



# CENTERSTONE

## *Clinical and Administrative Policies and Procedures*

<b>Title of Policy:</b> Financial Assistance Policy	<b>Policy:</b> I.A7.20.16.CFL
<b>Reviewing Manager:</b> Director of Finance	<b>Supersedes:</b>
<b>Committee:</b> Corporate Performance Improvement	<b>Reference:</b>
<b>Manual Section:</b> Fiscal Management (7)	<b>Date:</b> 07/18/18
<b>Distribution:</b> Corporate-wide	<b>Approved by:</b> CPI

### **POLICY:**

Centerstone will provide financial assistance to clients who are determined unable to pay for services due to financial hardship.

### **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, under or at the amounts generally billed (AGB), which are the total amounts Medicaid would allow for such care. All physicians within Centerstone are covered under this policy. 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 as determined by registration and translation services data.
- All financial assistance-related documents described above will be available on Centerstone of Florida website ([www.centerstoneflorida.org](http://www.centerstoneflorida.org)), 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 when they voice concerns regarding payments.
- 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 Centerstoneflorida.org website. Completed applications may be returned in person, 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.

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Information needed to determine financial assistance eligibility includes the client's demographic information and income, household members' names, birthdates and social security numbers, 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.

Additional financial documentation is not required from the client but may be requested to validate financial assistance eligibility when there is evidence of a client's ability to meet their financial obligations. This financial documentation includes the most recent tax returns and most recent bank checking and savings account statements. Medicare recipients must provide proof of income and assets to be considered for financial assistance. When financial documentation is required for further review of the client's financial situation, assets and available credit may be considered in the financial assistance eligibility review. If available liquid assets in the form of checking and savings balances exceeds five times the patient responsibility amount, the patient will not be considered for financial assistance.

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 200 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 homeless or deceased patients 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. When further financial information has been requested from a client and available liquid assets, in the form of checking or savings balances exceeds five times the client responsibility amount, the client will not qualify for financial assistance. 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

### **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
- Waiting at least 120 days after the date of the first post-discharge billing statement for emergency psychiatric/substance use or other medically necessary care before engaging in ECAs related to unpaid balances for that care.

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 medically necessary care. Clients who qualify for financial assistance during

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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.