

Mind Springs, Inc.		
Policy and Procedure		
Policy name:	Client Financial Responsibility	
Policy number:	135-00-03	
Proponent:	Chief Financial Officer	
Company:	<input checked="" type="checkbox"/> Mind Springs, Inc.	<input type="checkbox"/> Mind Springs Asset Management, LLC
	<input checked="" type="checkbox"/> West Springs Hospital, Inc.	<input type="checkbox"/> Health Services Program, Inc.
	<input checked="" type="checkbox"/> Mind Springs Health, Inc.	<input checked="" type="checkbox"/> Whole Health, LLC
Statutes/Standards:	<input type="checkbox"/> CARF:	<input type="checkbox"/> OBH:
	<input type="checkbox"/> CDPHE:	<input type="checkbox"/> JC:
	<input type="checkbox"/> CMS:	<input type="checkbox"/> HIPAA:
	<input type="checkbox"/> CRS:	<input type="checkbox"/> OTHER:

Purpose

Mind Springs Inc. (which includes both West Springs Hospital and Mind Springs Health) recognizes that there are individuals in our communities without the financial ability to pay for services rendered. We believe that, whenever possible, our consumers should participate financially in the cost of the care provided. To maintain prudent financial stewardship, Mind Springs Inc. offers financial assistance based on a fair and equitable income screening.

Participating Providers

All providers of care at West Springs Hospital and Mind Springs Health participate with our financial assistance policy.

Definitions

Household = persons who receive at least 50% of their financial support from the household.

Co-pay = the amount the client owes for the day’s services. In this document the term co-pay is inclusive of client fee, deductible, insurance co-pay and co-insurance.

Income = income consists of the items listed below:

- Wages, Tips, Salary, Unemployment Trust Fund Income,
- Social Security, SSI, SSDI, Alimony, Child Support, Cash gifts,
- Investment Income, Rental Income, Retirement plans, Pensions,
- Worker’s Compensation, Self-Employment

Homeless = A person is considered homeless who lacks a fixed, regular, and adequate night-time residence or has a primary night time residency that is: (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations, (B) an institution that provides a temporary residence for individuals intended to be institutionalized, or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Residing with Others= A person who has no permanent housing of their own and who are temporarily living with a person who has no legal obligation to financially support the person.

Sliding fee scale = A plan for clients that financially qualify for a charitable discount. This Plan covers clients who are at 300% or less of the Federal Poverty Guidelines and offers a fee for service copayment based on the Sliding Fee Scale for Mind Springs Health and a percentage (%) discount for West Springs Hospital. (Also called Charity Care.)

Policy

All clients are required to provide proof of income documentation for financial assistance. Even in the case of being homeless or unemployed the client must provide a written explanation or attestation of their situation. Clients who refuse to provide documentation will be assessed at Mind Springs Inc. full fee.

Clients at Mind Springs Health are expected to make payment at time of service. If the client is not in crisis, the client will be rescheduled for a time when they are able to pay for their services. However, no one should be turned away until a safety check has been conducted. Refer to Rescheduling Clients with No Co-pay PnP for specific instruction.

Clients at West Springs Hospital will not be denied services based upon ability to pay.

Procedures

Financial Assistance Guidelines

Every client who believes they might qualify for financial assistance is encouraged to apply. However, prior to validation of income via acceptable proof, the client is considered full fee. Enrollment consists of providing proof of household income or presentation of a current Colorado Indigent Care Program (CICP), CAP, or SCCC card.

All income information will remain confidential and used solely to determine qualification for financial assistance. All HIPAA standards will be used to safeguard financial information. All financial documents will be scanned electronically into the client's record and no originals of documents will be retained by the facility.

If a client has been assigned a sliding fee scale by West Springs Health Psychiatric Hospital within the previous 90 days, Mind Springs Health programs may use the same income information. Mind Springs will also crosswalk the CICP, CAP, or SCCC rating to the Sliding Fee Scale.

Eligibility Criteria:

The following guidelines determine eligibility;

1. Client is not Medicaid eligible. Verification is required by conducting a Medicaid eligibility check upon application;
2. Client is not funded by other private or public funds (Examples: HMO, PPO, CORE and AFS);
3. Verified household income received; and
4. Within 300% of the Federal Poverty Guidelines.

