

HCRA DEFINITIONS

Act: The Health Care Responsibility Act (HCRA).

Adequate Third Party Insurance: Coverage of the hospitalization by a third party insurer that would be equal to or greater than either:

1. 80 percent of the amount the hospital would receive if reimbursed at the hospital's Medicaid per diem rate, or
2. The reimbursement negotiated between the county and the affected hospital, if that negotiated rate is greater than 80 percent of the Medicaid per diem rate.

Adjudication: The official disposition made by the county on a claim submitted by a hospital for reimbursement. This disposition can be either an approval of a claim for payment or a denial with no payment.

Agency: The Agency for Health Care Administration (AHCA). The agency responsible for the administration of the Health Care Responsibility Act (HCRA), the Florida Medicaid program, and the Florida Hospital Uniform Reporting System.

AHCA: The Agency for Health Care Administration.

Appeals: The request for a hearing due to denial of a claim or application.

Applicant: Any person who applies for coverage for hospital services under the Health Care Responsibility Act.

Application: The Health Care Assistance Application, AHCA Form 5220-0001, used to apply for coverage for hospital services under the Act. See Appendix J for a copy of this form.

Assets: Those items defined as assets in 20 CFR 416 for determining eligibility for Supplemental Security Income (SSI), except as otherwise described in this handbook, shall be used in determining eligibility under this program. These items are provided in Chapter 5.

Assets Limits: The overall amount of countable assets a family unit may retain and still remain eligible. This amount shall be the same as used in the Medicaid Medically Needy program. A chart showing these limits may be found in Appendix U.

Boarder: A **boarder** is a person for whom payment is made for room and meals and who is not the spouse or partner of the landlord.

Bureau of Certificate of Need/Financial Analysis: A bureau within the Agency for Health Care Administration, Division of Health Quality Assurance, responsible for determining if hospitals have met their charity care requirements.

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Certified Resident: A United States citizen or lawfully admitted alien who has been certified by the county or the Agency as being a resident of that county.

Certifying Agency: The person or office designated by the county to determine patient eligibility and county of residence for this Act.

Charity Care Obligation: The ratio of uncompensated charity care days compared to the total acute care inpatient days provided by a given hospital which is equal to or greater than two percent, based on the hospital's most recent audited actual experience, as reported to the Bureau of Certificate of Need/Financial Analysis.

Claim: The universal hospital billing form, UB-92/HCFA-1450.

County Billing Agent: The person or office designated by the county to receive and process claims submitted by hospitals. In some counties, this person or office may also serve as the county financial office.

County Financial Office: The person or office in the county responsible for issuing the county's reimbursement check to a hospital. In some counties, this person or office may also serve as the county billing agent.

County Fiscal Year: October 1 of a given year through September 30 of the subsequent calendar year.

County of Residence: A specific county within the State of Florida where an individual establishes or maintains a living arrangement and which he/she, or someone responsible for him/her, considers to be his/her home with the intent to remain a resident of that county.

1. Such living arrangement cannot be a medical facility.
2. A visit to another county for any purpose does not make a person a resident of that county, nor does a temporary living arrangement prior to admission in a medical facility.
3. The length of time a person physically resides in a county is not a factor in determining residency.
4. If the applicant or a member of the family unit maintains a primary residence in another county with the intent to return to that county, then the county of residence is the county in which the primary residence is located.
5. A student attending school away from home is considered a resident of the county in which his/her parents reside if he/her is claimed as a dependent for Federal Income Tax purposes.

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6. In those situations where one parent resides in-state and one parent resides out-of-state, the county where a parent resides in-state is the county of residence, even if that parent is not claiming the student as a dependent for tax purposes.

45 Day Cap: The maximum combined number of days reimbursable under the Act per patient per county fiscal year for inpatient services and/or treatment.

Department: Department of Children and Family Services (DCF).

Designated Representative: An individual who assumes responsibility for acting on behalf of an applicant or recipient by providing information, verification and documentation required by the certifying agency to determine eligibility.

Eligible Individual: An individual who is a certified resident of a Florida county, who has received hospital services from a participating out-of-county hospital, in-county designated hospital or regional referral hospital, and who is either:

1. A non-Medicaid qualified indigent patient; or
2. A spend-down provision eligible applicant.

Emergency Medical Condition: A medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain or other acute symptoms, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:

1. Serious jeopardy to the patient's health, including a pregnant woman or a fetus;
2. Serious impairment to bodily functions;
3. Serious dysfunction of any bodily organ or part;
4. With respect to a pregnant woman:
 - a. That there is inadequate time to effect safe transfer to another hospital prior to deliver;
 - b. That a transfer may pose a threat to the health and safety of the patient or fetus; or
 - c. That there is evidence of the onset and persistence of uterine contractions or rupture of the membranes.

