

Financial Assistance Eligibility Policy

This policy is applicable to all clinical operations of Pine Rest Christian Mental Health Services (Pine Rest) and all providers employed by Pine Rest.

Effective Date: May 1, 2018

Notice of Nondiscrimination: Pine Rest complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Pine Rest does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. See [Attachment B](#) for the complete notice of nondiscrimination as well as availability of language assistance.

I. Purpose

The purpose of this policy is to outline the process for making a reasonable determination of who is eligible to receive financial assistance at Pine Rest; to communicate the availability of financial assistance to patients and to the public; and to ensure that comparable guidelines are applied to requests for financial assistance, regardless of the Pine Rest location where the patient service is provided.

II. Responsibilities

This Pine Rest Financial Assistance Eligibility Policy will be administered by appropriately designated Pine Rest personnel as outlined in supporting procedures.

III. Philosophy

Pine Rest's philosophy is to provide quality behavioral healthcare services to all who come to us seeking our assistance. Medical necessity will be determined by the treating care provider. Determination of financial assistance will be given based on demonstrable financial need and will be granted in cooperation with the patient/guarantor. All patients/guarantors applying for financial assistance will be subject to the same financial assistance process regardless of primary payer.

IV. Emergency Medical Care Policy

Pine Rest will provide, without discrimination, care for emergency medical conditions to individuals regardless of their ability to pay or eligibility for financial assistance. Pine Rest will not engage in actions that discourage individuals from seeking emergency medical care, and, to that end, emergent care will be provided without interference from debt collection or demands for prepayment of services prior to treatment.

V. Policy

A. Overview

1. Prior to seeking financial assistance, the patient/guarantor and Pine Rest will pursue all reasonable forms of third party payment.
2. It is Pine Rest's policy to require payment in full for all services performed.
3. Patients/guarantors who identify that they are financially unable, or have been identified by Pine Rest as potentially financially unable, will be referred to the appropriately personnel for evaluation, as applicable. Pine Rest personnel may then proceed with the financial assistance application process to determine if there is demonstrated inability to pay. The patient/guarantor may be asked to complete a financial assistance application.

A credit report may be obtained to verify information provided on the application, but will not be used to make a determination as to financial assistance eligibility. Portions of or the entire financial application process may be waived for certain patients/guarantors who presumptively qualify for financial assistance and are subsequently verified, consistent with Pine Rest policies and procedures. Examples may include individuals deemed homeless or deceased without an estate.

4. If, as a result of the financial application process, assistance criteria are not met, the patient/guarantor will be advised to arrange payment according to the Pine Rest [Patient Billing and Collections Policy](#) and applicable procedures, under which a patient/guarantor may qualify for discounts and/or other payment options such as prompt pay discounts or payment plans.
5. If it appears that financial hardship guidelines may apply, the patient/guarantor may be asked to supply supporting documentation and the application will be processed accordingly.
6. The patient's account will be documented with results of the determination. Reasonable efforts will be made to inform the patient/guarantor in writing of the determination (including, if applicable, the assistance for which the individual is eligible) and the basis for the determination.
7. All applicable and supporting documentation for applications will be retained in accordance with document retention policies.

B. Third Party Payment Sources

Prior to seeking financial assistance, the patient/guarantor and Pine Rest will pursue all reasonable forms of third party payment including but not limited to Medicaid and enrollment in the Health Insurance Exchanges. Pine Rest reserves the right to investigate, verify, interview and request assignment of:

1. All benefits from any third party insurance source;
2. All benefits from state or federal assistance programs for which the patient/guarantor may be eligible;
3. All benefits from any charity organization; and/or
4. Pending litigation.

Financial assistance is the account resolution process of last resort. As such, a patient/guarantor must fulfill all responsibilities under any of the above applicable programs or use available personnel resources prior to qualifying for financial assistance. A patient/guarantor's failure to produce the requested information or participate in one of the above programs may result in denial of financial assistance.

C. Availability of Financial Assistance

Pine Rest has implemented measures to communicate to patients and the public regarding the availability of financial assistance. Communication methods include but are not limited to information in admissions office(s), waiting rooms and other public locations, as well as information on the Pine Rest website. In addition, Pine Rest will offer a plain language summary of its Financial Assistance Eligibility Policy as part of the patient intake and/or discharge process, as well as provide individuals with assistance in completing the application process.

Patients will be notified of the Financial Assistance Eligibility Policy on their billing statements for a period of at least 120 days from the date of the first post-discharge billing statement. Patient balances will be eligible for financial assistance evaluation for at least 240 days from the date of the first post-discharge billing statement (“Application Period”). If Pine Rest receives a financial assistance application during the Application Period, whether the application is complete or incomplete, it will suspend any collection efforts until a determination regarding financial assistance is made.

Some services may be provided to patients at Pine Rest by providers who may not utilize Pine Rest’s Financial Assistance Eligibility Policy and process. For a listing of these providers, please see the most current version of [Attachment A](#), which will be updated periodically as information changes over time.

D. Financial Assistance Identification and Application Process

The goal of the financial assistance eligibility process is to determine the patient/guarantor’s ability to pay. A free copy of the Financial Assistance Eligibility Policy, as well as the current [financial assistance application](#) and a [plain language summary of the policy](#), are available at Pine Rest clinical locations, at <http://www.pinerest.org/financialassistance>, by calling (616) 455-5019 or emailing a financial resource advisor at patientaccounts@pinerest.org. Each individual may be required to complete a financial assistance application and provide the information Pine Rest has requested as part of the application. Pine Rest determines financial assistance based upon the financial hardship guidelines set forth in the policy.

