

TALLAHASSEE MEMORIAL HEALTHCARE  
TALLAHASSEE, FLORIDA

POLICY AND PROCEDURE NO.: 30-22

Date Created: September 2016

Revised: September 21, 2023

**FINANCIAL ASSISTANCE POLICY AND EMERGENCY MEDICAL CARE**

I. PURPOSE:

To establish compliance with certain requirements of section 501 of the Internal Revenue Code regarding the provision of financial assistance and emergency medical care to individuals receiving services at Tallahassee Memorial HealthCare.

II. POLICY:

It is the policy of Tallahassee Memorial HealthCare (TMH) to provide care to patients regardless of their financial situation. Care for emergency medical conditions is provided without discrimination and in accordance with the Emergency Medical Treatment and Active Labor Act (EMTALA). TMH has established a Financial Assistance Policy (FAP) which allows patients to apply for assistance with medical expenses. Charges to patients who qualify for financial assistance will be limited to amounts generally billed (AGB) to individuals with insurance covering such care. The 'look back' method is used to calculate amounts generally billed. The AGB percentage is based on all claims allowed by Medicare, Medicaid and private health insurers during the first two quarters of the prior fiscal year (October 1-March 31). The AGB will be updated annually and attached to this policy as Exhibit 1.

The FAP applies to care rendered at TMH facilities, and by TMH-employed providers. It does not apply to services rendered by non-TMH providers, such as anesthesiologists, radiologists and pathologists.

Information about the TMH Financial Assistance Policy (FAP) will be made available to the public by various means, including the provision of a summary of the FAP at the time of registration, notification in patient statements, posting of information on the hospital website, and personal conversations with patients/guarantors.

III. PROCEDURE:

- A. To be considered for the Financial Assistance Policy, the patient/guarantor must complete the Financial Assistance Application, which includes the following information/documents and is attached as Exhibit 2 to this policy:
  - 1. Household income
  - 2. Family Size
  - 3. Proof of income
  - 4. Statement of Residency (if applicable)
  - 5. Homeless Affidavit (if applicable)
  - 6. Signature/date
- B. The Financial Assistance Application may be requested at time of registration, through Patient Financial Services, or via the Internet at TMH.org.
- C. Patients qualifying for financial assistance will be granted eligibility for a 12-month period, after which time they must reapply.
- D. A sliding scale is used to determine the amount of assistance offered to applicants.
- E. Uninsured patients of TMH who are not eligible for financial assistance based on the other provisions of the policy will receive an Uninsured Discount based on the Amounts Generally Billed (AGB) percentage.

Applicant's Income	Amount of Financial Assistance
At or below 150% of the Federal Poverty Guidelines	The applicant is eligible for 100% assistance and all charges are waived.
Between 151-400% of the Federal Poverty Guidelines	The applicant is eligible for a discount based on the percentage of poverty guidelines. Percentage of charges waived will be between AGB in effect at time of application, but not greater than 60% of charges.

Total charges exceed 25% of the applicant's annual income	The applicant is eligible for 100% assistance and all charges are waived.
All patients that are uninsured regardless of assistance application	Uninsured patients are eligible for 30% of total charges waived for services rendered

- F. Tallahassee Memorial HealthCare will not engage in extraordinary collection actions (ECAs), including referral to a collection agency, before reasonable efforts have been made to determine if the patient/guarantor is eligible for the Financial Assistance Program. For the purposes of this policy, a reasonable time period is defined as 120 days following the date of the first statement to the patient/guarantor.
- G. Following the 120-day notification period, the account may be referred to an external collection agency, and an entry may be placed on the patient's/guarantor's credit file.
- H. The patient/guarantor may apply for financial assistance prior to 240 days from the date of the first statement. After 240 days, requests for financial assistance will be considered on a case-by-case basis.

IV. RESPONSIBILITIES

The Director, Patient Access and Financial Services, will be responsible for the implementation, maintenance, and compliance with this policy.

V. REFERENCES

**Original with Signature on File in Administration**

G. Mark O'Bryant  
 President/CEO

Policy and Procedure Review and Revision History:

- August 2016
- Reviewed: (October 9, 2017)
- Reviewed: (October 30, 2018)
- Revised: (October 9, 2017)
- Revised: (October 30, 2018)
- Revised: (October 30, 2019)

Revised: (December 30, 2020)

Revised: (December 28, 2021)

Revised: (December 7, 2022)

Revised: (September 21, 2023)

Exhibit 1  
Amounts Generally Billed  
FY2023

Based on claims allowed by Medicare, Medicaid and commercial payers for the period October 1, 2021-March 31, 2022, the amounts generally billed (AGB) percentage for Fiscal Year 2023 is 22% of charges. This percentage will be used to determine eligibility under the TMH Financial Assistance Policy for applications received between October 1, 2022 and September 30, 2023.