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Uninsured Patients Find Healthcare Assistance through Broward Health's MOPED Program

By Linda Leatherbury

Broward General Medical Center's Medicaid Out-Patient Eligibility Department (MOPED) program has cruised to success over the past year, helping thousands of the county's uninsured patients obtain government-supported healthcare.

MOPED, created in May 2009 by Broward General Medical Center's Chief Financial Officer Mark Doyle, proactively helps patients qualify for Medicaid, charity and financial assistance as needed. Since the program's inception, more than 23,000 patients have visited the MOPED office, conveniently located in the main lobby of Broward General Medical Center.

As a result of the program's initial success, similar MOPED programs are slated to roll out at all Broward Health facilities by October 2010. These additional locations will make the program more available for all residents in the northern Broward community.



Members of the MOPED team (l-r): Henry Alvarez, Medicaid eligibility specialist; Everling McMahon, Medicaid eligibility specialist; Dan Smith, MOPED coordinator; Mark Doyle, Broward General CFO; Geoff Todd, administrative intern; Liz Amritt, Medicaid eligibility specialist; Yves Yabeck, Medicaid eligibility specialist; and Maria Benjamin, MOPED assistant.

"There has been an overwhelmingly positive response to MOPED from patients, families and the overall community," said Doyle. "Particularly in these challenging times, word has gotten out that MOPED helps people successfully navigate through the paperwork and application forms needed to obtain financial assistance for healthcare. It's a full-service program that goes further to help people in need apply for food stamps, discounted phone service and even temporary cash."

Between 85 and 100 patients visit the MOPED office every day. Each patient is given a pager while waiting to see a member of the multi-lingual staff, which speaks English, Spanish and Creole. There are no lines, and wait times are less than 25 minutes. Due to the convenience of the pager, patients can pass the short wait time by watching TV in the lobby or visiting one of the food vendors.

MOPED requires patients to bring their medical bills, personal forms, documents, and identification with them in order to complete the process. All paperwork and forms for the application process are conveniently processed in the office with guidance from a staff member.

Broward General Medical Center has actively promoted the program to create awareness both in the hospital and in the community. Its outreach includes partnerships with the Department of Children and Families, the Hispanic Unity of Florida and the YMCA. Information has also been distributed to 94 other organizations to create additional awareness about the program and its benefits. Broward General Medical Center has also planned a promotional event raffling off an actual moped to assist with branding efforts for the campaign.

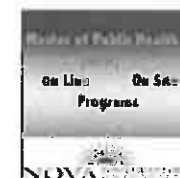
Among the program's other highlights:

- MOPED has significantly reduced Broward General Medical Center's uncompensated care. The program improved Medicaid gross revenue by \$23 million in its first year
- The program achieved a 108 percent increase in Medicaid enrollment since June 2009.
- 6,346 tax fund/charity applications have been completed since the program's inception.
- The MOPED website has received 6,149 hits since it was activated in May 2009.
- MOPED recently applied for two federal grants worth \$250,000 each – a nomination for best community outreach program, and another for programs that will assist in the upcoming federal healthcare reform. These grants, if secured, will help promote and expand the program.

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"MOPED has made a real difference in people's lives," said Martha Walsh, Broward General's regional manager of patient access. "Having health insurance gives patients and their families peace of mind, both before and after a hospital visit. It lets them focus on their health rather than how they will pay for medical bills."

One patient, a successful entrepreneur, was forced to resign from running his company last December due to a disability that would eventually require a liver transplant. Uninsured and facing a potentially overwhelming medical bill, he got in contact with MOPED, where they helped facilitate a payment alternative.

Speaking about MOPED, he noted, "It's a great program and the word should get out. The assistance I received from the MOPED program was invaluable."

"MOPED's biggest challenge is getting clients to follow up with all the necessary documents needed to complete their applications," said Mark Doyle. "Many of the documents may be difficult to understand or take time to acquire, so patients lose track of what needs to be done. We are working to address this issue to help get more patients the medical coverage they deserve."