E. Supporting Financial Documentation

Pine Rest may require copies of pay stubs, federal income tax returns and any other income and asset verification sources. Technology may be utilized to assist in proactively and efficiently identifying patients who qualify for assistance or to automate the process of obtaining necessary data and analysis of ability to pay. Applicants may be requested to assist and cooperate in applying for benefits from third party insurance, state, federal or other charitable programs previously mentioned.

F. Financial Hardship Guidelines Qualifications

In determining financial assistance eligibility, Pine Rest will evaluate the patient/guarantor’s ability to reimburse Pine Rest for the services being requested or previously rendered. Pine Rest will evaluate information such as the following:

1. Income levels
2. Net worth
3. Employment status
4. Other financial obligations
5. Amount and frequency of healthcare bills

A credit report may be obtained to validate information. Pine Rest will use the current U.S. Federal Poverty Guidelines as a basis for income eligibility qualifications. Qualifying income for elimination of all financial liability (free care) for amounts otherwise owing will be 250 percent of poverty as defined by the current Federal Poverty Guidelines. Financial records pertaining to the patient/guarantor’s household income may also be requested, not to assign

responsibility to a third party, but rather to determine how they directly affect the applicant's financial situation. Household, as defined by the United States Census Bureau, is a group of two or more related family members, whether by birth, marriage, adoption, or otherwise, who live together (non-relatives, such as housemates, do not count); all related persons living in the same household are considered members of one household. Pine Rest does not consider individuals living in one home but separately sole supporting as a combined household. A temporary living situation as a result of a medical condition will also not apply. A patient's clinical, behavioral and/or social history will not be considered in assessing ability to pay.

G. Uniformity

To assure uniform application of this policy within Pine Rest, the following applies to all applicable Pine Rest facilities:

1. All charges will be recorded on the patient's account in accordance with the normal charging procedures. Although charges are the basis for billing and collection record keeping purposes, costs (not charges) as well as the Medicare fee schedule if available, will be the primary reporting unit for valuing financial assistance.
2. Services will not be "down coded" to a lower fee.
3. "Professional courtesy" will not be utilized.
4. Pine Rest will not discriminate on the basis of race, color, national origin, citizenship, sex, religion, age, disability, political beliefs, sexual orientation, and marital or family status.
5. Patients meeting the criteria of this policy and who are approved for financial assistance will be eligible for free emergent or medically necessary care during the approval period outlined in Section 6.9. Because Pine Rest does not charge any amount to patients eligible for financial assistance under this policy, Pine Rest is fully compliant with the "amounts generally billed" and less-than-gross-charge limitations that apply to charitable hospitals.

H. Application Approval Process

1. All financial assistance determinations must be approved by the appropriate personnel as outlined in the Financial Assistance Eligibility Procedures.
2. Supporting documentation should accompany all financial assistance adjustments.

I. Approval Period

All financial assistance application approvals made under the Financial Assistance Eligibility Policy may be effective for a period of at least 90 days and include subsequent emergent or medically necessary care. A change in financial situation or the addition of third party payer eligibility may alter the approval period and require further review.

J. Appeal Process

Individuals who are denied financial assistance under the provisions of the policy may request a review of the determination. Reviews will be performed at the next level of authority for approval. Appeals progressing above the level of management within Patient Accounting are taken to a panel of Pine Rest senior leadership selected by the Pine Rest Corporate Chief Financial Officer or his/her designee.

K. Collection Efforts in the Event of Nonpayment

In the event a patient/guarantor does not apply for or qualify for financial assistance under this policy, the collection actions Pine Rest may take in the event of nonpayment are more fully described in its [Patient Billing and Collections Policy](#). A free copy of this policy can be obtained by are available at all Pine Rest locations, at <http://www.pinerest.org/financialassistance>, by calling (616) 455.5019 or emailing patientaccounts@pinerest.org. A separate written notice will be provided to each individual at least 30 days prior to any collection actions being initiated.

L. Basis for Calculating Amounts Generally Billed

Pine Rest uses the look back method based on claims allowed by Medicare fee-for-service during a prior twelve month period to determine Amounts Generally Billed (AGB).

Pine Rest does not bill or expect payment of gross/total charges from individuals who qualify for financial assistance under this Financial Assistance Eligibility Policy.

VI. Revisions

Pine Rest reserves the right to alter, amend, modify or eliminate this policy at any time without prior written notice. All revisions to any attachments to this policy have been delegated to the Director of Patient Accounts.

VII. Policy Development and Approval:

Document Owner:

Paul H. Karsten, Chief Financial Officer

Document Administrator:

Andrea Schachow, Director of Patient Accounting

Approver:

Mark Eastburg, Chief Executive Officer

Attachment A

All Pine Rest services and providers are subject to this policy.

List of Pine Rest Providers

Attachment B

Notice of Nondiscrimination:

Pine Rest complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Pine Rest does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Pine Rest:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you believe that Pine Rest has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Director, Patient Accounts
517 36th Street
Grand Rapids, MI 49503
616-455-5019; toll free: 1-800-422-4215
patientaccounts@pinerest.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Director of Patient Accounts is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.