Purpose
BayCare Health System hospitals are not-for-profit entities established to meet the health care needs of the residents of the communities they serve. Accordingly, the hospitals provide care for emergency medical conditions, without discriminations, regardless of the patient's financial assistance eligibility. The hospitals also provide other medical care services to certain individuals for which they receive no payment. This policy will provide a systematic method for identifying and distributing uncompensated care (charity) to the residents of the community.

Policy
BayCare Health System will provide charity care to hospital patients that are determined, as part of an application process, unable to pay for services due to financial hardship. Two programs are used to qualify patient for charity: 1. AHCA Charity, under guidelines established by the State of Florida, is available to patients with family incomes under 200% of the federal poverty level or whose hospital related expenses exceed 25% of the annual family income; 2. Hardship Charity, under guidelines established by BayCare Health System, extends beyond AHCA charity limits and includes patients with family income up to 250% of the federal poverty level. Reasonable efforts to notify patients that they may qualify for financial assistance and how to apply include postings in the Admitting Office, emergency rooms, other registration sites, plain language summary of the policy offered at discharge, an alert on billing statements, and the policy will be posted on each facility's website. Free copies of this policy can

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be obtained at each facility's Admitting and Financial Assistance office. Patients that have submitted complete financial information and qualified for charity will not be subject to any billing and/or collection efforts, and the patient responsibility will be discounted to zero. In addition, hospitals provide care for emergency medical conditions for patients regardless of source of payment or lack of insurance coverage and no requests for payment will be made before a medical screening is completed. Financial Assistance team members will be available to patients during designated times to assist patients with determining their eligibility for Federal, State and County financial assistance programs. Final authority for determining eligibility for financial assistance lies with the Director of Financial Assistance.

1. Criteria used to determine a patient's eligibility for charity are as follows:
   a. Florida Agency for Health Care Administration Charity Guidelines:
      Family income for the 12 months preceding the determination does not exceed 200% of the current Federal poverty guidelines, and/or the unpaid portion of the hospital bill due from the patients exceeds 25% of the annual family income. The total family income cannot exceed four times the federal poverty level for a family of four regardless of the charges due from the patient.
   b. BayCare Hardship Charity if he/she meets at least one of the following guidelines:
      i. A financial assistance application form with income information indicating family income < 250% of FPL.
      ii. Adequate documentation of income and assets in order to make a determination of the patient's inability to meet his/her financial obligations. This could include patients with Medicaid or County eligibility in immediately prior or subsequent months to the date of service under review.
      iii. Charges not covered under Medicaid as part of the patient's share of cost.
      iv. Patient referred from community organizations which have agreements with individual hospitals to provide specific services to identified patients with no charge to the patient, e.g. community Free Clinics, Mammography Voucher program. Every effort will be made to obtain a financial assistance application form to consider for AHCA charity. These patients will be considered as Hardship Charity in the absence of the screening form or if they do not meet AHCA guidelines.
   c. Exceptions may be made for individuals exceeding the above criteria when there is a well-documented financial hardship or extenuating circumstances, e.g. projected decrease of income due to catastrophic illness or injury.

2. Method for applying for financial assistance: Applications for financial assistance can be obtained on the facility's website and at the Admitting and Financial Assistance Offices. In addition, a request for mailing the application can be made by calling (855) 233-1555 or printed directly from the organization's website. Documentation that may be required to determine eligibility is as follows:
   a. Signed financial assistance application acknowledging that providing false information to defraud the hospital is a misdemeanor in the second degree (Section 817.50 F.S.)
   b. Income documented by one of the following: W-2 withholding forms, employer paystubs, previous year federal tax return, verification of current wages from employer(s), and Medicaid benefits for the Medicaid fiscal year have been exhausted.

3. Once a patient submits a complete application for financial assistance anytime during a year after the service, collection efforts will be halted until a determination of eligibility has been finalized. Should the patient submit an incomplete application, he/she will be notified which necessary information is missing with a copy of the plain language Financial Assistance Policy. This includes collection efforts by the BayCare Central Business Office, and primary and secondary collection agencies. Patients who qualify for financial assistance will have their complete balance adjusted to zero, collection efforts will cease permanently, and notice will be sent to any credit bureau where adverse information had previously been reported.

4. Uninsured patients not qualifying for financial assistance will qualify for a 40% discount from billed charges and additional 10% discount if paid in full within 30 days of the first statement in accordance with the Uninsured Patient Discount Policy. All patients with outstanding balances will be subject to standard collection processing and may result in turnover to a collection agency according to the Collections – Patient Financial Responsibility Policy. These policies may be obtained by calling (727) 734-6550.