MOPED could serve as a model for other communities. It is also serving as valuable experience prior to the implementation of healthcare reform, which will require patients to register and qualify for federal coverage.

For more information about MOPED, call (954) 355-5442 or visit www.browardhealth.org/moped



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Members: Broward General Ad Council Subscribers: Broward General Council

Despite Obamacare rollout, Broward hospital districts still taxing

By **Anthony Man**, Sun Sentinel

SEPTEMBER 1, 2013

Property owners may be surprised when they look at the estimated tax bills arriving in their mailboxes: Despite the rollout of the federal Affordable Care Act, they're still obligated to pay taxes to a Broward hospital district.

"Obamacare is supposed to cover everybody, and that being the case, then why should I have to also pay the hospital district?" asked Carole B. Melendez.

Melendez, 68, wonders why the notice of proposed property taxes, called a TRIM notice, shows she and her husband are likely to pay \$237.95 in hospital district taxes for their Tamarac home.

"It's a legitimate question," said Frank Nask, president and chief executive of Broward Health.

Every Broward property owner pays taxes to support one of the county's two hospital districts. Obamacare has its own system of taxes to help reduce the ranks of the nation's uninsured.

The county hospital district taxes will continue for the foreseeable future, said Nask and Matthew Muhart, executive vice president and chief financial officer at Memorial Healthcare System.

The main reason is Obamacare doesn't cover everyone. Even after it's fully in place, there still will be plenty of people who won't be insured.

Many Floridians people won't get help from the Affordable Care Act because Republicans who control the state Legislature rejected one of Obamacare's central components, an expansion of the joint federal-state Medicaid health program for the poor.

No Medicaid expansion means there will be people who don't qualify for that program but are too poor to afford insurance. When they need service, county property taxpayers help cover the cost.

"We don't see the level of uninsured patients decreasing until that [Medicaid] expansion occurs," Muhart said.

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Eventually, Nask said, the overhaul of the health care system is likely to reduce the care that's covered by property taxes. Over time, he expects local hospital district taxes will go down.

If Florida decides to expand Medicaid program — something both Broward Health and Memorial Healthcare would like to see happen, executives said — then taxes might go down sooner rather than later.

The North Broward Hospital District operates the Broward Health brand. It operates public hospitals in the northern two-thirds of the county, including Broward Health Medical Center in Fort Lauderdale. Property taxes account for \$149.2 million of the district's \$1.3 billion budget.

The South Broward Hospital District, which uses the Memorial brand, serves the southern third of the county. Its flagship is Memorial Regional Hospital in Hollywood. Property taxes contribute about \$23.4 million of the district's \$1.5 billion budget.

Both districts operate dozens of other health facilities. Each has a board of commissioners appointed by the governor.

aman@tribune.com or 954-356-4550

Public hearings on hospital district taxes and spending

North Broward (Broward Health)

Proposed tax rate: \$1.86 for every \$1,000 of property value. Works out to \$279 for the owner of a home worth \$200,000 with a homestead exemption.

First hearing: 5:30 p.m., Sept. 18. Broward Health Medical Center, 1600 S. Andrews Ave., Fort Lauderdale.

Second hearing: 5:30 p.m., Sept. 25. Broward Health North, 201 E. Sample Rd., Deerfield Beach.

South Broward (Memorial Healthcare)

Proposed tax rate: 50 cents for every \$1,000 of property value. Works out to \$75 for the owner of a home worth \$200,000 who has a homestead exemption.

First hearing: 5:30 p.m., Sept. 11. Memorial Regional Hospital, Perry Auditorium, 3501 Johnson Street, Hollywood.

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Second hearing: 5:30 p.m., Sept. 25. Memorial Regional Hospital, Perry Auditorium, 3501 Johnson Street, Hollywood.

