



TITLE: Financial Assistance

POLICY: Select Specialty Hospital – Gainesville personnel provide Medically Necessary healthcare services to all individuals without discrimination and regardless of their ability to pay.

Charity Care 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. This policy covers services provided at the Select Specialty Hospital – Gainesville.

Services provided at a Select Specialty Hospital – Gainesville by providers not employed by Select Specialty Hospital – Gainesville 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 of Gainesville.selectspecialtyhospitals.com. This list is updated on a bi-annual basis.

Financial assistance counseling will be provided to all persons who request assistance in meeting their financial obligation to Select Specialty Hospital – Gainesville. This counseling includes, but is not limited to, establishment of payment plans, identification of government programs and assistance applying for such programs, and accessing Charity Care.

Exceptions to this policy can be approved by the CEO of Select Specialty Hospital – Gainesville or the Vice President (VP) Billing Operations.

PURPOSE: To establish a financial assistance policy that is in compliance with Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder. This policy was adopted by the Board of Directors on 11/19/2019 and is reviewed every two years thereafter.

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 Medically Necessary care. To determine the AGB percentage (on a calendar year basis to be used for the upcoming fiscal year), Select Specialty Hospital – Gainesville divides total Medicare reimbursement into total Gross Charges for Medicare patients. This methodology complies with the “look-back method” described in the Internal Revenue Code.
- B **Charity Care** – Medically Necessary services rendered to patients meeting the criteria established by this policy.
- C **Gross Charges** – The full amount charged 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 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.

CORE PROCEDURE:

1. Charity Care Eligibility Criteria

- A. To be considered for Charity Care, 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.

- B. Charity Care shall be granted when gross family income is at or below 200% of current Federal Poverty Guidelines (FPG). Applicants who qualify will receive a 100% discount. Select Specialty Hospital – Gainesville does not offer sliding scale charity assistance for applicants whose “gross family” income exceeds 200% of the FPG. In the event Select Specialty Hospital – Gainesville adopts a sliding scale for patients above 200%, amounts generally billed (AGB) will be calculated and applied.
1. The Federal Poverty status for the applicant will be updated to reflect the 100% discount.
 2. “Gross Family” 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.
 3. Income from family members include:
 - a. Income from wages
 - b. Income from self-employment
 - c. Alimony
 - d. Child Support
 - e. Military family-allotments
 - f. Public assistance
 - g. Pension
 - h. Social Security
 - i. Unemployment compensation
 - j. Workers’ compensation
 - k. Veteran’s benefits
 - l. In some cases, information on available assets or other financial resources may be considered.
- C. Charity Care may not be granted to applicants:
1. Who are likely to be eligible for other third party coverage but have refused to apply (a reasonableness determination will be made based on the individual situation and the total outstanding balance to the organization).
 2. With residence and/or insurance provider domiciled outside of the United States, patient(s) would require the approval of the CEO of Select Specialty Hospital – Gainesville or the VP of Billing Operations.

D. Self-pay discount for Uninsured patients

1. Uninsured patients who are not eligible for financial assistance under this policy may be eligible for a self-pay discount of 45% off Select Specialty Hospital – Gainesville’s Gross Charges. Any self-pay discount applied will be reversed if insurance coverage is located.
2. The self-pay discount does not relieve nor forgive point-of-service cash payments that the patient may be required to pay.

II. Charity Care Eligibility Determinations

A. Requests for Charity Care may be made before or after the provision of care.

B. Applications are available free of charge in English, Spanish and Chinese, and can be accessed:

1. In person at:

Select Specialty Hospital – Gainesville
Admissions Department
1600 SW Archer Road
5th Floor
Gainesville, FL 32610

2. By calling Select Specialty Hospital – Gainesville
Admissions Dept. at 352-337-3249

3. Online at <https://gainesville.selectspecialtyhospitals.com/>

C. Applicants have 240 days from the issuance of the first post-discharge billing statement to apply for Charity Care. During the first 120 days of this application window, “Extraordinary Collection Actions” (ECAs) may not be initiated. ECAs include the reporting of adverse information to a credit agency and attorney engagement in a collection action which may or may not lead to a lawsuit. No ECAs will be initiated without a minimum of 30 days written notice. Such notice shall include a plain language summary of this policy including the telephone number(s) to call about applying for assistance and the website where this policy and associated documents can be found. Select Specialty Hospital – Gainesville will make a reasonable effort to determine charity assistance eligibility before engaging in any ECA.

D. Consideration for Charity Care will occur once the applicant supplies a completed Financial Assistance Application. If the application is incomplete, the additional information required must be supplied prior to being deemed complete. The patient shall be notified within 14 days of receipt of an incomplete application.

- E. 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:
1. W-2 withholding forms.
 2. Pay stubs (most recent 90 days).
 3. Income tax returns (most current).
 4. Written verification of wages from an employer.
 5. 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).
 6. Previous three month's bank statements.
 7. In the absence of income, a letter of support from individuals providing for the Guarantor's basic living needs will be accepted.
- F. Applicants are responsible for completing the required application forms and cooperating fully with the information gathering and assessment process. Financial counselors will be available to provide assistance.
1. 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."
 2. Applications shall not be denied for failure to provide information not asked for on the application or in this policy.
- G. Select Specialty Hospital – Gainesville will make every effort to provide Charity Care determinations within 7 business days of receiving a completed Financial Assistance Application. Notification of Charity Care determinations will be mailed to the applicant.
- H. During the application review process all collection activity will be suspended, including any ECAs which may have been initiated.
- I. Upon successful determination, accounts for current episodes of care will be written off to zero patient responsibility. Current episodes of care will include all accounts at the time of approval and within 240 days from the issuance of the first post-discharge billing statement. All ECAs will be stopped and/or reversed where appropriate and full refunds of any patient payments will be processed from all accounts covered within the scope of the charity assistance approval. Charity Care will be approved for a period of a year (twelve months) forward based on the initial evaluation.

J. Persons will be considered “Presumptively Eligible” under the following circumstances:

1. Homelessness.
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

K. Select Specialty Hospital – Gainesville will keep all applications and supporting documentation confidential. Select Specialty Hospital – Gainesville may, at its own expense, request credit information to further verify the details of the application.

L. All rules, regulations and laws pertaining to Charity Care will be followed.

III. Appeals

A. The responsible party may appeal a Charity Care 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.

C. Collection activities will be suspended during the appeal process.

D. The responsible party may reapply for Charity Care if their facts and circumstances have changed since the previous application.

IV. Transparency of Financial Assistance Policy

A. Conspicuous plain language signage informing the public of this policy, and how to access assistance, shall be posted in all patient intake areas.

B. Persons who request a paper copy of this policy or other related documents such as the posted summary and Financial Assistance Application shall be provided these documents unless the requestor asks for or agrees to accept copies via electronic means such as e-mail or website.

C. Patients will be offered a copy of this policy’s plain language summary at the earliest practical moment during the continuum of care.

D. Copies of this policy with associated documents and signage will be translated to languages which represent the primary language to the lesser of 5% of the patient population or 1,000 individuals.

E. Billing statements will include a conspicuous written notice about the availability of financial and charity assistance including the telephone number(s) to call for more information about this policy and the application process along with the direct website where copies of this policy and associated documents can be found.

F. This policy will be distributed to residents of the community served by Select Specialty Hospital – Gainesville in a manner reasonably calculated to reach those members of the community who are most likely to require financial assistance.