

Tampa General Hospital DeSoto

POLICY & PROCEDURE

☒ **Organizational** ☐ **Hospital** ☐ **Ambulatory Services** ☐ **Departmental**

Title: Financial Assistance & Charity Care

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Originating Department: Revenue Cycle

Approved by: John D. Couris, Chair of the Board

OVERVIEW

Tampa General Hospital DeSoto (the Hospital) provides, without discrimination, necessary medical care regardless of the patient's ability to pay for services. Charity care is available to patients who qualify under this policy. Underinsured and uninsured patients who do not meet charity guidelines may qualify for discounted care. This policy addresses only the most common situations that may arise. It is not intended to be all-inclusive.

Accordingly, this written policy:

- Includes eligibility criteria for financial assistance – free and discounted (partial charity) care
- Describes the basis for calculating discount amounts to patients eligible for financial assistance under this policy
- Describes the methods by which patients may apply for financial assistance
- Describes how the Hospital will widely publicize the policy within the community served by the Hospital
- Limits the amounts that the Hospital will charge for emergency and other medically necessary care provided to individuals eligible for financial assistance to the amount generally billed for medically necessary care.

Please note that this Financial Assistance Policy is only applicable to the Hospital. Independent physicians may or may not offer financial assistance or discounts.

ELIGIBILITY CRITERIA

After an assessment of medical necessity and financial ability, the Hospital may provide free or discounted care to patients who qualify for financial assistance under this Policy. The Hospital will follow standard procedures in determining eligibility for financial assistance and in collecting on delinquent patient accounts as follows:

Medical Necessity

- *EMTALA*

Any patient seeking care for an emergency medical condition within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd)] at the Hospital shall be treated without discrimination and without regard to a patient's ability to pay for care. The Hospital shall operate in accordance with all federal and state requirements for the provision of emergent health care services, including screening, treatment and transfer requirements under the federal Emergency Medical Treatment and Active Labor Act (EMTALA).

- *Other Medically Necessary Services*

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In addition to services provided pursuant to EMTALA, the Hospital will extend free or discounted care to eligible individuals for other medically necessary services as provided herein. Medical necessity will be determined by the Hospital.

Financial Ability - Generally

If a patient's household income, adjusted for family size, retrospectively and prospectively for the six months from the determination is less than or equal to 300% of the current Federal Poverty Guidelines (FPG), then the patient is eligible for a 100% reduction of any unpaid balance. If the patient's household income, adjusted for size, is between 300% and 400% of the FPG, the patient shall be eligible for a discount that is annually calculated using a "look back"¹ method, unless the patient qualifies for catastrophic consideration pursuant to the following paragraph.

Financial Ability – Catastrophic

Notwithstanding the foregoing paragraph, if a patient's non-elective charges from the Hospital exceed 25% of the patient's annual household income (adjusted for family size, retrospectively and prospectively for the six months from the determination), then the patient is eligible for a 100% reduction of any unpaid balance.

OTHER ELIGIBLE BALANCES

Patients eligible for Medicaid or other indigent care programs may be eligible for free or discounted care for non-covered services (including charges for days exceeding any length of stay limit). Denials of Medicaid or Medicaid HMO services will also be eligible for charity as long as the patient meets the eligibility criteria for Medicaid or financial criteria for free care as defined in this policy.

COOPERATION

Patients who seek financial assistance from the Hospital, whether for free or discounted services, must, upon reasonable request, cooperate with the Hospital's staff in determining their eligibility for financial assistance and applying for governmental assistance when in the Hospital's reasonable judgment the patient is capable of cooperating.

NON- ELIGIBILITY SERVICES AND BALANCES

Financial assistance will not apply to the following services or patient responsibilities:

- Services and procedures not covered by a patient's insurance unless deemed necessary by the applicable Hospital's Medical Staff to treat an emergency medical condition under EMTALA and/or Florida law
- Cosmetic procedures that are not medically necessary
- Balances payable by insurance or other third parties such as Medicare, Medicaid, automobile insurance, worker's compensation, or liability insurance
- Ventricular Assist Devices

¹ Look-back method

- A realization rate is based on actual claims paid to hospital by Medicare fee-for-service, Medicare Advantage together with all private health insurers paying claims
- Calculated by multiplying gross charges by the Amounts Generally Billed (AGB) percentage
- Must calculate AGB percentages no less than annually by dividing sum of certain claims paid by sum of associated gross charges
- Must begin applying AGB percentages by 45th day after end of 12-month period used in calculation
- May calculate one average AGB percentage for all emergency and medically necessary care or multiple AGB percentages for separate categories of care

² Currently any drug is considered a "High Cost Drug" if the cost to Operator exceed \$1,000 per unit dose, which amount will be adjusted for inflation on an annual basis.

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- Transplants
- Bariatric procedures, education programs and nutritional supplements
- Elective procedures
- High Cost Drugs² unless necessary to treat an emergency medical condition under EMTALA

DETERMINATION AND SCREENING PROCESS

There are two methods for patients to qualify for Financial Assistance under this Policy: presumptive eligibility (see below) and completion of the Hospital's Financial Assistance application, a copy of which is attached (Form H-40). Patients seeking financial assistance will be requested to complete the forms and return them by mail or in person to a Financial Assistance Specialist at 900 N. Robert Avenue, Arcadia, Florida 34266. Note that Medicare beneficiaries do not qualify for presumptive eligibility. The Hospital's Financial Assistance application is updated annually to reflect changes to Federal Poverty Income Guidelines.