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This 'attr(data-c-typename)' is related to: Affordable Care Act, Medicaid, Corporate Officers, Broward Health Medical Center, South Broward Hospital District

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**NORTH BROWARD HOSPITAL DISTRICT'S FINANCIAL
ASSISTANCE GUIDELINES
EFFECTIVE FEBRUARY 1st 2018**

FAMILY SIZE	100% OR BELOW THE FPG	101% - 150% OF THE FPG		151% - 200% OF THE FPG	
	W80	W81		W88	
	MAXIMUM HOUSEHOLD INCOME	MINIMUM HOUSEHOLD INCOME	MAXIMUM HOUSEHOLD INCOME	MINIMUM HOUSEHOLD INCOME	MAXIMUM HOUSEHOLD INCOME
1	\$12,140.00	\$12,140.01	\$18,210.00	\$18,210.01	\$24,280.00
2	\$16,460.00	\$16,460.01	\$24,690.00	\$24,690.01	\$32,920.00
3	\$20,780.00	\$20,780.01	\$31,170.00	\$31,170.01	\$41,560.00
4	\$25,100.00	\$25,100.01	\$37,650.00	\$37,650.01	\$50,200.00
5	\$29,420.00	\$29,420.01	\$44,130.00	\$44,130.01	\$58,840.00
ER	\$10.00	\$25.00		\$25.00	
IN PT	PAID FOR BY TAX DOLLARS	PAID FOR BY TAX DOLLARS		PAID FOR BY TAX DOLLARS	
OUT PT	PAID FOR BY TAX DOLLARS/ APPLICABLE GRANTS	PAID FOR BY TAX DOLLARS/APPLICABLE GRANTS		PAID FOR BY TAX DOLLARS/APPLICABLE GRANTS	

**MAXIMUM INCOME
IS \$100,400**

This health-care provider makes available health care services to all people in the community and does not discriminate against a patient because of race, color, creed, national origin, sex, religion, age or because a patient is covered by a program such as Medicare or Medicaid. This health-care provider has available emergency services and does not deny those services to a person who **needs them but cannot pay for them.**

A financial assistance program is available to qualified applicants to defray the costs of medically necessary services for those patients who are naturally born, naturalized citizens or legal aliens that have permanently resided within the geographical boundaries of the North Broward Hospital District for at least 30 days prior to the date of service or suffered a severe trauma, for which no other funding sources exist.

Pursuant to the 2005 Florida Statute, Section 409.911 (1)(c) "Charity Care" or "Uncompensated charity care" means that portion of hospital charges reported to the Agency for Health Care Administration for which there is no compensation, other than restricted or unrestricted revenues provided to a hospital by local governments or tax districts regardless of the method of payment, for care provided to a patient whose family income for the 12 months preceding the determination is less than or equal to 200 percent of the federal poverty level, unless the amount of hospital charges due from the patient exceeds 25 percent of the annual family income. However, in no case shall the hospital charges for a patient whose family income exceeds four times the federal poverty level for a family of four be considered charity.

M.O.P.E.D.

