

Type of Policy: <b>PUBLIC</b>	Category: <b>Revenue Management</b>
Title: <b>Financial Assistance Policy (FAP)</b>	Policy #: <b>1001</b>
Page: 1 of 9	Replaces #: N/A
Issue Date: <b>01/2021</b>	Developed By: Revenue Management Michele T. Napier, Chief Revenue Officer
Revision Dates: 10/2023	Approved By: <b>Signature On File</b> Leslie Flake, Chief Financial Officer

**I. POLICY:**

It is the policy of Bayfront Health St. Petersburg 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 Bayfront Health St. Petersburg financial assistance program is responsive to the needs of the community, regardless of age, gender, sexual orientation, religion, disability, race and ethnic background.

**II. DEFINITIONS:**

When used in this policy these terms have the following meanings:

- A. Amounts Generally Billed (AGB): Amounts generally billed for emergency or other medically necessary care to patients.
- B. Application Period: The period during which Bayfront Health St. Petersburg must accept and process an application for financial assistance under its FAP submitted by an individual in order to have made reasonable efforts to determine whether the individual is eligible for financial assistance under the policy. The Application Period begins on the date the care is provided and ends on the latter of the 240<sup>th</sup> day after the date that the first post-discharge billing statement for the care is provided or at least 30 days after Bayfront Health St. Petersburg provides the individual with a written notice that sets a deadline after which ECAs may be initiated.
- C. Extraordinary Collection Actions (ECAs): Per IRS Guidelines, Extraordinary Collection Action means any action against an individual related to obtaining payment of a Self-Pay Account that requires legal or judicial process or involves selling of Self-Pay Account to another party or reporting adverse information about the Guarantor to consumer credit reporting agencies or credit bureaus.
- D. Financial Assistance Policy (FAP): Bayfront Health St. Petersburg’s Financial Assistance Policy.
- E. FAP-Eligible Individual: An individual eligible for financial assistance under Bayfront Health St. Petersburg’s FAP (without regard to whether the individual has applied for assistance under the FAP).
- F. Federal Poverty Guidelines (FPG): A measure of income issued every year by the Department of Health and Human Services (HHS). Federal poverty guidelines are used to determine eligibility for certain programs and benefits, including savings on Marketplace health insurance, and Medicaid and CHIP coverage.
- G. Guarantor: The individual receiving care and/or the financially responsible party.
- H. Health Savings Account (HSA): A tax-advantaged medical savings account available to those enrolled in a high-deductible health plan (HDHP).
- I. Patient/Agent/Legal Representative: 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.

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- J. Medically Indigent/Catastrophic Support: Support provided to the patient/guarantor when medical expenses exceed fifteen percent (15%) of the annual family/household gross income for those with FPG of equal to or lower than five hundred percent (500%).
- K. Presumptive Eligibility: The use of outside agencies, demographic databases, and/or third-party credit report data that serves as a predictive model to determine a Patient/Guarantor ability to pay.
- L. Self-Pay Uninsured Account: An account for which no third-party payor or insurance is responsible and is the responsibility of the Patient/Guarantor.
- M. Self-Pay After Insurance Account: An account in which a third-party payor has submitted payment and remaining amounts are the responsibility of the Patient/Guarantor. Can include but is not limited to co-insurance, co-pays and/or deductibles.

**III. PROCEDURE:**

- A. Requirements
  - 1. Bayfront Health St. Petersburg 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 an authorized body of the tax-exempt hospital.
  - 3. All Bayfront Health St. Petersburg employed physicians must follow Bayfront Health St. Petersburg’s FAP. Contracted, community/private providers are not required to participate in Bayfront Health St. Petersburg’s financial assistance program. A list of employed Bayfront Health St. Petersburg physicians is made available on the Bayfront Health St. Petersburg website. In addition, a list of all contracted, community/private 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. Bayfront Health St. Petersburg’s FAP and Guarantor Financial Statement Application (GFSA) are readily available to patients, visitors, and members of the community we serve. Paper copies of the FAP 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 Bayfront Health St. Petersburg website. The Plain Language Summary 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 Plain Language Summary document will be provided to patients upon registration/intake.

