hearing aid, dental, and sterilization reversal) and weight loss (i.e. bariatric) services are not eligible for financial assistance under this policy.

Determinations regarding the classification of services as Emergent, Urgent, or Non-Urgent are made by the referring physician and the Parrish Medical Center Medical Advisor.

VII. Facilities and Providers Covered by the Financial Assistance Policy

Attached to this policy as **Schedule 1** is a list of all providers, in addition to Parrish Medical Center itself, delivering emergency or other medically necessary care at Parrish Medical Center that specifies which providers are covered by this policy and which are not covered. The physicians and para-professionals that provide patient care or that refer patients to the hospital are independent contractors, and Parrish Medical Center does not have control over their billing practices. The Financial Assistance Policy does not cover services provided by physicians and para-professionals that independently bill for their professional services or who refer patients to Parrish Medical Center.

VIII. Eligibility Criteria and Methods by Which Patients May Apply or be Considered for Financial Assistance

Eligibility for financial assistance is determined on a case by case basis, and Parrish Medical Center may use one of two methodologies to determine financial assistance awards: 1) Financial Assistance Application (see Schedule 2), and 2) Presumptive Financial Assistance award. Special circumstances will be considered as part of the review process, and, if deemed eligible for financial assistance, may require exceptions to the above stated eligibility criteria. Patients may be eligible for partial financial assistance.

The deadline for application of consideration for patient financial assistance is to be not greater than 240 days following the issuance of the first post-discharge statement for the outstanding balance. If within that time frame the patient is able to provide additional information to support determination of 100% financial assistance qualification, accounts within twelve months (12) of the patient's eligibility date and placed with a collection agency will be closed, Parrish Medical Center will adjust the balance request the agency recall adverse credit reporting action related to the eligible debt(s).

If the patient qualifies for partial (less than 100%) financial assistance, the account balance will be adjusted to reflect this discount, however placed accounts will not be returned from the collection agency and adverse credit action may still be reflected on the patient's credit report.

Parrish Medical Center may deny a financial assistance application, or may reverse financial assistance that was previously granted under this policy, if it determines that a patient/guarantor submitted false, misleading, or fraudulent information in order to obtain financial assistance.

An individual may apply for financial assistance under this policy by submitting a completed financial assistance application, including required documentation, as set forth in **Schedule 2**. Applications are available:

- A. Electronically from the Parrish Medical Center website;
- B. By requesting, by mail or phone, from the Parrish Medical Center Business Office an application to be sent by U.S. Mail service to a home address;
- C. In person at the Registration or Guest Services Desk of all Parrish Medical Center facilities covered by this policy; and
- D. In person at the Parrish Medical Center Business Office.

Completed financial assistance applications must be submitted with all requested supporting documentation to the Parrish Medical Center Business Office. Patient assistance staff may request additional information to clarify inconsistencies or to make an accurate determination of income, assets and/or financial need. Applications may be submitted in person or mail at the following address:

Parrish Medical Center Business Office
North Building
951 N. Washington Avenue
Titusville, FL 32796
Telephone: 321-268-6158

IX. Financial Assistance Eligibility Criteria

The following criteria will be used to determine a patient's eligibility for financial assistance for emergency and other medically necessary care under this Financial Assistance Policy.

- A. Parrish Medical Center will make every reasonable effort to assist patients in exploring alternative means of assistance, including Medicare, Medicaid or coverage through the Health Insurance Marketplace.
- B. Income and assets
 - 1. Household income less than 200% of Federal Poverty Level (adjusted for family size) **(see Schedule 3)**
 - 2. Household assets, other than income, insufficient to cover the cost of care; including, but not limited to:
 - a. Bank accounts; stocks and bonds; bankruptcy, probate and insurance claims; and account receivable.
- C. Non residents presenting for services due to an emergency will be considered for Financial Assistance.
- D. Patient has no health insurance coverage and is:
 - 1. Ineligible for financial subsidy to purchase health insurance on a state or federal health insurance exchange
 - 2. Ineligible for Medicare
 - 3. Ineligible for Medicaid coverage, as demonstrated by documentation of application denial
 - 4. Ineligible for Medicaid coverage until Medicaid share of cost has been reached

X. Financial Assistance Care Pass Card

Parrish Medical Center offers a Care Pass Card to those patients qualifying for Financial Assistance. This allows a patient to receive continued Financial Assistance for a period of 12 months on future visits from the date of service approved. The Care Pass card once issued is available to individuals with household income between 200% and 400% of the Federal Poverty Level (adjusted for family size). Based on FPG, a patient can qualify for either 60%, 80% or 100% discount.

