



Financial Assistance Policy and Procedure

Purpose:

This program is designed to ensure: (1) no individuals are denied behavioral health care services, including but not limited to crisis management services, because of an individual's inability to pay for such services (PAMA § 223 (a)(2)(B)); and (2) any fees or payments required by the clinic for such services will be reduced or waived to enable the clinic to fulfill the assurance described in clause (1). Wellpoint Care Network will offer the Financial Assistance Program to all individuals who are unable to pay for services. Program eligibility is based on a person's ability to pay, discriminate based on an individual's race, color, sex, national origin, citizenship, disability, religion, age, sexual orientation, or gender identity or other means is prohibited. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

In addition to quality services, patients are entitled to the assistance of a Care Navigator who can understand and offer possible solutions for those who cannot pay in full or need further support. The Care Navigator's role is that of a patient advocate, one who works with the patient and/or guardian to ensure payment arrangements are made. A Care Navigator is also available to assist in coordinating care and ensure clients achieve the stability required to reach behavioral health goals.

Procedure:

The following guidelines are to be followed in providing the Wellpoint Care Network Sliding Scale Program.

1. **Notification:** Wellpoint Care Network will notify patients of the Financial Assistance Program by:
 - a. Policy will be available to all uninsured patients at the time of service.
 - b. Notification will be posted on Wellpoint Care Network's website, along with the application form.
 - c. Notification be included on admission paperwork.
 - d. Financial Assistance application will be included with past due bills sent out by Wellpoint Care Network.
 - e. Notification will be posted in the clinic waiting area.

2. All patients seeking behavioral health services at Wellpoint Care Network will be served regardless of ability to pay. **No one is refused service because of lack of financial means to pay.**
3. **Request for discount:** Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. Information and forms can be obtained from the Front Desk and Clinical Services Manager via email.
4. **Administration:** The Wellpoint Care Network Financial Assistance Program will be administered through the CFO and Vice President of Clinical Services or their designee. Information about the Wellpoint Care Network Financial Assistance policy and procedure will be openly provided. Dignity and confidentiality will be respected for all who seek and/or are provided services.
5. **Alternative payment sources:** All alternative payment resources must be exhausted, including all third-party payment from insurance(s), federal and state programs. An individual that is presumed eligible for Medicaid/Medicare coverage will receive assistance from a Care Navigator to complete an insurance application. Wellpoint Care Network will process the financial assistance application and if applicable provide discounted services until a Medicaid/Medicare decision is made. Financial Assistance applicants must work with the Care Navigator to complete state assisted insurance application in a reasonable amount of time to continue to receive Wellpoint Care Network's Financial Assistance.
6. **Completion of Application:** The responsible party must complete the Financial Assistance Program application in its entirety. By signing the Financial Assistance Program application, persons authorize Wellpoint Care Network access in confirming income as disclosed on the application form. Providing false information on a Financial Assistance Program application will result in all Financial Assistance Program discounts being revoked and the full balance of account(s) restored.

Patients can obtain copies of this policy and the Financial Assistance Program application form on Wellpoint Care Network's website at www.wellpointcare.org and in person at 8901 W. Capitol Dr. Milwaukee, WI 53222. For additional information or questions about the application process, or to request copies by mail, patients can contact the Clinical Services Manager at 414-465-5762. Wellpoint Care Network is committed to providing individuals with disabilities and Limited English Proficiency (LEP) equal opportunity to participate in services. If translated documents or additional assistance is needed, please ask at the front desk or contact the Clinical Services Manager.

If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information or communicate a request to overcome barriers or provide alternate information. If a patient does not provide the requested information within the time period, their application will be re-dated to the date they supply the requested information.

