



# CENTERSTONE

## *Clinical and Administrative Policies and Procedures*

<b>Section:</b> Financial Management	<b>Policy:</b> 06.10.FL
<b>Title:</b> Financial Assistance Policy	

### **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.

### **Scope:**

This policy applies to Centerstone of Florida programs and revenue cycle department.

### **Definitions:**

- AGB:** Amounts Generally Billed
- URL:** Uniform Resource Locators – Internet address
- AHCA:** Agency for Health Care Administration
- FPL:** Federal Poverty Level
- ECA:** Extraordinary collection actions
- FAP:** Functional Analytic Psychotherapy - FAP-related care

### **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.

### **Procedure:**

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:**

- 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](http://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](http://www.centerstone.org/locations/florida) website. Completed applications may be returned in person to the Administration office at 391 6<sup>th</sup> Ave W or the Hospital

campus location at 2020 26<sup>th</sup> Ave E, by mail (PO Box 9478, Bradenton, FL 34206) or by fax (941-782-4301). See Financial Assistance Application linked on website.

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 eligible, clients under county assistance programs, and Medicare/Medicaid eligible who have exhausted benefits or are receiving non-covered services. Refer to Client Discount Policy 06.05.FL 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

2022 Discount Schedule													
Percent of Poverty	2022 Poverty Guidelines	135%	150%	165%	180%	195%	210%	225%	240%	255%	270%	285%	300%
Discount Percentage	Min Co-Pay	96%	94%	89%	81%	70%	56%	39%	19%	10%	5%		
family of 1	13,590	18,347	20,385	22,424	24,462	26,501	28,539	30,578	32,616	34,655	36,693	38,732	40,770
family of 2	18,310	24,719	27,465	30,212	32,958	35,705	38,451	41,198	43,944	46,691	49,437	52,184	54,930
family of 3	23,030	31,091	34,545	38,000	41,454	44,909	48,363	51,818	55,272	58,727	62,181	65,636	69,090
family of 4	27,750	37,463	41,625	45,788	49,950	54,113	58,275	62,438	66,600	70,763	74,925	79,088	83,250
family of 5	32,470	43,835	48,705	53,576	58,446	63,317	68,187	73,058	77,928	82,799	87,669	92,540	97,410
family of 6	37,190	50,207	55,785	61,364	66,942	72,521	78,099	83,678	89,256	94,835	100,413	105,992	111,570
family of 7	41,910	56,579	62,865	69,152	75,438	81,725	88,011	94,298	100,584	106,871	113,157	119,444	125,730
family of 8	46,630	62,951	69,945	76,940	83,934	90,929	97,923	104,918	111,912	118,907	125,901	132,896	139,890
family of 9	51,350	69,323	77,025	84,728	92,430	100,133	107,835	115,538	123,240	130,943	138,645	146,348	154,050
family of 10	56,070	75,695	84,105	92,516	100,926	109,337	117,747	126,158	134,568	142,979	151,389	159,800	168,210
family of 11	60,790	82,067	91,185	100,304	109,422	118,541	127,659	136,778	145,896	155,015	164,133	173,252	182,370
family of 12	65,510	88,439	98,265	108,092	117,918	127,745	137,571	147,398	157,224	167,051	176,877	186,704	196,530

### 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

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.