
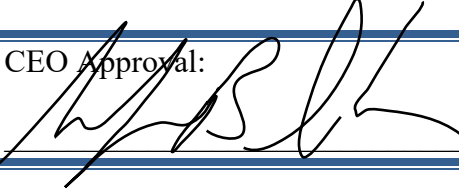


Policy Title: Payer of Last Resort and Financial Eligibility		
Department: Contracts		
Date Issued: 02/07/2012	Revised Date: 01/03/2018 Review Date: 05/15/2021	
CEO Approval: 	Effective Date: 10/15/2021	

POLICY:

It is the policy of Central Florida Cares Health System, Inc. (CFCHS) to ensure that all other available funding sources for the treatment of eligible populations have been exhausted and that contract funds through the Department of Children and Families (DCF) are utilized as payer of last resort.

PURPOSE:

To ensure that Subcontractors verify that consumers who receive substance abuse and mental health services (SAMH) funded by DCF meet financial eligibility as outlined in 65E-14, F.A.C. and that services billed to CFCHS are not eligible to be paid by Medicaid or third-party insurance.

RELATED POLICIES:

- Priority Population Eligibility
- Sliding Fee Scale

PROCEDURES:

1. Each Subcontractor will properly screen clients for financial eligibility to include, but not limited to:
 - a. Determination and documentation of family size
 - b. Determination and documentation of household income
 - c. Application of sliding fee scale

2. Each Subcontractor will use available means to verify eligibility of other payer sources prior to billing CFCHS for services, including Medifax (or other services) for Medicaid and Medicaid HMO coverage. Subcontractors will not submit service data for services eligible to be reimbursed by Medicaid, Medicaid HMOs or third party insurance.

3. CFCHS will, through its monitoring and oversight process, validate that Subcontractors are properly screening clients for financial eligibility and other payer sources.
 - a. Identified Medicaid-eligible or third-party eligible services will be deducted from the next invoicing cycle following the resolution by the Subcontractor.
 - b. Identified services to consumers not meeting 65E-14, FAC financial eligibility will be deducted from the next invoicing cycle following resolution by the Subcontractor.
 - c. Repeated submissions to CFCHS of Medicaid-eligible or third-party eligible services, or services delivered to consumers not meeting financial eligibility will result in sanctions up to termination of the contract.