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Owner Christina Mathis:  
Director, Client  
Financial  
Services  
Policy Area Client Financial  
Services

## Sliding-Fee-Discount-Determination: Financial Assistance Policy

### SLIDING FEE DISCOUNT DETERMINATION: FINANCIAL ASSISTANCE POLICY

**POLICY:**Porter Starke Services, Inc. provides behavioral health care services to area residents. It is expected that payment for those services is made by the patient/responsible party and/or the patient's third party insurance carrier. Charges are set to be fair and reasonable in the market while covering the cost to deliver high quality behavioral health care.

**PURPOSE:**To maintain affordability of services provided for individuals served.

#### PROCEDURES:

- I. It is the policy of Porter Starke Services Inc. to provide quality mental health services and substance abuse services to the residents of the community regardless of the client's ability to pay.
- II. Individuals will be provided with care for emergency medical condition(s) regardless of their ability to pay.
- III. Emergency and medically necessary services will be provided regardless of whether or not an individual has an outstanding debt from previous services.
- IV. Services will not be refused based on inability to pay.
- V. Porter Starke Services Inc. recognizes charity care when the client attests to their inability to pay for services rendered to them.
- VI. All services provided by PSS are eligible for a discount based on the ability to pay if the individual completes a Summary of Income and based on that declaration qualifies for a discount.
- VII. A separate application process is available to clients to apply for a discount on any self-pay

balance if the individual does not qualify based on the information provided in the Summary of Income but there are other mitigating circumstances that may make them eligible for a discount or a higher discount than they already have, typically high debt burden.

- VIII. Charity care is not available to insurance carriers or any other third-party payer. Patients are evaluated to determine eligibility for charity care only after all third-party sources of payment have been applied in full to the charges. Porter Starke Services, Inc. reserves complete discretion to determine whether a client is eligible for charity care.
- IX. Porter-Starke Service, Inc. makes information about discounts to clients available to clients and others through information posted on the Porter-Starke Services website. At admission to services, all clients are asked to disclose their income and family size so that they can be considered for a discount, with the purpose of that disclosure indicated on the form. Disclosure is voluntary.
- X. All clients are provided with a Plain Language Summary of the Financial Assistance Policy at the time of admission. The Plain Language Summary is also posted at each office location and on the PSS website.
- XI. Individuals who qualify for a discount will not be charged in excess of the Amount Generally Billed (AGB) for any service. AGB is determined using the "Prospective Medicare/Medicaid" method. AGB is established based on Medicare rates for services payable by Medicare and by Medicaid rates for other services. Services not payable by either Medicare or Medicaid will have the AGB set by the highest payer for that service. AGB may be periodically re-established as payers alter rates paid.
- XII. Payment is due at time of service. Unpaid balances are included on monthly patient statements. Clients are given the opportunity to arrange a payment plan to avoid collection action.
- XIII. Individuals may apply verbally, by providing the information needed to complete the Summary of Income to a PSS staff, who records that information and then secures a signature from the client.

#### **Criteria for Charity Care Determination: Sliding Fee Discounts**

- A. Gross declared income in combination with family size for the household is used to make determinations about sliding fee discounts. All clients are asked to complete the Summary of Income to disclose their annual income and family size. Disclosure of this information is voluntary. The form indicates that the information is used to determine if the client is eligible for a discount. A Plain Language Summary of the policy is provided at that time.
- B. Income that is eligible for consideration includes: earned income from employment (salary and wages), tips, retirement income, social security, investment income including interest, child support and any other cash income to the family. Discounts are applied presumptively and documentation of income is not required.
- C. Only individuals that are financially dependent on the client can be counted for the purpose of charity care determination.
- D. Discounts are a percentage of the gross charge. A 100% discount is not routinely available.
- E. Clients are required to provide information about their income and to attest to the accuracy of that information in order to receive a sliding fee discount. This information is recorded on the

#### Summary of Income.

- F. Front Desk staff verifies accuracy and completeness of the Summary of Income and scans it into EHR.
- G. The Financial Counselors review the Summaries, award or deny a discount. The amount of the discount is determined by the current sliding fee scale. A letter stating the result of the review of the Summary of Income is sent to the client.
- H. The sliding fee scale is based on the U.S. Health and Human Services Poverty Level Guidelines for that year, and updated annually.

#### **Charity Care Based Upon Income and Expense: Needs Based Discount**

- A. There are occasions when clients may request a discount even though their income and family size would not otherwise allow that discount to be provided. These are situations when a discount is being requested that is outside the range ordinarily provided based upon the sliding fee schedule.
- B. Net worth is considered. All liquid and non-liquid assets owned, less liabilities and claims against assets are considered net worth.
- C. Employment status is considered along with future earnings capacity. The likelihood of future earnings rising sufficiently to meet the obligation within a reasonable period of time will also be considered.
- D. Other financial obligations including living expenses and other items of reasonable and necessary nature are analyzed. Some dollar limits by category for debt may be established, such as allowable amounts of credit card debt.
- E. The amount and frequency of medical bills and their relationship to all other factors is considered.
- F. All other sources of payment must be applied first before evaluating charity care. Failure to follow through with these other source (Medicaid, third Party) may make the client ineligible for consideration for charity care.
- G. Applications for charity care under this section of the policy are subject to administrative review and approval.
  - Up to \$5,000: Director of CFS approval
  - Over \$5,000: CFO approval

#### **Medicaid Clients**

- A. Medicaid clients cannot be charged for services unless there is a waiver in place prior to delivery of a service, the charge is due to a HIP copay or they are a spend-down client and the service was delivered to the client before the spend-down was met.
- B. The full charge for the service, after determination that the service was delivered prior to spend-down being met, is charged and legitimate attempts to collect that amount are to be made before any discounting of the amount owed are to be made. A minimum of 120 days of billing following usual collection procedures for all clients are to be made.
- C. If the amount is uncollectible after 120 days and the client has no ability to pay then the

amount may be discounted using the same charity policy as described herein.

## **Methadone Assistance**

- A. Due to the cost and daily frequency of methadone dosing, clients receiving dosing can request additional assistance to cover the cost of their methadone for up to 30 days in a rolling calendar year.
- B. To apply for this assistance the client would need to discuss their financial need with a counselor at their assigned Recovery Center location and meet the follow qualifications:
  - 1. Have financial need.
  - 2. Be applied for Presumptive Eligibility/Medicaid application if applicable.
  - 3. Be compliant with treatment.
- C. The amount approved per client will be dependent on the amount due by client for dosing, taking in to consideration sliding scale discounts and insurance cost share but will not exceed \$480.00 per client per rolling calendar year.
- D. The amount approved per month across all clients will not exceed \$1,250.00.
- E. Counselor will complete application and submit to CFS for approval.
- F. Approval should be made by CFS Director and/or Coordinator.

## **Exceptions**

- A. On occasion there may be circumstances that justify a discount for services that are apart from the circumstances detailed in this policy. For instance, an individual may be so psychiatrically impaired that they are unable to understand the billing and collection process yet still require the psychiatric care provided by PSS. Under these circumstances the Clinical staff in concert with their Clinical Director should request an extended period of discount or a discount if none was already in place.
- B. Other circumstances as determined by a Vice President and/or CFO.

## **Approval Signatures**

<b>Step Description</b>	<b>Approver</b>	<b>Date</b>
	Andrew Nielsen: CFO	07/2024