

Financial Assistance Policy

We will communicate about costs and insurance reimbursement for treatment at the Austen Riggs Center (Riggs) openly, transparently, and clearly. This can be complicated subject matter. If you have questions, please ask.

Purpose

We are committed to working with you to develop the most cost-effective course of treatment available. This document outlines our policies with regard to working with insurance coverage, financial assistance, and collection. We encourage patients and family members who provide financial support to join in candid conversations with us about the options available. Often, discussion of the practical and emotional consequences of these and other limitations can contribute meaningfully to the treatment itself. Financial Assistance is available to patients and families who meet the fee reduction guidelines. You can download a [Fee Reduction Application](#).

This policy applies to program services provided by [Austen Riggs Center providers](#).

Your Financial Responsibility

On the day of admission, the individual accepting financial responsibility is required to make a payment of \$50,000, which is applied to the cost of the initial evaluation and treatment period (generally completed in six weeks). Depending on the program a patient is admitted to, the total cost of the initial evaluation and treatment period ranges from \$75,500 to \$81,380, which includes an admission consultation fee of \$2,000. If a patient leaves prior to exhausting the prepayment, a prorated refund will be issued. Following the initial six-week evaluation and treatment period, treatment is billed at the end of each month. The financially responsible individual must keep the account current at all times, regardless of potential insurance coverage.

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Your Insurance

Insurance plans often provide limited benefits for psychiatric treatment. Very few plans provide benefits that reimburse all expenses of long-term treatment at residential care programs like the Austen Riggs Center. Riggs is an out-of-network provider, does not contract with any insurance company, and is not a Medicare or Medicaid provider. Please carefully review the outline of responsibilities below.

Your Responsibilities – *You are your own best advocate.*

- **Know** your policy's benefits and limits, including whether your plan covers residential treatment for behavioral health problems.
- **Provide** the admissions office with your plan's criteria for determining medically necessary residential behavioral health treatment by asking your insurance company if preauthorization is required before they will approve admission to residential treatment.
- **Ask** your referring clinician to attempt preauthorization shortly before your scheduled admissions consultation at Riggs.
- **Manage** the insurance appeals process if there have been **two** insurance denials of preauthorization. *Note: it is your responsibility to: (1) provide your insurance company with a written request for an appeal; (2) sign a release for medical records to be sent to your insurance company; and (3) request a letter of medical necessity from your therapist (optional).*

Our staff may help you gather some of the information needed in the appeals process.

Our Responsibilities – *We will work to the best of our ability to assist you.*

- **We will request preauthorization** (within 48 hours) from your insurance company after the initial admissions consultation and subsequent admission to Riggs. We cannot request preauthorization if: (1) new insurance becomes effective during ongoing treatment, and/or (2) your policy has no out-of-network residential benefit.
- **If preauthorization is approved**, we will notify you in writing and will participate in ongoing utilization reviews as directed by your insurance company for as long as coverage is authorized during a patient's stay.
- **If preauthorization is denied**, a doctor-to-doctor peer review with the insurance company may occur. **If the peer review results in a second denial**, we will notify you in writing. **At this point it is your responsibility to pursue any further appeal.** If requested by you, we can provide limited assistance in the appeals process, such as providing supporting documentation or copies of medical records. Please note that **we do not track the appeals process and are not notified of its outcome.**

Note: Upon request, Riggs will submit claims directly to the insurance company for days that are pre-authorized for coverage by insurance. When insurance denies coverage, claims are no longer submitted by Riggs. This does not alter the requirement that accounts be kept current and the reality that insurance companies reserve the right, at any time, to refuse further payment, make payments inconsistently, and may request return of payment—you are ultimately responsible for treatment costs. Be aware that insurance companies may deny coverage if you are away from the facility overnight or if you transition to one of the step-down programs. Insurance payments received by Riggs are credited against a patient's account. If there is a credit balance at discharge, the credit is returned to the financially responsible party.

