

Title: Financial Assistance Policy	Document Reference Number: 1226
Site(s): Jupiter Medical Center, Inc.	Type: Multiple Departments
Policy Owner: Lisa Minich (Manager PFS)	Department(s): Business Office
Next Review Due Date: 11/04/2025	Date Approved: 10/17/2022

Policy Statement

Jupiter Health, Inc., / Jupiter Medical Center (“JMC”) is a not-for-profit entity committed to meeting the health care needs of community residents. JMC provides for the medical needs of unfunded or under-funded patients by rendering quality, emergent, and other medically necessary care, regardless of race, creed, color, sex, national origin, sexual orientation, handicap, age, or ability to pay.

Purpose

The principal beneficiaries of the Financial Assistance Policy are intended to be uninsured and underinsured patients who do not qualify for federal, state, or local government assistance, and who are unable to pay for emergency or other medically necessary care.

Scope

Patient Financial Services

Definitions

- AGB – percentage calculated using all claims allowed by both private pay insurers (including Medicare Advantage), and Medicare (Traditional) – using the Look-Back Method.
- FAP – JMC’s Financial Assistance Policy.
- Annual Family Income - The wages and salaries and non-wage income including alimony and child support; social security, unemployment, and workers compensation benefits; and pension, interest, or rental income of the Family.
- FPG – The Federal Poverty Income Guidelines that are published yearly by the U.S. Department of Health and Human Services and in effect at the date of service. See Appendix B.
- Medically Necessary Care – those services reasonable and necessary to diagnose and provide preventive, palliative, curative, or restorative treatment for physical or mental conditions in accordance with professionally recognized standards of health care generally accepted at the time services are provided.
- Emergency Care – the care or treatment for an Emergency Medical Condition as defined by EMTALA
- EMTALA – the Emergency Medical Treatment and Active Labor Act (42 U.S.C. 1395dd).
- HCRA – Health Care Responsibility Act.
- JMC – Jupiter Medical Center Inc.
- PBCHCD – Palm Beach County Health Care District.
- FAMILY – Everyone in the domicile who has a dependent relationship as defined by the Internal Revenue Service.

Policy

I. Overview

- A. JMC’s FAP has been established to ensure a fair and equitable system for determining financial need. General guidelines are established, allowing for evaluation of financial circumstances. A patient may be determined eligible for financial assistance (either free or discounted care) when

Financial Assistance Policy Continued

the annual individual or family income does not exceed 400% of FPG as published annually in the Federal Register. Income and assets will be considered in assessing JMC financial assistance but may not be the sole determining factor. Among other elements to be considered are temporary factors such as short-term employment layoff, unemployment, or other demonstrated hardship. An evaluation of available assets will be necessary to determine eligibility for JMC financial assistance. If assets exist to pay the debt, financial assistance may be denied. Size of bill in relation to income and assets may be a qualifying factor in determining financial assistance provided.

- B. Eligible services under this policy are services provided by JMC for emergency or other medically necessary care, per hospital guidelines.
- C. Attached to this policy is a reference to a list of all providers, in addition to JMC itself, delivering emergency or other medically necessary care in the hospital that specifies which providers are covered by this FAP and which are not.

II. Eligibility Criteria for Financial Assistance

- A. To qualify for financial assistance at JMC, the patient must not be eligible for Medicaid, PBCHCD Coordinated Care, HCRA, Victims' Compensation, or any other government funding programs, per episode. Proof of ineligibility for applicable programs must be provided as part of the application's supporting documentation.
- B. All applicants must participate in hospital evaluation of eligibility when applicable for Medicaid, Health Insurance Exchange plans and other programs that might be available to them prior to becoming eligible for financial assistance at JMC.
- C. International patients, as defined in Global Medicine policy, are not eligible for financial assistance at JMC.
- D. To determine the write off applicable to the patient's bill, his/her total annual household income will be compared to the most current FPG:

<u>Income Level</u>	<u>Adjustment or Allowance Amount*</u>
Less the 200% of FPG	100% Discount
200% to 400% of FPG	80% Discount
Greater than 400% of FPG	Patient to pay balance

* Discount from gross charges.

- E. Total annual household income less than or equal to 200% of the FPG guidelines will entitle the patient to a 100% discount.
- F. Total annual household income over 200% but not greater than 400% of the FPG will entitle the patient to an 80% discount.

Financial Assistance Policy Continued

- G. Regardless of the applicable write off determined above, the patient's responsibility will not exceed 25% of his/her total annual household income.
- H. Total household income is the sum of the gross annual income of all persons in the family.
- I. Assets are defined as funds on deposit in savings, checking, money market accounts, or investment accounts; cash surrender value of life insurance policies; equity ownership in a homestead property of \$150,000 or greater; and equity in any non-homestead property.
- J. All patients seeking income-based financial assistance at any time in the scheduling or billing process may complete the Financial Assistance Application and will be asked to provide information on Annual Family Income. The Financial Assistance Application may be found in our Emergency department and Admissions area. A Financial Counselor would also be available to assist with application process, or to discuss payment plan options.
- K. Patients who would otherwise qualify for financial assistance under this FAP, but who, within the discretion of JMC, have sufficient assets available to pay for care, or sufficient insurance coverage or other third-party payments available to cover the care, will be reviewed by JMC on a case-by-case basis and may be deemed ineligible for JMC financial assistance.

