Financial Assistance Program
The Saratoga Hospital
Including Wilton Medical Arts, the Saratoga Surgery Center
The Molly Wilmot Radiation Oncology Center
Malta Medical Arts
Family Health Centers
(1-17)

1. Policy Statement

The Saratoga Hospital provides Financial Assistance to patients who are unable to pay for their medically necessary care. This program will provide a mechanism to provide financial assistance to patients whose financial status indicates they are unable to pay, in full, for their hospital care. We provide care to every self-pay patient at a reduced rate. Uninsured patients will be offered a 35% financial assistance discount at the time of billing.

The Saratoga Hospital reserves the right to determine eligibility for this program on a case-by-case basis and may reverse eligibility decisions if information provided in the application is later found to be inaccurate or incomplete.

Sponsorship of the Program is at all times dependent upon the availability of financial resources to provide sponsorship.

2. Eligibility

(a) Eligibility is determined based on patient/family financial means.
(b) A patient does not have to be a New York State resident.
(c) The Patient Financial Services Department, credit and collection staff will determine eligibility.
(d) Eligibility may apply retroactively and prospectively for the current calendar year in which the application is filed. Accounts where previous payment arrangements have been made may be considered.
(e) Patients with insurance may qualify for assistance with balances they owe after the insurance payment (such as co-payments and deductibles), if they meet financial criteria for the Financial Assistance Program. An application must be completed.
(f) Medicare/Medicaid patients—Services denied by Medicare for medical necessity, which can be billed to Medicaid or be deemed provider fault by Medicare, may be considered under the guidelines of this policy and therefore eligible for Financial Assistance.

3. Applications

Applications are available in all primary areas of registration and in the Patient Financial Services department. Primary areas of registration include, but are not limited to, the Emergency Department, the main Registration area, and all locations of the Regional Therapy Centers, Same Day Surgery, Malta Medical Arts and Wilton Medical Arts.

A patient may make a written application for financial assistance prior to or up to 6 months after receiving medically necessary care. The application is good for up to one year unless the patient’s financial situation changes.

If the amount of the bill is over $1,000, the patient will be required to make an application to their local county for Medicaid, when appropriate, unless information on the application clearly indicates the patient is not eligible. Referral to the Child and Family Health Plus Program for assistance will be offered as an additional resource available to the patient.
Saratoga Care
Financial Assistance Program (17-17)

Applications must be completed and include the information below. This program is designed to help alleviate the financial burden of medical care. Upon receipt of the application, all billing will be suspended until after a determination of the amount of financial assistance to be provided has been made.

(a) Pay stubs
(b) Income tax return
(c) Current checking and savings account statements
(d) Other Assets (CD’s, savings bonds, property or stocks)
(e) Medicaid denial letter if the bill is in excess of $1,000

Saratoga Hospital will not consider assets of patients with annual income at or below 150% of the federal poverty level when determining eligibility as specified in Subdivision 9-a(b) (i) & (ii) of Section 2807-k of the NYS Public Health Law.

The hospital will not consider as assets a patient’s, and/or legally responsible individuals' primary residence, tax deferred or comparable retirement account savings, college account savings, or cars regularly used by the patient or immediate family, in determining potential eligibility for financial assistance.

The Medicaid application is not required if eligibility has been pre-determined by a vendor we utilize for patient eligibility referrals.

Adding income, liquid assets and other assets shall determine amount of eligibility. An asset is considered liquid when it can be readily converted to cash without losing much (if any) of its value. Examples include checking accounts, savings accounts, money market accounts and other short-term investments. The following table is used to determine the amount of eligibility:

FINANCIAL ASSISTANCE CARE DISCOUNT PROGRAM
The Department of Community Health publishes these guidelines in February of every year in the Federal Register.

<table>
<thead>
<tr>
<th>2009</th>
<th>Federal Poverty Income Level</th>
<th>(FPL x 250%)</th>
<th>(FPL x 300%)</th>
<th>(FPL x 350%)</th>
<th>(FPL x 400%)</th>
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<td>$10,830</td>
<td>$27,075</td>
<td>$32,490</td>
<td>$37,905</td>
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<td>$54,830</td>
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Discount %

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<th></th>
<th>100%</th>
<th>75%</th>
<th>50%</th>
<th>25%</th>
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Patients whose gross household income falls below 250% of the Federal Poverty Level will be considered for the maximum allowable charity care write off of 100% of charges.

A payment cap per calendar year will apply. Monthly payment capped at 10% of the patient’s
household gross income.

When a final decision is made, the patient will be sent a letter notifying them of the decision. Exceptions may be granted if extenuating circumstances exist. Any exception to the criteria must have approval from:

a. Assistance to be granted of less than $1,000 - Supervisor of Collections
b. Assistance to be granted of $1,000 to less than $5,000 - Director, Patient Financial Services
c. Assistance to be granted of $5,000 or more- Vice President, CFO

4. Exceptions

Previous accounts, which are/or have been under legal action, are not eligible under the program.

Services provided by physicians, which are not billed by the Hospital.

Non-covered services

a. Cosmetic surgery (not Medically Necessary)
b. Private room differential at patient’s request
c. Telephone/television/personal charges
d. Nursing Home care

Author: Director of Patient Financial Services
Responsible Area: Patient Financial Services
February 2007 (Patient Financial Services), January 2008 (Patient Financial Services), February 2009 (Patient Financial Services)
Approved by: Gary Foster, VP and CFO
File: Administrative Policy Manual I-17