Updated 02/24

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Need-Based Fee Reduction

The Austen Riggs Center will offer fee reductions based on need after review of the financial resources available and in the context of the patient's treatment plan. Fee reductions are funded through a combination of general operations, annual donations, and income from a donor-restricted patient aid endowment fund. Each year we budget four percent of our total patient billing for fee reductions. The fee reduction process requires the patient and the individual accepting financial responsibility to complete an application. The Riggs resource management committee reviews all applications. After taking into consideration factors such as income, assets, family size, medical needs and medical indigence, and insurance status or other financial commitments of the patient and/or the responsible parties, the committee may be able to provide a fee reduction of up to 35% (see Fee Reduction Discount Rate Guidelines below). A fee reduction application may be completed prior to admission or at any time during treatment.

Amounts generally billed are the same for patients that are covered by the Financial Assistance Policy.

[View our program rate schedule and billing calculation method on our Treatment Costs page on our website.](#)

Patients may reapply for a fee reduction in the event of a significant change in financial resources or treatment plan. A reapplication requires an update to the original application and the resulting fee reduction determination may either increase or decrease the amount of assistance offered.

Fee reductions are not offered retroactively, but may be offered from the date of filing a completed fee reduction application. Fee reductions are granted following insurance coverage. Therefore, the fee reductions are effective when (if) insurance does not authorize coverage for the treatment at Austen Riggs Center.

Please note: failure to keep an account current may jeopardize a granted fee reduction.

This procedure is subject to periodic revision without notice.

Fee Reduction Discount Rate Guidelines

		Income (\$ in thousands)		
		\$0-200	\$200-300	\$300+
Net Worth (\$ in thousands)	\$0-500	25-35%	25-35%	20-30%
	\$500-1,000	25-35%	20-30%	15-25%
	\$1,000-2,000	20-30%	15-25%	10-20%
	\$2,000-3,000	15-25%	10-20%	5-15%
	\$3,000-4,000**	0-20%	0-15%	0-5%

***Fee Reductions may be available after the 42-Day Evaluation & Treatment Phase*

Prompt-Payment Discount

A 3% prompt-payment discount is available to those who **are not** receiving a need-based fee reduction. This discount is available only when the payment is received by the tenth of the month. *We are unable to offer this discount when fees are paid by credit card.*

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For more information or to obtain a fee reduction application, contact our admissions office at 800.51.RIGGS (74447), 8:30 a.m.-5:00 p.m., Monday through Friday; [visit our website](#); or [download a Fee Reduction Application](#). If you are already in treatment at Riggs, please contact the billing office at 413.931.5207. If you have questions regarding the application process, please contact Director of Finance Melissa Agosto at 413.931.5286.

Notification of Financial Assistance Procedure

The Austen Riggs Center informs patients and responsible parties about the Riggs Financial Assistance Procedure in a number of ways, including

- **discussing** treatment costs and financial assistance options with patients prior to admission and during treatment;
- **providing** patients and/or financially responsible parties with a copy of this procedure upon admission;
- **including** information in invoices and in other written communications regarding where this procedure may be viewed, who to contact for further information, and how to apply for financial assistance;
- **reminding** patients (or other responsible parties) of this procedure when speaking with them about their account; and
- **posting** this procedure [on the Riggs website](#) and in designated areas at Riggs.

Collection Policy

In the event of nonpayment of accounts, Riggs may take steps to collect the amount due, including contacting the patient or responsible party by telephone or mail to request payment, sending the account to Riggs' legal counsel for review and collection, filing lawsuits, and taking any other collection or reporting action in accordance with applicable law.

For patients who qualify for need-based fee reductions and who adhere to the terms of any fee reduction offered, Riggs will not invoice or attempt to collect any fees beyond the reduced fee amount. For patients who are cooperating in good faith to resolve their accounts, Riggs may offer extended payment plans.

This Financial Assistance Policy applies to the [continuum of care available at the Austen Riggs Center](#). Riggs does not provide emergency medical care.