SCHUYLER HOSPITAL POLICY & PROCEDURE

TITLE:
Financial Assistance and Charity Program

EFFECTIVE DATE:  April 1, 2010
INDEX SECTION:  Finance and Materials Management (FM)

SCOPE/APPLICABILITY:
All patients receiving services at Schuyler Hospital, Primary Care Centers and any other associated entities excluding SNF and ER physicians.

POLICY STATEMENT:
Schuyler Hospital recognizes the needs in our community to provide financial counsel and assistance to those patients with limited income who find it difficult to meet the expenses incurred in receiving health care services. This policy will define the Financial Assistance Program and establish the necessary criteria, guidelines and approval process for the provision of financial assistance and Sliding Fee Scale to eligible individuals to help ease the burden of the costs of health care services provided.

Schuyler Hospital offers assistance through our Financial Assistance Program for patients experiencing undue hardship in paying for health care services. The Financial Assistance Program consists of a process where patients are provided assistance in applying for publicly sponsored New York State health insurance programs and/or are evaluated for possible eligibility for a Sliding Fee Scale Discount. The goal of our Financial Assistance Program is to help our patients explore all available options to help meet the cost of health care services provided by the hospital.

EQUIPMENT:
None

COMPETENCY REQUIRED:
NO

As a service to our patients, a team of hospital financial counselors is available to discuss options for patients regarding publicly sponsored New York State health insurance programs. These programs include:

- Medicaid
- Family Health Plus
- Child Health Plus

In addition to these insurance programs, Schuyler Hospital offers Sliding Fee Scale Discounts to those individuals who are eligible based on income guidelines.

Costs and Services Eligible for Sliding Fee Scale Discounts:
Schuyler Hospital provides emergency care and medically necessary, essential health services without regard to a patient’s source of payment. Sliding Fee Scale Discounts are available for eligible patients (as further described below) to help ease the burden of the cost of Emergency Care and Medically Necessary Essential Health Services that are provided.
“Emergency Care” means those services that are delivered by Schuyler Hospital in the Schuyler Hospital Emergency Department.

“Medically Necessary” means those services that are necessary to prevent, diagnose, or treat conditions in a person that cause acute suffering, endanger life, or result in illness or infirmity.

“Essential Health Services” means available medical services and supplies, provided by Schuyler Hospital, that are considered by Schuyler Hospital to be medically necessary for a patient’s medical condition and are provided at the level and site of service as is most appropriate and safe for the patient. Medically Necessary Essential Health Services may be delivered in both inpatient and outpatient hospital settings. Sliding Fee Scale Discounts are only available for costs associated with Essential Health Services that are medically necessary and therefore such discounts are not available, for example, to defray the costs of medically unnecessary cosmetic surgery, or other services that are provided primarily for the convenience of the patient, his/her family or provider.

Sliding Fee Scale Discounts may be available to eligible patients to decrease the cost of coinsurance and deductibles.

**Sliding Fee Scale Discount Eligibility Requirements:**
Sliding Fee Scale Discounts are available for uninsured and underinsured patients who reside in New York State and whose household income, as determined by the application income worksheet, is based on the most recent Federal Poverty Guidelines, as further described in the attached income matrix.

**Sliding Fee Scale Discounts and Patient Payment:**
A patient whose household income, as determined by the application income worksheet, is equal to or less than 100% of the most recent Federal Poverty Guidelines qualifies for a nominal payment limit as designated by major service category.

- Nominal Payment Guidelines (for uninsured patients below 100% FPL)
- Inpatient Services - $150/Discharge
- Ambulatory Surgery - $150/Procedure
- MRI/MRA/CT Testing - $150/Procedure
- ER/Clinical/Clinic Services - $15/Visit
- Ancillary Services - no charge

A patient whose household income is greater than 100% of the most recent Federal Poverty Guidelines qualifies for a partial Sliding Fee Scale Discount, based upon a sliding scale. The percent of the partial Sliding Fee Scale Discount decreases as household income increases. The Sliding Fee Scale Discount and amount of payment that Schuyler Hospital accepts from a patient shall be capped at the average reimbursement of the average commercial payer for inpatient and outpatient services.
Financial Assistance Program Application Process:

Application Process:
Any patient who indicates the financial inability to pay Schuyler Hospital for Emergency Services or Medically Necessary Essential Health Care Services may apply and be evaluated for assistance under the Financial Assistance Program. A patient will be allowed a period of at least 30 days from the date of discharge or the date on which outpatient services were provided to apply for Financial Assistance. The patient will be given 30 days from receipt of the application to return the completed application for review. The patient is responsible for assuring that his or her application is complete. A completed application shall include all the necessary documentation required for Schuyler Hospital to make an appropriate determination of patient’s eligibility for the Financial Assistance, including a Sliding Fee Scale Discount. Information provided on an application is subject to verification by Schuyler Hospital. Patients submitting incomplete applications or whose information cannot be verified will be notified in writing of the missing information or the verification problems and given an additional 10 days to provide the requested information or verification. A patient will be sent a written determination within 30 days of Schuyler Hospital’s receipt of his or her completed application as to his or her eligibility for the Financial Assistance program, including eligibility for a Sliding Fee Scale Discount.

Household Income Criteria and Verification:
The evaluation of a patient’s eligibility for the Financial Assistance program, including any Sliding Fee Scale Discount, will be based upon a combination of the patient’s household size and income (see attached Income Matrix). Household size is the number of family members or other persons occupying the same household who are identified as dependents on a single tax return, for federal taxation purposes and any other individuals and significant others residing in the same household. Income is defined as annual earnings and cash benefits from all and/or sources before taxes for the patient and anyone in the patient’s defined household. Income will include wages, interest, dividends, rents, pensions, Social Security, VA benefits, unemployment benefits, worker’s compensation, disability, child support, alimony and any other types of income that may accrue to the patient or any individual in the patient’s defined household. Schuyler Hospital may require that income be determined and verified based upon documentation of wages, tax returns and other sources of income. Income may also be determined by annualizing the pay of the patient and others in the patient’s defined household, at the current earnings rate.

