



CENTERSTONE

Clinical and Administrative Policies and Procedures

Title of Policy: Financial Assistance Policy	Policy: I.A7.20.16.CFL
Reviewing Manager: Director of Finance	Supersedes: 7/18/18
Committee: Corporate Performance Improvement	Reference:
Manual Section: Fiscal Management (7)	Date: 4/24/19
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 Director of Finance.

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), and available on site and upon request, without charge, both my 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).

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.
- Client information may be verified through a consumer credit report, property searches or other means to substantiate a patient's financial circumstances.

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 Director of Finance.

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. Financial assistance under this policy will not be provided to non-Florida residents who are citizens of other countries for planned procedures not related to continuity of care, individuals who are eligible for other third party coverage but choose not to use their coverage, or patients who seek care outside of their provider network or from outside of the hospital service area for nonemergency care.
2. 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.
3. 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.

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4. 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

2018 Discount Schedule															
Percent of Poverty	2018 Poverty Guidelines	135%	150%	165%	180%	195%	210%	225%	240%	255%	270%	285%	300%	AGB	
Discount Percentage		Min Co-Pay	96%	94%	89%	81%	70%	56%	39%	19%	10%	5%	33%		
family of 1	12,140	16,389	18,210	20,031	21,852	23,673	25,494	27,315	29,136	30,957	32,778	34,599	36,420		
family of 2	16,460	22,221	24,690	27,159	29,628	32,097	34,566	37,035	39,504	41,973	44,442	46,911	49,380		
family of 3	20,780	28,053	31,170	34,287	37,404	40,521	43,638	46,755	49,872	52,989	56,106	59,223	62,340		
family of 4	25,100	33,885	37,650	41,415	45,180	48,945	52,710	56,475	60,240	64,005	67,770	71,535	75,300		
family of 5	29,420	39,717	44,130	48,543	52,956	57,369	61,782	66,195	70,608	75,021	79,434	83,847	88,260		
family of 6	33,740	45,549	50,610	55,671	60,732	65,793	70,854	75,915	80,976	86,037	91,098	96,159	101,220		
family of 7	38,060	51,381	57,090	62,799	68,508	74,217	79,926	85,635	91,344	97,053	102,762	108,471	114,180		
family of 8	42,380	57,213	63,570	69,927	76,284	82,641	88,998	95,355	101,712	108,069	114,426	120,783	127,140		
family of 9	46,700	63,045	70,050	77,055	84,060	91,065	98,070	105,075	112,080	119,085	126,090	133,095	140,100		
family of 10	51,020	68,877	76,530	84,183	91,836	99,489	107,142	114,795	122,448	130,101	137,754	145,407	153,060		
family of 11	55,200	74,520	82,800	91,080	99,360	107,640	115,920	124,200	132,480	140,760	149,040	157,320	165,600		
family of 12	59,380	80,163	89,070	97,977	106,884	115,791	124,698	133,605	142,512	151,419	160,326	169,233	178,140		

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

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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.