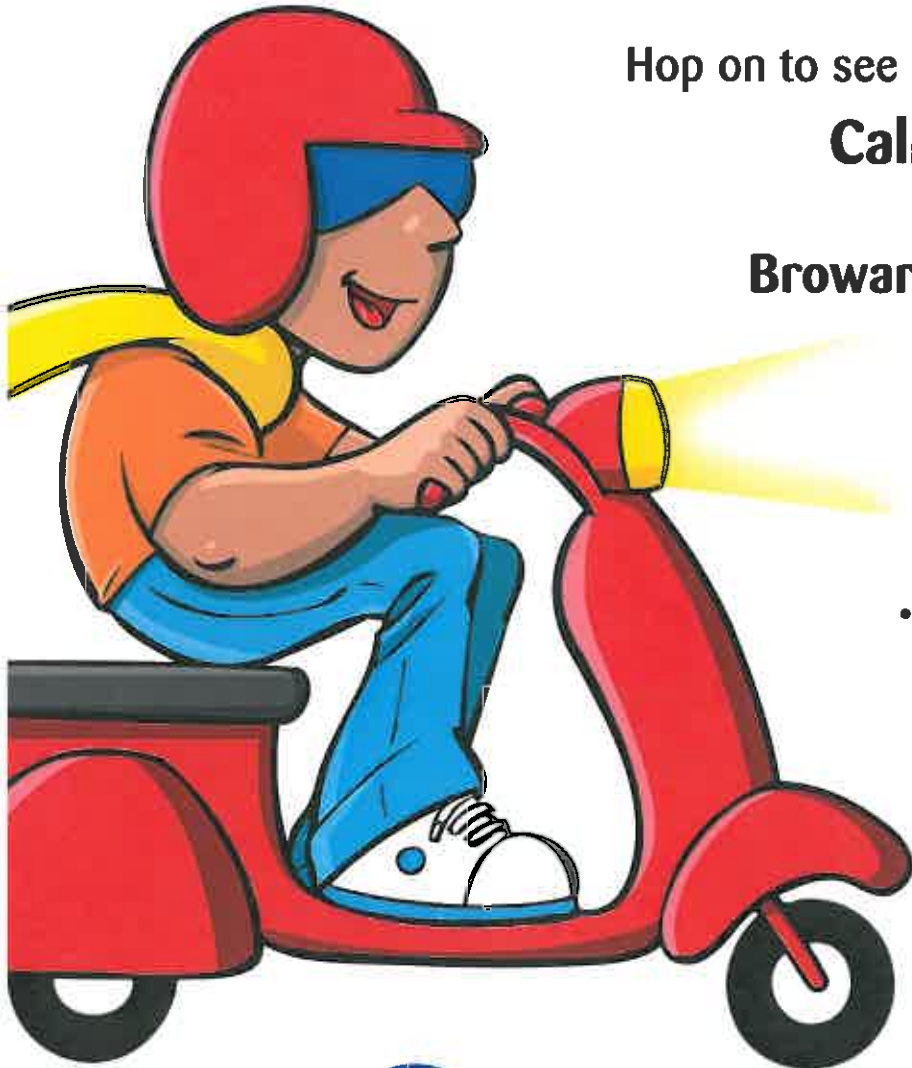
MEDICAL OPTIONS FOR PATIENT ELIGIBILITY DEPARTMENT

Hop on to see if you're eligible for assistance

Call 954.344.3006

or visit

BrowardHealth.org/MOPED



OFFERING:

- Medicaid Eligibility
- Group Health Insurance through Health Insurance Marketplace
- Financial Assistance
- Kidcare



BROWARD HEALTH®
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Are you without Health Insurance?

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3000 Coral Hills Drive, Coral Springs, FL 33065

The MOPED office is located in the main lobby (next to Gift Shop)

Open Monday through Friday 8am to 5pm

**BROWARD HEALTH
CENTRAL FINANCIAL ASSISTANCE UNIT - CFAU
(954) 767-5344**

- You must apply for and comply with the application process for any available local, state, or federally funded health insurance programs for which you or any listed uninsured family member may qualify, e.g. Medicaid, Florida KidCare, etc. Failure to do so will result in a denial of your application.
- You will be responsible for all medical service charges until your application for financial assistance is approved.
- To complete your request for Financial Assistance it will be necessary for you to provide the following information at your appointment (If married and spouse is also applying, both must attend to complete the application process) :

Proof of Residency/ Identification: For all adults applying

- Florida Driver's License or State issued Identification Card (must not be expired)
- US Passport
- I-551 stamped non US Passport (all entry dates copied)
- Valid Alien Registration receipt card/green card or Form I-551, I-797 Notice of Approval
- Voters Registration Card

Proof of Address: 2 items for each adult (patient, spouse and/or legal guardian) applying

- Current proof of address dated within 30 days: utility bill (electric, phone, water, cable, gas, etc), mortgage/lease/rent receipt, voters registration card, mail, other.
 - If above information is in another name, then proof of residence/ID will be required from named person along with notarized letter indicating applicant is living at that residence.
- Prior proof of address greater than 30 days utility bill (electric, phone, water, cable, gas, etc), mortgage/lease/rent receipt, voters registration card, mail, valid ID with current address issues at least 30 days prior to application date.
- Proof of school enrollment for children living in the home

**PO BOX addresses and Broward Health Bills will not be accepted as proof of address*

Proof of Children/Dependents:

