Purpose/Brief Description:

This policy is intended to describe the UHS System hospitals financial assistance and discount programs in relation to their overall mission of rendering care to all patients in need regardless of their ability to pay. This policy has been modified to comply with the State of New York comprehensive law enacted in 2006 to create a uniform, statewide system of standards, procedures and reporting for financial aid policies of general hospitals, to ensure consistent reporting related to such policies and levels of uncompensated care, and to document that all low income individuals and those without health insurance are treated similarly throughout the state.

References:

Administrative Policy and Procedure UHS System Credit and Collection
Hospital Association of New York State (HANYS) Financial Aid/Charity Care Guidelines
* Section 2807K-Subdivision 9-A, B, I, and II of the New York State Public Health Law
Federal Poverty Guidelines

Key Index Words:

Anderson Fund
Certification
Eligibility
MacArthur Fund
Primary Service Area

Appeals
Collection Policy
Federal Poverty Level
Nominal Payment Guidelines
Reporting

Asset Test
Discounts
Financial Assistance
Payment Plans
Sliding Fee Scale

Policy/Procedure:

I. The UHS System is a not-for-profit healthcare system whose mission includes serving the healthcare needs of its patients whether or not they can pay for part or all essential care they receive. The UHS System hospitals are committed to treating all patients with compassion, from bedside to the billing office, and will work with all patients to ensure that fear of a hospital bill should never be a deterrent when seeking necessary medical care.

II. Principles:

The UHS System hospitals are committed to providing financial assistance to all patients (inpatient and outpatient) in need and to communicate the availability of its financial
assistance and related programs to all. Patient Financial Advocates are available to assist patients and provide assessments for eligibility under any State, Federal or UHS System hospitals’ financial assistance program.

Brochures and signage are posted in multiple languages if required by NYS regulations at each registration/patient access area. If needed, translation services are available 24/7, 365 days a year via Language Line Services Company.

A. UHS System hospitals will have financial assistance policies that are consistent with the mission and values of the hospital. Patients will be treated with dignity and respect throughout the process.

B. UHS System hospitals Financial Assistance Policy will plainly state the eligibility criteria to qualify for financial assistance.

C. UHS System hospitals Financial Assistance Policy is extended to all uninsured patients receiving medically necessary services in the following primary service areas:

- Chenango Memorial - Broome County
  - Chenango County
  - Cortland County
- Delaware Valley - Broome County
  - Otsego County
  - Chenango County
  - Sullivan County
- UHS Hospitals - Southern Tier of New York and Northern Tier of Pennsylvania

D. UHS System hospitals granting of financial assistance is not intended as a substitute for employer based insurance plans, state or federal programs, or personal responsibility where it can be determined that the patient has the ability to contribute to their care based on their individual ability to pay. Financial assistance as defined above, differs from bad debts where it is determined the patient has the ability to pay for their health care services.

E. Debt collection practices of all UHS System hospitals and their outside agencies will also reflect the hospital’s mission and values. (Also see Administrative Policy and
Procedure for UHS System hospitals Credit and Collection Policy). Forwarding a claim to a collection agency while Financial Assistance is being determined is prohibited. Liens on primary residence are allowable, however, a forced sale of property is prohibited. The System hospitals must provide a written notification to a patient at least 30 days prior to an account being forwarded to collection. UHS System hospitals are required to provide a written consent prior to a collection agency beginning legal action on its’ behalf. Collection agencies must follow the UHS System Financial Assistance Policies and Procedures, including how to apply for assistance. Collection agencies are prohibited from pursuing Medicaid eligible patients whose eligibility is known at the time of service.

III. Levels of Financial Assistance:

* A. The Financial Assistance Guidelines will be approved by each organization’s Board of Directors on an annual basis as part of the organization’s annual Operating Plan. Details of each formula can be found in the attached appendices A - C.

* B. 1. Partial Assistance for Individuals and families that exceed 300% of the Federal Poverty Level may still be entitled to a partial financial assistance discount on total charges for services. A 15% discount from gross charges will be provided to patients who do not qualify for other financial assistance and choose to make payment of their account by a payment plan. A 20% discount will be provided if an outstanding account is paid in full within 14 days.

2. Patients who do not complete a financial assistance application to determine income level also qualify for a 15% discount from gross charges if they choose to make payment of their account by payment plan. A 20% discount will be provided if an outstanding account is paid in full within 14 days.

3. UHS System hospitals will ensure that discount scales are regularly monitored and adjusted to ensure that the resulting charges do not exceed prices charged to a typical insured patient.

D. Medical Indigence - The UHS System hospitals may consider cases for financial assistance whereby the application review determines that an extenuating medical
situation would prohibit the individual from ever being able to afford the necessary care. This is determined by review of current income and reasonable limited normal living expenses. Applications approved based on Medical Indigence will be identified as such.