The Plan covers all services with the exception of Detoxification and court ordered services (e.g. DUI, and Substance Screening).

Once proof of income and a completed application/attestation has been received the Mind Springs Health BSA or West Springs Hospital financial counselor will:

1. Scan all information and upload the documents to the client's Document Library as document type Financial and titled Application for Sliding Fee Scale.
2. BSA will submit a BVW (benefit verification worksheet) to notify the Billing Department.
3. Billing Department will assess and assign the appropriate sliding scale rating, and
4. Notify the client of their responsibility.

Income must be re-verified as follows:

1. Homeless and unemployed every 90 days due to frequent changes
2. Upon expiration of CICIP, CAP, or SCCC cards
3. All others - every twelve (12) months.
4. Should proof of income not be provided prior to the expiration of the Plan, the next scheduled appointment charge will be full fee.

The annual income range used to determine the rating scale is based upon the most current Federal Poverty Guidelines. Mind Springs Health reserves the right to change or modify the ranges and responsibilities at any time. Refer to Sliding Fee Scale on MSH Intranet for most current rates.

Clients are required to provide any insurance information.

Ability to Pay (ATP) for clients within 300% FPL:

ATP sliding scale discounts are for clients who are uninsured and whose income is within 300% of the Federal Poverty Level (FPL) and will be applied through the client's account by setting up a sliding fee.

SLIDING FEE SCALE FOR WEST SPRINGS HOSPITAL as of 7/1/2019												
Client Resp.	1%		5%		10%		25%		40%		50%	
Discount	99%		95%		90%		75%		60%		50%	
FPL Family Size	0 - 50%		51 - 100%		101 - 150 %		151 - 200%		201 - 250%		251 - 300%	
1	0	6,244	6,245	12,490	12,491	18,735	18,736	24,980	24,981	31,225	31,226	37,470
2	0	8,454	8,455	16,910	16,911	25,365	25,366	33,820	33,821	42,275	42,276	50,730
3	0	10,664	10,665	21,330	21,331	31,995	31,996	42,660	42,661	53,325	53,326	63,990
4	0	12,874	12,875	25,750	25,751	38,625	38,626	51,500	51,501	64,375	64,376	77,250
5	0	15,084	15,085	30,170	30,171	45,255	45,256	60,340	60,341	75,425	75,426	90,510
6	0	17,294	17,295	34,590	34,591	51,885	51,886	69,180	69,181	86,475	86,476	103,770
7	0	19,504	19,505	39,010	39,011	58,515	58,516	78,020	78,021	97,525	97,526	117,030
8	0	21,714	21,715	43,430	43,431	65,145	65,146	86,860	86,861	108,575	108,576	130,290

