

Program/Department Name	Bluestone Child and Adolescent Psychiatric Hospital
Section # and Title	P600 Leadership
Policy # and Title	P604.00 Financial Assistance Policy
Original Effective Date	7/1/2021
Last Reviewed Date	
Last Revised Date	
Policy Owner	Chief Financial Officer

POLICY:

In adherence with the mission and policies of Bluestone Child and Adolescent Psychiatric Hospital, respect and compassion will be exhibited to all persons who seek our services, including those with limited or no capacity to pay for services. The Hospital 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 federal health care programs such as Medicare, Medicare Disability, Medicaid, the Federal Insurance Market Place and 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 will be publicized on Bluestone's website and information regarding how to apply for assistance will be on patient statements. Hospital 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 vehicles which suit the immediate and long-term benefit of the individual.

SCOPE: This policy applies to the entire facility; however, certain provider types may be excluded. Providers are included in the attached appendix.

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. FAP will not provide coverage for any admissions or procedures deemed not medically necessary.

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 and family size who have incomes between 100% of the FPG and up to 200% are eligible for a range of discounts from gross hospital charges. The hospital will maintain four 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%+ Full Fee
Eligible Discount	80%	60%	40%	20%

In the event that other funding sources provides discounts to patients with incomes greater than 200% of the FPG, requirements of that funding stream shall be honored for those medically necessary services.

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 time of admission Hospital admissions 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 whose household income and family size equal or 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, will be submitted to Bluestone's Finance Department for review.

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. These efforts will include verbal and written contact. Bluestone will notify the individual in writing at least 30 days prior to pursuing collection activity.

Provider List

Certain providers, such as radiology and labs may not be covered by this Financial Assistance Policy. The Hospital will publish a list of any excluded providers.

EXHIBIT A

Financial Assistance Application Form

Head of Household Name:		Birthdate:
Street Address:		Social Security Number:
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
<u>Household Members</u>		
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: