

DEPARTMENT: Finance

POLICY NAME: Financial Assistance Policy

DATE OF ORIGIN: December 6, 2022

REVISED DATE: 06/01/2023, 06/25/2024, 09/26/2024

APPROVED BY: Board of Directors 09/26/2024
President/CEO
Chief Financial Officer

PURPOSE: As a charitable not-for-profit organization, Radiant Health is committed to providing quality and affordable Behavioral Health Care to all clients without regard to their financial ability to pay. No one will be denied access to services due to inability to pay, including the uninsured or underinsured. If a client meets income and household guidelines, regardless of having insurance or not, including Medicare, Medicaid, and Children’s Health Insurance Program (CHIP), they will be eligible for a discount per Radiant Health’s sliding fee schedule. The purpose of this Financial Assistance Policy is to outline the circumstances under which Radiant Health will provide free or discounted care to clients who are unable to pay for services and how Radiant Health calculates its discounts per its sliding fee schedule.

Consistent with its mission to provide comprehensive clinical consultation and treatment to people with emotional, mental, behavioral and substance abuse, Radiant Health strives to ensure that a person’s ability to pay does not prevent them from seeking or receiving care.

This policy will:

- Outline the eligibility criteria for which Radiant Health will use to provide discounted care.
- Describe how amounts are calculated and charged to those eligible for financial assistance.
- Provide instruction on how persons may apply for financial assistance.
- Describe how Radiant Health will notify and inform individuals of the availability of financial assistance.
- Residential housing rents will be excluded from this policy.

POLICY: Grant-Blackford Mental Health, Inc. dba Radiant Health Services is designated as a 501(c) 3 tax exempt charitable organization. In order to remain tax exempt, Radiant Health is required to adopt and widely publicize its Financial Assistance Policy. Financial



assistance determination will be made without regard to a client's age, sex, race, creed, disability, sexual orientation, marital status, mental or physical disability, genetic information, gender identity, veteran status, or national origin.

Financial Assistance is not considered to be a substitute for personal responsibility. Applicants are expected to cooperate with Radiant Health's procedures for obtaining assistance and to contribute to the cost of their care based on their ability to pay. Individuals with financial capacity to purchase health insurance or apply for state funded health insurance shall be encouraged to do so to assure access to other health care services and or the overall personal health of the individual. For the purposes of this policy, the terms below are defined as follows:

Financial Assistance: Behavioral health services provided at a discount to individuals who meet the established criteria.

Application Period: Period that begins on the date the care is provided to an individual and ends 30 days after Radiant Health provides the individual with a notice that collection action may be initiated.

Gross Charges: Total charges that are applied consistently and uniformly to all individuals before applying any contractual allowances, discounts, or deductions.

Household: Using the Census Bureau definition, an individual or a group of two or more people who reside together and who are related by birth, marriage, or adoption. If the person is filed as a dependent on another's income tax return, that person may be considered a dependent for purposes of the provision of financial assistance.

Income: Income includes gross income from salary and wages, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, VA pensions/payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, disability payments, payments received from the state for legal guardianship or custody, business income (IRS Schedule C), farm income (IRS Schedule F). Rental property and farm income will be determined by gross profits after deductions. NOTE: Non-cash benefits such as food and housing subsidies will not be considered as income.

Insured: A person who has third party coverage, worker's compensation, automobile insurance or is involved in a health cost-sharing program.

Uninsured: A person who has no level of insurance or third-party assistance to assist with meeting his/her payment obligations

Underinsured: A person who has some level of insurance or third-party coverage who may have out of pocket expenses that exceed his/her ability to pay due to household income.

PROCEDURE: An application process will be used to determine a person's eligibility for financial assistance. Applications will be completed when the client receives services. When all supportive documentation is received and it is determined the client meets guidelines, they will be considered eligible for a period of one year. At the end of the one-year period, the client will be asked to reapply and will be reevaluated for Financial Assistance.

Applications will be available with all Customer Relations Professionals, registration sites, within the Finance Office, and online GetRadiant.org.

Once the recertification application has been completed, application and appropriate income documentation should be dropped off to any Customer Relations Professional, a registration site, or mailed to the Attention: Finance Department, 505 N. Wabash Avenue, Marion, Indiana 46952. Once received by the Finance Department, the individual should receive a letter within fourteen (14) calendar days providing the status of their recertification application as either approved, denied or a request for additional information. There are times the notifications may take a longer period to complete due to volumes.

Individuals with balances after insurance or that have exhausted their policy limits are eligible for financial assistance if the eligibility criteria are met. Individuals with financial assistance will be billed the same amounts as those individuals that have insurance; they will never be charged more.

