

## Chapter 4

### Application Process

This chapter covers the application process pertaining to the Health Care Responsibility Act (HCRA). It covers the hospital's responsibilities regarding application processing as well as going step-by-step through the application. This chapter also covers the information the hospital will need to provide the county for spend-down provision applicants. Specific terms, such as income, assets, residency, and share of cost, which affect eligibility are discussed in greater detail in Chapter 5. To fully understand the application and eligibility process, both this chapter and Chapter 5 must be read.

**4-1 Application Screening Requirements:** The application process first begins at the hospital. The patient receives emergency outpatient or inpatient services from a hospital outside his/her county of residence or at a participating in-county designated hospital. While in the hospital, the hospital finds that the patient may be indigent and begins the screening process to determine if the patient is potentially eligible for HCRA.

- A. The hospital must determine if the patient is a resident of the county in which the hospital is located or a resident of another Florida county. For in-depth residency information see Chapter 5, Sections 5-8 and 5-9, and the County of Residence definition provided in rule and in Appendix A.
  1. If the patient is a resident of the county in which the hospital is located the patient may be eligible for HCRA if the county uses HCRA designated funds for in-county indigent care. A county may not use more than one-half of the total HCRA Funds for in county indigent care. Contact the county for additional information.
  2. If the patient is NOT a resident of a Florida county, then stop the screening process; the patient is not eligible for HCRA.
  3. If the patient is a resident of another Florida county, then continue with the screening.
- B. The hospital must check, whenever possible, the Medicaid recipient file to determine if the patient is eligible for Medicaid.
  1. If the patient currently receives Medicaid, then stop the screening process; the patient is not eligible for HCRA.
  2. If the patient is not receiving Medicaid, then continue screening.
- C. The hospital must determine if the patient has Medicare.

1. If yes, stop the screening; the patient is not eligible for HCRA.
  2. If the patient does not have Medicare, then continue screening.
- D. The hospital must determine, to the extent possible, if the patient is potentially eligible for other state or federal programs providing hospital care (such as the Witness Protection Program, Worker's Compensation, etc.).
1. If the patient is eligible for other programs, then he/she is not eligible for HCRA reimbursement. Therefore, the hospital should refer the patient to the program(s) for which the patient is eligible.
  2. If the patient is not eligible for other programs or if eligibility for those programs is unclear, then continue screening. Note: If the hospital refers the patient to another program, including Medicare and Medicaid, and also continues with this application, then the hospital should indicate on the application to the county that a referral has been made.
- E. The hospital must review any health insurance that the patient may have.
1. If the insurance would pay at least 80 percent of the Medicaid per diem rate or the reimbursement rate negotiated with the county under this program, then the patient is not eligible for HCRA.
  2. If no, then continue screening.
- F. The hospital must determine if the patient can pay for the services rendered.
1. If yes, the patient is not eligible for this program.
  2. If no, have the patient complete the Health Care Assistance Application.

**4-2 The Application:** Hospitals may get copies of the application from the Agency's HCRA website at [http://www.ahca.myflorida.com/MCHQ/Central\\_Services/Financial\\_Ana\\_Unit/HCRA/index.shtml](http://www.ahca.myflorida.com/MCHQ/Central_Services/Financial_Ana_Unit/HCRA/index.shtml). Refer to Appendix I for a copy of the application.

**4-3 Application Deadlines:** The hospital must submit the application and photocopies of all supporting documentation, by certified mail, to the certifying agency of the county known or believed to be the patient's county of residence within 30 calendar days of admission or receipt of emergency services. Failure to meet the 30 day requirement could cause the application to be denied.

**4-4 Completing Part 1 of the Application, Household Information:** Whenever possible, the patient completes Part 1 of the application. However, the hospital must assist the patient if the patient is not able to complete it. From now on, the patient will be referred to as the applicant. The applicant and/or the hospital completes the items in Part 1 as follows.

- A. SCS/HCRA Box: Check the appropriate box to indicate this is an application for HCRA.
- B. County: Enter the county in which the applicant resides. For information about how to determine residency, see Chapter 5, Sections 5-8 and 5-9.
- C. Name: Enter the applicant's name on the first line.
- D. Social Security Number: Enter the applicant's Social Security number, if available.
- E. Date of birth: Enter the applicant's date of birth.
  - 1. Medicaid covers persons 65 or older, and children under 21 at varying poverty levels (depending on age). If the applicant is under 21 or over 65, the patient most likely is Medicaid eligible. The hospital should check the Medicaid recipient file to determine if the applicant is a Medicaid recipient. If the applicant is a Medicaid recipient, the hospital should seek Medicaid reimbursement through the procedures outlined in the Medicaid Hospital Provider Handbook.
  - 2. If the applicant is over 65 and has not yet applied for Medicaid, the hospital should refer the patient to the local Department of Children and Family Services (DCF) office. A HCRA application should not be completed for such patients.
  - 3. If the applicant is under 21 and has not yet applied for Medicaid, the hospital should refer the patient to the local DCF office. However, if the hospital feels there are circumstances that will cause the patient to be determined Medicaid ineligible, the HCRA application should be completed and a note should be attached to the application indicating to the county that a referral has been made.
- F. Relationship to applicant: The first line is reserved for the applicant (patient) information.
- G. Health insurance: Check whether the applicant has adequate third-party insurance. Adequate third-party insurance is defined in Appendix A and in rule.
  - 1. If the applicant has adequate third-party insurance, check yes and stop the application process; the applicant is not eligible for HCRA.
  - 2. If the applicant does not have adequate health insurance, check no then continue.