- Tax Return, birth certificates or proof of legal guardianship

Proof of Income (12 months verification required for all adults/ if married spouses income also required):

Earned Income

- Current Income Tax Return (copies can be requested from IRS (800-829-1040) or www.irs.gov/pub/irs-fill/f4506)
- Current Pay Stub (with Year to Date Gross Income)

If not available:

- Current W-2 and current pay stub showing gross income or
- Pay stubs for previous 12 months showing year to date gross income, or
- Income verification letter (company letterhead or notarized) for the previous 12 months with gross income.
- 12 months bank statements

Unearned Income:

- Unemployment Stub
- Pension/Social Security award letter/1099

If no income:

- Notarized letter of monetary support from supporter with length of time and monthly amount.
- Notarized letter of room and board support from supporter with length of time support is being provided.

****Supporters.ID/Proof of Address is required****

Additional information and/or documentation may be required to complete your application.

You may return above required documents to either the facility where you received treatment or mail them to:

**CFAU
ISC Building – CBO 3rd Floor
1608 SE 3rd Avenue
Ft. Lauderdale, FL 33316**

Failure to supply the required information within **10 business days** will result in a denial for assistance. You must apply for any available local, state, or federally funded health insurance programs for which you or any listed uninsured family member may qualify, e.g. Medicaid, Florida KidCare, etc. Failure to do so will result in a denial of your application.

You must complete a new application prior to your expiration date.

All information is subject to verification. Providing false information may result in the DENIAL of any type of Financial Assistance through Broward Health.

POLICY AND PROCEDURE

Policy # GA-007-050	Financial Assistance Program Policy	Page 1 of 6
Manual: General Administrative		Section: Patient Accounting Services
Sponsor: Vice President of Finance/Treasurer		Origination Date: 06/2002 Distribution: System wide
Approver:		
Regulation/Standards:		
Revision Date (s)	07/03, 03/04, 02/06, 09/08, 11/08, 01/09, 12/09, 12/13, 06/16	
Review Date (s)	03/14, 06/16	

I. Purpose

Broward Health provides a financial assistance program to defray the costs of emergency and other medically necessary services for those patients who permanently reside within Broward Health's residential boundaries and meet the guidelines set forth in this policy (summarized in Attachment A), and for which no other funding sources exist.

The criteria used is based upon a percentage of the most current Federal Poverty Guidelines as issued by the United States Department of Health and Human Services and made available through publication in the Federal Register.

Broward Health will not discriminate against a patient because of race, creed, color, national origin, sex, age, or religion. Broward Health's residential boundaries within Broward County run from the Dania Cut-Off Canal north to the Palm Beach County line.

II. Commitment to Provide Emergency Medical Care

Broward Health provides, without discrimination, care for emergency medical conditions to individuals, regardless of whether they are eligible for assistance under this policy. Broward Health 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. Emergency medical services, including emergency transfers, pursuant to EMTALA, are provided to all Broward Health patients in a non-discriminatory manner, pursuant to Broward Health's EMTALA policy.

III. Definitions

AGB – means amounts generally billed for emergency or other medically necessary care to individuals who have insurance coverage.

EMTALA – means the Emergency Medical Treatment and Active Labor Act, 42 USC 1395dd.

POLICY AND PROCEDURE

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Financial Assistance – means hospital charges for care provided to a patient whose family income for the 12 months preceding the determination is less than or equal to 200% of the then-current Federal Poverty Guidelines. (This definition is consistent with the Florida Charity Care definition set forth in F.S. 409.911(1)(c).)

Medically Necessary – means services or supplies provided by Broward Health to identify or treat an illness or injury which, in the opinion of Broward Health are (i) consistent with the symptoms, diagnosis and treatment of the condition, disease, ailment or injuries; (ii) appropriate with regard to standards of good medical practice; (iii) not primarily for the convenience of the patient; (iv) the most appropriate supply or level of service which can safely be provided to the patient; and (v) necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain. When applied to an inpatient, it further means that the patient's symptoms or condition require that the services or the supplies cannot be safely provided to the patient on an outpatient basis.

