



**Policy & Procedures Manual
for
Determining Eligibility for
Financial Assistance**

Adopted from Indian River County Hospital District Financial Assistance Policy

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INDIAN RIVER COUNTY HOSPITAL DISTRICT

Mission

The Indian River County Hospital District has broad authority to create health facilities, provide health and medical services in and through those facilities and to undertake any other actions, which are related to and supportive of such facilities or services. The District's endeavors, however, are guided by two basic requirements (1) the activities of the District shall be for the public good and shall be available to the public, and (2) the activities must be available to indigent residents of the county at no charge.

District Indigent Care Obligation

The District has the obligation to provide medical care to the indigent sick of the District under the provisions of Section 20, Florida Statutes Chapter 61-2275, as amended.

Policy & Procedures for Determining Eligibility for Indigent Care Reimbursement from the Indian River County Hospital District

Indian River Medical Center (IRMC) actively assists indigent residents in qualifying for healthcare reimbursement at IRMC. IRMC assists the Indian River County Hospital District (the District) in verifying all information. Verification includes, but is not limited to, income, credit, unemployment. This may be accomplished at anytime during the application process, enrollment or after benefits have been assigned. If any information is discovered to be false or altered in any way, the District may deny the application of the individual.

IRMC follows the District's established policies and procedures to qualify clients who are in need of medical services and who do not have the ability to pay. All residents of Indian River County who have resided in the county for a period of not less than six (6) months have the opportunity to apply for assistance.

Upon completing an application that qualifies for District indigent care, the application would be valid for 6 full months and retroactively 3 full months from the first day of the month the application is completed. Example: If an application is completed on May 17th, the application is valid for the period February 1st through October 31st.

Scheduled treatments and surgeries that are considered medically necessary by the treating physician would be considered eligible for District funding. District funding does not cover patient-elected procedures, such as plastic surgery or sterilizations.

Qualifying Criteria for Indigent Care Reimbursement – Non-Emergency Dept.

Purpose: To provide an overview of the District Indigent Care financial reimbursement criteria for eligibility.

Policy: Each applicant must meet the following criteria for consideration of enrollment.

1. Residency

All applicants must reside in Indian River County for a period of not less than six (6) months. Residency exists when the applicant resides within the county with the intent to become a permanent resident and shows proof of residency by providing two forms of acceptable documents (page 6) as listed under this policy. Applicants cannot move into the county for the sole purpose of receiving free medical care.

2. Identification

An applicant must provide one photo or two forms of acceptable identification (page 8) as listed under this policy.

3. Income

The annual household income must be less than 150% of the Federal Poverty Income Guidelines (*Attachment #1 updated annually*) in order to qualify for the Indian River County Hospital District Indigent Care Program.

Qualifying Criteria for Indigent Care Reimbursement – Emergency Department and VNA Mobile Unit

Purpose: To provide an overview of the District Indigent Care financial reimbursement criteria for eligibility.

Policy: Each applicant must meet the following criteria for consideration of enrollment.

1. Residency

All applicants must reside in Indian River County for a period of not less than six (6) months. Residency exists when the applicant resides within the county with the intent to become a permanent resident and shows proof of residency by providing a form of acceptable document (page 6) as listed under this policy. (A valid drivers license OR Florida I.D. with a P. O. Box address containing the city of Fellsmere, Wabasso or Winter Beach is acceptable). Six month proof of residence is self-stated and only one proof of residence is needed.

2. Identification

An applicant must provide one photo or two forms of acceptable identification (page 8) as listed under this policy.

3. Income

The annual household income must be less than 150% of the Federal Poverty Income Guidelines (*Attachment #1 updated annually*) in order to qualify for the Indian River County Hospital District Indigent Care Program. Income is self-stated and no proof of income is needed. In addition, no letter of support is needed.

Eligibility Process and Verification of Documentation

Purpose: To summarize the eligibility process and verification of documentation needed in order to qualify for the District Indigent Care. (*Attachment #2*)

Policy: All applicants follow a three (3) step process to verify enrollment into the District Indigent Health Care Financial Programs.

The steps include:

- 1. Application and interview**
- 2. Evaluation and determination**
- 3. Enrollment/Re-enrollment.**

Indian River Medical Center or its agent is allowed to perform the application, interview and approval process utilizing the approved documentation validation forms. This process is subject to periodic audit subject to the discretion of the Indian River County Hospital District.

