



CAPSTONE BEHAVIORAL HEALTH FINANCIAL ASSISTANCE POLICY

Purpose:

Capstone Behavioral Health, Inc (Capstone) recognizes the individual's right to quality healthcare regardless of age, sex, race, religion, national origin or ability to pay. Capstone will provide medical services to patients who have limited or no financial means. The clinic will, at all times, assure confidentiality of information and preservation of individual dignity for all who seek charitable services.

Business Office personnel will attend to the needs of those who are poor and disadvantaged and act with integrity in all endeavors. This policy outlines the guidelines to be used to ensure the adequate and appropriate follow-up is completed to ensure deserving patients receive financial assistance.

Policy:

Capstone's philosophy is that patients who genuinely cannot afford to pay their medical bills will not be denied treatment at Capstone. However, patients who do have the means to pay their medical bills will be expected to settle their bills in a timely manner. Capstone uses pre-defined parameters to make a determination of a patient's ability to pay. Financial Assistance employs a sliding scale discount that takes into consideration a patient's household income and assets. Financial Assistance is generally secondary to all other financial resources available to the patient, including insurance, government programs, third-party liability, and qualified household assets. Individuals with access to health insurance, third party reimbursement for health services or governmental assistance that elect not to enroll, fail to take advantage of or fail to maintain eligibility for such coverage may be excluded from receiving financial assistance. Until the patient's financial assistance application has been reviewed and/or approved the patient is ultimately responsible for medical fee's owed.

Procedures:

1. Sliding Scale Levels – Financial Assistance is determined based upon a sliding-fee scale and is subject to income and assets. In order to obtain financial assistance the patient must establish (through the completion of a Financial Assistance Application and submission of required documentation) the patient's Household income is below 400% Federal Poverty Level (FPL) for the 12 months preceding the date of services. The discount provided per FPL income is provided below:

Federal Poverty Guideline	Percent of Assistance Discount
0-200%	30%
201-300%	25%
301-350%	15%
351-400%	5%



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2. Verification may include, but not to be limited to, receiving a copy of the applicants federal tax return, pay stubs, bank statements, a call to the employer, proof of ineligibility for coverage that would otherwise pay for these services (whether through employer-based coverage, commercial insurance, government sponsored coverage or third-party liability coverage), or a credit report.
3. "Household Income" includes all pre-tax income however derived of all persons 18 years old or over who reside in a household.
4. "Household Asset" will be considered in the final determination of eligibility for financial discounts. Assets that will be considered include the following:
 - Cash held in savings accounts, checking accounts, safe deposit boxes, or homes;
 - Value of trusts (including living trusts) the patient or guarantor has interest or ownership of equity in real estate;
 - Cash value of stocks, bonds, treasury bills, certificates of deposit and money market accounts;
 - Case value of life insurance policies;
 - Person property held as an investment, including but not limited to jewelry, or coin collections;
 - Vehicles other than an automobile or reasonable value used as the primary source of transportation; and Lump sum or on-time receipts of funds, such as inheritances, lottery winnings, insurance settlements.
5. Qualified Assets – an uninsured patient who is otherwise eligible for financial assistance will have the amount of the financial assistance discount reduced (or eliminated) by the amount (if any) that the patient's "Qualified Assets" exceed the amount of the bill for which the patient otherwise would be responsible after the deduction of financial assistance discount.
6. Determination of "Qualified Assets" – are determined by calculating one-quarter of the amount that remains after \$75,000.00 is deducted from the total value of the patient's Household Assets. For example, Qualified Assets = (Household Assets - \$75,000.00) * 25%.



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7. Due to circumstances of patients being unemployed or disabled for a time period, but having the ability to plan to return to work then future earnings may be taken into consideration.
8. The Revenue Cycle Specialist and/or the billing company's recommendations will be listed on the cover sheet. The information will then be passed along to the financial administrator for review.
9. The financial administrator and/or Capstone partners will review all information and either send back as more as more information needed or agree with the revenue cycle specialist recommendations and sign off on the application.
10. After approval of the application has been granted the billing company will note the guarantor account with the date and percentage of assistance.
11. The revenue cycle specialist will review all accounts with a current approved application on a monthly basis and work with the financial administrator in writing off the correct amount.
12. Patients qualifying for 100% assistance must make a \$10 co-pay at each date of service. If co-pay is not made at the time of care, the patient will have 5 working days to present co-pay or assistance will be terminated.
13. Financial assistance may be applied for a patient's deductible due after the required \$10 co-pay has been made; financial assistance will not be applied to any co-payment amounts.
14. Financial assistance is for medically necessary services and may require a physician's order. Elective, cosmetic or obstetrical services are excluded.
15. Once approved financial assistance will be in place for a 6 month period at which time, if assistance is still needed the patient can re-apply.
16. For persons not qualifying for financial assistance some assistance may still be granted in certain circumstances involving a catastrophic occurrences resulting in medical bills grossly exceeding the patient's ability to pay and in these situations, the patient's responsibility will be limited to 20% of the family's annual gross income.