

Title: Interdisciplinary Patient Centered Care  
Policy No. 672  
Revision 1  
Originator: Corporate Effective Date: 6-16-22  
Reviewed Date: 6-21-22

## **PURPOSE**

It is the policy of North Spring Behavioral Healthcare, Inc. ("**Hospital**") to provide quality medical health care to all persons regardless of race, creed, gender, national origin, handicap, age, ability to pay or other protected status. Any Patient who does not have health insurance or who has health insurance but does not have the ability to pay all or part of their financial responsibility to Hospital may apply for Financial Assistance. Financial Assistance will only be approved for those Patients with a proven inability to pay.

Hospital will interpret and apply this Policy in accordance with applicable federal and state laws, including, without limitation, the requirements of Section 501(r). (All "Section" references herein are to the Internal Revenue Code of 1986, as amended.) To the extent that this Policy conflicts with any applicable federal or state law, such federal or state law shall control.

### **Applications for Financial Assistance:**

Financial Assistance Available for Medically Necessary Care. Financial Assistance shall be provided to Patients who meet the eligibility requirements as described herein.

### **Presumptive Eligibility:**

Each Patient's eligibility for Financial Assistance will be contingent upon approval of the appropriate Hospital representatives as indicated in this Policy and on the cooperation of the Patient during the Financial Assistance process. Hospital reserves the right to extend Financial Assistance on a case-by-case basis where the Patient may not be able to comply with the Financial Assistance process. Hospital shall maintain copies in accordance with its recordkeeping policies of all information used to determine whether an individual qualifies for Financial Assistance, including, without limitation, information provided by the Patient through external sources.

## **PROCEDURE:**

### **General Application Process:**

A Patient with an outstanding account balance is eligible for consideration for Financial Assistance. An individual who believes that they may qualify for Financial Assistance or has requested that Financial Assistance be provided must submit an application for Financial Assistance during the Application Period. An award of Financial Assistance pursuant to this Policy shall be valid for 1 year. Thereafter,

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individuals will be required to submit a new application for Financial Assistance.

**Scope of Information Requested:**

Hospital cannot deny Financial Assistance based on the failure to provide information or documentation unless that information or documentation is described in this Policy or the Financial Assistance application. In cases where a Patient has made a reasonable effort to provide Hospital with documentation and none is available, or if the Patient is not otherwise able to provide information, the Chief Financial Officer (CFO) can override any missing documents in order to approve Financial Assistance.

Criteria to be considered in determining eligibility include, but are not limited to, the following:

- Household Gross Income post injury, including wages, payments from unemployment, and pension plans
- Family size
- Net worth and liquidity
- Current care needs
- Employment status and capacity for future earnings
- Other living expenses and financial obligations including expectations of future care needs
- Exhaustion of all other available resources, including Medicaid, CICP, Victims Assistance, Third Party Liability, and Liquid Assets
- In order to process the Financial Assistance application, the following documentation may be required:
  - Household information
  - Family size
  - Dependents
  - Physical address
  - Income documentation (one or more of the following):
    - Income tax return
    - IRS form W-2
    - Paycheck stub
    - Bank statements
    - Signed attestation to income
    - Liquid Assets

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- Investments
- Trust funds
- Money market and savings accounts
- Health savings accounts
- Retirement accounts

If the Responsible Party submits an incomplete application, Hospital must provide a written notice describing what additional information is required to complete the application, and include contact information for assistance with the application process.

**Hospital Review:**

Applications are reviewed by the Accountant and/or the CFO.

These situations will be reviewed on a case-by-case basis for evidence of financial or medical indigence.

**If Financial Assistance is approved:**

If it is determined that Financial Assistance is appropriate, the Accountant or Patient Account Representatives will notify the Patient and apply the appropriate adjustments to the Patient's outstanding accounts. The Financial Assistance application and supporting documents, as well as evidence of attempts to secure supporting documents, will be scanned into the relevant accounts.

**If Financial Assistance is denied:**

The application is annotated with the pertinent data utilized to make the final determination and is signed by the Chief Financial Officer.

The denied application is returned to the Patient Account Representative who will contact the Patient to explain the outcome of the financial assistance review and to arrange for a mutually agreeable payment plan. All payment plans are interest free.

Annual Review.

**Billing and Collections**

Patients who qualify for Financial Assistance will not be reported to a credit agency due to non-payment. Balances over 240 days past due may be referred to a collection agency only after reasonable efforts have been made to collect the amount due or at least 60 days after the patient has received copies of the Charity Policy for Medical Services, Financial Assistance Application and the Plain language summary.

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Patients may be responsible for the amount due prior to receiving any future elective services from Newport News Behavioral Health Center. Urgent medically necessary services are provided regardless of ability to pay an outstanding balance. Charity care discounts may be applied retroactively.

**POLICY REVIEW:**

Hospital shall review this Policy at least annually, and Hospital shall make such adjustments to this Policy as necessary to comply with applicable federal and state law, including, without limitation, Section 501(r).