Procedures:

The following is the procedure used for determining eligibility for District Programs:

1. Application and Interview:

- a) Patient or client referral presents for application and interview approval process
- b) At the time of interview it is determined that the person/family appears to be eligible for a Medicaid or other third party payer program, the person/family will be directed to apply for said services.
- c) If client is not eligible for any other third party program IRMC completes the IRCHD financial reimbursement application for indigent care. *(Attachment #4)*
- d) During the interview, required documentation is requested to help complete the application. The documentation includes:
 - i. Proof of residency in Indian River County
 - ii. Identification
 - iii. Income

3. Evaluation and Determination:

Upon receipt of the client file IRMC will ensure that a current and valid Medifax inquiry has been completed on each member of the family. The Provider will then evaluate the application and documentation for accuracy and appropriateness. The information provided in the client file is the basis for the approving authority to make one of the three following determinations. Data Collection Systems, web-based or otherwise, may be used to prove residency or income if unable to collect from the applicant. A printed copy of the documentation obtained shall be placed in the file. The District Executive Director will have discretion of the approved systems. The approving authority forwards the District Determination form to IRMC *(Attachment #5)*. IRMC will notify the patient of the determination.

- a) **Approved** – When verification of documentation meets District criteria, the application is forwarded to the approving authority as designated by the Hospital District. The Hospital District approving authority designee is the Manager of Financial Clearance. A Hospital District Indigent Care Approval Form is sent to the applicant and the referring entity if applicable. *(Attachment #16)*

- b) **Denied** - The case is denied and a ***Letter of Denial Form*** is sent to the application site. *(Attachment #17)*
Fax determination to referring agency/physician and mail copy to patient
- c) **Pending** – The case may be returned for corrections or the submission of additional information.

Approved applications are valid for six months and allow for three month retroactive medical bill consideration.

Medicaid Exhausted Benefits - Should a qualified Medicaid recipient exhaust benefits or incur Medicaid share of costs, the individual will be considered for the District Indigent Program without further documentation except for the required proof of identification and two proofs of residency as required under the Residency Document Requirements.

Indigent Care Reimbursement Qualifying Criteria

1. **Residency**

Purpose:

This section defines residency as it relates to the District eligibility process and identifies acceptable documentation to prove residency in Indian River County.

Policy:

All applicants must reside in Indian River County for a period of not less than six (6) months. Residency exists when the applicant resides within the county with the intent to become a permanent resident.

Residency does not exist when the stay is for a temporary purpose or there is intent to return to another county, state, country or any location outside of Indian River County, Florida. Applicants cannot move into the county for the sole purpose of receiving free medical care. Admission to an institution located within Indian River County, Florida does not guarantee fulfillment of residency requirement.

Documentation supplied by the applicant to prove residency may not be used to verify the applicant's identity with the exception of a valid driver's license OR Florida I.D.

P.O. Boxes will be accepted as a valid address only when the patient's P.O. Box matches the P.O. Box of the person submitting the Letter of Support and the P.O. Box has been linked to a street address through a utility bill, property appraiser record or other means of verifying an address.

Definitions:

Resident

The term "resident" shall mean a person who

- (a) Has made his/her home or place of abode for a period of not less than six (6) months within the geographical boundaries of Indian River County at the time of medical service, and
- (b) has no intention at such time of moving outside Indian River County.

The person must have a bona fide address within Indian River County at which the individual resides. Proof of such residency is required, and may consist of two or more acceptable documents (page 6) as listed in Residency Document Requirements. At least one proof of residency must be a document other than an attested proof of residency statement.

If the person moves out of the county during a course of treatment this will deem them ineligible for Indigent Care.

Homeless Resident

The term “homeless resident” shall mean a person whom

(a) has no intention at the time of such service of moving outside the District. Proof of such homeless residency shall be required, and shall consist of the best evidence available, which may include an affidavit executed by an independent third party. *(Attachment #15)*

or

(b) a person having a night time residence in a public or private emergency shelter such as an armory, school, church, governmental building, or where a temporary voucher is provided by a public or private agency for a hotel, apartment or boarding home, on the streets or under a bridge or viaduct; in a park; or in any public or private space not designed for shelter.