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6. The FAP is made available in English and in the primary language of residents who represent the lesser of five percent 5% of the community served or 1,000 individuals by our hospitals. Bayfront Health St. Petersburg will perform a yearly analysis of languages reflected in our community. Translated versions of the FAP and Plain Language Summary, can be found in the supporting documentation link available at the end of this policy.
7. Amounts Generally Billed (AGB): Bayfront Health St. Petersburg determines the Amounts Generally Billed (AGB) for care by using the billing and coding process it would use if the individual were a Medicare fee-for-service beneficiary and setting AGB for the care at the amount it determines Medicare and the Medicare beneficiary together would be expected to pay for the care.
  - a. Bayfront Health St. Petersburg has determined AGB by using the prospective Medicare method.
  - b. Bayfront Health St. Petersburg reviews the AGB annually.
  - c. Whenever Bayfront Health St. Petersburg, hospital facilities listed below, provides emergency or other medically necessary care to a FAP-eligible individual, these guidelines apply.
8. As a private, not-for-profit teaching hospital, Bayfront Health St. Petersburg provides comprehensive health care. Services are provided to all without distinction based on regardless of age, gender, sexual orientation, religion, disability, race and ethnic background.
9. 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. Bayfront Health St. Petersburg 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.
10. Medically necessary care is determined by the treating physician relying on his/her experience, training, and ethics.
11. For all elective and scheduled procedures, Bayfront Health St. Petersburg 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.

B. Federal Poverty Guidelines

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1. The set minimum amount of gross income that a family/household 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 Bayfront Health St. Petersburg financial assistance program uses these guidelines when determining eligibility for free care, and the most current guidelines will be used during the screening process. Reference the supporting documentation link at the end of this policy.
3. Uninsured individuals or family/households who meet three hundred percent (300%) or below of FPG will qualify for financial assistance for their financial responsibility for services that are eligible in this policy.
4. Individuals or family/households with insurance/third party coverage who meet two hundred twenty five percent (225%) or below of FPG will qualify for financial assistance for their self-pay after insurance financial responsibility for services that are eligible in this policy.
5. Under the provisions of Section 501(r), Bayfront Health St. Petersburg is required to limit charges for those patients that are determined eligible for financial assistance.

C. Eligibility

1. Patient/Guarantor seeking financial assistance consideration will be required to complete the application process and provide the following information as needed:
  - 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. Disclosure of assets that are convertible to cash and unnecessary for daily living.
  - f. Signature certification on completed Guarantor Financial Statement Application (GFSA).
  - g. 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 where Bayfront Health St. Petersburg operates acute care facilities, will be offered financial assistance.
3. US citizens with a valid Social Security Number (SSN) who reside outside of the 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

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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, Patients/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 will exhaust all funding resources including Marketplace Healthcare Exchange plans, Health Savings Accounts (has), employer group medical plans, self-insured plans, healthcare cost sharing ministries and/or groups, prior to being considered for financial assistance.
  - c. 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.
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. Presumptive Eligibility: Individuals who are uninsured and are represented by one or more of the following may be considered eligible for the most generous financial assistance in the absence of a completed Financial Assistance Application form. Patients are presumed to be eligible for financial assistance on the basis of individual circumstances such as:
  - a. discharged to a skilled nursing facility.
  - b. documented homelessness.
  - c. deceased with no probate/estate.
  - d. receipt of an Order of Discharge as part of personal bankruptcy proceedings.
  - e. Individual has via Independent Eligibility Assessment been deemed to have a payment capability score of low or unknown. The Independent Eligibility Assessment consist of algorithms that incorporate data from credit bureaus, demographic databases, and hospital specific data. The third-party credit report data and other publicly available data sources utilize healthcare industry-recognized, predictive model that is based on

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the public record databases to calculate a socio-economic and financial capability score. Information gleaned from this Independent Eligibility Assessment will constitute adequate documentation of financial need under this Policy to infer and classify individuals into respective economic means categories irrespective of whether complete documentation has been voluntarily provided.

7. Bayfront Health St. Petersburg will work with approved community not-for-profit agencies who serve the under and uninsured with financial criteria screening policies similar to this FAP and accept them under this program.
8. Bayfront Health St. Petersburg reserves the right to clarify information obtained during the screening process, including assets found or available lines of credit.
9. Medically indigent/catastrophic:
  - a. Patients/guarantors who are deemed medically indigent or who meet catastrophic guidelines of balances exceeding fifteen percent (15%) of their family/household income, but no greater than five hundred percent (500%) FPG, will be considered for free care.