Patients who appear to qualify for government assistance will be offered courtesy assistance with the government program application process. Uninsured or underinsured patients will be asked to complete a Financial Assistance Application either at the time of registration or within 60 days of the date of service. If a patient is physically and mentally able to engage in the government assistance application process and refuses to do so, the Hospital may either declare the patient "presumptively eligible" or after written notice to such patient with a 30-day opportunity to cure, deny such patient any discount to which the patient may have been entitled to under this Policy. Financial assistance counseling communication will be clear, concise and considerate of the patient and family members and offered without charge.

In addition to income and family information, the patient may be required to provide proof of employment. Some patients may also be asked to provide additional information about their assets, monthly expenses, and any other resources to pay for their care. The Hospital may obtain a credit and assets check on completed and incomplete applications for financial assistance. The Hospital may deny financial assistance if the Hospital determines a patient has sufficient assets to pay for his or her care.

Upon a patient's request, determination of eligibility or denial of financial assistance will be communicated to the responsible party within 30 days of receipt of all required documentation. If a patient qualifies for financial assistance, this determination will remain active for one year, unless his or her ability to pay improves during the 12-month period. Approved patients with older accounts will be considered for financial assistance on accounts going back one year from the determination date. Absent extraordinary circumstances, as determined by the Hospital in its sole discretion, accounts older than one year from the determination date will not be considered for financial assistance.

The granting of financial assistance shall be based on an individualized determination of financial need and medical necessity, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

PRESUMPTIVE ELIGIBILITY

Patients may be eligible for a discount of the full unpaid balance in the absence of a completed Financial Assistance Application Form if the patient meets one or more of the following:

- Is homeless
- Is deceased and has no known estate able to pay medical bills
- Is currently eligible for Medicaid but was not at the time of service
- Is eligible to receive benefits from a governmental agency as the victim of a violent crime or sexual assault and the treatment is related to the violent crime or sexual assault
- Based on credit and assets check performed by the Hospital
- A patient likely has a family income of no more than 300% of the FPG and has insufficient assets to pay for his or her care.

The Hospital may deem a patient to be presumptively eligible for financial assistance at any time, based on the information then available to the Hospital; provided, however, any insured patient will not be eligible for presumptive eligibility for Financial Assistance until at least 150 days after such patient has been discharged from the Hospital. In compliance with federal law, the Hospital will obtain independent income and resource verification for Medicare beneficiaries.

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RELATIONSHIP TO COLLECTIONS AND BILLING POLICY

The Hospital maintains a separate policy outlining their billing and collection procedures. In accordance with the Billing and Collections Policy, the Hospital will not engage in, nor will it authorize its collection agency to engage in, extraordinary collection actions without verifying that patients have been given the opportunity to apply for financial assistance.

COMMUNICATION OF THE AVAILABILITY OF FINANCIAL ASSISTANCE WITHIN THE COMMUNITY

Notification about financial assistance available from the Hospital shall be disseminated by the Hospital to the community by various means, which may include, but are not limited to, publishing this Policy on the Hospital's website, placing posters around the Hospital, and making brochures available at the Hospital's patient registration areas.

REGULATORY REQUIREMENTS

In implementing this Policy, the Hospital will comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

RETROACTIVITY

The Hospital will apply this Policy on a retroactive basis for patients with outstanding account balances on the date of adoption of this Policy.

LIST OF PROVIDERS

This Financial Assistance Policy applies only to the Hospital. A list of providers who may provide services at the Hospital is attached hereto as Appendix A. Please note that some of the providers listed are not required to comply with this Financial Assistance Policy.

AVAILABILITY OF FORMS AND POLICY

Copies of the Financial Assistance Policy, including the List of Providers and application forms, will be made available upon request and without charge by contacting a Financial Assistance Specialist at (863) 494-3535 or by submitting a written request to:

Tampa General Hospital DeSoto
900 N. Robert Avenue
Arcadia, Florida 34266
Attn: Patient Access Director

The Financial Assistance Policy, including the List of Providers and related documents can be downloaded from www.tgh.org.

All documents are available in both English and Spanish.

The Hospital's Financial Assistance Specialist is also available to answer any questions about this Policy. This Policy will be effective October 1, 2026.

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The providers listed below follow the Hospital's Financial Assistance Policy (TGH DeSoto providers):

Last Name	First Name	Title	Primary Specialty Description
Altajar	Bassam	MD	Cardiology
Collier	Theodore	CRNA	Anesthesia
Fiorucci	Michael	MD	General Surgery
Gonzalez	Carlos	MD	Anesthesia
Hentges	Ryan	APRN	Imaging
LaCava	Joseph	CRNA	Anesthesia
Liebenrood	Joseph	CRNA	Anesthesia
Walsh	Michael	CRNA	Anesthesia

All other providers practicing at the Hospital are not required to follow this financial assistance policy, however, some of the providers may offer financial assistance to their patients. Further information may be obtained by contacting the providers directly.