- 7. Eligibility:** Discounts will be based on income and family size. Wellpoint Care Network uses the definitions of each.
 - a. **Family** is defined as a group of two people or more (one of whom is the householder) related by birth, marriage, partnership, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.
 - b. **Income** includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' 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. *Noncash benefits (such as food stamps and housing subsidies) do not count.*

- 8. Income verification:** Applicants must provide one of the following documents to verify income: prior year Federal tax return, W-2 or two most recent pay stubs. Self-employed individuals will be required to submit income details of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program, however, in the following situations an individual may be prequalified for financial assistance and not require income verification:
 - a. Individual receives means-tested public assistance (SNAP/WIC)
 - b. Individual resides in low-income or subsidized housing

- 9. Self-declaration of Income** may only be used in special circumstances. Specific examples include participants who are homeless, have been affected by a disaster, or have no income. Patients who are unable to provide written verification must provide a signed statement of income, and why they are unable to provide independent verification. This statement will be presented to Wellpoint Care Network Vice President of Clinical Services or their designee for review and final determination as to the sliding fee percentage. Self-declared patients will be responsible for charges until management determines the appropriate category.

- 10. Discounts:** Discounts will be given according to the attached sliding fee schedule based on income and family size. Additional considerations and discounts can be made if extenuating circumstances exist. Changes to a client's assigned fee schedule must be approved by the Director of Clinical Services or their Designee. The sliding fee schedule will be updated during the first quarter of every calendar year according to the latest Federal Poverty Guidelines.
- 11. Assigned Fee:** Patients receiving a discount will be assigned a fee per visit based on the sliding fee scheduled. Patients will not be denied services due to an inability to pay. The assigned fee is not a threshold for receiving care and is not a minimum fee or co-payment.
- 12. Waiving of Charges:** In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of all charges may only be used in rare circumstances and valid reasoning must be approved by Wellpoint Care Network's Vice President of Clinical Services or their designee. Any waiving of charges should be documented in the patient's file along with an explanation (e.g., catastrophic event)
- 13. Applicant notification:** The Wellpoint Care Network Financial Assistance Program determination will be provided to the applicant(s) in writing and will include the sliding fee discount amount, or, if applicable, the reason for denial. Wellpoint Care Network Financial Assistance Program applications cover outstanding patient balances prior to application date and is good for 12 months, unless their financial situation changes significantly. The applicant has the option to reapply earlier if there has been a significant change in family income. If needed, payment plans can be arranged for remaining statement balances.
- 14. Refusal to Pay:** If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the Financial Assistance application will be sent with the notice. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, Wellpoint Care Network can explore options.
- 15. Record keeping:** Information related to Wellpoint Care Network Financial Assistance Program applications and decisions will be maintained and preserved in the client's file and will remain confidential to preserve the dignity of those receiving financial assistance.

16. Policy and procedure review: Annually, the funding available for Wellpoint Care Network’s Financial Assistance Program will be reviewed by the Vice President of Clinical Services and Chief Financial Officer. The Sliding Fee Schedule will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing amount budgeted, discounted services provided the year prior and projected community needs and community care needs shall serve as a guideline for future planning. This will also serve as a discussion base for reviewing possible changes in the policy and procedures and reviewing practices which may serve as barriers preventing eligible patients from having access to services and discounted care.

17. Budget: Wellpoint Care Network’s Financial Assistance Program is funded by CCBHC Grant dollars.

18. What is not covered by this policy: This policy will only cover Behavioral Health services provided in the Wellpoint Care Network. It does not include any ancillary services (i.e. lab & medication) that result from services at Wellpoint Care Network. If financial assistance is needed for these services, a Care Navigator can connect applicants with resources.

Wellpoint Care Network Sliding Fee Schedule

Cost/session	\$5	\$10	\$10	\$25	\$55
Poverty Level	<= 100%	150%	200%	250%	300%
1	14,580	21,860	29,160	36,450	43,740
2	19,720	29,580	39,440	49,300	59,160
3	24,860	37,290	49,720	62,150	74,580
4	30,000	45,000	60,000	75,000	90,000
5	35,140	52,710	70,280	87,850	105,420
6	40,280	60,420	80,560	100,700	120,840
7	45,420	68,130	90,840	113,550	136,260
8	50,560	77,100	101,120	126,400	151,680