Assets:
A patient’s assets may be considered as part of evaluating his or her application for assistance under the Financial Assistance Program. However, certain assets shall be excluded from any such consideration, including the patient’s primary residence, retirement accounts (401K, IRA, Annuities), college savings accounts, and cars used by the patient or his/her family. Assets that may be considered as part of evaluating the applicant’s request for assistance under the Financial Assistance program will include liquid savings, secondary residences, and rental income properties. Only assets with a collective total value in excess of $10,000 shall be considered for household incomes above 150% of the Federal Poverty Level in determining a patient’s eligibility for assistance under the Financial Assistance Program, including Sliding Fee
Scale Discounts. Assets will not be considered for household income below 150% of the Federal Poverty Level.

**Governmental Assistance:**
In determining whether each patient qualifies for the Financial Assistance Program, including a Sliding Fee Scale Discount, other county, and state or federal financial assistance programs may be considered as options for the patient. A Schuyler Hospital financial counselor will assist the patient in determining if they are eligible for any governmental assistance by utilizing the current guidelines provided by our local Department of Social Services. The granting of a Sliding Fee Scale Discount is contingent upon the patient applying for governmental assistance, unless it is determined by the Financial Counselors based on the current guidelines, that the patient's household income indicates they would not be eligible under such programs.

**Appeal Process:**
Any determinations made under this policy may be appealed in writing to Schuyler Hospital, Director of Patient Accounting, 220 Steuben Street, Montour Falls, NY 14865.

**Hospital Billing and Collection Efforts:**
Once a patient has submitted a completed application for the Financial Assistance Program, the patient may disregard any bill from Schuyler Hospital that might be sent until such time as Schuyler Hospital has rendered a determination on the pending application. Further, Schuyler Hospital will not send patient accounts for which an application for the Financial Assistance Program is pending to any outside collections agent until the Hospital has rendered a determination on the pending application. In some cases, a patient eligible for assistance under the Financial Assistance Program may not have been identified prior to initiation of external collections efforts. Patients whose accounts have been sent to the Hospital's outside collections agent may still apply for the Financial Assistance program, so long as the patient had not previously requested an application for the program, had not failed to complete a previous application, and/or had not had a completed application previously rejected. In the case of such late application for the Financial Assistance Program, the eligibility of the patient and the amount of any Sliding Fee Scale Discount for which he or she might be eligible will be based on the Hospital policy and guidelines that were in effect on the date of service to the patient.

Installment payment plans may be established for patients who qualify for a Sliding Fee Scale Discount. Monthly installment payments will be capped at 10% of gross monthly income of the patient's defined household. Schuyler Hospital may consider assets of a significant value when establishing the monthly payment amount and such assets may be a basis for increasing the monthly payment.

**APPLICANT PROCESS/PROCEDURE:**

1. A Schuyler Hospital Financial Assistance Application (Appendix A) must be submitted on a 30-day basis. All applications are to be submitted to the Schuyler Hospital Financial Counselors who will make a decision of eligibility within five (5) days of receipt of the completed application. A determination of eligibility will apply to all services performed by Schuyler Hospital and its Primary Care Centers, excluding Skilled Nursing Facility, ER Physicians and services related to the treatment of infertility and elective procedures/services.
2. Determination of eligibility in the Schuyler Hospital Financial Assistance Program will be made by use of the Schuyler Hospital Financial Assistance Income Guidelines (Appendix B). Total income will be based on all allowable income sources of the applicant and any dependents and significant others of the applicant as well as the income of anyone who can claim the applicant as a dependent.

3. Once confirmed, eligibility will be retroactive 90 days. Effective dates will be 30 days prior to application date through 11 months after the date of application.

4. Upon confirming eligibility, the Schuyler Hospital Financial Counselors will complete a Schuyler Hospital Financial Assistance Program card (Appendix C), return it to the applicant with a letter of acceptance (Appendix D) and make all necessary account adjustments. The Financial Counselors will notify all billing entities of Schuyler Hospital of the patient’s coverage under this program so that the appropriate adjustments can be made. Any eligible accounts previously referred to the Collection Agency will be pulled and adjusted accordingly.

5. If the Schuyler Hospital Financial Counselors are unable to determine eligibility due to lacking information, he/she will contact the applicant by telephone or letter (Appendix E). The application will be pended until receipt of all documentation required for a determination of eligibility. If eligibility is subsequently approved, the original date of application will be used in determining effective dates.

6. Upon denial of application, the Schuyler Hospital Financial Counselors will notify the applicant by telephone or letter (Appendix F).

7. The Schuyler Hospital Financial Counselors are responsible for maintaining all Schuyler Hospital Sliding Scale Program applications and an alphabetical listing of all Schuyler Hospital Sliding Scale Program Participants (Appendix G).

8. The alphabetical listing of all Schuyler Hospital Financial Assistance Program participants will be updated the first of every month and forwarded to the Patient Accounting/Medical Billing Supervisors for appropriate departmental distribution and tracking.

9. Participants are required to contact the Financial Counselors if income levels change by greater than $5,000 or if medical insurance is obtained. The Financial Counselors will review the information and make any necessary adjustments to the participation level. If necessary, Financial Assistance cards will be destroyed and reissued. Participation level changes will result in new effective dates with the new effective date being the date of determination of participation level changes.