- H. Blind: Check whether the applicant is blind.
- I. Disabled: Check whether the applicant has a medical condition that:
1. Has lasted for at least 12 months, is expected to last for at least 12 months, or is expected to result in death; and
  2. Prevents gainful employment.
- J. Pregnant: Indicate whether the applicant is pregnant.
- K. If the applicant is blind, disabled or pregnant, the hospital should check the Medicaid recipient file to determine if the applicant is Medicaid eligible.
1. If the applicant is Medicaid eligible, the hospital should seek Medicaid reimbursement through the procedures outlined in the Medicaid Hospital Provider Handbook. A HCRA application should not be completed for Medicaid eligible patients.
  2. Applicants who are pregnant and have not applied for Medicaid should be referred to DCF. A HCRA application should not be completed for such patients.
  3. If a blind or disabled applicant has not yet applied for Medicaid, the hospital should refer them to the Social Security Administration. If the hospital feels there are circumstances that will cause the patient to be determined Medicaid ineligible, the HCRA application should be completed and a note should be attached to the application indicating to the county that a referral has been made.
- L. On succeeding lines, the applicant (or hospital, if appropriate) should complete c through k listed above for all persons who are considered as part of the applicant's family unit. If additional lines are needed, provide the additional information on a separate sheet of paper and attach to the application. For a definition of family unit, see Definitions, Appendix A. For further information, see Chapter 5, Section 5-10.
- M. Living address: Enter the physical address of the applicant. If the applicant resides in a public institution, he is ineligible for HCRA.
- N. Mailing address: Enter the applicant's mailing address if different from the living address.
- O. Has the applicant been hospitalized in Florida within the past 12 months: answer yes or no, if yes, provide the name of the hospital and the city where the hospital is located.
- P. Phone number: Enter the applicant's home phone number or message number.

- Q. Shelter situation: Check the block that best describes the applicant's shelter situation. If "other" is checked, explain the situation. If applicant resides in a public institution, he is ineligible.
- R. U.S. citizen: Check the appropriate block. If "no" is checked, enter the applicant's alien registration number. If the applicant is not a U.S. citizen or legally admitted alien, he is not eligible for HCRA.
- S. The hospital should review the information that the applicant provided as indicated in the screening procedures discussed in section 4-1.

**4-5 Completing Part 2 of the Application – Financial Information:** The applicant completes Part 2 of the application, with assistance from the hospital, if needed. The applicant must provide financial information for Part 2 as follows:

- A. Income: Enter each type of income received by the family unit, who has it or who receives it, the gross amount of the income, and how often this income is received (weekly, biweekly, monthly, etc.). If space is needed to list additional income sources, provide that information on a separate sheet of paper. For further information regarding income see Chapter 5, Sections 5-11 through 5-14. Note the examples listed of what sources are considered as income.
- B. Assets: Enter each type of asset (excluding personal items and home furnishings) owned by the family unit, who has or who owns it, and its value. If space is needed to list additional assets, please provide such on a separate sheet of paper. Further information about assets and how to determine their value may also be found in Chapter 5, Sections 5-20 through 5-24.

**4-6 Completing Part 3 of the Application – Declaration:** The applicant must sign and date the application, declaring his/her understanding of the requirements and attesting to the accuracy of the information provided. Note that this declaration also provides the applicant's consent for the Agency and the county to contact present or past employers or other individuals who could provide information regarding eligibility.

- A. If the applicant is comatose or physically unable to complete or sign the application, then a designated representative (spouse or other responsible relative) may sign and date the application for the applicant in the space provided. When this occurs, the hospital should provide the designated representative's name in print (or type), his/her relationship to the applicant, and his/her address and telephone number, if different from the applicant's.
- B. If the applicant is comatose or physically unable to complete or sign the application and there is no designated representative, then the hospital staff may act as the designated representative and sign the application. In these circumstances, the hospital must indicate

in the applicant's signature area that the applicant is incapacitated and that no other designated representative is available.

