

## UF HEALTH SHANDS CORE POLICY AND PROCEDURE

POLICY NUMBER: CP07.501

CATEGORY: Finance

TITLE: Financial Assistance

POLICY: UF Health Shands personnel provide emergency (as defined by the Emergency Medical Treatment and Labor Act, or EMTALA), urgent and other Medically Necessary healthcare services to all individuals without discrimination and regardless of their ability to pay.

Financial Assistance is provided only when services are deemed Medically Necessary based on the clinical judgement of the provider and after patients have met all financial and eligibility criteria established in this policy.

No exceptions to this policy will be allowed unless approved by the Vice President (VP) of the Revenue Cycle, UF Health Shands Chief Executive Officer (CEO), or UF Health Physicians (UFP) Chief Executive Officer (CEO).

PURPOSE: To ensure that UF Health meets its community obligations to provide financial assistance in a fair, consistent, and objective manner. To establish a program that is in compliance with Section 501(r) of the Internal Revenue Code.

APPROVED:

Edward Jimenez  
Chief Executive Officer

**DEFINITIONS:** The following terms are meant to be interpreted as follows within this policy:

- A **Amount Generally Billed (AGB)** – The Amount Generally Billed to insured patients for emergent or Medically Necessary care. To determine the AGB percentage (on a calendar year basis to be used for the upcoming fiscal year), UF Health Shands divides total Medicare reimbursement into total Gross Charges for Medicare patients (utilizing the Medicare Provider Statistical and Reimbursement reports). This methodology complies with the “look-back method” described in the Internal Revenue Code. To locate UF Health Shands Gainesville calculated AGB percentage please visit <http://ufhealth.org/financial-assistance>
- B **Emergency Care** – Immediate care that is necessary to prevent putting the patient’s health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts.
- C **Gross Charges** – The full amount charged by UF Health for items and services before any discounts, contractual allowances, or deductions are applied.
- D **Guarantor** – The Guarantor for a medical bill is the individual responsible to pay the bill. Most patients over the age of 18 are their own Guarantors. However, children under 18 cannot enter into legally binding contracts so a parent or guardian is the Guarantor.
- E **Medically Necessary** – Hospital services or care rendered, both inpatient and outpatient, in order to diagnose, alleviate, correct, cure, or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in overall illness or infirmity.
- F **Presumptive Eligibility** – The process by which the hospital may use previous eligibility determinations and/or information from sources other than the individual to determine eligibility for financial assistance.
- G **Underinsured** – Insured patients whose out-of-pocket medical costs exceed 25% of their family income.
- H **Uninsured** – Patients with no insurance or third-party assistance to help satisfy their financial liability to healthcare providers.
- I **Urgent Care** – Medically Necessary care to treat medical conditions that are not immediately life-threatening, but could result in the onset of illness or injury, disability, death, or serious impairment or dysfunction if not treated within 12-24 hours.

**CORE PROCEDURE:**

**1. Eligibility for Financial Assistance and Catastrophic Reduction**

- a. Financial Assistance will be considered for those individuals who are uninsured and underinsured with medical costs and who are unable to pay for their care, based on determination of financial need in accordance with this policy.
- b. Financial Assistance is provided only when services are deemed Emergent or Medically Necessary based on the clinical judgement of the provider and after patients have met all financial and eligibility criteria established in this policy. This may include any of the following conditions:
  - i. Individual has no third-party insurance coverage:
  - ii. Individual is eligible for public assistance but a particular service is not covered;