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NOTE: A physician must certify for each recipient that emergency services in a hospital are needed. The certification must be made at the time of admission.

Emergency Services And Care: Medical screening, examination, and evaluation by a physician, or, to the extent permitted by applicable law, by other appropriate personnel under the supervision of a physician, to determine if an emergency medical condition or active labor exists and, if it does, the care, treatment, or surgery by a physician necessary to relieve or eliminate the emergency medical condition, within the service capability of the facility.

Family Unit: A family unit is defined as one or more persons residing together in the same household whose needs, income and assets are included in the household budget, excluding roomers and boarders. Members include the applicant, legal spouse, partner, dependent children, stepchildren, adopted children, partner's children and blood relatives under 21 years of age, unrelated minor children for whom the individual has legal guardianship or custody, legal guardian or natural parents of minor children, minor siblings.

A **boarder** is a person for whom payment is made for room and meals and who is not the spouse or partner of the landlord.

A **roomer** is a person for whom a payment is made for a room and who is not the spouse or partner of the landlord.

- a. An applicant who is a roomer or boarder must verify that his/her status as a roomer or boarder by providing a written statement from the landlord stating that the applicant is a roomer or boarder, the amount of the cash payment, that the cash payment is for a room or for room and meals, and that the applicant is not the spouse or partner of the landlord.
- b. An applicant who wishes to exclude a person from his/her family unit based on fact that the person is a roomer or boarder must verify that person's status as a roomer or boarder by providing a written statement from the person stating that he/she is a roomer or boarder, the amount of the cash payment, that the cash payment is for a room or for room and meals, and that the person not the spouse or partner of the landlord.
- c. A pregnant woman and her unborn child or children are considered to be two or more family members of the same family unit.
- d. If the dwelling place includes more than one family unit or more than one unrelated individual, the income and asset requirements are applied separately to each family unit or unrelated individual.

Gross Family Income: The sum of gross income a family unit receives or is entitled to receive at the time of application. Income shall include the following:

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1. Wages and salary;
2. Child support;
3. Alimony;
4. Unemployment compensation;
5. Worker's compensation;
6. Veteran's pension;
7. Social Security;
8. Pensions or annuities;
9. Dividends;
10. Interest on savings or bonds;
11. Income from estates or trusts;
12. Net rental income including rent from roomers or boarders or royalties;
13. Net income from self-employment; and
14. Contributions from any source.

HCRA: Health Care Responsibility Act, also known as the Act.

Homestead: A house, trailer, boat or motor vehicle in which the family unit resides and which is owned by the patient or a member of the family unit.

1. Only one homestead shall be excluded as an asset. The composition and value of real property shall be determined by the county property appraiser.
2. If the family unit leaves the homestead and establishes residence elsewhere, the homestead becomes an asset regardless of how it is considered for tax purposes.
3. If a member of the family unit continues to reside in the homestead, it will not be considered an asset.

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4. If, in the case of a single person family unit, the individual is absent because of a physical or mental illness, and the individual intends to return, the homestead will not be considered as an asset.

Hospital: An establishment defined in 395.002, F.S., and licensed by the Agency, which qualifies as either a participating hospital or regional referral hospital. Hospitals operated by the state shall not be considered participating hospitals.

Inpatient: A patient who has been formally admitted to a hospital in order to receive acute medical care which is **anticipated** to require a minimum stay of 24 hours.

Maximum County Financial Responsibility: That amount obtained by multiplying the total county population by \$4 per capita using the most recent official state population estimate for the total county population published by the Executive Office of the Governor. In 2001, the Legislature revised the Act to allow Agency to reduce the maximum amount that a county having a population of 100,000 or less may be required to pay. The Agency must reduce the official state population estimates by the number of inmates and patients residing in the county in institutions operated by the Federal Government, the Department of Corrections, the Department of Health, or the Department of Children and Family Services, and by the number of active-duty military personnel residing in the county. A county is entitled to receive the benefit of this reduction only if the county accepts and does not require any re-verification of the documentation of financial eligibility and county residency provided to it by the participating hospital or regional referral hospital. The submitted documentation must be complete and in accordance with the requirements of Section 154.3105, Florida Statutes.