III. Presumptive Eligibility

- A. If JMC is able to determine through third party verification databases that a patient has Annual Family Income at or under 400% of the FPG that patient will be deemed eligible for financial assistance without further information or documentation at scheduling or prior to admission.
 - 1. External billing and collection agencies.
 - 2. Credit bureaus.
 - 3. Propensity-to-pay scoring model.
 - 4. FICO score information.
- B. Presumptive eligibility may be determined based on individual circumstances that may include:
 - 1. State-funded prescription programs.
 - 2. Homeless or received care from a homeless clinic or shelter.
 - 3. Participation in Women, Infants and Children Programs.
 - 4. Food Stamp eligibility.
 - 5. Subsidized school lunch program eligibility.
 - 6. Eligibility for other state or local assistance programs that are unfunded (Medicaid share of cost).
 - 7. Low income/subsidized housing as a provided valid address.
 - 8. Patient is deceased with no known estate.
- C. Individuals determined by JMC to be eligible for financial assistance under these presumptive eligibility provisions will receive a 100% discount on eligible services.

IV. Proof of Income and Residency

- A. The Financial Counselor responsible for evaluating the patient's eligibility will gather supporting documentation for household income, expense, and residency. Acceptable documentation includes any of the following:
 - 1. Copy of current driver's license.
 - 2. Copy of Social Security Card.
 - 3. Letter from employer stating income and length of employment - must be written on company letterhead.
 - 4. Financial institutions or bank statements.
 - 5. W-2 or 1099 from previous calendar year.
 - 6. Paycheck stubs or 1099s from current year.
 - 7. IRS tax return from the most recent calendar year.
 - 8. Tax appraisal form for homestead property-most recent year.
 - 9. Forms approving/denying unemployment.
 - 10. Written verification from public/governmental agencies that can attest to the patient's income during the past 12 months.
 - 11. Food stamp referral.
 - 12. Medicaid remittance confirming Medicaid exhausted benefits.
 - 13. Written attestation from patient of income and address.
 - 14. Documentation confirming patient's debts and assets.
 - 15. Proof of address (utility bill, gas, electric, phone).
 - 16. Proof of ineligibility for government assistance programs.
- B. If verification of income is not available, the Financial Counselor will document facts supporting the need for assistance.
- C. The application must be signed by the patient, guarantor, or representative before being processed by the Financial Counselor, considering the presumptive eligibility requirements.

V. Procedure for Applying for Financial Assistance

- A. Financial assistance eligibility is evaluated by a Financial Counselor and based on assets and gross family income.
- B. Financial assistance is available only after all other possible and or available payer resources have been exhausted, i.e. Medicaid, Health Care District.
- C. A Financial Assistance Application will be offered to unfunded or under-funded patients who receive qualifying emergency or other medically necessary care at JMC.
- D. A determination of the applicant's eligibility is made within 30 days of the application assessment and approval.
- E. A Financial Counselor will be available to help the patient complete the FAP application, and if patient may qualify, will ask patient to apply for government assistance (Medicaid, PBC HCD, etc.)

Financial Assistance Policy Continued

- F. Catastrophic expenses fall under the FAP if patient responsibility of uncompensated charges exceed 50% of the total annual family income and or assets. A review of the patient's financial position will be done to determine eligibility under this provision.
- G. Accounts may also be deemed eligible and referred for financial assistance by external collection agencies and or attorneys.
- H. Asset and credit investigation may be done on all charity adjustments.
- I. A financial assistance request for \$10,000.00 and above requires (but is not limited to) the most current Federal Tax Return and the most current investment and bank statements be provided. If the patient does not have one or both, the following can be used for verification of income or assets: paycheck stub, letter from employer, statement of monthly benefits for social security, letter of support.
- J. If the patient does not provide the required information, or cooperate in the application process, the patient may not be entitled to financial assistance.
- K. JMC will not deny financial assistance under the FAP based on an applicant's failure to provide information or documentation that JMC's FAP or FAP application form does not require an individual to submit as part of a FAP application.

VI. Approval Process

- A. The Financial Counselor will determine a patient's eligibility for financial assistance within 30 days of the date the application is received by the hospital, meaning that all required information and supporting documentation has been provided to the Financial Counselor and the application has been signed.
- B. The Financial Counselor will complete and submit a Financial Assistance Approval Form to the Patient Financial Services Financial Assistance Committee for review, approval, additional needed information, denial and or signature.