Permanent Residence – means any person not a citizen of the United States who is residing in the United States under legally recognized and lawfully recorded permanent residence.

Valid Picture ID – means a state issued driver's license, state issued identification card, I-551 stamped passport, or valid alien registration card/green card.

IV. Eligible Services

This policy applies only to charges for emergency or other medically necessary services provided by Broward Health and certain other providers. Attached to this policy as Attachment B is information on how to access a list of all providers, in addition to Broward Health itself, delivering emergency or other medically necessary care at Broward Health that specifies which providers are covered by this policy and which are not covered.

V. Measures to Widely Publicize the Availability of Financial Assistance

The Patient Access/Community Health Services/Physician Business Services Manager of each facility is responsible for widely publicizing the availability of financial assistance in the community served by Broward Health, including, among other things, posting current signage in English, Creole, Portuguese and Spanish, in a prominent location(s) in all registration areas, advising that financial assistance may be available for those who do not qualify for other funding sources for the services rendered or to be rendered.

VI. How to Apply for Financial Assistance

Broward Health will accept an application for financial assistance from any person provided they meet certain qualifications and have applied and complied with all application and review requirements of any available local, state or federally funded health insurance programs. In order to apply for financial assistance, applicants must gather all information requested on the financial assistance checklist and meet personally with a Broward Health financial counselor to complete a financial assistance application online.

POLICY AND PROCEDURE**Policy #: GA-007-050****Financial Assistance Program Policy****Page 3 of 6**

If deemed eligible for other funding sources, the applicant will be ineligible for Broward Health financial assistance program. Where applicable, proof of denial from other funding sources must be presented prior to the initiation of a financial assistance application. If the applicant refuses to apply for available assistance programs (examples include, but are not limited to, Health Insurance Marketplace, Medicaid, Medicare, Florida KidCare, etc.) and comply with the application process, the applicant will then be deemed ineligible for Broward Health financial assistance program.

A completed application for financial assistance is required for all patients of Broward Health for services where no other funding source exists. Documentation supplied must correspond with the treatment date and each applicant must have a valid picture ID.

Each application will require a signature from the applicant, or responsible party attesting to the truthfulness and accuracy of the information provided on the application. Any person found to be intentionally providing fraudulent information will have the application denied without reconsideration.

Broward Health financial assistance applicants will be required to notify an appropriate representative of Broward Health in the event that their income circumstances change during the effective period of the financial assistance approval.

Each financial assistance application will serve to determine eligibility for all uninsured household family members listed within the application.

By signing the financial assistance application, the applicant is required to apply and comply with any available local, state or federally funded health insurance programs including the Health Insurance Marketplace. Failure to do so will result in revocation of the approved financial assistance.

Application for financial assistance must be completed during the application period which begins on the date the care is provided and generally ends on the 240th day after the date that the first post discharge billing statement for the care is provided.

The completed financial assistance application will be processed within approximately 30 business days of receipt pending no unforeseen circumstances.

Once an application is approved for assistance, the approved application is valid for twelve (12) months from the date of service established by the Central Financial Assistance Unit (CFAU). The approval period can be reviewed/amended at any time at the sole determination of Broward Health Administration.

VII. Basis for Calculating Amounts Charged to Patients

Following a determination of eligibility under this policy, a patient eligible for financial assistance will not be charged more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance covering such care (AGB). Broward Health uses the Look-Back Method to determine AGB. Under this method, AGB is calculated by dividing the sum of all of its claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health

POLICY AND PROCEDURE**Policy #: GA-007-050****Financial Assistance Program Policy****Page 4 of 6**

insurers that pay claims to the hospital during a prior 12-month period by the sum of the associated gross charges for those claims. Broward Health will begin applying the AGB percentage by the 120th day after the end of the 12-month period used in the calculation. Members of the public may obtain the current AGB percentage free of charge via the hospital contact information listed below.

Broward Health does not bill or expect payment of gross/total charges from individuals who qualify for financial assistance under this policy.