Residency requirement: Citizen of United States of America; or otherwise legally residing in the United States of America, permanently or temporarily and a resident of the North Brevard County Hospital District as defined by the following postal zip codes:

- 1. 32754
- 2. 32780
- 3. 32781
- 4. 32782
- 5. 32783
- 6. 32796
- 7. 32927

XI. Conditions of Ineligibility for Financial Assistance

Patients may not be eligible if any of the following apply:

- A. Individuals with health insurance
- B. Individuals who do not cooperate with Parrish Medical Center's on-site representatives to determine first Medicaid eligibility or exchange programs.
- C. Failure to submit the Parrish Medical Center Financial Assistance Application form within established time periods (per Parrish Medical Center Collection Policy)
- D. Failure to provide supporting documentation for the Financial Assistance Application

XII. Patient Balances after Insurance

Patient balances after insurance including, but not limited to co-payments, co-insurance, and deductibles may be considered for financial assistance based on the following criteria:

- A. Residency requirements as listed above
- B. Household income is less than or equal to 200% FPG (adjusted for family size)

XIII. Presumptive Financial Assistance

Presumptive Charity is part of the Parrish Medical Center Financial Assistance Program. Presumptive Eligibility is a process that is used as a courtesy to the patient to determine whether patients qualify for free or discounted (Charity) care before they submit a financial assistance application. This process may include a review of previous eligibility determinations, program enrollment resources, and/or other information to verify your financial need. The following facts may be considered:

- A. Homeless
- B. Participation in Women, Infants and Children programs (WIC)
- C. Food Stamp eligibility
- D. Subsidized school lunch program eligibility
- E. Eligibility for other state or local assistance programs that is unfunded
- F. Low income / subsidized housing is provided with an address
- G. Patient is deceased with no known estate
- H. Patient is eligible for assistance under the Crime Victims Act or Sexual Assault Act
 - I. Patient's valid address is considered low income or subsidized housing
- J. Patient files bankruptcy
- K. Patient is deemed to have minimal financial resources based on a proprietary third party tool utilized by the facility

Patients will be considered for presumptive charity care, if external resources indicate that household family income does not exceed 200% of the current FGP and the patient has no other form of coverage for medically necessary services.

XIV. Financial Assistance Awards

If Parrish Medical Center determines that the above financial assistance eligibility has been met, the patient will receive a discount from gross charges for all eligible services as described in the chart below.

FPL updated each calendar year				Discount from Gross Charges	
Program	% of Federal Poverty Level (FPL) Guidelines based on Household size			Financial Assistance Award	Patient Responsibility
Financial Assistance	0%	to	200%	100%	0%
Financial Assistance	201%	to	249%	80%	Based on AGB
Above FPL	Over 249%	to	400%	60%	

After a patient has been determined to be eligible for financial assistance, that patient shall not be responsible for any future bills based on undiscounted gross charges.

XV. 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 (AGB) to individuals who have insurance covering such care.

Parrish Medical Center uses the Look-Back Method to determine AGB. Under this method, AGB is calculated by dividing the sum of all of its claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers during a prior 12-month period by the sum of the associated gross charges for those claims. Parrish Medical Center 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 free of charge via the hospital contact information set forth below.

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

XVI. Measures to Widely Publicize the Availability of Financial Assistance

Notification about financial assistance offered by Parrish Medical Center shall be disseminated by various means, including, but not limited to:

- A. Notice to patients before discharge (as part of the patient registration process or upon discharge) and on patient statements
- B. Posting of notification in:
 1. Emergency Department
 2. Registration Department (Admissions)
 3. Hospital Business Office
 4. Other public places as Parrish Medical Center may elect.
- C. Parrish Medical Center shall publish and publicize this Financial Assistance Policy and its related application forms, and a plain language summary of this policy on the hospital facilities' website

(<https://www.parrishhealthcare.com>), in brochures available in patient access sites and at other places within the community served by the hospital as Parrish Medical Center may elect.

- D. Notices and summary information (including but not limited to on the hospital facilities website) shall be provided in English and Spanish.
- E. Referral of patients for financial assistance may be made by any member of Parrish Medical Center staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors.
- F. Paper copies of this Financial Assistance Policy and its related application forms, and a plain language summary of this policy, are available upon request and without charge via the hospital contact information listed below.

XVII. Actions Taken in the Event of Nonpayment

Information regarding the actions that Parrish Medical Center may take in the event of nonpayment are described in a separate Patient Collections policy (see Schedule 4). Members of the public may obtain a free copy of this separate policy from Parrish Medical Center via the hospital contact information listed below.

XVIII. Regulatory Requirements

In implementing this policy, Parrish Medical Center management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this policy.

- Florida Agency for Health Care Administration - Florida Title XIX Inpatient Hospital Reimbursement Plan
- Requirements for 501(c)(3) Hospitals Under the Affordable Care Act - Section 501r

XIX. Hospital Contact Information

Phone number for Billing Questions:	800-737-9140
Website:	www.parrishmed.com
Mailing and in-person address:	Parrish Medical Center Business Office North Building 951 N. Washington Avenue Titusville, FL 32796

Attachments

- Schedule 1: Provider List
- Schedule 2: Financial Assistance Application and Documentation Requirements
- Schedule 3: Federal Poverty Guidelines
- Schedule 4: [Patient Collections Policy](#)

All revision dates:

01/2020, 10/2016

Attachments

A: Schedule 1: Provider List

B: Schedule 2: Financial Assistance Application and Documentation Requirements

C: Schedule 3: Federal Poverty Guidelines

Approval Signatures

Step Description	Approver	Date
Board of Directors	Herman Cole: Chairman, Board of Directors [SP]	01/2020
President/CEO	George Mikitarian: President/CEO [AJ]	12/2019
Executive Management Committee	Executive Management Committee [AJ]	12/2019
Compliance	Corporate Compliance [NV]	12/2019
Executive Management	Arvin Lewis	12/2019
	Joni Hoffman: Director Patient Financial Services	12/2019

Applicability

Parrish Medical Center

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