




1414 Kuhl Ave.
Orlando, Florida 32806
321.843.7000

ORLANDO HEALTH POLICY

Group ID: 1001	Title: Financial Assistance Policy
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Type of Policy:	Revenue Management	Revision Date(s):	
Category:	Revenue Management		
Distribution:	Public		
Developed by:	Orlando Health Board of Directors		
Approved by:	Michele Napier, Chief Revenue Officer		

I. POLICY:

It is the policy of Orlando Health to establish Financial Assistance processes that assume proportionate responsibility in order to provide health care services to members of the community who cannot afford to pay for emergency or medically necessary medical treatment. The Orlando Health Financial Assistance program is responsive to the needs of the community, regardless of age, gender, religion, disability, race and ethnic background.

A. Requirements

1. Orlando Health complies with section 501(r) of the Internal Revenue Code which requires hospital organizations to establish a written financial assistance policy. A hospital organization is an organization recognized (or seeking to be recognized) as described in section 501(c)(3) that operates one or more hospital facilities.
2. This policy must be approved by the Board of Directors or another governing body of the tax-exempt hospital.
3. All Orlando Health employed physicians must follow Orlando Health’s Financial Assistance Policy (FAP). Contracted, Community/Private providers are not required to participate in Orlando Health’s financial assistance program. A list of employed Orlando Health physicians is made available on the Orlando Health website. In addition, a list of all providers who deliver emergency or other medically necessary care in the hospital facilities, can be found on our website or will be provided free of charge upon request. Reference the supporting documentation link at the end of this policy.
4. Orlando Health’s FAP and application is readily available to patients, visitors and members of the community we serve. Paper copies of the FAP, Patient Financial Resources brochure, and Plain Language Summary will be made available upon request via mail, admitting and emergency business office locations, as well as free of charge on the Orlando Health website. The Plain Language Summary and the brochure will be made available in public areas of the hospitals. Reference the supporting documentation link at the end of this policy.
5. A paper copy of the FAP and the Plain Language Summary document will be offered to patients upon admission or discharge.



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6. The FAP is made available in English and in the primary language of residents who represent the lesser of 5% of the community served or 1,000 individuals by our hospitals. Orlando Health will perform a yearly analysis of languages reflected in our community. Translated versions of the FAP, Plain Language Summary, and brochure can be found in the supporting documentation link available at the end of this policy.
 7. Amounts Generally Billed (AGB): A calculation determined by a 12 month look-back method review of claims for emergency and other medically necessary care that have been allowed by Medicare and other health insurers and then assessing the average discount percentage. $AGB \% = \frac{\text{sum of all allowable payments during prior 12 month period}}{\text{sum of all gross charges of these claims during prior 12 month period}}$. Gross charges is a hospital facility's full, established price for medical care that the hospital facility consistently and uniformly charges all patients before applying any contractual allowances, discounts, or deductions. An FAP-eligible Patient/Guarantor may not be charged more than the AGB for emergency or other medically necessary care. As a private, not-for-profit teaching hospital, Orlando Health provides comprehensive health care to residents and visitors to the Central Florida area. Services are provided to all without distinction based on regardless of age, gender, religion, disability, race and ethnic background.
 8. In accordance with the Emergency Medical Treatment and Labor Act (EMTALA), individuals will not be refused treatment when suffering a true medical emergency, regardless of their ability to pay. Orlando Health 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. The emergency condition of a patient will be determined by the treating physician relying on his/her experience, training and ethics.
 9. Medically necessary care is determined by the treating physician relying on his/her experience, training and ethics.
 10. For all elective and scheduled procedures, Orlando Health may exercise the right to defer services for Patients/Agents unwilling to pay all of their financial responsibility or commit to a reasonable payment plan. A Patient/Agent/Legal Representative is a person who, under applicable law, has the authority to act on behalf of an individual. A legal representative includes a healthcare surrogate, proxy, guardian, or parent or other person acting in place of a parent (in loco parentis) for an un-emancipated minor, or an executor or administrator of an estate.
- B. Federal Poverty Guidelines
1. The set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities. In the United States, this level is determined by the Department of Health and Human Services.
 2. Each year, the federal government establishes the poverty income guidelines for the year and publishes them on the Federal Register. The Orlando Health financial assistance



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program uses these guidelines when determining eligibility for free care. The most current guidelines will be used when screening patients for free care. Reference the supporting documentation link at the end of this policy.