**D. Application Process**

1. Patient can receive assistance with the application process through the following methods:
  - a. Financial Counselors are available at Bayfront Health St. Petersburg business office locations and will assist patients with the completion of the application, before, during and after their hospital stay.
  - b. Financial Assistance representatives are available Monday – Friday, 8:00 a.m. – 4:30 p.m. They can be reached by phone at 321.843.8955, or by e-mail: BayfrontStPeteFinancialHelp@orlandohealth.com.
2. Patients can apply for financial assistance as follows:
  - a. Complete and submit a GFSa to Bayfront Health St. Petersburg 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 Bayfront Health St. Petersburg website or present in person at a Bayfront Health St. Petersburg 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**

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1. Reference the Bayfront Health St. Petersburg Patient Billing & Collections Policy (Self Pay) available in supporting documentation link at the end of this policy for additional details.
2. Bayfront Health St. Petersburg will review the financial assistance applications for completion and accuracy, during the “Post Discharge and Application Period”. This is the period during which Bayfront Health St. Petersburg must accept and process financial assistance applications submitted by the Patient/Guarantor. This period ends after the 240<sup>th</sup> day after the first post patient discharge statement. Bayfront Health St. Petersburg 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) Bayfront Health St. Petersburg 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) Bayfront Health St. Petersburg 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. If application is approved, an approval letter with specific details will be sent to the Patient/Guarantor. Approved financial assistance will extend twelve (12) months prior or twelve (12) months after original application approval date.
  - d. If application is denied, a denial letter with specific details will be sent to the Patient/Guarantor, making reasonable efforts. Bayfront Health St. Petersburg will continue with the normal collection process.
3. Extraordinary Collection Actions (ECAs) are actions that Bayfront Health St. Petersburg may take in the event of non-payment and can be found in detail in the Patient Billing & Collections Policy (Self Pay).
  - a. An Extraordinary Collection Action is defined by Bayfront Health St. Petersburg as an adverse report to a credit reporting agency on behalf of the Patient/Guarantor.

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- b. Bayfront Health St. Petersburg reserves the right to sell a debt to an external agency in pursuit of payment resolution.
  
- F. Patients/Guarantors will receive a sixty percent (60%) self-pay discount on total charges for all services with exception of exclusions listed in Section G below.
  
- G. Exclusions  
Financial assistance does not apply to:
  - 1. Elective care.
  - 2. Special package-priced programs such as cosmetics, bariatric, etc.
  - 3. Other non-medically necessary services as determined by the policy.
  - 4. Transplant and transplant related services.
  - 5. Patients/Guarantors who have not exhausted all healthcare related funding sources.
  
- H. Public Awareness
  - 1. Bayfront Health St. Petersburg 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. Bayfront Health St. Petersburg will make information available:
    - a. At appropriate community outreach events.
    - b. Through digital signage and paper brochures available and public to facility visitors.
  
- I. Coverage  
The FAP applies to Bayfront Health St. Petersburg.
  
- J. Additional information available through the following:

Website & Email	Website: <a href="https://www.bayfronthealth.com/patient-information/financial-information/financial-assistance-program">https://www.bayfronthealth.com/patient-information/financial-information/financial-assistance-program</a> Email Address: <a href="mailto:BayfrontStPeteFinancialHelp@orlandohealth.com">BayfrontStPeteFinancialHelp@orlandohealth.com</a>
Telephone	Financial Assistance Number: 321.843.8955 Customer Service Numbers: 321.841.2596 or 877.793.0145



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	Hospital Facility Number: 727.823.1234
By Mail	Orlando Health Patient Access Attn: Financial Assistance Team P.O. Box 560176 Orlando FL 32856
In Person	Bayfront Health St. Petersburg 701 6 <sup>th</sup> St S Saint Petersburg, Florida 33701

**IV. DOCUMENTATION:**

None.

**V. REFERENCES:**

- A. Bayfront Health St. Petersburg Patient Billing & Collections Policy (Self Pay), 1002: [Financial Assistance Program \(bayfronthhealth.com\)](#)
- B. Bayfront Health St. Petersburg Provider Listing: [Financial Assistance Program \(bayfronthhealth.com\)](#)
- C. Bayfront Health St. Petersburg Financial Assistance Application: [Financial Assistance Program \(bayfronthhealth.com\)](#)
- D. Bayfront Health St. Petersburg Financial Assistance Policy Plain Language Summary: [Financial Assistance Program \(bayfronthhealth.com\)](#)
- E. Foreign Language Translations of Bayfront Health St. Petersburg FAP Documents: [Financial Assistance Program \(bayfronthhealth.com\)](#)
- F. U.S. Department of Health and Human Services Poverty Guidelines: <https://aspe.hhs.gov/poverty-guidelines>
- G. Federal Register Vol. 79 No. 250: <https://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf>
- H. United States Internal Revenue Service (2019), "Requirements for 501(c)(3) Hospitals Under the Affordable Care Act – Section 501(r)" <https://www.irs.gov/charities-non-profits/charitable-organizations/requirements-for-501c3-hospitals-under-the-affordable-care-act-section-501r>

**VI. ATTACHMENTS:**

None.