Purpose Statement:

St. Mary's Hospital at Amsterdam, in keeping with the mission and policies of Ascension Health, strives to maintain a balance between providing care of the poor together with the ability of the hospital to maintain quality health care for the community it serves. The following pages of this policy provide the guidelines and procedures associated with our financial assistance.

In accordance with Ascension Health, as part of its Financial Assistance policies, the Hospital offers a self pay discount to all uninsured patients. This discount amount, which is outlined in the procedure, is offered as a percentage off the standard charge. The discount percentage will be reviewed annually, in conjunction with the budget process, and adjusted as needed. The discount will be reflected on the statement sent to the patient at time of billing.

The Carondelet Care Assistance Program is the next level of financial assistance available to the Hospital's patients. This program to all patients who express and can demonstrate a financial burden associated with their patient responsibility. Patients who do not qualify for the hospital assistance program may be offered extended payment options to satisfy the balance within a mutually agreed upon timeframe.

Information regarding financial assistance will be available and posted in all registration areas of the organization. Financial Counselors will be available to discuss patient specific financial options in a confidential setting.

The Hospital will continue to ensure that all patients, regardless of ability to pay, are treated in a manner that reflects the policies and values of a Catholic sponsored facility.
PR  Uninsured Policy

Policy Statement:

St. Mary’s Hospital recognizes that there are times when patients in need of care will have difficulty paying for the services provided to them. St. Mary’s Hospital at Amsterdam, in keeping with the mission and policies of Ascension Health, strives to provide affordable quality health care for the community it serves.

It is the policy of St. Mary’s Hospital to ensure a socially just practice for billing for all patients receiving care at our Hospital and health services. Many of our patients are billed according to the rates negotiated by their insurance plan. This policy is specifically designed to address the billing and collection practices for uninsured and underinsured patient’s who receive care within our Hospital or health services.

Principles:

1. All billing and collection practices will reflect our commitment to care compassionately for those we serve with dedication to excellence and Christian ideals.

2. This policy applies to all non-elective services and procedures provided in the inpatient or outpatient acute care setting and all Behavioral Health patients. It does not apply to Skilled Nursing Facility residents, or Adult Day Care.

3. The application of this policy to International patients will be determined on a case-by-case basis.

4. Discounts for Uninsured Patients(excludes Skilled Nursing and Adult Day Care)

a. Uninsured patients will be provided a discount of 35% of charges on outpatient services and 25% of charges on inpatient services. This discount will be based on the discount provided to the highest paying payor for the hospital and will account for at least 3% of the hospital population measured by volume or gross patient revenues.

b. This discount will be reviewed annually in conjunction with the budget process and adjusted as needed.

5. Charity Care (Carondelet Care)

a) Eligibility for charity care may be determined at any point in the revenue cycle up to collection agency placement. An account will be considered current for a 120 day billing cycle. The final billing statement will inform the patient that the account will be reviewed for collection if arrangements for payment are not made. A dunning message will appear on all statements with information concerning financial assistance and how to contact a representative. At any time during this period, prior to collection, an application for assistance can be filed and will be reviewed and considered for the appropriate write off, if the criteria in section 5(b) or (c) below is met. Accounts will not be sent to collections if a patient has completed a financial aid (Carondelet Care) application and the eligibility determination is pending.

b) At a minimum, patients with income totaling less than or equal to 200% of the Federal Poverty Level (“FPL”), which may be adjusted by the hospital for cost of living utilizing the local wage index compared to national wage index, may be eligible for 100% charity care write off of the charges for services that have been provided to them. St. Mary’s Hospital will also consider the patient’s assets, excluding the primary residence, tax-deferred or comparable retirement savings accounts and college savings accounts, when determining the final charity care amount.
c) At a minimum, patients with income totaling above 200% of the FPL but not exceeding 300% of the FPL, subject to inflationary adjustments as noted in 5(b) will receive a discount on the services provided to them based on a sliding scale described below. St. Mary’s Hospital will also consider the patient’s assets, excluding their primary residence, tax-deferred or comparable retirement savings accounts and college savings accounts, when determining the final charity care amount.

- Patients with income less than 225% and greater than 200% of the FPL will receive a 75% charity care write off.
- Patients with income less than 250% and greater than 225% of the FPL will receive a 50% charity care write off.
- Patients with income less than 275% and greater than 250% of the FPL will receive a 38% charity care write off.
- Patients with income less than 300% and greater than 275% of the FPL will receive a 25% charity care write off.
- Patients who cannot pay their balance in full may be offered a payment arrangement option that is based on guidelines which include a minimum monthly payment based on the balance owed. Monthly payments will not exceed 10% of the gross monthly income of the applicant.

d) The following are the required approval levels for charity care write offs:

- $1 - $4,000  Director of Patient Financial Services
- $4,001 - $10,000  Vice President of Finance
- $10,001 and above  President/CEO

e) St. Mary’s Hospital has an established process for patients and families to appeal decisions of the hospital regarding eligibility for financial assistance. If the applicant can show extenuating circumstances that prevent payment of their account beyond proof already provided in the application process, this information will be taken into consideration. Once reviewed a new Letter of Determination will be sent to the applicant with a decision to approve or deny the application based on the additional information provided.

f) Eligibility for charity care write-off will be determined for any current balance for which the patient is responsible. It will not be applicable for balances that have been referred for collection.