3. Individuals or households who meet 200% or below of the Federal Poverty Guidelines (FPL) will qualify for Financial Assistance for all of their financial responsibility.
 4. Under the provisions of the 501(r), Orlando Health is required to limit charges for those patients that are determined eligible for financial assistance.
- C. Eligibility
1. Patient/Guarantor (the individual receiving care and/or the financially responsible party) seeking financial assistance consideration will be required to complete the application process and provide the following information:
 - a. Full legal name
 - b. Household income for the previous 12 month period
 - c. Number of household members
 - d. Income tax returns or other form of income attestation, including W2 forms, IRS 1099 documents, pay stubs, and bank statements
 - e. Signature certification on completed Guarantor Financial Statement Application (GFSA).
 - f. An electronic link to the application can be found in the supporting documentation at the end of this policy.
 2. Patients/Guarantors, who meet eligibility requirements and reside within the Orlando Health geographic catchment area, will be offered financial assistance.
 3. US citizens with a valid Social Security Number (SSN) who reside outside of the Orlando Health catchment area and legally permitted Out of Country patients that have been given a government issued Tax ID Number (TIN) are eligible for financial assistance consideration. Documentation of extenuating circumstances must be provided and approval will be made on a case by case basis.
 4. Individuals who comply with the requirements outlined in this FAP will be considered for free care. Those who are not compliant with the requirements of this FAP may be deemed ineligible. In addition to meeting the other requirements outlined within this policy, Patient/Guarantors are expected to cooperate with the following:
 - a. Patients/Guarantors shall cooperate in supplying all third party information including Motor Vehicle or other accident information, requests for Coordination of Benefits (COB), or other information necessary to adjudicate claims, etc.
 - b. Patients/Guarantors that have been identified as having Medicaid qualifiers shall cooperate with the pending Medicaid process. In order to receive healthcare financial assistance, the patient must apply for Medicaid assistance and be denied for any reason other than the following:
 - 1) Did not apply.
 - 2) Did not follow through with the application process.
 - 3) Did not provide requested verifications.



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5. Financial Assistance may be denied if there is reasonable suspicion of the accuracy of the application. If the Patient/Guarantor supplies the needed documentation and information requested to clarify information the application may be reconsidered. The potential reconsideration will be reviewed and handled on a case by case basis.
 6. Patients are presumed to be eligible for financial assistance on the basis of individual circumstances such as patients discharged to a skilled nursing facility, patients who are deceased with no estate and patients who have documented homelessness. Patients/Guarantors determined to have presumptive financial assistance eligibility will be provided 100% financial assistance.
 7. Orlando Health may screen for financial assistance qualifications using presumptive eligibility resources (e.g. technology, service organizations) to assist in determining whether a patient is presumed eligible for financial assistance.
 8. Orlando Health may utilize electronic means such as credit bureau information, to verify a Patient's/Guarantor's ability or inability to pay.
- D. Application Process
1. Patient can receive assistance with the application process through the following methods:
 - a. Financial Counselors are available at Orlando Health business office locations and will assist patients with the completion of the application, before, during and after their hospital stay.
 - b. Patient Accounting representatives are available Monday – Friday, 8:30 a.m. – 4:30 p.m. at 3090 Caruso Court, Suite 20, Orlando, Florida, 32806. They can be reached by phone at 407.650.3800 or 800.424.6998, or by e-mail: FinancialAssistance@orlandohealth.com.
 2. For patients who are rendered services at Health Central, contact the business office directly at, 407.296.1180 or <http://www.healthcentral.org/patients-and-visitors/billing-insurance/>
 3. Patients can apply for Financial Assistance as follows:
 - a. Complete and submit a Guarantor Financial Statement Application (GFSA) to Orlando Health for evaluation.
 - b. During the patient's hospital stay, representatives are available to provide assistance with GFSA completion.
 - c. Request the GFSA in writing or access it on the Orlando Health website or present in person at an Orlando Health facility.
 - d. Patients/Guarantors may be asked to provide copies of previous income tax returns if necessary.
 - e. Reference the supporting documentation link at the end of this policy.
- E. Determination
1. Reference the Orlando Health Patient Billing & Collections Policy (Self Pay) available in supporting documentation link at the end of this policy for additional details.
 2. Orlando Health will review the Financial Assistance applications for completion and accuracy, during the "Post Discharge and Application Period". This is the period during