VIII. Eligibility Criteria**1. RESIDENCY**

- a. This policy addresses natural born, naturalized citizens or permanent residents of the United States, as defined by the United States Citizenship and Immigration Services who have permanently resided within the geographical boundaries of Broward Health for at least 30 days prior to the date of service.
- b. Broward Health requires that all non-Broward County residents and citizens of other countries requesting non-emergency treatment must present evidence of appropriate funding prior to non-emergent inpatient hospitalization or outpatient services. Patients who are non-Broward County residents or citizens of other countries may be referred from other medical institutions to the specialized facilities and resources available at Broward Health provided that funding and reciprocal transfer or placement agreements are guaranteed.
- c. Broward Health will provide inpatient and outpatient emergency care without regard to residency and funding status to individuals who present themselves at any of the Broward Health facilities and are evaluated by physicians to require emergency care.

2. INCOME

- a. In accordance with the Federal Poverty Guidelines a qualified/approved applicant whose family income falls below or at 200% of the Federal Poverty Guidelines will receive full financial assistance with a co-pay responsibility. Applicants whose income is above 200% will not be eligible for financial assistance. See Attachment C for copay amounts.
- b. The determination for assistance will be based upon the family's gross annual income for the twelve months prior to the date of service.
- c. An applicant who has had a change in circumstance that has kept them from being able to work may apply/re-apply for financial assistance once a diagnosis is provided to support the inability of the patient to work due to his/her illness. If the applicant must have life sustaining treatment, a reconsideration of the patient's current account status will be reviewed on a case by case basis.
- d. All Medicaid and Medicaid HMO inpatients/outpatients, since already qualified as indigent by Medicaid, will have an indigent allowance applied to any outstanding medical center balances after all benefits have been exhausted.

POLICY AND PROCEDURE**Policy #: GA-007-050****Financial Assistance Program Policy****Page 5 of 6****3. LEVELS OF AUTHORITY FOR APPROVALS**

- a. All completed applications, including all required supporting documentation, which fall within the poverty level income guidelines will be approved by a CFAU representative once verified.
- b. Any incomplete or questionable applications or appeals, where eligibility cannot be fully verified based on the documentation provided, must be reviewed by the Administrative Director of Medical Center Business Operations or designee for determination.
- c. The VP Finance/Treasurer must approve any exceptions based on residency and or exemption from other funding sources. Any exceptions made must be clearly documented as part of the application.

IX. Actions Taken in the Event of Nonpayment

Information regarding the actions that Broward Health may take in the event of nonpayment are described in a separate Billing and Collection Policy. Members of the public may obtain a free copy of this separate policy from Broward Health via the hospital contact information listed herein.

X. Hospital Contact Information

Broward Health Website: www.browardhealth.org

Broward Health Facility Contact Information:

Broward Health Medical Center
(954)355-5442
1600 S Andrews Ave
Fort Lauderdale, FL 33316

Broward Health North
(954) 786-6589
201 E Sample Rd
Deerfield Beach, FL 33064

Broward Health Imperial Point
(954) 776-8708
6401 N Federal Highway
Fort Lauderdale, FL 33308

Broward Health Coral Springs
(954) 344-3006
3000 Coral Hills Drive
Coral Springs, FL 33065

For a listing of additional Broward Health facilities, including outpatient facilities, urgent care centers, and clinics, visit <http://www.browardhealth.org/Locations>.

XI. Regulations/Standards

N/A

POLICY AND PROCEDURE

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XII. References

F.S. 409.911(1)(c)

Internal Revenue Code §§ 501(r)(4) (financial assistance policies); 501(r)(5) (limitation on charges); and 501(r)(6) (billing and collection requirements) (and Treasury Regulations issued thereunder)

XIII. Administration and Interpretation

The interpretation and administration of this policy is the responsibility of the Vice President Finance/Treasurer.

ATTACHMENT A – FINANCIAL ASSISTANCE CHECKLIST

ATTACHMENT B – PROVIDER LIST

ATTACHMENT C – COPAY AMOUNTS