Income Verification: In determining eligibility, the following items will be used for income verification:

- Current year's tax return or W-2's—If self-employed, include Schedule C from tax return
- Unemployment income, (provide a recent Indiana Workforce Wage Report)
- Three (3) pay stubs (one most recent and two previous) for all household members
- Social Security Entitlement Letter
- Retirement Income
- Investment Income

All clients may apply for financial assistance. Radiant Health will assist uninsured Individuals in determining Medicaid eligibility, but this will not prevent them from applying for Radiant Health's Financial Assistance. There are times that individuals may be eligible for assistance without completing a Financial Assistance Application. These are identified below:



- A person files bankruptcy and the court informs Radiant Health of their final decision that the individual has no means to pay for services.
- The person expires and there is no estate
- The person is homeless, and Radiant Health may determine eligibility for financial assistance based on other supportive information such as income verification from other available sources.

Financial Assistance information will be included on billing statements, posted at the clinical locations in highly visible areas, and posted on the Radiant Health website at GetRadiant.org. In addition, information will be provided by a Customer Relations Professional.

Payment Plans: Interest-free payment plans are available for variable lengths of time, depending on the remaining balance.

Failure to apply for assistance or pay the set fees through a payment plan may result in the account being referred to a collection agency and be subject to the collection agency's policies.

RADIANT HEALTH

2024 Federal Poverty Levels			120%	140%	160%	180%	200%
Household Size	Federal Poverty Level	100% Discount = or < FPL	80% Discount	60% Discount	40% Discount	20% Discount	10% Discount
1	15,060	14,580	18,072	21,084	24,096	27,108	30,121
2	20,440	19,720	24,528	28,616	32,704	36,792	40,881
3	25,820	24,860	30,984	36,148	41,312	46,476	51,641
4	31,200	30,000	37,440	43,680	49,920	56,160	62,401
5	36,580	35,140	43,896	51,212	58,528	65,844	73,161
6	41,960	40,280	50,352	58,744	67,136	75,528	83,921
7	47,340	45,420	56,808	66,276	75,744	85,212	94,681
8	52,720	50,560	63,264	73,808	84,352	94,896	105,441
For ea. add'l person, add	5,380		6,456	7,532	8,608	9,684	10,761

Review Responsibility: Director of Revenue Cycle

Supersedes: Financial Assistance Policy 06/01/2023

References: Reference: (HRSA) Health Resources and Services Administration: (NHSC)
National Health Service Corps.

The policy will be updated annually with new Federal Poverty Level guidelines.



Application Date: _____

ELIGIBILITY DETERMINATION FOR SLIDING FEE DISCOUNT & FINANCIAL ASSISTANCE APPLICATION

Radiant Health is committed to being your trusted partner in life's journey toward well-being. As well as, to provide quality and affordable behavioral healthcare to those in need at a sliding fee discount based on information you provide.

Required Information for Application

Client Name: _____ **SS#: _____ DOB: _____

Spouse/Guarantor Name: _____ **SS#: _____ DOB: _____

Address/City/State/Zip: _____

Phone: _____ Email: _____

***Please note, the SS# is optional and is not used to determine eligibility for financial assistance.*

Dependents in Household

Dependent: _____ DOB #: _____

Dependent: _____ DOB #: _____

Dependent: _____ DOB #: _____

Dependent: _____ DOB #: _____

Dependent: _____ DOB #: _____

Dependent: _____ DOB #: _____



Income Information

Monthly Income Source – complete all that apply and indicate the amount.

Earnings (wages from your job) _____	_____	_____
	Weekly	Monthly
Unemployment Compensation _____	_____	_____
	Weekly	Monthly
Self-Employment Income _____	_____	_____
	Weekly	Monthly
Social Security _____	_____	_____
	Weekly	Monthly
Social Security Disability (SSDI) _____	_____	_____
	Weekly	Monthly
Pension or Retirement Income _____	_____	_____
	Weekly	Monthly
Veterans' Payments _____	_____	_____
	Weekly	Monthly
Worker's Compensation _____	_____	_____
	Weekly	Monthly
Other Income _____	_____	_____
	Weekly	Monthly

Other Income could be interest dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household.

Documentation to support income would be check stubs, bank statements, W—2, tax return, or unemployment information.

I understand that the statements I have made on this form are subject to verification. I understand I will be asked to provide proof of the information provided. I agree to help Radiant Health obtain the necessary information.

Signature of Client or Guardian

Date

Signature of Spouse/Guarantor

Date

NOTE: This application is good for a period of one year.