Notwithstanding any of the above, a person shall not be considered a resident or homeless resident if he has moved into the County for the sole purpose of receiving medical care at the expense of the District. Such person shall qualify only if such person has some other bona fide reason for moving into the District.

Homeless residence status is satisfied when an applicant can produce one of the following documents:

Verification documents accepted for homeless:

- homeless declaration form signed by agency personnel
- law enforcement booking sheet
- declaration letter from family or friend – Attested Proof of Residency *(Attachment #8)*
- Letter of Support – *(Attachment #6)*

Incarcerated Individuals

The residency status of a person who was incarcerated in jail or prison immediately prior to medical service shall be determined by reference to such person’s residency status immediately prior to such incarceration.

Residency Document Requirements

IRMC must see original documents or copies certified as originals by the county clerk or other official record keeper. All residency documentation must be copied and placed in the applicant's case file.

A six month proof of residence must have a date greater than or equal to six months and less than or equal to twelve months except for when using a valid Florida drivers license as the six month proof of residence. Residency for the District programs is satisfied when an applicant can produce any two of the following documentation that serves as proof of county residency:

If an individual signs both a Letter of Support and an Attested Proof of Residency, the Letter of Support cannot be used to satisfy the required second proof of residency.

- a) Property Tax Bill for current or prior year depending on the date of application.
- b) Valid Drivers License OR Florida I.D. (DLs with a P. O. Box address in the city of Fellsmere, Wabasso or Winter Beach are acceptable).
- c) Lease (must be for the current year). The documentation should include the landlords name, address and telephone number
- d) Rent receipt (must be for the month of application). If the current month receipt is not available, phone or written confirmation may be made by District staff. The documentation must include the landlords name, address and telephone number.
- e) Mortgage statement indicating the status as of the month of application.
- f) Vehicle Registration for the current year.
- g) Utility bills (electric, water, telephone, gas or other city or county utilities or other contracted service, i.e. pest control, cable service...) that would indicate the address where the service is provided.
- h) School Registration Certificate from a local school indicating that a member of the family unit is currently enrolled in the Indian River County school system.
- i) Enrollment in a Facility or Agency Program with a letter from the agency or group home where applicant resides. This form of documentation must be accompanied by an approved proof of residency in the County prior to enrollment in the facility program
- j) Declaration of Domicile registered with the Clerk of the Courts.
- k) Medical bill / credit card bill with persons name and address.
- l) Attested Proof of Residency – (Attachment #8)
- m) Letter of Support – (Attachment #6)
- n) Credit reports.
- o) Whitepages.com
- p) Current property appraisals.
- q) Clerk of the Circuit Court website. Submit Book number and Page number of document.
- r) Mail.
- s) Any additional form of residency approved by the Department Director on a case-by-case basis.
- t) Checking or Savings Bank Statement.
- u) Florida Medicaid Management Information System Security (FMMIS).

2. Identification

Purpose:

This section defines identification as it relates to the District eligibility process and identifies acceptable documentation to prove identification.

Policy:

Every applicant must provide documentation to prove his/her identity.

- If the documentation provided to prove identification is not a picture ID, then a second form of Identification must be provided and verified by the Provider.

Children under the age of eighteen are not required to provide a second form of ID if they are not the Head of Household or spouse. The application for a newborn attached to a mother's application must include the "Newborn Identification" document from IRMC. Newborns are only considered District eligible after IRMC has noted the attempts made to qualify the mother/baby for Florida Medicaid.

Procedures:

All documentation submitted to verify an applicant's identity must be copied with clearly legible dates and placed in the applicant's case record. The interviewer must see original documents or original copies certified by the county clerk or other official record keeper.

The following defines acceptable documentation for proving identification:

- US Birth Certificate/Registration Card
- US Passport – Valid
- Social Security card
- Social Security Number – Valid
- Alien Registration card – Current and valid (can only be used in this category in conjunction with a valid Social Security Card)
- US Military ID
- US Certificate of Naturalization
- Drivers License, Florida ID OR photo Foreign I.D.
- Prison Identification card
- Identification card – Dept. of Motor Vehicle or local Police Dept.
- Adoption records
- Court Order for Name Change
- SS Card – Invalid due to work permit or residence status change
- Military Records
- Marriage or Divorce record
- Valid school identification
- Church or Temple Membership (Official Certificates used as proof of Confirmation, Baptism, Bar or Bat Mitzvah etc...)
- Medical Records, Vaccination records from other than current episodes
- Law Enforcement Letter – from local agency
- Birth Certificate – other than one issued by a U.S. state
- Passport – Other than a U.S. passport.
- Clerk of the Circuit Court website - submit Book number and Page number of document
- Any additional form of ID approved by the Department Director on a case by case basis.

