

**Kempsville Center for Behavioral Health Center
Policy and Procedures**

Policy: Financial Assistance	Section: Fiscal Services Number: 001 Issue Date: 06/2022 Review /Revision Date: 06/2022
Joint Standard: N/A VA Licensure Regulation: N/A Tricare: N/A Human Rights: N/A Other: CMS Pricing Transparency	Scope: Acute, Residential and Partial Hospitalization Programs Approved by: Governing

POLICY:

It is the policy of Kempsville Center for Behavioral Health to complete a Financial Assistance Application for uninsured and underinsured patients admitted to Kempsville Center for Behavioral Health. The purpose is to complete a Financial Assistance Application for charity consideration and documentation of patient/guarantor’s financial status.

RESPONSIBILITY:

CEO; CFO; Business Office Director, Financial Counselor, Business Office Staff

ACTIONS:

For purposes of this policy, “charity” or “financial assistance” refers to services provided without charge or at a discount to qualifying patients based on the process outlined below:

Guarantor to complete the following:

- Financial assistance application and financial disclosure form – answer all questions, sign and date.
- Provide Proof of Income (POI). Examples of POI include last pay stub with year-to-date income or last three pay stubs if no year-to-date income information, disability or social security award letter or bank statement showing monthly deposit, etc., for self-employed a copy of last year tax return.

Financial Counselor to complete the following:

- Review application and POI to ensure completeness and accuracy. Sign and date forms. Make any pertinent notes regarding Guarantor’s employment or income situation as relayed by Guarantor.
- Run Equifax FDR and indicate the amount of discount recommended by Equifax.
- Complete and attach Benefit Explanation & Collection Form.
- Note in the comments of the financial assistance application any prior accounts for patient and attach a print screen of prior accounts.
- Note on the patient’s account the following information:
 - Estimate due from patient/guarantor
 - Guarantor’s employment status
 - Total Household Income
 - POI obtained – Y, N or N/A (explain N or N/A)
 - Total Number of Dependents (based on Guarantor’s tax return)
 - Federal Poverty Guideline percentage based on POI & total # of dependents
 - FDR Discount Recommendation percentage

- Pertinent comments regarding Guarantor's financial status as relayed by Guarantor. Examples include unemployed since (date), full-time student, part-time student, lives with parents, expected return to work date, etc.
- After the above notes have been made on the account, print off the Patient's Account Status Report.
- Scan entire application and supporting documents to the Patient's Chart on the shared drive prior to submitting to the Business Office Director.

Guarantors who have an income of greater than 200% of Federal Poverty Guidelines will not be eligible for a financial assistance adjustment of estimated balance due. However, other financial assistance may be considered such as a prompt pay discount or payment plan. Each case will be considered on an individual basis per Business Office Director approval.

Business Office Director will review the financial assistance application for completion and depending on the situation may require additional information from Guarantor. Once approved, Business Office Director will submit application with recommendation to CFO for final determination. For denied applications, Financial Counselor will be notified to contact Guarantor and consider other financial assistance options listed above and note the account indicating the denial and other options considered. For approved cases, the discount will be adjusted on the patient's account with all supporting documentation and signatures on file in Business Office and Financial Counselor will notify patient of final determination.