- iii. Medicare or Medicaid benefits have been exhausted and the individual has no further ability to pay; or
  - iv. Individual is insured but qualifies for assistance based on financial need to pay for the individual's balance after insurance
- c. This policy covers services at the following locations:
  - UF Health Shands Hospital
  - UF Health Shands Children's Hospital
  - UF Health Shands Cancer Hospital
  - UF Health Heart & Vascular and Neuromedicine Hospital
  - UF Health Shands Psychiatric Hospital
  - UF Health Physicians
  - UF Health Central Florida
- d. Services provided at a UF Health facility by providers not employed by UF Health or UF Health Physicians are billed independently and are not covered under this policy. A list of the Physicians who bill independently is contained on the Financial Assistance page, <https://ufhealth.org/financial-assistance>. This list is updated on a bi-annual basis.
- e. Financial Assistance will not be granted under this policy for certain procedures and hospital programs where preferential or elective pricing have already been taken into consideration. Programs where Financial Assistance will not be granted include, but are not limited to, Cosmetic Surgery, Cash Massage, In Vitro- Fertilization program, Transcranial Stimulation Therapy (TMS), Transplant program, iLasik and the Florida Recovery Center program. Services rendered at North Lake County Hospital District are excluded from this policy.
- f. Federal Poverty Limit Guidelines and definitions of family size and household income will apply to determining an individual's income.
- g. Financial Assistance shall be granted to qualified applicants for patients with income up to 200% of the poverty guidelines. Any Financial Assistance granted will be reversed if insurance, Third Party Liability (TPL), auto insurance, settlement and/or other miscellaneous source of payment is identified.
- h. To be considered for Financial Assistance, the patient or their Guarantor, hereafter referred to as the "applicant(s)" must cooperate by providing the information and documentation necessary to apply for other existing government programs such as Medicaid, Disability, and City and County Programs that may be available to pay for the healthcare services provided.
- i. Financial Assistance may not be granted to applicants:
  - i. Who are likely to be eligible for other third-party coverage but have refused to apply (a reasonable determination will be made based on the individual situation and the total outstanding balance to the organization).
  - ii. Who are covered by insurance and are not compliant with insurance requirements.

- iii. With residence and/or insurance provider domiciled outside of the United States. Patient(s) would require the approval of the Vice President (VP) Revenue Cycle, UF Health or the Chief Executive Officer (CEO), UF Health Physicians (UFP).
- j. Financial Assistance application will be considered up to 240 days after the first post discharge billing statement. A financial application will be considered valid up to twelve (12) months after the last date of application approval.
- k. Income will be determined based on the application and/or supporting documentation. Unemployed individuals will be considered to have no income unless they are receiving unemployment or some other type of assistance. Supporting documentation may include:
  - i. W-2 withholding forms.
  - ii. Paystubs (most recent 90 days).
  - iii. Income tax returns (most current).
  - iv. Written verification of wages from an employer.
  - v. Written verification from public welfare agencies or any governmental agency which can attest to the applicant's and/or other family members' income for the last twelve months (such as Social Security or local unemployment office).
  - vi. Previous three month's bank statements.
  - vii. In the absence of income, a letter of support from individuals providing for the Guarantor's basic living needs will be accepted.
- l. "Gross Family Income" includes all members of the immediate family and their dependents in the household. This includes any adult and, if married, a spouse and any natural or adopted minor children of said adults. Income from family members include:
  - i. Income from wages
  - ii. Income from self-employment
  - iii. Alimony
  - iv. Child Support
  - v. Military family allotments
  - vi. Public assistance
  - vii. Pension
  - viii. Social Security
  - ix. Unemployment compensation
  - x. Workers' compensation
  - xi. Veteran's benefits
  - xii. In some cases, information on available assets or other financial resources may be considered.

- m. The State of Florida does not recognize legal separation. Applicants will be asked to provide additional documentation if their marital status is marked as separated on the Financial Assistance Application.
- n. Catastrophic Reduction Program – Individuals who are denied for financial assistance due to being over the 200% of federal poverty limit can be reviewed for Catastrophic Reduction. The reduction can be considered if the guarantor's balance exceeds 25% of the guarantor's stated annual household income. Minimum balance on account must exceed \$10,000. This is a one-time reduction on all active account balances.
- o. Self-pay discount for Uninsured patients
  - i. Uninsured patients who are not eligible for Financial Assistance under this policy may be eligible for a self-pay discount off of the UF Health and UF Health Physicians' gross charges. Please contact our office for the current discount amounts at 352-265-7906 option 1. Any self-pay discount applied will be reversed if insurance coverage is located.
  - ii. The self-pay discount does not relieve nor forgive point-of-service cash payments that the patient may be required to pay. The discount will not be applied to any of the services excluded from the Financial Assistance Program.

