APALACHEE CENTER, INC.

SERVICES

INPATIENT FINANCIAL ASSISTANCE

March, 2010 Policy: 120-7
Revised: July, 2016

1. Purpose: It is the purpose of this policy to describe Apalachee Center's process related to charity care for Eastside Psychiatric Hospital patients who are unable to pay for all or a portion of their bill.

2. Policy: It is the policy of Apalachee Center, Inc. (Apalachee) to provide all patients information regarding estimated or actual charges for Eastside Psychiatric Hospital (EPH) services and to assist them in applying for charity care based on financial need.

3. Reference: This program was developed in compliance with Florida Statutes 394.4787 and 395.301

4. Definitions: Charity Care – Free inpatient care provided to an uninsured or underinsured patient whose family income for the 12 months preceding the determination is equal to or below 200% of the current Federal Poverty Guidelines (FPG) established by the U.S. Department of Health and Human Services. Discounted inpatient care is available for uninsured or underinsured patients with family income greater than 200%, but less than or equal to 300% of the FPG.

   Family Income – Includes earnings, unemployment compensation, worker's compensation, Social Security, supplemental social security income, public assistance, veteran's payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Non-cash benefits (e.g., food stamps, housing subsidies, etc.) do not count. Family income is calculated before taxes.

5. Procedure:

   A. Social Service staff will assist patients to complete the Inpatient Financial Assistance Application (attachment 1) prior to discharge. Insurance Department staff will meet with the patient if requested to provide further information and assistance.

   B. Proof of income is required prior to processing of the application. The patient will be requested to provide, as appropriate, a current W2, last 4 paycheck stubs, disability

benefit statement, letter from Social Security Administration, letter from employer, and letter from individuals providing support for the patient's basic living needs. External sources (e.g., Medicaid Enrollment) and / or Apalachee outpatient information may be used if indicated.

C. Patients who do not provide the requested information necessary to completely and accurately assess their financial status in a timely manner and /or who do not cooperate with efforts to secure governmental healthcare coverage information may not be eligible for charity care. Providing false information is also grounds for denial.

D. The completed Financial Assistance Application will be reviewed by the Insurance Department to determine eligibility for free or discounted service using the most recently published Federal Poverty Guidelines.

E. Inpatient discounts will be applied to the EPH per diem, or room and board rate and therapy charges, but do not apply to physician charges. Physician charges provided by Apalachee Center physicians are discounted per the Outpatient Sliding Fee Scale (see Policy 120-3)

F. Patients will be notified of the Insurance Department's determination in writing. A patient may be asked to sign a payment agreement based on the determination.

G. A patient has the right to appeal an eligibility determination if: 1) Incorrect information was provided; or 2) A change in the patient's financial status occurred; or 3) due to extenuating circumstances.

H. The Chief Financial Officer will be responsible for reconsideration of the appeal and determination.

I. If the patient has applied and obtained charity care within the past 12 months and the patient's financial circumstances have not changed, the patient will be deemed eligible for charity care without having to submit a new application.

J. If the patient defaults on a payment agreement, Apalachee will consider the account delinquent and reserves the right to refer the account to a collection agency.

K. The Insurance Department will maintain all applications on file.

APPROVED:

Jay A. Reeve, Ph.D
Chief Executive Officer

7/27/2016
Date

INPATIENT CHARITY CARE AND DISCOUNT SCHEDULE

Effective July I, 2016

Based on 2016 HHS Poverty Guidelines published in the *Federal Register*

Family Size 1 FPG=11,880	If family income is less than or equal to →	200%FPG 23,760	225% FPG 26,730	250% FPG 29,700	275% FPG 32,670	300% FPG 35,640	35,641
	Inpatient discount is →	100%	80%	60%	40%	20%	0%

Family Size 2 FPG=16,20	If family income is less than or equal to →	200%FPG 32,040	225% FPG 36,045	250% FPG 40,050	275% FPG 44,055	300% FPG 48,060	48,061
	Inpatient discount is →	100%	80%	60%	40%	20%	0%

