



CENTERSTONE

Clinical and Administrative Policies and Procedures

Title of Policy: Financial Assistance Policy	Policy: I.A7.20.16.CFL
Reviewing Manager: Regional Finance Officer	Supersedes: 1/15/2020
Committee: Corporate Performance Improvement	Reference:
Manual Section: Fiscal Management (7)	Date: 5/20/2020
Distribution: Corporate-wide	Approved by: Board

POLICY:

Centerstone will provide financial assistance to clients who are determined unable to pay for emergency psychiatric/substance use treatment and other medically necessary care, services due to financial hardship. Centerstone will determine client fees based on income and family size.

PURPOSE:

Centerstone is a not-for profit entity established to meet the health care needs of the residents of the communities we serve. Accordingly, Centerstone provides emergency psychiatric/substance use treatment and other medically necessary care, without discrimination, regardless of the client's financial assistance eligibility. This policy will provide a systematic method for identifying and distributing financial assistance to the residents of the communities served by Centerstone.

PROCEDURES:

Clients who have submitted complete financial information and qualified for financial assistance will not be subject to any billing and/or collection actions with no expectation of payment. Expected payments for services covered under this policy will not be over the amounts generally billed (AGB). When determining AGB, Centerstone utilizes the look back method. Centerstone annually calculates the look back method by multiplying gross charges by the percentage of Medicaid, Medicare, and all private insurance claims allowed over a 12 month period divided by the sum of the associated gross charges. All physicians within Centerstone are covered under this policy. We do not allow any non-staff providers to use our facility and, therefore, no provider list is required. Note: Services provided by medical hospitals (Manatee Memorial Hospital, Blake Medical Center, Lakewood Ranch Medical Center, etc.) providing care for emergency medical conditions for clients regardless of source of payment are not covered under this policy. Admissions Specialists will be available to clients during designated times to assist clients with determining their eligibility for federal, state and county financial assistance programs. Final authority for determining eligibility and whether reasonable efforts were made to determine eligibility for financial assistance lies with the Regional Finance Officer.

Measures to widely publicize the Centerstone Financial Assistance Policy and related documents to clients, family members, visitors and the general public will include, but are not limited to:

Policy I.A7.20.16.CFL
Financial Assistance Policy

- Financial assistance-related documents include the full policy, plain language summary statement of the full policy, the application for financial assistance for completion, All financial assistance-related documents will be available in languages identified as representing the lesser of 5 percent or 1,000 individuals of the populations likely to be affected, encountered or served by Centerstone .
- All financial assistance-related documents described above will be available on Centerstone of Florida website (www.centerstone.org/locations/florida), and available on site and upon request, without charge, both by mail and on site.
- Clients will be advised of the availability of financial assistance in the admission and scheduling process.
- Clients will be informed of the financial assistance policy on statements after services are rendered. Information on each statement will include the URL where all financial assistance-related documents can be obtained and the telephone number to call for more information about the financial assistance policy and application process.

Methods for applying for financial assistance: Financial assistance-related documents and assistance with the application process can be obtained from admission specialists. In addition, a request for mailing the financial assistance related documents can be made by calling (941)-782-4318, or the documents can be printed directly from the www.centerstone.org/locations/florida website. Completed applications may be returned in person to the Administration office at 391 6th Ave W or the Hospital campus location at 2020 26th Ave E, by mail (PO Box 9478, Bradenton, FL 34206) or by fax (941-782-4301). **See Financial Assistance Application attached.**

The following documentation or information may be used to determine financial assistance eligibility:

- Signed financial assistance application acknowledging that providing false information to defraud Centerstone is a misdemeanor in the second degree (Section 817.50 F.S.)
- Income documented by one of the following: W-2 withholding forms, employer paystubs, previous year federal tax return, verification of current wages from employer(s), from public welfare agencies or other governmental agency which can attest to the patient's income status for the past 12 months.

Information needed to determine financial assistance eligibility includes the client's demographic information and income, household members' names, birthdates and social security numbers, pensions, any rental income, and income for all household members. Household members include family members who were claimed on a client's income tax from the prior year or to be claimed in the next tax filing period. Other family members who are being directly supported by the client may be included on the application, if that inclusion speaks to the client's need for financial assistance.

Required proofs:

- **Proof of Income: copy of notices from Social Security, Unemployment Compensation, pensions, rental income or ANY income used to pay your expenses**

- **No Income: provide a letter of support from the individual assisting you**

Applications will be reviewed within 30 days and notification of eligibility will be provided by mail or by email upon request. A client may appeal a denial by phone, by email, by fax or by letter with an explanation of their financial circumstances and documentation related to their extenuating circumstances. The final decision on an appeal will be made by the Regional Finance Officer.

If a patient submits an incomplete financial assistance application within 120 days of the first post-discharge billing statement for the care for which they are requesting financial assistance, they will be notified which necessary information is missing with a copy of the plain language summary of the Financial Assistance Policy, and any collection efforts related to charges for that care will be suspended. This includes collection efforts by Centerstone, and primary and secondary collection agencies. Clients who qualify for financial assistance will have their balance adjusted to zero, collection efforts will cease permanently, and notice will be sent to any credit bureau where adverse information had previously been reported.