Medicaid Program: The medical assistance program for the needy under Title XIX of the Social Security Act and Chapter 409, Florida Statutes.

Monthly Caseload and Appeals Report: The monthly report submitted by the counties to the Agency indicating the disposition of all applications received for the month. See Appendix B for a copy of this form.

Notification of Eligibility: The form, Notification of Eligibility, AHCA Form 5220-0002, used to notify the applicant and the hospital of the disposition of an application. See Appendix J or a copy of this form.

Outpatient: A patient who enters a hospital for a specific procedure or to receive emergency treatment that is expected to keep him in the hospital for less than 24 hours, whether or not he uses a bed and whether or not he remains in the hospital past midnight.

Outpatient \$1,500 Cap: The maximum amount of reimbursement for outpatient services per patient during a county fiscal year.

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Outpatient Reimbursement Rate: An inclusive rate of reimbursement calculated by the Agency for Health Care Administration for each category of a hospital's outpatient services provided.

Participating Hospital: A hospital that has met its charity care obligation and has either:

1. A formal signed agreement with a county or counties to treat such county's indigent patients; and/or
2. Demonstrated to the Bureau of Certificate of Need/Financial Analysis that at least 2.5 percent of its uncompensated charity care, as reported to the Bureau of Certificate of Need/Financial Analysis, is generated by out-of-county residents.

Per Diem: A daily, all inclusive rate of reimbursement calculated by the Agency for Health Care Administration for a hospital's inpatient services.

Poverty Guidelines: The family poverty income levels published in February 1988 and updated annually by the Federal Office of Management and Budget (OMB). For the purposes of this program, new guidelines will be effective on October 1 of each year, subsequent to the publication by OMB.

PRO Appeal: Disputes between counties and hospitals over the appropriateness of an admission, length of stay, and medical necessity of service.

Program: The Health Care Responsibility Act.

Public Institution: The institution over which a governmental unit exercises administrative control, such as a correctional institution or holding facility for individuals who are prisoners, have been arrested or detained pending dispositions of charges, or are held under court order as material witnesses or juveniles. Public institution is further defined under the medical assistance program under Title XIX of the Social Security Act, and includes state operated mental hospitals.

Qualified Indigent Patient: An applicant:

1. Whose gross family unit income is below the poverty level for a household of that size;
2. Who is not eligible to participate in any other state or federal program which provides hospital care (i.e., Medicaid or Medicare);
3. Whose family unit's assets do not exceed the established limits;
4. Who has either no or inadequate private insurance; and

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5. Who does not reside in a public institution as defined under the medical assistance program under Title XIX of the Social Security Act.

Regional Referral Hospital: Any hospital which has met its charity care obligation and meets the definition of teaching hospital as defined in 395.502, F.S.

Roomer: A **roomer** is a person for whom a payment is made for a room and who is not the spouse or partner of the landlord.

SCS: The Shared County and State Health Assistance Program.

Share of Cost: The share of cost is the difference between the spend-down provision applicant's monthly gross family income and the amount of income equal to 100 percent of the federal poverty level specified for the size of the applicant's family unit.

Spend-down Provision: The provision through which an applicant who meets the following criteria becomes HCRA eligible by meeting a share of cost requirement. Such an applicant must:

1. Be a resident of a spend-down provision eligible county;
2. Meet the definition of a qualified indigent patient as defined in 59H-1.0035(30), excluding the income requirement;
3. Have a gross family unit income, for the 12 months preceding the determination, between 100 percent and 150 percent of the federal poverty level; and
4. Have incurred hospital bills which would have otherwise qualified for payment under this section and which exceed the applicant's share of cost.

Spend-down Provision Eligible County: A Florida county which is not at its 10 mill cap on ad valorem taxes as of **October 1, 1991**.

State Fiscal Year: July 1 of a given year through June 30 of the subsequent year.

Uncompensated Charity Care: Defined in the Florida Hospital Uniform Reporting System (FHURS) as charity uncompensated care - other and charity/uncompensated care Hill-Burton as reported on worksheet C-3a of the hospital's prior year report.

Verification: Confirmation of the accuracy of the applicant's application information through sources other than the self-declaratory statement of the applicant or designated representative.

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1. Verification can be secured by telephone, in written form, or by face-to-face contact.
2. Verification does not require a written document to confirm an applicant's statement.
3. In the event that an employer will not verify the wages paid, the self-declaratory statement provided by the applicant must be accepted as accurate, except in those circumstances where there is substantial evidence to indicate that actual wages are in excess of those stated in the application.