Financial Policy
As per compliance with HB 1175
Transparency in HealthCare Legislation

Facilities must post online the average payments and payment ranges received for bundles of health care services.

Facilities must provide, within 7 days of a request, a written, good faith, personalized estimate of charges, including facility fees, using either bundles of health care services.

Facilities must inform patients of health care practitioners providing their nonemergency care and these practitioners must provide the same type of estimate.

Facilities and facility practitioners must publish information on their financial assistance policies and procedures.

A. MANDATORY WEBSITE POSTINGS:

Post your ASC's financial assistance policy, payment plans, discounts, and charity care policy and collection procedures.

Disclose that services may be provided by the facility and other health care providers who may bill separately or may not participate in the same health insurance organization as the facility.

FSASC recommends you post the following :

> "Services may be provided in this health care facility by the facility as well as by other health care providers who may separately bill the patient and whom may not participate with the same health insurers or health maintenance organizations as the facility as applicable."

Inform the patient that they should contact each health care provider who will provide their service for an estimate of their charges.

Provide names, mailing address and telephone numbers of the health care practitioners and medical practice groups with which it contracts to provide services in the facility and instructions on how to contact the practitioners and groups to determine the health insurers and health maintenance organizations with which they participate as network providers or preferred providers.

b. Use this Disclaimer:

> "Patients and prospective patients may request from this facility and other health care providers a more personalized estimate of charges and other information. Patients and prospective patients should contact each health care practitioner who will provide services in the ASC to determine the health insurers and health maintenance organizations with which the health care practitioner participates as a network provider or preferred provider."

B. LINK TO HEALTH-RELATED WEBSITES:

1. A facility must make available on its website a hyperlink to data, including quality measures

and statistics that are disseminated by AHCA pursuant to s.408.05, F.S. HYPERLINK "http://www.flhealthfinder.gov" www.flhealthfinder.gov

A facility must also take action to notify the public that such information is electronically available.

C. ESTIMATE

1. Use this statement on the estimate:

"You may pay less for this procedure or service at another facility or in another health care setting" You may also add that "There is no guarantee your health care provider is on staff at these other facilities."

Use this disclaimer on the estimate:

"Services may be provided in this health care facility by the facility as well as by other health care providers that may separately bill you."

D. ITEMIZED BILL UPON DISCHARGE

1. Upon request and after discharge, the facility must provide an initial bill or statement in plain language detailing specific services received and expenses incurred.

The bill or statement must be provided within 7 days of discharge or after a request for such statement, whichever is later.

The bill or statement must clearly identify the facility fee, identify items as paid, pending payment by the patient, and due dates.

The statement must direct the patient to contact their insurer regarding their cost sharing responsibilities.

Any Subsequent statement must contain the same required disclosures.

Each bill or statement must prominently display the medical facility patient liaison telephone number.

A licensed facility shall make available patient records necessary for verification of the accuracy of the patient's statement {much of this is current law except the following}

a. It changes from 30 days to 10 days the length of time to provide that information when requested.

b. Patient records now may be provided through electronic means that comply with HIPAA.

c. Patients do not have to pay their bill until documentation is provided and they must be given requested access even after they pay.

d. ASC's may not charge to make the records available on site, but may charge copy fees under s.395.3025, F.S., if requested.

Each facility shall establish a method for reviewing and responding to questions from patients about the itemized statement or bill. Such response shall be provided within 7 business days after the date a question is received.

a. If the patient is not satisfied with the response, the facility must provide the patient with the contact information of the agency to which the issue may be sent for review.

b. See itemized bill/statement example in webinar email.

WEBSITE INFORMATION REGARDING DEFINED BUNDLE OF SERVICES AND PROCEDURES-NOT EFFECTIVE IMMEDIATELY SECTION 1 – (LINES 100-115)

Key Website requirements regarding bundled services:

a. Facility shall make available to the public on its website information on payments made to that facility for defined bundles of service.

Payment data must be presented with links to AHCA and a vendor to be selected under s.408.05(3)(c), F.S.

Provide estimated average payment received from all payers, excluding Medicaid and Medicare for descriptive bundles available at the facility and the estimated payment range for such bundles.

Disclose that the information on average payments is an estimate of costs incurred by the patient and actual costs may differ.