Family Size 3 FPG=20,160	If family income is less than or equal to →	200%FPG 40,230	225% FPG 45,360	250% FPG 50,400	275% FPG 55,440	300% FPG 60,480	60,481
	Inpatient discount is →	100%	80%	60%	40%	20%	0%

Family Size 4 FPG=24,300	If family income is less than or equal to →	200%FPG 48,600	225% FPG 54,675	250% FPG 60,750	275% FPG 66,825	300% FPG 72,900	72,901
	Inpatient discount is →	100%	80%	60%	40%	20%	0%

Family Size 5 FPG=28,440	If family income is less than or equal to →	200%FPG 56,880	225% FPG 63,990	250% FPG 71,100	275% FPG 78,210	300% FPG 85,320	85,321
	Inpatient discount is →	100%	80%	60%	40%	20%	0%

Family Size 6 FPG=35,580	If family income is less than or equal to →	200%FPG 65,160	225% FPG 73,305	250% FPG 81,450	275% FPG 89,595	300% FPG 97,740	97,741
	Inpatient discount is →	100%	80%	60%	40%	20%	0%

Family Size 7 FPG=36,730	If family income is less than or equal to →	200%FPG 73,460	225% FPG 82,643	250% FPG 91,825	275% FPG 101,008	300% FPG 110,190	110,191
	Inpatient discount is →	100%	80%	60%	40%	20%	0%

Family Size 8 FPG=40,890	If family income is less than or equal to →	200%FPG 81,780	225% FPG 92,003	250% FPG 102,225	275% FPG 112,448	300% FPG 122,670	122,671
	Inpatient discount is →	100%	80%	60%	40%	20%	0%

Attachment 1

APALACHEE CENTER, INC.

INPATIENT FINANCIAL ASSISTANCE APPLICATION

(Physician Fees are not covered under this Agreement)

Name of Patient: _____ Unit: _____

Name of Guarantor: _____ Date of Admission: _____

Address: _____ City/State/Zip: _____ Phone: _____

Applicant's Employer: _____ Work Phone: _____

Employer's Address: _____ City/State/Zip: _____

Proof of income verification is required for all members of household in order for application to be processed. Proof of income verification consists of most current W2, last 4 paystubs, disability benefits statement, letter from Social Security Administration, letter from employer, and letter from individuals providing support for patient's basic living needs.

List all members of the household including the patients birthdate, relationship to patient, and income from each source. State whether income is per week, month or year.

Name	Birthdate	Relationship	Income Wk / Mo / Yr

(Note to applicant) You do not have to report income for a person in the household who is not legally responsible for the patient's medical bills and is not counted in the family size. For example: (If you have a brother or sister who lives with you, that person is not responsible for paying your medical bills, and would not have to be counted or report income).

If income of any member is self-employment, you may give information on business costs so that we can determine actual income to be counted. Write details on the back of this sheet.

Income Certification:

I HEREBY ACKNOWLEDGE THAT, IN ACCORDANCE WITH FLORIDA STATUE 817.50, PROVIDING FALSE INFORMATION TO DEFRAUD A HOSPITAL FOR THE PURPOSE OF OBTAINING GOODS AND SERVICES IS A MISDEMEANOR IN THE SECOND DEGREE AND I ATTEST TO THE FACT THAT THE INFORMATION GIVEN ABOVE IS ACCURATE.

_____ _____

Witness Signature Date Patient Signature Date

FOR STAFF USE ONLY

NUMBER IN HOUSEHOLD _____ TOTAL INCOME _____

VERIFICATION OF INCOME SUPPLIED YES _____ NO _____

ELIGIBLE FOR DISCOUNT YES _____ NO _____ APPROVED DISCOUNT PERCENTAGE _____

PREPARED BY _____ DATE _____

APPROVED BY _____ DATE _____

CF 10/10