6. The Hospital must ensure that:

a) Its employees and agents behave in a manner that reflects the policies and values of a Catholic-sponsored facility, including treating patients and their families with dignity, respect, and compassion.

b) Reports will be run daily by Financial Counselors to identify uninsured patients. A letter will be sent to these patients to inform them of services provided by the hospital to help them obtain insurance or financial assistance. All uninsured inpatients will be seen or contacted by a Financial Counselor. These patients will be given the option to be referred to an outside agency (AHC) for assistance in applying for Medicaid. Patients that present to the emergency room will be directed to a Financial Counselor or Patient Registration representative upon discharge. The hospital representative will inform the patient of their copay and/or give them information about financial assistance. Uninsured patients who present at the emergency room will also be given the option to be referred to Fidelis for possible insurance coverage. All communications will be handled professionally with the patients and their families’ privacy considered at all times. A representative will be available Monday through Friday from 7:00AM-10:30PM.
c) Patients receive prompt access to charge information for any item or service provided. At any time patients can obtain an itemized print out of services received by calling the number provided on their billing statement or requesting this information in person at Patient Financial Services. Information requested over the phone will be mailed to the address identified on the patient account. Due to HIPAA guidelines, proof of identity will be required to release information to persons presenting at Patient Financial Services.

d) Patients will receive statements for private pay balances on a regular schedule, based on dollar amount owed and type of service. Statements will be generated on a 15, 21, or 30 day cycle. A dunning message will appear on all statements with information concerning financial assistance and how to contact a representative. A toll free number will be provided within each dunning message. An account will be considered current for a 120 day billing cycle. The final statement will inform the patient that the account will be reviewed for further collection proceedings if no arrangement is made for payment. The patient will have 30 days from the last statement date to respond to the private pay balance due.

e) Patients who do not qualify for charity care, but are in need of financial assistance, are offered appropriate extended payment terms or other payment options that take into account the patient’s financial status. Patients that set up payment arrangements will receive a monthly statement indicating the agreed amount due. These payment terms, administered by St. Mary’s Hospital, will not be subject to any added fees or interest. Monthly payments will not exceed 10% of the gross monthly income of the applicant.

f) Outstanding balances on patient accounts are pursued fairly and consistently, in a manner that reflects the values and commitments of a Catholic-sponsored facility in the community it serves.

g) Financial Counselors are available to all patients Monday–Friday from 7:00AM–4:30PM. Patients that would like to call for a specific appointment may do so.

h) Information will be posted in all registration areas, including the Emergency Department, regarding financial assistance and charity care policies. A financial assistance summary will be available to all patients.

i) Hospital programs that include nominal payments by patients designed to encourage patients to participate in their care are permissible.

j) St. Mary’s Hospital is dedicated to improving the health of the entire community, with special attention to the poor and underserved. St. Mary’s Hospital does not require that anyone be asked to pay a deposit prior to receiving services.

7. Collection Practices
Accounts are reviewed throughout the 120 day billing cycle. In addition to statements being sent at regular intervals, phone contact is attempted on accounts with private pay balances of $10.00 or more. If it is determined that the account has been reviewed appropriately and no attempts by the patient have been made to rectify the private pay balance, it will be placed in a Bad Debt status. Once an account is deemed to be uncollectible by St. Mary’s Hospital it will be the responsibility of the collection agency to pursue other means of payment.

a. The collection agency will obtain written consent from the hospital prior to pursuing legal action against an individual. Information will be reviewed by the Director of Patient Financial
Services and notarized as accepted prior to being returned to the collection agency.

b. If it is determined that the patient had Medicaid or any other billable coverage for the dates of service in question, the hospital will be notified and the account placed on hold until the account is paid or the balance is deemed uncollectable. Once all payments are received, the patient will be notified by the collection agency of the balance owed after insurance payments are posted.

c. Liens on personal residences pursued only in the following circumstances:

- The patient does not qualify for charity or financial assistance, and the patient is not complying with payment arrangements that have been agreed to by the Hospital and the patient.
- The lien will not result in a foreclosure on a personal residence.
- Liens pursued by a collection agency or other representative of the Hospital have had prior review and approval from executive management of the Hospital.
- Garnishment of wages will be pursued only if
- The patient does not qualify for charity or financial assistance under Section 5 or 6 of this policy, and a court determines that the patient’s wages are sufficient for garnishment.
- Garnishment pursued by a collection agency or other representative of the hospital has had prior review and approval from executive management of the hospital.
- The Hospital will not pursue an involuntary bankruptcy proceeding against a patient as a result of its collection efforts on uninsured patients.

d. Neither the Hospital, the Collection Agency, or any other representative working on behalf of the Hospital may take any actions that would cause a bench warrant, an order issued by a judge or court for the arrest of a person (also called body attachments), to be issued.

e. Interest charges on outstanding balances may only be assessed if:

- The financing plan offered is one of several options offered to the patient.
- The interest rate is fair (i.e., less than that charged by standard credit cards).
- The amount financed includes only those amounts due after charity or financial assistance has been given.
- The amount of interest anticipated to be charged by the financing entity must be netted against the balance the patient is deemed able to pay.

f. As notice to the collection agency for Ascension Health’s policies and procedures regarding billing and collection practices for uninsured patients including the values based manner in which all contracts with patients and families are to be conducted, all Hospital collection agency agreements will include the above information and the following language.

Reviewed: 07/01/07
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