Criteria used to determine a patient's eligibility for financial assistance:

- 1.. The following services are deemed to be not medically necessary and not eligible for financial assistance under this policy: Experimental, related to a research study.
2. Patient income must meet one of the following criteria:
 - a. Florida Agency for Health Care Administration (AHCA) Charity Guidelines: Family income for the 12 months preceding the determination does not exceed 300 percent of the current federal poverty guidelines, and/ or the unpaid portion of the hospital bill due from the patient exceeds 25 percent of the annual family income. The total family income cannot exceed four times the federal poverty level for a family of four regardless of the charges due from the patient. Other AHCA-eligible clients include Medicaid eligibles, clients under county assistance programs, and Medicare/Medicaid eligibles who have exhausted benefits or are receiving non-covered services. Refer to Client Discount Policy I.A7.20.2 for additional information.
 - b. Clients with Medicaid or county-run indigent health care programs in the immediately prior or subsequent six months to the date of service under review
 - c. Charges not covered under Medicaid as part of the Medicaid client's share of cost
 - d. Clients identified as deceased with no estate
 - e. Clients listed as homeless or where an inability to pay is indicated based on diagnosis, employment status and payment history and no financial screening form is available.
3. Uninsured client balances and client balances after insurance are eligible for financial assistance. Presumptive financial assistance decisions may be determined based on third party analytics, using a credit inquiry process, under the following circumstances:
 - a. Uninsured accounts of clients not seen by Admission specialist or without a current financial assistance application on file
 - b. The reported federal poverty level (FPL) of the client meets the criteria for financial assistance

Policy I.A7.20.16.CFL
Financial Assistance Policy

2020 Discount Schedule														
Percent of Poverty	2020 Poverty	135%	150%	165%	180%	195%	210%	225%	240%	255%	270%	285%	300%	
	Guidelines													
Discount Percentage		Min Co-Pay	96%	94%	89%	81%	70%	56%	39%	19%	10%	5%		
family of 1	12,760	17,226	19,140	21,054	22,968	24,882	26,796	28,710	30,624	32,538	34,452	36,366	38,280	
family of 2	17,240	23,274	25,860	28,446	31,032	33,618	36,204	38,790	41,376	43,962	46,548	49,134	51,720	
family of 3	21,720	29,322	32,580	35,838	39,096	42,354	45,612	48,870	52,128	55,386	58,644	61,902	65,160	
family of 4	26,200	35,370	39,300	43,230	47,160	51,090	55,020	58,950	62,880	66,810	70,740	74,670	78,600	
family of 5	30,680	41,418	46,020	50,622	55,224	59,826	64,428	69,030	73,632	78,234	82,836	87,438	92,040	
family of 6	35,160	47,466	52,740	58,014	63,288	68,562	73,836	79,110	84,384	89,658	94,932	100,206	105,480	
family of 7	39,640	53,514	59,460	65,406	71,352	77,298	83,244	89,190	95,136	101,082	107,028	112,974	118,920	
family of 8	44,120	59,562	66,180	72,798	79,416	86,034	92,652	99,270	105,888	112,506	119,124	125,742	132,360	
family of 9	48,600	65,610	72,900	80,190	87,480	94,770	102,060	109,350	116,640	123,930	131,220	138,510	145,800	
family of 10	53,080	71,658	79,620	87,582	95,544	103,506	111,468	119,430	127,392	135,354	143,316	151,278	159,240	
family of 11	57,560	77,706	86,340	94,974	103,608	112,242	120,876	129,510	138,144	146,778	155,412	164,046	172,680	
family of 12	62,040	83,754	93,060	102,366	111,672	120,978	130,284	139,590	148,896	158,202	167,508	176,814	186,120	

Emergency Medical Care

Centerstone will not postpone any emergency psychiatric/substance use treatment and other medically necessary care regarding any non-payment for prior or current debt.

Billing and Collections

All clients with outstanding balances and not determined to be eligible for financial assistance will be subject to standard collection processing and may result in turnover to a collection agency. Accounts with unpaid balances and not in an established payment plan will transfer to a collection agency 120 days from the first post-discharge billing statement and after three billing statements that have contained the plain language summary of the financial assistance policy.

Extraordinary collection actions (ECAs) will not occur on outstanding patient balances prior to making all reasonable efforts to determine if a client is eligible for financial assistance. These efforts include:

- All actions previously described in this policy
- An attempt at oral notification of the pending ECA at least 30 days prior to implementing the ECA
- A written notice, provided at least 30 days prior to implementing the ECA, indicating that financial assistance is available for eligible individuals, identifying the ECA(s) Centerstone (or collection agency) plans to take against the individual, including a plain language summary of this policy, and stating a deadline after which the ECA(s) will be taken that is at least 30 days after the date of the written notice

Policy I.A7.20.16.CFL
Financial Assistance Policy

ECAs may include the following: Debt reported to a consumer credit reporting agency or credit bureau, legal or judicial processes to collect the debt, sale of the debt, lawsuits or liens against the client or client's property, or requiring payment on past unpaid bills for FAP-related care before providing non-medically necessary care. Clients who qualify for financial assistance during the collection process and within six months from the date of service will have their balance adjusted to zero, collection efforts will cease permanently, and notice will be sent to any credit bureau where adverse information had previously been reported. All contracted parties involved in debt collection activities on behalf of Centerstone will be subject to all financial assistance and billing and collection standards included in this policy.