SLIDING FEE (COPAY AMOUNTS) SCALE FOR MIND SPRINGS HEALTH as of 7/1/2019

Income Range & Family Size		1	2	3	4	5	6	7	8
0.00	6,244.00	\$8.00	\$8.00	\$8.00	\$8.00	\$8.00	\$8.00	\$8.00	\$8.00
6,244.01	8,454.00	\$15.00	\$8.00	\$8.00	\$8.00	\$8.00	\$8.00	\$8.00	\$8.00
8,454.01	10,664.00	\$15.00	\$15.00	\$8.00	\$8.00	\$8.00	\$8.00	\$8.00	\$8.00
10,664.01	12,490.00	\$15.00	\$15.00	\$15.00	\$8.00	\$8.00	\$8.00	\$8.00	\$8.00
12,490.01	12,550.00	\$25.00	\$15.00	\$15.00	\$8.00	\$8.00	\$8.00	\$8.00	\$8.00
12,550.01	12,874.00	\$25.00	\$15.00	\$15.00	\$15.00	\$8.00	\$8.00	\$8.00	\$8.00
12,874.01	16,910.00	\$25.00	\$15.00	\$15.00	\$15.00	\$15.00	\$8.00	\$8.00	\$8.00
16,910.01	17,294.00	\$25.00	\$25.00	\$15.00	\$15.00	\$15.00	\$8.00	\$8.00	\$8.00
17,294.01	18,735.00	\$25.00	\$25.00	\$15.00	\$15.00	\$15.00	\$15.00	\$8.00	\$8.00
18,735.01	19,504.00	\$35.00	\$25.00	\$15.00	\$15.00	\$15.00	\$15.00	\$8.00	\$8.00
19,504.01	21,330.00	\$35.00	\$25.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$8.00
21,330.01	21,714.00	\$35.00	\$25.00	\$25.00	\$15.00	\$15.00	\$15.00	\$15.00	\$8.00
21,714.01	24,980.00	\$35.00	\$25.00	\$25.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
24,980.01	25,365.00	\$45.00	\$25.00	\$25.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
25,365.01	25,750.00	\$45.00	\$35.00	\$25.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
25,750.01	30,170.00	\$45.00	\$35.00	\$25.00	\$25.00	\$15.00	\$15.00	\$15.00	\$15.00
30,170.01	31,225.00	\$45.00	\$35.00	\$25.00	\$25.00	\$25.00	\$15.00	\$15.00	\$15.00
31,225.01	31,995.00	\$55.00	\$35.00	\$25.00	\$25.00	\$25.00	\$15.00	\$15.00	\$15.00
31,995.01	33,820.00	\$55.00	\$35.00	\$35.00	\$25.00	\$25.00	\$15.00	\$15.00	\$15.00
33,820.01	34,590.00	\$55.00	\$45.00	\$35.00	\$25.00	\$25.00	\$15.00	\$15.00	\$15.00
34,590.01	37,470.00	\$55.00	\$45.00	\$35.00	\$25.00	\$25.00	\$25.00	\$15.00	\$15.00
37,470.01	38,625.00	FF	\$45.00	\$35.00	\$25.00	\$25.00	\$25.00	\$15.00	\$15.00
38,625.01	39,010.00	FF	\$45.00	\$35.00	\$35.00	\$25.00	\$25.00	\$15.00	\$15.00
39,010.01	42,275.00	FF	\$45.00	\$35.00	\$35.00	\$25.00	\$25.00	\$25.00	\$15.00
42,275.01	42,660.00	FF	\$55.00	\$35.00	\$35.00	\$25.00	\$25.00	\$25.00	\$15.00
42,660.01	43,430.00	FF	\$55.00	\$45.00	\$35.00	\$25.00	\$25.00	\$25.00	\$15.00
43,430.01	45,255.00	FF	\$55.00	\$45.00	\$35.00	\$25.00	\$25.00	\$25.00	\$25.00
45,255.01	50,730.00	FF	\$55.00	\$45.00	\$35.00	\$35.00	\$25.00	\$25.00	\$25.00
50,730.01	51,500.00	FF	FF	\$45.00	\$35.00	\$35.00	\$25.00	\$25.00	\$25.00
51,500.01	51,885.00	FF	FF	\$45.00	\$45.00	\$35.00	\$25.00	\$25.00	\$25.00
51,885.01	53,325.00	FF	FF	\$45.00	\$45.00	\$35.00	\$35.00	\$25.00	\$25.00
53,325.01	58,515.00	FF	FF	\$55.00	\$45.00	\$35.00	\$35.00	\$25.00	\$25.00
58,515.01	60,340.00	FF	FF	\$55.00	\$45.00	\$35.00	\$35.00	\$35.00	\$25.00

