



# 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 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 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

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2024 Discount Schedule													
Percent of Poverty	2024 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	15,060	20,331	22,590	24,849	27,108	29,367	31,626	33,885	36,144	38,403	40,662	42,921	45,180
family of 2	20,440	27,594	30,660	33,726	36,792	39,858	42,924	45,990	49,056	52,122	55,188	58,254	61,320
family of 3	25,820	34,857	38,730	42,603	46,476	50,349	54,222	58,095	61,968	65,841	69,714	73,587	77,460
family of 4	31,200	42,120	46,800	51,480	56,160	60,840	65,520	70,200	74,880	79,560	84,240	88,920	93,600
family of 5	36,580	49,383	54,870	60,357	65,844	71,331	76,818	82,305	87,792	93,279	98,766	104,253	109,740
family of 6	41,960	56,646	62,940	69,234	75,528	81,822	88,116	94,410	100,704	106,998	113,292	119,586	125,880
family of 7	47,340	63,909	71,010	78,111	85,212	92,313	99,414	106,515	113,616	120,717	127,818	134,919	142,020
family of 8	52,720	71,172	79,080	86,988	94,896	102,804	110,712	118,620	126,528	134,436	142,344	150,252	158,160
family of 9	58,100	78,435	87,150	95,865	104,580	113,295	122,010	130,725	139,440	148,155	156,870	165,585	174,300
family of 10	63,480	85,698	95,220	104,742	114,264	123,786	133,308	142,830	152,352	161,874	171,396	180,918	190,440
family of 11	68,860	92,961	103,290	113,619	123,948	134,277	144,606	154,935	165,264	175,593	185,922	196,251	206,580
family of 12	74,240	100,224	111,360	122,496	133,632	144,768	155,904	167,040	178,176	189,312	200,448	211,584	222,720

**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 may 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.

**Related Policies:** Client Discount Policy 06.05.FL



## CENTERSTONE

### Financial Assistance Application

To apply for financial assistance for medical expenses incurred at Centerstone, please complete the attached application and return it to the Finance Department. It is very important to follow the instructions below in order for your application to be reviewed:

- List financial information for a full 12 months on the application.
- If the patient is a minor, list financial information for the parent or guardian.
- Applications must be signed AND witnessed to be considered for assistance. Notary is not required.

**This application does not address Non Centerstone services.** Completed applications received by the Finance Department will be reviewed to determine programs that may be able to assist. If additional information is needed, a representative will contact you.

#### **POTENTIAL MEDICAID PARTICIPANTS**

- **Are you pregnant OR have a child aged 17 or under in your custody?**
- **Are you between the ages of 18-21?**
- **Are you over 65 years of age?**
- **Are you receiving Social Security disability?**

**If you answered yes to any of these questions, you are potentially eligible for Medicaid. Visit [www.myflorida.com/accessflorida](http://www.myflorida.com/accessflorida) to complete a Medicaid application.**

Visit [www.centerstone.org/locations/florida](http://www.centerstone.org/locations/florida) for an application or reach the Finance Department by phone at (941) 782-4318 with any questions.

Application can be faxed to (941) 782-4301 or mailed to Centerstone, PO Box 9478, Bradenton, FL 34206.



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last 4 digits of SS #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_ City, State, ZIP \_\_\_\_\_ Phone: \_\_\_\_\_

Pregnant  Yes  No Disabled  Yes  No Marital Status  M  S  D  W

Household Information Households are defined as spouses, parents of minors, minors and/or siblings under 21 living together

Household Members Please Include Patient Information	Date of Birth	Last 4 digits of SS#	US Citizen Legal Resident Y/N	Relationship to Patient	Tax Filing Status Choose Individual, Joint, Dependent, Not Filing
				Self/Patient	

Household Income List all income/no income for household members listed above including patient.

Name of household member with or without income in the past 12 months DO NOT WRITE N/A	Income Source- Do Not Write N/A Employer Name, Self-Employment, Odd Jobs, No Income, Workman's, Unemployment Compensation, pensions, rental income, trust funds, child support, alimony, Social Security, Veteran's Administration	Number of Months with Income/No Income	Current Gross Monthly Income	Yearly Gross Income List total income for the past 12 months	Have you applied for any program listed below in the past 12 months: Circle all that apply
Self/Patient					Medicaid Social Security Disability County Medical Coverage Workers Compensation Health Insurance Marketplace
<b>Total:</b>					

If you are claiming No Income, tell us who is supporting you \_\_\_\_\_

Is there health/auto insurance to cover any cost of your medical care?  Yes \_\_\_\_\_  No  
 Insurance/Policy# \_\_\_\_\_

Centerstone reserves its right to change any decision made in reliance of this form, including the reversal of a write-off, if the submitted information is inaccurate/false or if medical bills relate to an accident for which there is a subsequent recovery of monies. I certify that the information above is correct and understand that in accordance with FL Statute 817.50 providing false information to defraud a hospital for the purpose of obtaining goods or services is a misdemeanor in the second degree. I grant Centerstone authorization to verify information given through a consumer credit report if needed. **This application is valid for 3 months.**

Client/Guarantor Signature \_\_\_\_\_ Date \_\_\_\_\_ Witness Signature (Notary not required) \_\_\_\_\_ Date \_\_\_\_\_

  
 \_\_\_\_\_  
 Chief Executive Officer Date March 25, 2024