

Fee Assistance Policy

1.0 Policy: Standard fees for clinical services shall be set and a discounted sliding fee scale shall be maintained by the Center in order to provide services to the clients at a cost they can "reasonably" afford.

2.0 Purpose:

- 2.1 To establish fees for all services provided by Bowen Center
- 2.2 To ensure clients have access to affordable behavioral healthcare
- 2.3 To establish eligibility for fee assistance from the Center
- 2.4 To ensure fees charged and assistance provided is applied consistently across the Center.

3.0 Definitions:

3.1 Fee Assistance Schedule: A schedule which determines the amount a client is required to pay for services, based on income and family guidelines.

4.0 Procedures:

- 4.1 Bowen Center shall apply our fees and fee assistance uniformly and shall not discriminate on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, gender identity, and marital or family status.
- 4.2 The Center shall develop, maintain, and review its fee assistance schedule on an annual basis
 - .1 The Fee Assistance Schedule shall be based on the current federal poverty levels established each year by the government and Indiana HIP 2.0 eligibility requirements.
 - .2 All Bowen Center locations and staff working in these locations shall be covered by our fee assistance policy. A list of services not included are noted in 4.3.10 below

- .3 Following a determination of eligibility, an individual who is eligible for fee assistance will not be charged more for emergency or other medically necessary care than the amounts generally billed.
- .1 The Amounts Generally Billed to individuals eligible for assistance under the Center's fee assistance policy are limited to Medicare rates allowed for that care.
- .4 The current fee assistance levels are as follows:

Outpatient

Level A: 0% - 138% of Federal Poverty Level - Medicaid and HIP 2.0 Eligibility Levels.

Level B: 139% - 199% of Federal Poverty Level
- Eligible for Federal Exchange and/or employer insurance

Level C: 200% - 249% of poverty and above

Level D: 250% of Federal Poverty Level and above

Inpatient

Level A: 0% - 138% of Federal Poverty Level - Medicaid and HIP 2.0 Eligibility Levels.

Level B: 139% - 199% of Federal Poverty Level
- Eligible for Federal Exchange and/or employer insurance

Level C: 200% - 299% of poverty and above

Level D: 300% of Federal Poverty Level and above

- .5 The Fee Assistance Schedule shall be approved by the Board of Directors each July during the budget approval process
- 4.3 Eligibility for fee assistance shall be as follows:
- .1 Any client with a self-pay balance is automatically eligible for Level D of Fee Assistance without providing any supporting documentation.
- Clients without any funding sources shall be encouraged to apply for any eligible funding sources which may include Medicaid, HIP 2.0 or Marketplace Insurance
 - The Center shall provide Navigators to assist clients with this process as requested.

- .2 Any client's wishing to receive enhanced levels of fee assistance must complete a fee assistance/charity care application to apply for fee assistance levels A, B, or C.
- .3 Clients must provide proof of income to verify their income levels
- .4 Approved documentation to support income eligibility may include but is not limited to the following list of documents:
 - W-2 Withholdings Form
 - Paycheck Stubs from the previous two pay periods
 - Income Tax Returns
 - Written Verification from employer of their earnings
 - Forms approving/denying unemployment
- .5 Client must provide their income information within 30 days of their first appointment to receive credit.
- .6 Client may request an update to their fee assistance if their income status has changed. Proof of change in income status must be provided to modify.
- .7 Client's claiming to have no income must certify this on their fee assistance application.
- .8 Client Service staff shall document the client's verified financial information and maintain the supporting documentation in the client's medical record chart.
- .9 Any fee assistance provided shall only be approved for one year.
 - If a client is still in service with Bowen Center after one year, the client must reapply for fee assistance or they will be charged Level D of the fee assistance schedule.
 - Client Service staff at Bowen Center will provide notification to client that the client needs to reapply for fee assistance and shall provide them with the necessary form.

- .10 The Charge Master shall list all services eligible for fee assistance.
- Types of services that are not eligible for fee assistance include but is not limited to the following services:
 - Group
 - Specialized Testing/Evaluation
 - Drug Screens
 - Pharmacy/Lab Charges
 - Residential Room & Board
- .11 Any client that is still not able to afford our fee assisted rate for services may apply for charity care to have the cost of services reduced further.
- .12 The Center reserves the right to take action against individuals who do fulfill their payment obligations. These are noted in our Extending Credit and Collections Policy.
- Please contact Accounts Receivable at 574-267-7169 for a copy of this policy and/or further information.