**4-7 Completing Part 4 of the Application – Patient Information:** The hospital must complete Part 4 of the application. Part 4 contains information regarding the applicant's stay at the hospital as well as the applicant's previous medical history. The hospital staff must complete Part 4 items as follows:

- A. Date admitted or services provided: Enter the date the applicant was admitted to the hospital or received emergency services. If the services provided were not emergency services, then the only way the applicant could be HCRA eligible would be under the following circumstances:
  - 1. The services were not available, through county funding, in the applicant's county of residence; and
  - 2. There was prior written approval from the county to cover such services; and
  - 3. The county and hospital agreed-upon procedures for written authorization and approval of such services were followed.
- B. Date of Discharge: Enter the date the applicant was released/discharged from the hospital.
- C. Patient Account Number: Enter the applicant's patient account number assigned by the hospital.
- D. Deceased: Check whether the applicant is deceased. If yes, provide date and file with Medicaid.
- E. Case Management Agency: Not required for HCRA applications.
- F. Enrolled/Referred: Not required for HCRA applications; refers to case management agency.
- G. Date: Not required for HCRA applications; refers to case management.
- H. Previously hospitalized in this hospital in the last year? Check whether the applicant was previously hospitalized or received emergency medical services in your hospital within the last 12 months. If the answer is yes, enter the date such services were provided and either the number of days for inpatient services or the amount charged for outpatient services.

**4-8 Completing Part 5 of the Application – Referral Hospital:** The hospital must complete this section. Enter the name and address of the hospital that is providing or has provided service. Enter the date the application is sent to the certifying agency. The representative must also sign and print (or type) his/her name on the application, provide his/her telephone number, and check whether the hospital has met its charity care obligation.

**4-9 Providing Share of Cost Information to the Counties for Spend-Down Provision**

**Applicants:** To be eligible, income-wise, an applicant's monthly income must be at or below 100 percent of the poverty guidelines. Applicants of counties not at their 10 mill cap on ad valorem taxes as of October 1, 1991, whose incomes are between 100 percent and 150 percent of the FPL have another way in which they may become income-eligible: through the spend-down provision.

- A. Through the spend-down provision, an applicant may be determined income-eligible if the following requirements are met:
  - 1. The applicant's monthly gross income four weeks prior to the provision of hospital services was between 100 and 150 percent of the FPL; and
  - 2. The applicant incurred eligible hospital expenses greater than the difference between his income and 100 percent of the FPL. (This difference is called the applicant's share of cost.)
- B. For the county to be able to determine if an applicant is potentially eligible for the spend-down provision, the hospital will need to provide the county with an estimated hospital bill or statement.
- C. Further information regarding the spend-down provision and the applicant's share of cost is provided in Chapter 5, Sections 5-15 through 5-19. A list of counties that were not at their 10 mill cap is listed in Section 2-4.

**4-10 Reviewing the Completed Application:** Once the application has been completed and the hospital staff has gone over the applicant's rights and responsibilities (as indicated below), the hospital staff must then review the application for completeness. The hospital staff must also make sure that all available documentation regarding residency, income, assets, and, if applicable, hospital expenses are obtained and attached to the application.

Income and assets should be reviewed to determine if the applicant is potentially eligible for HCRA. If income or assets exceed the respective limits (see Appendixes S, T and U) the applicant is not eligible for the HCRA.

- A. The hospital is strongly encouraged to assist the patient in obtaining verification of income, assets and residency. Lack of verification will not preclude submission of the

application nor constitute a reason to delay the submission of the application beyond the 30 day requirement. However, lack of verification may cause delays in the determination of eligibility or cause a denial of eligibility if the certifying agency is unable to locate the patient after discharge to obtain such verification.

- B. Verification of income, assets and residency is required to be attached to the application when filing with a county whose population is 100,000 or less. If the county has chosen to reduce its HCRA obligation, the documentation cannot be re-verified by the county, as long as the documentation complies with section 154.3105, Florida Statutes, and Chapter 5 of this handbook.
- C. If the applicant is a potential spend-down provision applicant, the hospital staff must also attach to the application a copy of the applicant's hospital bill or an estimated statement of hospital charges.
- D. After the application review has been completed, the hospital staff must submit the application, by certified mail and within the required time frame, to the certifying agency responsible for application processing in the applicant's county of residence. See Section 4-3 for more information.
- E. The hospital submits the original application to the county certifying agency, gives one copy to the applicant, and keeps one copy for the hospital's file.

**4-11 Applicant's Rights and Responsibilities:** HCRA applicants have certain rights and responsibilities of which they should be made aware. Hospital staff and county staff alike must inform applicants of the rights and responsibilities indicated here.

- A. An applicant, his/her designated representative, or the hospital has the right to appeal any decision made by the certifying agency concerning the applicant's eligibility under this program. The appeal process is explained in Chapter 7.
- B. Applicants, recipients, and designated representatives are responsible for the following:
  - 1. Keeping appointments as required by the certifying agency. Failure to keep an appointment without good cause may result in rejection of the application.
  - 2. Assuming the responsibility to assist in the determination of eligibility.
  - 3. Providing the certifying agency with sources of information and verification concerning the applicant's residency, income, assets, and other eligibility requirements.
  - 4. Providing accurate information with which the county may determine eligibility.



5. Repaying any amount paid on the applicant's behalf if it is later determined that fraud was committed or intentionally incorrect information was provided by the applicant or designated representative that resulted in an inappropriate eligibility determination.
- C. In addition, the spend-down provision applicant is responsible for paying the amount of his/her share of cost, as determined by the county of residence, to the hospital. However, an applicant cannot be denied reimbursement through HCRA because he/she has not yet paid his/her incurred share of cost.