3. Family Size

Purpose:

To identify the person or persons to be considered as part, or all, of a family unit.

Policy:

The District shall consider family size as part of the eligibility process. Inmates under the control of a law enforcement authority or under prison control are excluded from consideration.

Definitions:

Family size of one – An individual may be the sole occupant of a housing unit, or may be residing in a housing unit in which one or more other persons who are not related to the individual by birth, marriage, or adoption, also reside. (Examples of unrelated individuals include lodgers, wards, employees, or foster children).

Family size of two or more – a group of persons related by birth, marriage or adoption who reside together. All such related persons are considered members of one family.

Non Judicial Girl/Boy friend – is considered the same as a spouse for purposes of applying for the Indigent Care Program.

Note – unborn child not distinguishable for family unit

Procedures:

When determining the size of the family, the following should be considered:

1. Head of Household

One person in each family is designated as the “Head of the Family”. In most cases this person is one of the individuals listed as the homeowner or identified on the lease agreement. The Head of Household is an adult but not necessarily the primary wage earner.

2. Spouse

Spouse is considered as a person married to and living with a family member, or a non-judicial boy/girl friend who share the same domicile. If a spouse or non-judicial boy/girlfriend live away from the applicant, but still perform as the Head of Household through their financial support, then proof of residency outside of the applicant’s domicile is required. If a couple has divorced, but still share the same domicile, then proof of divorce is required.

3. *Child*

A child is considered to be a son, daughter, stepchild, grandchild, adopted child, or unborn child (documentation to prove pregnancy must be provided), sister, brother, niece, or nephew of the Head of Household or family unit. All children must be under age 18 and not married. All of these individuals are considered part of the family unit.

Any married child (as defined above) living with his/her spouse or non-judicial boyfriend/girlfriend will constitute a separate family unit.

Any child(ren) (as defined) living with a non-relative who does not have legal custody of the child(ren) may be considered a separate family.

4. *Other Relative*

Any person that is related to the Head of the Family by birth, marriage, adoption, or a cousin, under the age of eighteen (18) who is dependent on the Head of the Family for financial support and does not have an independent income may be considered part of the family.

5. *Family Unit Exceptions*

Persons 18 years of age and older who are full-time students are considered part of the family unit size until 24 years of age, after which they are considered a separate family. Documentation must be provided and placed in the eligibility file.

6. *Persons Not Considered Part of the Family Unit*

A son, daughter, brother or sister 18 years of age or older who resides in the family residence is not considered part of the family unit size, but a separate family except as described above.

Emancipated persons are not considered part of the family unit size, but rather as a separate family.

If a residence is shared by more than one family unit, the Federal Poverty Guideline levels are applied to each family unit and not to the residence as a whole.

Eligibility is based on the entire family unit.

The family size, along with the gross income, is compared to approved qualifying levels for the purpose of determining eligibility.

4. Income

Purpose:

This section identifies the sources, calculation, and verification of income as it relates to the IRCHD eligibility process.

Policy:

The calculated family income must be equal to or below the District approved percentage of the Federal Poverty Level Guidelines for that family unit size. (*Attachment #1*)

Definitions:

Gross Income is the amount of income received as of the date of application for the time period of 8 weeks prior, or for two months if applicant is paid on a monthly basis.

Procedures:

A financial release is required for approval to the District Indigent Care Program.

The following are considered as income sources for the purposes of determining/verifying eligibility under this section: (*Attachments #6,7a,7b,9,10,11, 14*)

1. Wages, salaries and gratuities
2. Social Security Benefits
3. Supplemental Social Security and Disability Benefits
4. Retirement and Pension Benefits
5. Royalties and Rents
6. Unemployment and Worker's Compensation
7. Veterans and Military Allotments
8. Strike Benefits
9. Insurance and Annuity Income
10. Dividends and Interest Earnings unless counted as an asset
11. Estate and Trust Fund Income
12. Private loans of a recurring nature
13. Court ordered spousal/child support
14. If an applicant's verified income does not cover at least 80% of their monthly expenses then a Letter of Support is required (*Attachment #6*) or an acceptable, documentable explanation of how the applicant is meeting expenses.