SLIDING FEE (COPAY AMOUNTS) SCALE FOR MIND SPRINGS HEALTH as of 7/1/2019									
Income Range & Family Size		1	2	3	4	5	6	7	8
60,340.01	63,990.00	FF	FF	\$55.00	\$45.00	\$40.00	\$35.00	\$35.00	\$25.00
63,990.01	64,375.00	FF	FF	FF	\$45.00	\$40.00	\$35.00	\$35.00	\$25.00
64,375.01	65,145.00	FF	FF	FF	\$55.00	\$40.00	\$35.00	\$35.00	\$25.00
65,145.01	69,180.00	FF	FF	FF	\$55.00	\$40.00	\$35.00	\$35.00	\$35.00
69,180.01	75,425.00	FF	FF	FF	\$55.00	\$40.00	\$45.00	\$35.00	\$35.00
75,425.01	77,250.00	FF	FF	FF	\$55.00	\$55.00	\$45.00	\$35.00	\$35.00
77,250.01	78,020.00	FF	FF	FF	FF	\$55.00	\$45.00	\$35.00	\$35.00
78,020.01	86,475.00	FF	FF	FF	FF	\$55.00	\$45.00	\$45.00	\$35.00
86,475.01	86,860.00	FF	FF	FF	FF	\$55.00	\$55.00	\$45.00	\$35.00
86,860.01	90,510.00	FF	FF	FF	FF	\$55.00	\$55.00	\$45.00	\$45.00
90,510.01	97,525.00	FF	FF	FF	FF	FF	\$55.00	\$45.00	\$45.00
97,525.01	103,770.00	FF	FF	FF	FF	FF	\$55.00	\$55.00	\$45.00
103,770.01	108,575.00	FF	FF	FF	FF	FF	FF	\$55.00	\$45.00
108,575.01	117,030.00	FF	FF	FF	FF	FF	FF	\$55.00	\$55.00
117,030.01	130,290.00	FF	FF	FF	FF	FF	FF	FF	\$55.00
130,290.01	999,999,999.00	FF	FF	FF	FF	FF	FF	FF	FF

FF=full fee

Financial Hardship Assistance for clients on a Sliding Fee Scale:

Even with a sliding fee scale based upon a client's household income, fees may pose a financial hardship for the client. For clients who cannot meet their Sliding Fee Scale balance due, an Application for Financial Hardship Assistance may be used to consider a further fee reduction. The client or responsible party must explain in detail the financial hardship that prevents them from paying their established reduced fee. The Program Director must sign off on the application indicating it is clinically necessary for the person to remain in treatment and the further fee reduction has their approval.

Financial Hardship Assistance for non-Sliding Fee Scale clients:

Should a client need assistance with an existing balance they must complete an Application for Financial Hardship Assistance, which must be approved by the Program Director. Proof of income, as outlined above, must accompany all hardship applications, along with details of the specific situation to warrant assistance of the balance. This approval is valid for the existing balance. Please note, Mind Springs Health MUST attempt to collect ALL co-pay or deductible amounts from the client prior to offering any reduction of a balance. The Financial Hardship Application is on the MSH Intranet.

Commercially Insured:

Clients who have health insurance which covers behavioral health treatment, but who chose to not use their insurance, are required to pay full fee for their services. However, if the insurance policy does not cover a specific recommended behavioral health treatment the client is underinsured and therefore qualifies to apply for a sliding fee scale.

Basis for calculating amounts charged collected from patients for West Springs Hospital:

In accordance with subsection 1.501(r)-5(b) of the 501R regulations, persons qualifying for a financial assistance program will be charged not more than the Amounts Generally Billed (AGB) other payers. That amount is determined by West Springs Hospital and updated yearly utilizing the Prospective Method based on Medicare Fee for Service only.

Payment Plans:

Payment plans are offered through AR Services. Mind Springs Health is contracted with AR Services to help manage self-pay balances. Unpaid balances greater than 30 days old will be considered as transferable to AR Services. (AR Services is an extension of the billing department and is not a collection agency.)

Bad Debt Collections

If a client fails to respond to AR Services phone calls and letters within 90 days of placement, a report is generated by AR Services back to Mind Springs Health requesting the account be moved to A1 Collections (a licensed collection agency). After review by the billing department the report is forwarded to the appropriate Program Director for review.

Upon approval by the Program Director the account is reported back to AR Services with direction to place the account with the collection agency. The account is then written off in Mind Springs accounts receivable as a bad debt.

In the event the Program Director does not wish to pursue collections on a client account, a notification is sent to AR Services to cancel and return the account and it will be adjusted off as a Director Approved administrative adjustment.

West Springs Hospital will refrain from initiating any Extraordinary Collection Actions (ECAs) for 120 days from the date of the first post-discharge billing statement, follow up with regard to incomplete financial assistance applications in a prescribed manner, and notify the individual before initiating any ECA to obtain payment for care in a prescribed manner.

References

Acceptable Proof of Income
Application for Financial Assistance
Application for Financial Hardship
Fee Reduction Acceptance Letter
Fee Reduction Denial Letter
Zero Income Attestation Form