IV. Nominal Payment Guidelines

Hospitals are prohibited by NYS law from collecting any amounts in excess of nominal payment amounts for those uninsured patients at or below 100% of the Federal Poverty Level. Hospitals are free to charge less.

Maximum amounts which may be charged to patients by Service Category:

- Inpatient Services: $150 / Discharge
- Ambulatory Services: $150 / Procedure
- MRI Testing: $150 / Procedure
- Adult ER/Clinical Services: $15 / Visit
- Prenatal and Pediatric ER/Clinic Services: No Charge

V. Financial Assistance Referral and Application Process

Patients may apply for financial assistance prior to services being rendered or up to 180 days after discharge or date of service. Patients have 20 days to submit a completed application including all required documentation including but not limited to their most recent 1040 tax form with attachments, W-2’s, 1099’s, pay stubs, proof of income for social security, pension, workers’ compensation, bank statements and other asset test information. UHS System hospitals have 30 days from the receipt of the completed application to make a determination and provide to the applicant in writing the approval or denial.

Any patient in collection status may be considered for financial assistance on a case-by-case basis. Any patient seeking financial assistance shall provide the hospital with any and all financial and other information needed to determine eligibility for any UHS Hospitals financial assistance, or to assist in enrolling in a publicly sponsored insurance program (e.g., Medicaid, Family Health Plus, Child Health Plus, Prenatal Care Assistance Program), if eligible. They will be provided a financial assessment via a Patient Financial Advocate who will assist the patient in applying for any public assistance programs for which they may be eligible.
POLICY AND PROCEDURE

SUBJECT: UHS System Financial Assistance Policy

A. Referrals for all types of financial assistance will be initiated by Registration/Access Care, Patient Accounting, Discharge Planning, Patient Relations and Admitting/Collection personnel who are either contacted by patients or by identifying patients who appear to have a need for financial assistance. The above named personnel will refer the patient to appropriate staff to begin the process. All hospital staff who interact with the patients, or are responsible for billing and collection, will receive training at the time of hire and annual training updates on the availability of financial assistance programs, how to apply, who to contact and so forth.

B. When receiving assistance referrals, the appropriate personnel will offer application forms either by mail or in person to the patient. These employees will then assist the patient in the completion of the Financial Assistance Application as necessary.

C. The appropriate Patient Accounting personnel will review the applications and the corresponding patient accounts to determine that:

1. The care provided was medically necessary and not cosmetic surgery or other elective procedure.
2. All available insurance entitlements have been identified and used.
3. All personal resources available for payment are identified for potential co-pay or deductible amounts.
4. The information requested is complete and sufficient in order to render an informed decision.

The reviewing personnel will then forward all Financial Assistance Applications to the appropriate personnel below for review, approval and further processing.

CMH - Patient Financial Services Supervisor
DVH - Business Office Manager
UHSH - Collections Supervisor
VI. Determination of Eligibility

* Eligibility is based upon the individual’s income in relationship to the most current Federal Poverty Guidelines.

Also, patient assets in excess of NYS limits and the patient’s ability to meet normal living expenses will be considered. The following assets if identified as part of the eligibility review are to be excluded from the determination process:

* A. Primary residence regardless of value or equity.
* B. Tax deferred or comparable retirement saving accounts.
* C. College savings accounts.
* D. Cars used regularly by the patient or the patient’s immediate family.

Patients seeking financial assistance must be willing to comply with a comprehensive financial assessment performed by a Patient Financial Advocate to determine the potential eligibility under any state or federal program. Information needed to determine eligibility for financial assistance includes, but is not limited to, tax returns, pay stubs and in some cases Medicaid application documentation.

VII. Approval Process

A. Financial Assistance and Discounts

Dependent on location, one of the following personnel CMH Patient Financial Services Supervisor, DVH Business Office Manager or UHSH Collection Supervisor will determine if the requested documentation is complete and the patient meets all the necessary criteria for full financial assistance, partial financial assistance or a discount from charges. If any documentation is incomplete or clarification is needed on any of the documentation, they will request the appropriate personnel to work with the patient to complete or clarify the information. Once all the patient information and documentation is received, the above referenced personnel review the application and documentation to determine if the patient qualifies for full or partial financial assistance. This approval or denial will be made within 30 days of the
reviewers receipt of all the requested documentation. All accounts pending financial assistance review will be placed in a non-billing/dunning financial class until a decision is made.

CMH - Director of Patient Financial Services reviews all applications and approves all financial assistance write-offs.

DVH - V.P. of Finance reviews all applications and approves all financial assistance write-offs.