The following are not considered as sources of income for the purposes of determining eligibility, but rather as liquid assets. To qualify for indigent care the value of all liquid assets may not exceed \$20,000:

1. Deposit/Withdrawals from bank
2. Sale of a house or car
3. Tax refunds
4. Gifts – non recurring
5. Lump sum inheritance

6. One-time insurance payments
7. Compensation for an injury
8. Food stamps (excluded from income/financial calculations)
9. Public Housing assistance (excluded from income/financial calculations)
10. Foster care payments
11. Insurance payouts in the event of a catastrophic weather condition are not included in calculations of income when supported with documentation showing the funds are to be used for homestead property repairs.

The following are considered as deductions from the gross income for the purpose of determining eligibility:

1. Court ordered child support
2. Court ordered spousal support

Documentation for deductions must include proof of payment and indicate the party receiving payment. Deductions and payments must have been made during the income period under consideration.

5. Income - Self-employed

Purpose:

To define a specific income determination and verification process for self employed applicants:

Policy:

Self-employed applicants must meet **all** District eligibility requirements to be eligible for services.

Income for self-employed is calculated by using their last 8 weeks adjusted gross income or 52 weeks of verified/declared gross earnings.

Definitions:

Self-employed - an individually owned business or private enterprise in which income is derived.

Procedures:

For the purpose of this policy, self-employed income is divided into two categories:

1. Income derived from the operation of a business involving other regular employees, licenses, or permits or when estimated taxes or income taxes should be filed. Applicants determined by the Provider to meet these categories will be required to submit documentation in an accounting format to substantiate actual gross income amounts earned.
2. Income derived from less formal settings as determined by the Provider would be considered casual or day labor and will be allowed to document income by any

means described or by declaring their income received on the eligibility form application for indigent care. (*Attachment #7a*)

If the applicant is unable to document their last eight weeks or 52 weeks of income and allowable deductions, the applicant's income tax return may be used to determine and verify their last declared annual (52 weeks) of income.

The following are some examples of Self-employment:

- Baby sitting
- Lawn service
- Car detailing
- Selling newspapers
- Any other work or service performed by the person in which there is no formal employer/employee relationship.

6. Qualifying Levels

Purpose:

To identify the application of qualifying levels based on family size and income.

Policy:

The District utilizes the Federal Poverty Level Guidelines published annually in the Federal Register and approved for use on or before March 1 of each year. The guidelines are used to determine qualifying levels for eligibility. The District establishes the Qualifying percentages that cannot be modified without District Board of Trustee approval.

Procedures:

The qualifying levels currently established are:

150% of the approved Federal Poverty Level Guidelines for children and adults.

Patient Scenarios

1. Automobile Insurance PIP only

Patient has PIP coverage of \$10,000. Patient has a hospital bill totaling \$50,000. Patient meets all criteria for the IRCHD Assistance program. Can the IRCHD program be used to offset the patient's \$40,000 responsibility?

Patient would be eligible for the IRCHD Assistance program, but the County would reimburse only the difference between the contracted County reimbursement rate and the amount the insurance company paid. Documentation of insurance policy and payments will be attached to file.

2. Commercial Insurance Exhausted Benefits

Patient has a maximum benefit (usually we see this with psych patients) and has exceeded their maximum benefits. Therefore, the patient has no insurance coverage for the period that is above and beyond the benefit coverage. Is the patient eligible for IRCHD Assistance, if they meet all requirements of the program?

Case by case approval by the IRC Hospital District

3. Patient with emergency medical condition not meeting 6-month residency requirements

Patient has moved into Indian River County and has verifiable documentation proving his/her residency, but does not meet the 6 month minimum requirement. Patient has now been admitted into the Hospital with an emergency condition, or is an outpatient at the Hospital with urgent medical needs. Is the patient potentially eligible for IRCHD Assistance, if they meet all other requirements of the program?

Case by case approval by the IRC Hospital District