BROOKS® Rehabilitation

Subject: Financial Assistance	**Policy #:** BO11
Document Owner: VP, Revenue Cycle	**Last Review/Update:** 9/2020
Approved By: Dan Curran, CFO	**Effective Date:** [01/01/2016]

POLICY AND PROCEDURE

SCOPE

This policy applies to all Brooks' workforce members which for the purposes of this policy refers to all directors, officers, managers, employees, medical staff, contractors, volunteers, students and others associated or affiliated with Brooks. Brooks includes the following entities: Brooks Rehabilitation; Brooks Rehabilitation Hospital; Brooks Health Foundation; Brooks Health Development; Brooks Rehabilitation Home Health; Bartram Crossing Skilled Nursing; The Green House Residences; Bartram Lakes Assisted Living; University Crossing Skilled Nursing; Brooks Rehabilitation Clinical Research Center; Brooks Rehabilitation Medical Group; HB Rehabilitative Services; and HB Outpatient Rehabilitative Services.

Any workforce member found to have violated this policy may be subject to disciplinary action up to and including termination of employment or termination of services agreement/contract as may be applicable.

PURPOSE

The purpose of this policy is to define a fair and comprehensive system of distributing free or discounted care to qualifying financially disadvantaged patients.

POLICY

Brooks Health System (BHS) makes available an amount for financial assistance at no cost or reduced cost to eligible individuals/families in need of such care. The amount of financial assistance for inpatient is estimated based on the guidelines set by the State of Florida, Agency for Health Care Administration as a minimum of 2% of total annual patient days. The amount of financial assistance for all other business lines is estimated based on the annual budget. Eligibility is determined by utilizing the current guidelines issued for the federal poverty income level or the State of Florida Agency for Health Care Administration. Financial assistance is utilized at the rate of 100% of normal and customary gross charges (amounts generally billed). Individuals receiving financial assistance will not be charged more than the amounts generally billed for medically necessary care.

PROCEDURES

1. **Eligibility:** If, in the discussion of financial arrangements for services, or upon written/verbal notice by the patient's family, it is determined that the individual /family may qualify for financial assistance, the patient's family may be evaluated for eligibility and receive a copy of the eligibility guidelines. Eligibility evaluation consists of the following:

    A. Patient must be receiving or requesting patient services, and
    B. Annual household income is up to 200% of the Federal Poverty Guidelines, the patient may qualify for full financial assistance or discounted care.
    C. Annual household income is between 201% and 400% of the Federal Poverty Guidelines, the patient may receive care discounted to the amount we generally bill insured patients for such services.
    D. Even if the patient has insurance, as long as they meet our income criteria, they may be eligible for financial assistance if: their insurance does not provide coverage for the medically necessary services they are seeking

or they have exhausted their lifetime maximum insurance benefits.

E. Financial Assistance cannot be used to cover deductibles for the patient's insurance plan.

Additional Ways to Qualify

If the patient does not meet the income criteria above, the patient may be considered on a case-by-case basis for financial assistance under the following circumstances:

F. *Catastrophic Balance:* If the patient will have a balance due to Brooks Rehabilitation of greater than 25% of their annual household income, they may be considered for financial assistance.

G. Special Medical Circumstances: If the patient is seeking treatment that can only be provided by Brooks Rehabilitation or the patient would benefit from continued medical services from BROOKS for continuity of care, they may be considered on a case-by-case basis for financial assistance for that specific treatment.

H. Eligibility is determined by the following:

i. A financial disclosure form signed and completed by the patient's family; and supporting documentation such as proof of income, expenses, etc.

ii. Proof of Active Medicaid at the time of initiating services

2. Although patients meeting the above criteria will be evaluated, any decision to fund services will be discretionary. Either the Business Line Executive and/or their appointed designee will make funding decisions.

3. Upon awarding funds, the following documentation is scanned into Perceptive Content:
   - A. For individuals completing a Financial Disclosure form
     - i. Completed financial disclosure form and proof of income and expenses;
     - ii. A copy of the Federal poverty guidelines; and
     - iii. Notification of funds awarded.
   - B. For Medicaid applicants
     - i. Notification of funds awarded
     - ii. Proof of active Medicaid

4. Non-payment for services provided would follow the normal billing and collections process outlined in the Referral to Collection Agency policy.

5. **Calculating the Amounts Generally Billed (AGB):**
   - A. For individuals that qualify for financial assistance a 100% discount of normal and customary gross charges (amounts generally billed) is applied for our Hospital, Skilled Nursing and Physician Practice.
   - B. For Outpatient and Home Health Services:
     - i. The current sliding fee schedule is effective through 12/31/2020 is as follows:
       1. Total family income < 299% of the Federal Poverty Level qualify for a 100% discount.
       2. Total family income between 300% - 399% the Federal Poverty Level are discounted to $5.00 per visit.
       3. Total family income at 400% of the Federal Poverty Level are discounted to $10.00 per visit
     - ii. Beginning 1/1/2021 the following sliding fee schedule will be in effect:
       1. Total family income < 299% of the Federal Poverty Level qualify for a 100% discount.
       2. Total family income between 300% - 399% the Federal Poverty Level are discounted to $10.00 per visit
       3. Total family income at 400% of the Federal Poverty Level are discounted to $20.00 per visit