



Policy Title: Payer of Last Resort and Financial Eligibility		
Department: Contracts		
Date Issued: 02/07/2012	Revised Date: 01/03/2018 Review Date: 05/11/2024	
CEO Approval: 	Effective Date: 9/22/2024	

**POLICY:**

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

**PURPOSE:**

To ensure Subcontractors verify that persons who receive substance use and mental health services (SAMH) funded by the Department meet financial eligibility as outlined in 65E-14, Florida Administrative Code (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 properly screens persons served 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 uses 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, through its monitoring and oversight process, validates that Subcontractors are properly screening persons served 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 for persons served not meeting 65E-14, F.A.C. 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 persons served not meeting financial eligibility will result in sanctions up to termination of the contract.