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Group ID: **1001** Title: **Financial Assistance Policy**

which Orlando Health must accept and process Financial Assistance applications submitted by the Patient/Guarantor. This period ends after the 240th day after the first post patient discharge statement. Patient Accounting representatives will review for the following:

- a. Validate household income and expense information.
 - 1) Family income includes but is not limited to, wages, salaries, social security benefits, strike benefits, unemployment benefits, child support, inheritance, alimony, spouse's income, Workers Compensation, pension disability benefits, investment dividends, and interest. The Patient/Guarantor must also include the total gross income for all working family members in the household including those who are under the age of 18.
 - 2) Household members include patient, spouse, and natural or adopted children under the age of 18. If a dependent is handicapped and over the age of 18, he or she is included in the family size.
- b. If application is incomplete:
 - 1) Orlando Health will provide a written notice to the Patient/Guarantor which describes the additional information and/or documentation necessary to fully complete the Financial Assistance application.
 - 2) Orlando Health will provide at least one written notice to the Patient/Guarantor which communicates the collection processes to be initiated if claim(s) are not satisfied.
- c. Patient Accounting management team will approve the application based on the following criteria:
 - 1) If the validated annual household income, expense information and supporting documentation reflect an income at or below 200% of the most current Federal Poverty Level for the stated family size, account(s) will qualify in their entirety for Financial Assistance.
 - 2) An approval letter with specific details will be sent to the Patient/Guarantor.
- d. If application denied, Patient Accounting representatives will proceed as follows:
 - 1) Send a Denial Letter to the Patient/Guarantor, making reasonable efforts to contact him or her.
 - 2) Continue with normal collection flow process.
3. Extraordinary Collection Actions (ECAs) are actions that Orlando Health may take in the event of non-payment and can be found in detail in the Patient Billing & Collections Policy (Self Pay). These are collection efforts that require legal or judicial processes including lawsuits, liens on residencies, arrests, body attachments or other similar collection processes.
 - a. An Extraordinary Collect Action is defined by Orlando Health as an adverse report to a credit reporting agency on behalf of the Patient/Guarantor.
 - b. Orlando Health reserves the right to sell a debt to an external agency in pursuit of payment resolution.

F. Exclusions



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Financial Assistance does not apply to:

- a. Elective care that is not medically necessary.
 - b. Special package-priced programs such as cosmetics, bariatric, etc.
 - c. Other non-medically necessary services as determined by the policy.
- G. Public Awareness
1. Orlando Health will notify and inform members of the community served of the FAP in a manner reasonably calculated to reach those members who are most likely to require financial assistance from the facility.
 2. Orlando Health will make information available at appropriate
 - a. Community outreach events.
 - b. Information will be made available and public to facility visitors through digital signage and paper brochures.
- F. Coverage
- The Financial Assistance policy applies to the following individual hospitals within Orlando Health:
- a. Orlando Health Orlando Regional Medical Center
 - b. Orlando Health Dr. P Phillips Hospital
 - c. Orlando Health South Seminole Hospital
 - d. Orlando Health Arnold Palmer Hospital
 - e. Orlando Health Winnie Palmer Hospital
 - f. Orlando Health UF Cancer Center
 - g. Orlando Health Health Central Hospital
 - h. Orlando Health South Lake Hospital

II. SUPPORTING DOCUMENTATION LINKS:

Supporting procedures that are related to the policy can be accessed through the hyperlinks listed below.

- A. Patient Billing & Collections Policy (Self Pay), 1017: OrlandoHealth.com/FinancialHelp
- B. Orlando Health Provider listing: OrlandoHealth.com/FinancialHelp
- C. U.S. Department of Health and Human Services Poverty Guidelines: <http://aspe.hhs.gov/POVERTY/14poverty.cfm>
- D. Financial Assistance Application: OrlandoHealth.com/FinancialHelp
- E. Plain Language Summary: OrlandoHealth.com/FinancialHelp
- F. Foreign language translated: OrlandoHealth.com/FinancialHelp
- G. Orlando Health website financial documents: OrlandoHealth.com/FinancialHelp
- H. Federal Register Vol. 79 No. 250: <https://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf>