

<b>Program/Department Name</b>	Bluestone Child and Adolescent Psychiatric Hospital
<b>Section # and Title</b>	P600 Leadership
<b>Policy # and Title</b>	P604.00 Financial Assistance Policy
<b>Original Effective Date</b>	7/1/2021
<b>Last Reviewed Date</b>	11/21/22
<b>Last Revised Date</b>	5/8/23
<b>Policy Owner</b>	Chief Financial Officer

**POLICY:**

In adherence with the mission and policies of Bluestone Child and Adolescent Psychiatric Hospital (“Bluestone”), respect and compassion will be exhibited to all persons who seek our services, including those with limited or no capacity to pay for services. Bluestone is committed to providing services to persons regardless of their ability to pay or to satisfy related financial obligations.

**PURPOSE:**

1. To further the mission of providing healthcare and to ensure that patients without insurance will be treated fairly, with respect and with compassion during and after their treatment, regardless of their ability to pay for the services they receive.
2. To provide financial counseling to all the uninsured and underinsured, including help in understanding and applying for local, state and/or federal health care programs such as Medicare, Medicare Disability, Medicaid, the Federal Insurance Market Place and any other assistive programs which may be available.
3. To describe the qualifications for eligibility to the uninsured and eligible underinsured to receive substantially discounted services equivalent to those commonly received by managed care payers, and provide education to those who are eligible to ensure they are in a position to make an informed decision based on in-depth understanding of available options. The amount generally billed to those individuals who have insurance covering the care provided by the hospital will be used to discount services.
4. The Financial Assistance Policy (FAP) will be publicized on Bluestone’s website and information regarding how to apply for assistance will be on patient statements. Bluestone staff will offer a plain language summary to all patients.
5. To establish reasonable, interest-free payment mechanisms based on the patient’s ability to make payments.
6. To establish reasonable payment mechanisms, which may include bank card (charge card) options, bank loan options, and other available payment methods which suit the immediate and long-term benefit of the individual.

**SCOPE:** This policy applies to all emergency and medically necessary care provided by Bluestone. Covered providers are included in the provider list below.

## PROCEDURE:

### Eligibility Criteria

A patient's inability to pay may be determined at any time prior to hospitalization and during the continuum of care provided by Bluestone. Coverage under this FAP is limited to Bluestone medical services. This FAP will not provide coverage for any admissions or procedures deemed not medically necessary (see Definitions below).

Bluestone will provide, without discrimination, emergency medical care consistent with Section 1867 of the Social Security Act (EMTALA) and the Bluestone Emergency Medical Care policy, to individuals regardless of their eligibility under this FAP. Bluestone does not maintain an emergency room or emergency service but is equipped to provide any individual presenting with potentially life threatening medical conditions the following services: emergency first aid, CPR, AED and suction. Any medical emergency requiring services beyond those able to be provided at Bluestone will require a call to 9-1-1.

The review and determination of the appropriateness of the amount to be considered for uncompensated care is determined by hospital financial accounts staff, utilizing the information submitted by the patient or the patient's family.

Patients whose household income and family size are below 100% of the Federal Poverty Guideline (FPG) will be eligible for a full discount of gross hospital charges and will be referred to a patient financial counselor or local Medicaid office to apply for Medical Assistance. Patients will be offered the discounts, as may be appropriate, pending Medicaid approval of their Medicaid eligibility.

Approved patients whose household income ranges between 100% to 200% of the FPG are eligible for a range of discounts from gross hospital charges. The hospital will maintain various discount categories for patients with incomes from 100% up to 200% of the FPG.

	Category 1	Category 2	Category 3	Category 4
% of Federal Poverty Income Guidelines	100.01% - 149.99%	150.00% - 174.99%	175.00% - 200.00%	200.01%+
Eligible Discount*	80%	60%	40%	0%

\* - Charge will be the lesser of AGB or eligible discounted fees.

Federal Poverty Guidelines are available from the U.S. Department of Health & Human Services at its website: [aspe.hhs.gov/poverty](https://aspe.hhs.gov/poverty).

## **Household Income**

Household income is determined using the income of all earnings, including, but not limited to:

- Unemployment compensation;
- Federal tax return with W-2s;
- Current employment check stubs;
- Social Security or Social Security Disability statements;
- Workers compensation payments;
- Medicaid denial letter;
- Retirement statements, pension or retirement income;
- Dividends, rents, royalties, alimony, child support, assistance from outside the household and other miscellaneous sources of income.

Income is determined on a pre-tax basis. If a person lives within the household, include the income of all household members.

Bluestone may rely on information furnished by third parties in order to fully and accurately verify eligibility for financial assistance. For example, at the time of admission, Hospital staff may query the Ohio Medicaid program to determine if any benefits are available. Hospital staff will work with all patients to achieve the most financially generous assistance available.

Patients that qualify under this FAP will at no time be charged greater than the Amounts Generally Billed (AGB) for emergency or medically necessary care. In accordance with Treas. Reg. §1.501(r)-5(b), the Prospective Method will be used to determine AGB. Under this method AGB is based on the billing and coding process Bluestone uses for a Medicaid beneficiary for emergency or medically necessary services. Accordingly, AGB will be equal to the total amount Medicaid would allow for the care provided to the eligible individual (including both the amount that would be reimbursed by Medicaid and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance, and deductibles.

Patients whose household income and family size exceed 200% of the FPG are not eligible for financial assistance under this policy.

## **Application**

Bluestone patients who seek financial assistance under the provisions of this FAP may apply for such assistance by completing and submitting a Financial Statement Application form (a copy of the Financial Statement Application form is listed below as Exhibit A). Application for coverage under this FAP, with complete and accompanying documentation of household income as defined above, will be submitted to Bluestone's Finance Department for review. Bluestone will process any financial assistance application received within 240 days after the first post-discharge bill has been sent to the individual and place all normal collection activities on hold until a financial assistance determination has been made.

### **Actions that May be Taken in the Event of Nonpayment**

Before instituting extraordinary collection activity for nonpayment against any patient who meets any of the discounted hospital charges criteria and is non-compliant with their discounted financial obligations, Bluestone will exhaust reasonable efforts to ensure that the patient understands their obligations under the discounted sliding scale (depending on eligibility). Hospital staff will again attempt to determine that the patient is not eligible for any third party insurance program. In the case of an incomplete financial assistance application, Bluestone will notify the individual about how to complete the financial assistance application and give the individual a reasonable opportunity (no less than sixty (60) days) to do so. Bluestone will send a billing statement along with the plain language summary of the financial assistance policy and information on how to obtain a financial assistance application. These efforts will include verbal and written contact and the individual will be notified at least 30 days prior to pursuing extraordinary collection activity (ECA). Whether Bluestone has made reasonable efforts to determine Financial Assistance eligibility and notify an individual about his/her ability to apply for financial assistance under this Policy shall be determined by the Director of Accounts Receivable.

If an individual does not pay his or her portion of the amount as set forth on the billing statement, and Bluestone has made reasonable efforts, as described in paragraph above, to determine if the individual is eligible for financial assistance, Bluestone may engage in ECAs. Bluestone may not engage in ECAs sooner than one hundred twenty (120) days after the initial billing date. Bluestone shall give the individual thirty (30) days written notice before engaging in ECAs.

Bluestone intends to engage in the following ECAs:

- Selling an individual's debt to another party
- Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus

### **Provider List**

All of Bluestone's professional staff serve patients under the facility's FAP. Bluestone professional staff who provide medical services under this policy are as follows:

- Noah Miller, MD
- Michael Raddock, MD
- Miranda Barnhart, CNP

### **Definitions**

Medically necessary - As defined by Ohio Administrative Code 5160-1-01 conditions of medical necessity for a procedure, item, or service are met if all the following apply:

1. It meets generally accepted standards of medical practice;
2. It is clinically appropriate in its type, frequency, extent, duration, and delivery setting;
3. It is appropriate to the adverse health condition for which it is provided and is expected to produce the desired outcome;
4. It is the lowest cost alternative that effectively addresses and treats the medical problem;
5. It provides unique, essential, and appropriate information if it is used for diagnostic purposes; and

6. It is not provided primarily for the economic benefit of the provider nor for the sole convenience of the provider or anyone else other than the recipient.

**EXTERNAL REFERENCES**

26 CFR § 1.501(r)-4, Financial assistance policy and emergency medical care policy

**EXHIBIT A**

**Financial Assistance Application Form**

Head of Household Name:		Birthdate:
Street Address:		Social Security Number:
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
<b><u>Household Members</u></b>		
Name:	Relationship:	Birthdate:
Name:	Relationship:	Birthdate:
Name:	Relationship:	Birthdate:
Name:	Relationship:	Birthdate:
Name:	Relationship:	Birthdate:
Name:	Relationship:	Birthdate:
Name:	Relationship:	Birthdate:
Income Documentation (list and attach):		
Income Documentation (list and attach):		
Income Documentation (list and attach):		
I understand that providing false information may result in legal action, and attest that all of the information that I have provided is true and correct to the best of my knowledge.		
Signed:		Date:
Witness:		Date:
For Hospital Use Only:		
Reviewer Notes:		
Date of Evaluation:	Income:	Discount Percentage
Reviewer Signature:		Date:

