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 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).

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.
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

<table>
<thead>
<tr>
<th>Percent of Poverty</th>
<th>2018 Poverty 135% 150% 165% 180% 195% 210% 225% 240% 255% 270% 285% 300% AGB Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discount Percentage</td>
<td>Min Co-Pay 96% 94% 89% 81% 70% 56% 39% 19% 10% 5% 33%</td>
</tr>
<tr>
<td>family of 1</td>
<td>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</td>
</tr>
<tr>
<td>family of 2</td>
<td>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</td>
</tr>
<tr>
<td>family of 3</td>
<td>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</td>
</tr>
<tr>
<td>family of 4</td>
<td>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</td>
</tr>
<tr>
<td>family of 5</td>
<td>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</td>
</tr>
<tr>
<td>family of 6</td>
<td>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</td>
</tr>
<tr>
<td>family of 7</td>
<td>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</td>
</tr>
<tr>
<td>family of 8</td>
<td>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</td>
</tr>
<tr>
<td>family of 9</td>
<td>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</td>
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<tr>
<td>family of 10</td>
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<tr>
<td>family of 11</td>
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</tr>
<tr>
<td>family of 12</td>
<td>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</td>
</tr>
</tbody>
</table>

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.