



## **Catholic Health Services Financial Assistance Policy**

### **Our Mission**

In accordance with Catholic Health Services mission, to provide health care and services to those in need, to minimize human suffering, to assist people to wholeness and to nurture an awareness of their relationship with God, it is the policy of Catholic Health Services to offer financial assistance to our patients and their families based on the ability to pay. We will make every effort to accommodate financial assistance requests, however, we are limited by our financial resources.

### **Financial Assistance Eligibility**

We are proud to offer a financial assistance program, designed to work directly with patients/residents to find payment solutions when necessary. Based on the Federal Poverty Guidelines, financial assistance discounts are determined by a sliding scale of total household income. **See attached Federal Poverty Income Guideline Sliding Scale.**

Eligibility for financial assistance is determined by the patient's/resident's or his/her guarantor's ability to pay after all available resources have been utilized and all available assistance programs have been accessed. The program covers payment for medically necessary care, rents and tuitions, but does not cover routine co-pays and deductibles for patients/residents having medical coverage unless a hardship/need can be documented. Submission of all income and expenses, including medical expenses, plus assets and liabilities of the patient and or guarantor is required when requesting financial assistance.

The individual facilities which comprise Catholic Health Services and their financial counselors and medical assistance representatives can assist you in identifying assistance programs which may aid patients and their families with payment of their healthcare charges, rent and tuition charges.

### **Guidelines**

Financial assistance programs are available for the medically indigent, uninsured, underinsured, or financially needy individuals or families of U.S. citizens and legal U.S. residents. Relatives of U.S. citizens who are not legal U.S. residents will be considered based upon the severity of the care being requested.

### **Emergency Medical Care Policy**

Facilities do not have dedicated emergency departments, nor do they have specialized capabilities that would make it appropriate to accept transfers of individuals who need stabilizing treatment for an emergency medical condition, as such we do not have a Provider list. Facilities follow written emergency medical care policies that address how to appraise emergencies, provide initial treatment and refer or transfer an individual to another facility when appropriate. Facilities medical care policy also prohibits facilities from engaging in actions that discourage individuals from seeking emergency medical care, such as demanding that patients pay before receiving initial treatment of emergency medical care. Copies of emergency medical care policies, which include First Responder, Code Blue, Cardio-Pulmonary Arrest/Resuscitation can be found at [www.catholichealthservices.org](http://www.catholichealthservices.org).

### **Billing and Collection Policy**

The organization has a separate billing and collection policy. The hospital does not engage in extraordinary collection actions against an individual to obtain payment before the hospital facility has made reasonable effort to determine whether the individual is eligible for assistance for the care provided under the Financial Assistance Policy. For a copy, contact the Centralized Business Office at 954-484-1515 extension 5220.

An example of those who would qualify for consideration under our financial assistance programs is:

### Medicaid Beneficiary

- An approved Florida Medicaid beneficiary who receives services in our facilities which are not covered by this program automatically qualifies for financial hardship/charity assistance of non-covered healthcare balances.

### Financial Assistance – Examples

- Income below 200% FPG - A family of four with a household income of \$51,500 or less is eligible for free medical care, rent/tuition.
- Income above 200% but below 400% - Under Catholic Health Services' Financial Assistance Policy, medical bills, rents and tuitions and fees are capped at 20% of total household income; therefore, a family of four, making \$103,000/year, with a \$100,000 bill, should expect to be personally responsible for no more than \$20,600 annually.
- In no event will a patient be charged more than the amount generally billed in accordance with Section 501r(5) which, based on the look back method, is our net revenue realized as a percent of gross charges (59%) for all payors.
- Other than the hospital staff, contracted Psychiatry physicians provide medically necessary care and are covered by the hospital facility's Financial Assistance Policy.

### Application Process

The application process is easy. Simply print the Verification Letter and complete the Application for Financial Assistance form in English or Spanish and fax, mail or deliver to your facility's Business Office along with all supporting documentation requested. A financial counselor will contact you once your information has been received. (Please note that proof of income or other financial support is required to qualify. The provision of inaccurate information or the failure to provide requested supporting documentation will serve to disqualify the applicant from receiving financial assistance.)

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