The UHSH Collection Supervisor can approve a complete and fully documented financial assistance application for up to $5,000. Above this amount the authorized approver is as follows:

Manager of Patient Accounting Up to $10,000
Director of Financial Operations Up to $25,000
V.P. of Finance Any account greater than $25,000

If approved, the patient is eligible for financial assistance for up to 6 months from the approval date without having to reapply. However, these patients may be asked to report any changes in employment status or income within 6 months from the financial assistance approval.

Dependent on location one of the following personnel UHSH Collection Supervisor, CMH Patient Financial Services Supervisor or DVH V.P. of Finance will provide all approved financial assistance documentation to the appropriate personnel for account processing.

If the application is denied, the patient may request an appeal of the determination. The appeal will be addressed to the applicable hospital Patient Financial Assistance Review Committee, who will have 30 days to review the documentation and render a decision as to whether they uphold or overturn the decision. If no appeal is made, the patient will be directed to establish a mutually acceptable payment arrangement (see the UHS System hospitals Credit and Collection Policy, i.e. payment arrangements). Required payment amounts may not exceed 10% of the patient’s gross income.
If a patient is not satisfied with our financial assistance determination they may call the NYS DOH complaint hotline at 1-800-804-5447.

B. Endowment Funds - MacArthur and Anderson Funds (UHS Hospitals Only)

1. Endowment Fund Approval

   a. The Collection Supervisor reviews processed applications for the endowment funds and, by the 10th day of the month, forwards a list of applicants with accompanying documentation to the Patient Financial Assistance Committee for review and approval.

   b. The committee approves or denies the various applications based on the same criteria as utilized for full financial assistance. They then forward the approved applications to Financial Operations, who coordinates the Endowment Fund applications being sent to the Vice President of Finance. The Vice President of Finance then presents the application to the Finance Committee for their review and recommendation to the UHS Hospitals Board of Directors for approval. No MacArthur or Anderson Fund disbursements will be made unless approved by the Patient Financial Assistance Committee and the UHS Hospitals Board of Directors.

2. Disbursement of Endowment Funds

   a. After approval by the UHS Hospitals Board of Directors, a check will be issued to United Health Services Hospitals for application directly to the respective patient's account.

   b. The checks will be given to the Collection Supervisor, who will verify the account numbers and balances and forward the check to the Cashier area for processing. Also, the Collection Supervisor ensures that the approvals or denials are communicated to each applicant.

VIII. Monitoring System

A. Dependent upon location the CMH Director of Financial Services, DVH V.P. of Finance or UHSH V.P. of Finance monitors any changes in Medicare regulations
POLICY AND PROCEDURE

SUBJECT: UHS System Financial Assistance Policy

pertaining to bad debts and notifies Patient Accounting of any changes to incorporate into the Financial Assistance or Credit and Collection Policies.

B. UHS Hospitals Only - UHSH Director of Financial Operations will:

1. Recommend yearly limits for MacArthur and Anderson funds disbursement amounts and the yearly budget for each fund, which are reviewed and approved as part of the UHS Hospitals budget process

2. Monitors the total amounts written off to the respective endowment fund and to financial assistance on a monthly basis

* IX. Reporting Requirements - Based on N.Y.S. Law - effective 4/1/06

A. Annual reporting requirements will include but are not limited to the following:

1. Hospital costs incurred and collected amounts for services to the uninsured and under insured (including nominal payment, coinsurance, and deductibles).

2. The number of patients who applied for aid, the approvals and denials, by zip code.

3. The amount of distribution from the indigent care (BDCC) pool.

4. The amount spent from bequests or trusts established to provide financial aid.

5. Where applicable, the number of patients receiving assistance in applying for Medicaid.

6. The hospital’s gain or loss from services provided under Medicaid.

7. The number of hospital liens placed on a primary residence.

B. Annual Certification
United Health Services

United Health Services Hospitals

POLICY AND PROCEDURE

SUBJECT: UHS System Financial Assistance Policy

1. The **V.P. of Finance** of each entity must certify that the applicable System hospital’s write-off policies and procedures comply with New York State regulations in order for the hospital to receive distributions from the New York State Bad Debt and Charity Care Pool.

Control: V. P. of Finance

Approval: ______________________

Previous Revision Date: Not Applicable

Review Dates:
# POLICY AND PROCEDURE

**SUBJECT:** UHS System Financial Assistance Policy

## Appendix A: UHS Hospitals Financial Assistance Guidelines

<table>
<thead>
<tr>
<th>1.) <strong>Uninsured</strong> - Financial Assistance Discount/ Payment Amounts: Inpatient &amp; Outpatient Services:</th>
<th><strong>UHS Hospitals</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 100% of FPL</td>
<td>No Payment</td>
</tr>
<tr>
<td>Between 101 - 150% of FPL</td>
<td>No Payment</td>
</tr>
<tr>
<td>Between 151 - 175% of FPL</td>
<td>No Payment</td>
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<tr>
<td>Between 176 - 200% of FPL</td>
<td>No Payment</td>
</tr>
<tr>
<td>Between 201 - 225% of FPL</td>
<td>50% of BX</td>
</tr>
<tr>
<td>Between 226 - 250% of FPL</td>
<td>50% of BX</td>
</tr>
<tr>
<td>Between 251 - 300% of FPL</td>
<td>100% of BX</td>
</tr>
</tbody>
</table>