Approval and Signature Authority for FAP:

- | | | |
|----|-------------------------------------|--------------------|
| 1) | Patient Financial Services Director | up to \$75,000 |
| 2) | Chief Financial Officer | \$75,000 and over. |

Upon approval of a Financial Assistance Application, the Financial Counselor will submit the adjustment to a Patient Financial Services Manager or designee for entry into the patient accounting system. All supporting documentation will be scanned into the document imaging system and kept on file for seven years.

The Financial Counselor will document the disposition of the patient's Financial Assistance Application in the patient accounting system. The patient will be notified by letter of the eligibility determination. Patients who qualify for less than 100% financial assistance (other than those who deemed presumptively eligible) will receive an estimate of the amount due and will be requested to set up payment arrangements.

Financial Assistance Policy Continued

Financial assistance approval will apply to all current open account balances due from the patient. This may not be a standing approval for future visits. Future visits will require the patient and or guarantor to be re-evaluated.

- C. Applications for assistance are available from JMC Financial Counselors between 8:00 a.m. and 4:30 p.m. (Monday through Friday) and/or with Customer Service, and Collection Representatives in Patient Financial Services. Individuals may also obtain an application by calling the Patient Financial Services Department at 561-263-4440, or online at www.jupitermed.com. Services eligible for financial assistance are medically necessary inpatient and outpatient services.

VII. Basis for Calculating Amounts Charged to Patients

- A. Following a determination of eligibility under this FAP, a patient eligible for financial assistance will not be charged more than the amounts generally billed (AGB) to patients who have insurance. JMC uses the Prospective Medicare Method to determine AGB.
- B. See Appendix A. for the Basis of Calculating Amounts charged to patients as set forth in IRS 501(r)(5)
- B. Uninsured patients will not be billed more than the expected Medicare reimbursement.

VIII. Actions Taken in Event of Nonpayment

- A. The actions that JMC may take in the event of nonpayment are described in a separate Billing and Collection Policy. Members of the public may obtain a free copy of this separate policy from the JMC Customer Service Department by visiting or sending a written request to 1701 Military Trail, Suite 160B, Jupiter, FL 33458, or by calling 561-263-4440.

IX. Measures to Widely Publicize the Financial Assistance Policy

- A. JMC implements various measures to widely publicize this FAP in communities served.

Related Documents

Patient Billing and Collections Policy
Plain Language Summary of the Financial Assistance Policy - Form
2022 Federal Poverty Guidelines

References

- 1) Section 501(r) of the Internal Revenue Code of 1986, as amended, and the Final Treasury Regulations issued thereunder dated December 2014.
- 2) The Patient Protection and Affordable Care Act, Public Law 111-148, Section 9007(a) (creating new Section 501(r) of the Internal Revenue Code).

Approved by: Dale Hocking (Vice President CFO)

Approve Date: 10/17/2022

Financial Assistance Policy Continued

Appendix A

Basis for Calculating Amounts Charged to Patients

Jupiter Medical Center utilizes the “look-back” method to determine the “amounts generally billed” (AGB) to individuals who have insurance covering Emergency or other Medically Necessary Care.

The AGB percentage applicable as of 10/1/2022 is 20.52% applied to gross charges.

The percentage was calculated using all zero balance claims allowed by both private pay insurers and Medicare for both inpatient and outpatient services with discharge dates from the prior year.

Total payment from allowed claims was divided by total billed charges for such claims.

LIST OF JMC PROVIDERS AND APPLICABILITY OF FINANCIAL ASSISTANCE POLICY

Financial Assistance Policy Continued

The JMC Financial Assistance Policy applies to:

Jupiter Medical Center, Inc.

Jupiter Medical Center Physicians Group, Inc.

Jupiter Medical Center Physicians Group b/b/a Jupiter Medical Urgent Care

JMC Physician Group

Last Name:	First Name:	Specialty:
Giordani	Andrea	Advanced Registered Nurse Practitioner
Mitchell	Johnnie	Advanced Registered Nurse Practitioner
Powers	Debra	ARNP - Pediatric Surgery
Murphy	Constance	ARNP - Women's Health
Brown	Lara	Breast Surgery
Rimmer	John	Breast Surgery
Bartov	Olga	Family Nurse Practitioner/ Oncology
Fix	Natalie	Gynecological Oncology
Pinelli	Donna	Gynecological Oncology
Silas	Lindsay	Gynecological Oncology
Brandt	Debra	Hematology & Oncology
Kotkiewicz	Adam	Hematology & Oncology
Wright	Jennifer	Hematology & Oncology
Schwartz	Jessica	Internal Medicine/ Concierge Medicine
Corry	Nichole	Internal Medicine/Concierge Medicine
Naraev	Boris	Medical Oncology
Jovanovic	Nikola	Neurology
Stone	Marshall	Pediatric Surgery
Estevez	Christian	Physician Assistant
Shemella	Sara	Physician Assistant
Bhagwandin	Shanel	Surgical Oncology, HPB Surgery
Lee	Kenneth	Thoracic Surgery
Katz	Arthur	Thoracic Surgery, Cardiovascular Surgery