



## POLICY AND PROCEDURE MANUAL

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**Policy: Financial Assistance**

**Revised by: Jay Baumgartner**

**Approval by: Kurt Carlson (EXEC - President/CEO)**

**Policy #: 2-506**

**Reviewed by: Not Assigned**

**Approval Date: 08/17/2021**

**Applicable: B Volume 2 Fiscal - Data Management**

**Owner: Jay Baumgartner**

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- 1.0 Policy: The Bowen Center provides vital primary care, mental health and substance use services to our communities and shall provide a financial assistance program for any eligible client that is unable to pay for any service.
- 2.0 Purpose:
- 2.1 To ensure patients have access to affordable behavioral healthcare.
  - 2.2 To define sliding fee scale discounts available from Bowen Center.
  - 2.3 To define catastrophic assistance available from Bowen Center
  - 2.4 To establish eligibility guidelines for the financial assistance program.
  - 2.5 To ensure a financial assistance program is provided fairly and consistently throughout the center.
  - 2.6 To define referred services and financial assistance options available
- 3.0 Definitions:
- 3.1 Charge Master: A list of services provided by Bowen Center and their standard fees.
  - 3.2 Sliding Fee Discount Schedule: A schedule which determines the amount a patient is required to pay for services based on income and family size.
  - 3.3 Navigator: Individuals specifically trained to assist patients in applying for health insurance
  - 3.4 Catchment Area: Services area designated by division of Mental Health and Addictions (DMHA) that Bowen Center is obligated to provide services in. Current catchment areas are Huntington, Kosciusko, Marshall, Wabash and Whitley Counties.
  - 3.5 Income: Gross pay on an annual basis in a household for all wage earners responsible for household expenses.
  - 3.6 Family Size: Tax filer plus all persons expected to be claimed as dependents on federal tax forms.
  - 3.7 Catastrophic assistance: Discount provided, due to unforeseen financial hardship or

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placement in a transitional living program, on full or partial balance due for charges that would customarily be paid by the patient.

3.8 Nominal Fee: A fixed flat fee for services that is charged to patients who are at or below 100% of the federal poverty guidelines.

4.0 Nominal Fee:

4.1 The Bowen Center shall set a nominal fee for patients whose income is at or below 100% of the FPG. It is a fixed flat fee that is less than the fee paid by the first level of the sliding fee discount class above 100% of FPG, and it does not reflect the actual cost of the service being provided.

4.2 The nominal fee must be reasonable from the perspective of the patient.

.1 Patient satisfaction surveys shall be conducted to obtain input from patients whether the nominal fee is reasonable and affordable. .

.2 The Revenue Cycle committee will monitor and make recommendations for changes to the sliding fee schedule.

4.3 The nominal fee will be approved by the Board of Directors each year along with the sliding fee discount schedule.

5.0 Sliding fee scale procedure:

5.1 Bowen Center shall establish a financial assistance plan to ensure patients have access to affordable behavioral healthcare services. Types of financial assistance that are available include the following:

- .1 Insurance Enrollment through a Bowen Center-sponsored Navigator
- .2 Presumptive Eligibility
- .3 Sliding fee Discount schedule
- .4 Catastrophic assistance

5.2 Bowen Center shall apply our fees and financial assistance uniformly and shall not discriminate on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, gender identity, sexual orientation and marital or family status.

5.3 No patient will be denied services up to and including psychiatric inpatient care based on their ability to pay or because payment for those services would be made under Medicare, Medicaid or CHIP.

5.4 The Center shall develop, maintain and review its sliding fee schedule on an on-going basis.

- .1 The Sliding Fee Schedule shall be approved by the Board of Directors each year with any changes effective on January 1<sup>st</sup>.

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- .2 The Sliding Fee Schedule shall be based on the current federal poverty levels established each year by the government.
- .3 The discount will be posted in each lobby of the county office as well as the website.
- .4 The Center shall utilize different sliding fee schedules for residents of our catchment area vs. residents that live outside our catchment area.
  - .1 Discounts will be greater for residents of our catchment area.
- .5 Amount of discount will be dependent on the type of service being provided, the cost of providing the service, the cost of the service to our patient, current reimbursement rates and the frequency the service occurs.
  - .1 The Center shall have a different sliding fee schedule for Inpatient services.
- .6 The maximum amount a patient will be expected to pay for services shall not exceed the customary amount received from Medicare or other insurances.
- 5.5 Both insured and uninsured patients are eligible to receive financial assistance. The level of discount is determined by income and number of members in the household.
- 5.6 The front office staff will gather and assess the appropriate information from each patient to determine eligibility for the sliding fee discount.
  - .1 Financial/Nominal fee form shall be used to document this information.
- 5.7 In order to receive discounted fees through the sliding fee scale, the patient shall be expected to provide income verification.
  - .1 The patient must provide proof of their income. Approved documentation to support income may include, but is not limited to the following documents:
    - .1 W-2
    - .2 Paycheck stubs from previous two pay periods
    - .3 Income Tax Returns
    - .4 Written verification from employer of their earnings
    - .5 Income from unemployment
  - .2 Patient claiming to have no income shall certify this using the A351 form
  - .3 Eligible patients shall automatically qualify for the sliding fee discount.
  - .4 All requests for financial assistance are reviewed annually.
    - .1 At the beginning of the calendar year the patient is required to fill out form A351.



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events include:

- .1 Loss of a job
- .2 Death of a member of the household
- .3 Change in marital status
- .4 If a patient exceeds the 200% of the Federal Poverty Guidelines, has a 3<sup>rd</sup> party payor and had a major medical event such as an admission the inpatient unit or a stay in a transitional living facility catastrophic assistance will be considered.
- .5 Once all documentation is collected the debt to income ratio will be determined.
- .6 If the patient has more debt than income the catastrophic assistance will be approved.

7.0 All requests for additional financial assistance through catastrophic assistance must be approved as follows:

- .1 The Business Operations Director shall review the form for reasonableness.
- .2 The Business Operations director shall make a determination whether client can pay a certain amount each month or whether any outstanding balance shall be written off.
- .3 Ongoing catastrophic assistance will be reviewed every 6 months.
- .4 The following are the authority limits for catastrophic assistance:
  - .1 Revenue Cycle Director: \$0 - \$1,000
  - .2 Business Operations Director: \$0 - \$1,000
  - .3 Senior Vice President – Financial Services: \$1,000 - \$10,000
  - .4 Senior Vice President – Operations: \$1,000 - \$10,000
  - .5 President/CEO: Over \$10,000

8.0 Review Responsibility: This procedure shall be reviewed by the Senior Vice President Financial Services, Revenue Cycle Director and Business Operations Director.