## **2. Method for Applying for Financial Assistance and Catastrophic Reduction**

- a. Financial Assistance - Completion of the UF Health Shands Financial Assistance Application Form is required. This includes providing all of the supporting documentation required to verify eligibility and to verify income.
- b. Requests for Financial Assistance may be made before or after the provision of care. Requests made before the provision of care would require the advance approval of the Vice President of the Revenue Cycle, Chief Financial Officer (CFO), CEO of UF Health Shands, or the CEO of UF Health Physicians (UFP).
- c. Applicants are responsible for completing the required application forms and cooperating fully with the information gathering and assessment process. Financial counselors will be available in person or by phone to provide assistance if needed.
  - i. If the Guarantor has completed any section of the required application by using the terminology of "Not Applicable" and/or "NA", those entries have been determined by definition to equal \$0 and/or "None."
  - ii. Applications shall not be denied for failure to provide information not asked for on the application or in this policy.
- d. Persons will be considered "Presumptively Eligible" under the following circumstances:
  - 1. Individual is Homeless;

2. Eligible for other unfunded state or local assistance programs;
  3. Eligible for food stamps or subsidized school lunch program;
  4. Eligible for a state-funded prescription medication program;
  5. Valid address is considered a low-income or subsidized housing
  6. Individual is deceased with no known estate; or
  7. Individual is currently eligible for Medicaid
- e. Applications are available free of charge in English, Spanish, and Mandarin, and can be accessed:
- i. In person at:
    1. UF Health Shands Hospital and UF Health Shands Children's Hospital.  
Admissions Department, Room 1331, or Room 1335-1  
1600 SW Archer Road Gainesville, FL 32610
    2. UF Health Shands Cancer Hospital  
Admissions Department, Room 1319  
1515 SW Archer Road  
Gainesville, FL 32608
    3. UF Health Heart & Vascular and Neuromedicine Hospitals  
Cashier's Office, Room 1522  
1505 SW Archer Road  
Gainesville, FL 32608
    4. UF Health Shands Psychiatric Hospital  
Admissions Department, Room 1105.5  
4101 NW 89th Boulevard  
Gainesville, FL 32606
    5. UF Health Shands Patient Financial Services  
3300 SW Williston Road  
Gainesville, FL 32608
    6. UF Health Leesburg Hospital  
600 E. Dixie Ave  
Leesburg, FL 34748
    7. UF Health the Villages Hospital  
1451 El Camino Real  
The Villages, FL 32162
  - ii. By calling the Financial Counseling Department at 352-265-7906 option 2, or toll free at 888-766-8154 option 2.
  - iii. Online at [www.ufhealth.org/financial-assistance](http://www.ufhealth.org/financial-assistance).
- f. Completed Applications can be submitted by the below methods:

- i. Email to [PTRELDEPT@shands.ufl.edu](mailto:PTRELDEPT@shands.ufl.edu)
- ii. Fax: 352-627-4648
- iii. By Mail:
  - 1. UF Health Financial Assistance  
PO BOX 100334  
Gainesville, FL 32610
- iv. In Person:
  - 1. Patient Financial Services Customer Service  
3300 SW Williston Rd  
Gainesville, FL 32608
  - 2. UF Health Admissions Department  
1600 SW Archer Rd Room 1335-1  
Gainesville, FL 32610
- g. Catastrophic Reduction - Requires the completion of the Financial Assistance application and process. Must have received a denial for being 200% over the federal poverty/assets limit with the Financial Assistance Program.

### **3. UF Health Actions Taken During Financial Assistance Application Process**

- a. No Financial Assistance Form Submitted – If no Financial Assistance application form has been submitted in a 120-day period following the date after the first post-discharge billing statement was sent to the individual and the deadline in the written notice has passed, UF Health may initiate extraordinary collection action (ECA).
- b. Incomplete Financial Assistance Application Form Submitted – When an incomplete Financial Assistance application is submitted during the 240-day period following the date on the post-discharge billing statement (the application period), UF Health must take the following actions:
  - i. Temporarily Suspend ECA's;
  - ii. Provide the individual with a written notice that describes the additional information and/or documentation required under the Financial Policy and Form; or
  - iii. If the individual does not complete the Financial Assistance Application Form within a reasonable time deadline, UF Health Shands may initiate or resume ECA's
- c. Complete Financial Assistance Application Submitted – UF Health Shands must take the following actions:
  - i. Suspend any ECA's;
  - ii. Suspend any collection activity during the time the UF Health Shands Financial Assistance application form is being processed;
  - iii. If the account is placed with a collection agency, the agency will be notified to suspend the collection efforts until determination is

made;

- iv. Make and document determination of eligibility decision;
  - v. Notify the individual on a timely basis of the eligibility determination;
  - vi. Provide the patient with a billing statement that indicates the balance after the application of Financial Assistance; and
  - vii. Take reasonable action to reverse and ECA's taken against the individual
- d. UF Health will keep all applications and supporting documentation confidential. UF Health may, at its own expense, request credit information to further verify the details of the application.
  - e. UF Health will make every effort to provide Financial Assistance determinations within 7 business days of receiving a completed Financial Assistance Application. Notification of Financial Assistance determinations will be mailed to the applicant.

**4. Financial Assistance Policy, Financial Assistance Application Form and Plain Language Summary of the Financial Assistance Policy are transparent and available to the individuals served in English, Spanish, and Mandarin languages. These are the languages appropriate for the UF Health Shands service area in compliance with Language Assistance Services Act and are the primary languages of any populations with limited proficiency in English that constitute the lesser of 1000 individuals or 5% of the members of the community served by the UF Health Shands facilities.**

- a. Website: UF Health facilities will prominently and conspicuously post complete and current version of the following on their respective website:
  - i. Financial Assistance Policy
  - ii. Financial Assistance Application Form
  - iii. Plain Language Summary of the Financial Assistance Policy
  - iv. Contact information for UF Health Customer Service
  - v. AGB percentage calculation
- b. Signage: UF Health signage will be conspicuously displayed in public locations in UF Health facilities including all points of admission and registration areas including the Emergency Department, and include:
  - i. UF Health website address where the Policy, Application Form, and Plain Language Summary can be accessed
  - ii. The telephone number and physical location where the individuals can call or visit to obtain copies of the Policy, Application form, and Plain Language Summary, or to obtain more information about the policy, form, or process.
  - iii. In Person: Customer Service Representatives will offer patients the Financial Assistance Application which will be used to determine eligibility for all assistance programs.



## **5. Appealing the Financial Assistance Determination**

- a. The responsible party may appeal a Financial Assistance determination by providing additional information, such as income verification or an explanation of catastrophic circumstances, within 30 days of receiving the initial determination.
- b. The responsible party will be notified of the appeals outcome by mail.
- c. Collection activities will be suspended during the appeal process.
- d. The responsible party may reapply for Financial Assistance if their facts and circumstances have changed since the previous application.

If the patient and/or guarantor qualifies for suspension of collection through UF Health's Financial Assistance Program, the account(s) remain payable from health or accidental insurance, workers' compensation, and third party liability claims.

Hospital Claims of Lien for services rendered at UF Health are not extinguished and continue to attach to third party recoveries such as liability settlements and judgments, pursuant to Alachua County Ordinance Sections 262.20 through 262.25.

In addition, patients and/or guarantors shall execute a Consent and Authorization / Notice of Limited Liability (Form PS141198) wherein a contractual lien is created and the patient and/or guarantor agrees that:

- They are responsible for UF Health's and providers' charges for present, past, and future care related to the same accident or illness;
- The charges are due and payable at the time of discharge or discontinuation of Care;
- They will pay the charges in effect at the time Care is provided;
- Unless otherwise precluded by contract or law, if UF Health or providers bill third party payors, they do so as a courtesy, and UF Health and providers may demand payment in full of any balance due at any time;
- If a final bill is not paid within 120 days, the patient and/or guarantor may be declared in default, and the overdue account may be referred to a collection agency.
- The patient and/or guarantor consents to UF Health or any third party contacting the patient and/or guarantor by telephone, including their cellular phone, for purposes of collecting any amounts owed by the patient and/or guarantor.

### **ASSOCIATED POLICIES:**

CP07.502 – Billing and Collections

**KEY WORDS:** Charity, Uninsured, Medically Necessary, Guarantor