Asset Test Applies?
- Yes

Medical Indigence Screen?
- Yes

Physician Office Fees:
- Special Sliding Fee Sch. (See Below)

<table>
<thead>
<tr>
<th>2.) <strong>Uninsured</strong> with FPL &gt; 300%</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15% discount from charges &amp; pay by payment plan. A 20% discount is provided if the outstanding balance is paid within 14 days. (Application is not required)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.) <strong>Insured</strong> with self pay balances</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 100% of FPL</td>
<td>No Payment</td>
</tr>
<tr>
<td>Between 101 - 150% of FPL</td>
<td>No Payment</td>
</tr>
<tr>
<td>Between 151 - 175% of FPL</td>
<td>No Payment</td>
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<tr>
<td>Between 176 - 200% of FPL</td>
<td>No Payment</td>
</tr>
<tr>
<td>Between 201 - 225% of FPL</td>
<td>50% of Balance</td>
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<tr>
<td>Between 226 - 250% of FPL</td>
<td>50% of Balance</td>
</tr>
<tr>
<td>Between 251 - 300% of FPL</td>
<td>No Assistance</td>
</tr>
</tbody>
</table>

Asset Test Applies?
- Yes

Medical Indigence Screen?
- Yes
A. **Sliding Fee for Physician Office Services** - UHS Hospitals has established a sliding fee scale program specifically for use in the Family Care Centers and other specified outpatient services. The scale is a schedule of discounts from charges available to individuals based on annual income and family size, as per the most recent Federal Poverty Level income guidelines. It is designed to provide aid to eligible families who are obtaining ongoing medical services and to encourage some patient responsibility for costs related to their healthcare in order to ensure that patients recognize the value of medical care and that they use the health care system responsibly.

Applicants are required to complete the Application for Financial Assistance form and return same to the clinic where the services were rendered. The application is reviewed and approved by the respective outpatient area manager. The patient receives a letter of notification advising them of the discount amount or percentage. Approval or denial will be made within 30 days. Appeals will be reviewed by the respective outpatient area manager.

B. **Donor Restricted Endowment Funds** - Also available for financial assistance are the two donor restricted endowment funds.

1. MacArthur Fund - UHS Hospitals is authorized to use up to $75,000 of the fund annually for “payment of hospital bills of patients who are uninsured and unable to pay for hospital services” not to exceed $3,000 per patient per year.

2. Anderson Fund - UHS Hospitals is authorized to spend $120,000 of the fund annually in any given year for “patients who are uninsured and unable to pay for such care themselves”. No dollar limit is set per patient per year.
## Appendix B: Chenango Memorial Hospital Financial Assistance Guidelines

<table>
<thead>
<tr>
<th></th>
<th>Chenango Memorial</th>
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</thead>
<tbody>
<tr>
<td><strong>1.) Uninsured - Financial Assistance Discount/ Payment Amounts: Inpatient &amp; Outpatient Services:</strong></td>
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</tr>
<tr>
<td>&lt; 100% of FPL</td>
<td>Nominal Amt.</td>
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<td>Asset Test Applies?</td>
<td>Yes</td>
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<tr>
<td>Medical Indigence Screen?</td>
<td>Yes</td>
</tr>
<tr>
<td>Physician Office Fees:</td>
<td>Same as Above</td>
</tr>
</tbody>
</table>

| **2.) Uninsured with FPL > 300%** | 15% discount from charges & pay by payment plan. A 20% discount is provided if the outstanding balance is paid within 14 days. (Application is not required) |

| **3.) Insured with self pay balances** | Partial assistance for Insured patients with a per encounter patient balance in excess of $2,000. |
Appendix C: Delaware Valley Hospital Financial Assistance Guidelines

<table>
<thead>
<tr>
<th>1.) Uninsured - Financial Assistance Discount/ Payment Amounts: Inpatient &amp; Outpatient Services:</th>
<th>Delaware Valley</th>
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<td>Medical Indigence Screen?</td>
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</tbody>
</table>

| 2.) Uninsured with FPL > 300% | 15% discount from charges & pay by payment plan. A 20% discount is provided if the outstanding balance is paid within 14 days. (Application is not required) |

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<tr>
<td>Between 251 - 300% of FPL</td>
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<tr>
<td>Medical Indigence Screen?</td>
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