

Policy: Financial Assistance

Approver: VP – Managed Care (WMC)

Initiated: 12/2017 (Last approved at Westchester Medical Center 3/2018)

Last Approval Date: 3/2018

Responsible Departments: Patient Accounting Department, Financial Counseling

- 1.0 PURPOSE:** HealthAlliance, a non-for-profit healthcare organization, is devoted to continued excellence in patient care and serving the community. As a partner in the community, HealthAlliance recognizes that it is often necessary to provide care to patients without charge or at amounts less than its established rates while assuring that the long term viability of the hospital is not threatened.
- 2.0 SCOPE:** This policy applies to all HealthAlliance employees, contractors (including collection agencies), medical staff and residents.
- 3.0 POLICY:** It is the policy of HealthAlliance Hospitals, including HealthAlliance Hospital Broadway Campus, HealthAlliance Hospital Mary's Avenue Campus and Margaretville Hospital, (collectively, "HealthAlliance") to provide Financial Assistance in compliance with New York State laws and regulations.

4.0 PROCEDURE:

A. Non-discrimination

HealthAlliance shall render medically necessary services to all members of the community, as defined in Section C, who are in need of medical care regardless of the ability of the patient to pay for such services. The determination of full or partial Financial Assistance will be based on the patient's ability to pay and will not be abridged on the basis of age, sex, race, creed, disability, sexual orientation, immigration status or national origin.

B. Confidentiality

The need for Financial Assistance may be a sensitive and deeply personal issue for recipients. Confidentiality of information and preservation of individual dignity shall be maintained for all who seek charitable services. Orientation of staff and the selection of personnel who will implement this policy and procedure will be guided by these values. No information obtained in the patient's Financial Assistance application will be released unless the patient gives express permission, in writing, for such release.

C. Eligibility for Financial Assistance

- a. All patients who are residents of New York State are eligible for Financial Assistance for an Emergency Medical Condition. Financial Assistance is also available for Medically Necessary Services to patients residing in the Primary Service Area for a non-Emergent Medical Condition. However, HealthAlliance may extend its Financial Assistance policy to others as may be approved on a case-by-case basis. This policy is not available for patients receiving non-medically necessary services, such as cosmetic procedures or procedures for patients enrolled with insurance companies which do not contract with HealthAlliance.
- b. The determination of eligibility for Financial Assistance will be made upon receipt of a completed application from the patient or authorized representative.

- c. The hospital will consider income levels when determining eligibility for Financial Assistance. Primary residence, assets held in a tax deferred or other comparable retirement account savings, college account savings or cars used regularly by patients or immediate family will not be taken into consideration.
- d. HealthAlliance will make a determination of eligibility for Financial Assistance based upon income levels provided during the application process. Qualification for the Financial Assistance program is based solely on the patient's monthly or annual income in relation to the federal poverty guidelines.
- e. Financial Assistance discounts will be applied based on the guidelines listed in table 7.6 below. The poverty guidelines in this table apply to all services except for the methadone clinic which has a separate, flat-rate structure detailed below in paragraph E.
- f. The maximum amount a patient will be responsible for under this policy will not exceed the rate established under the Medicare FFS for the facility, in accordance with Section 501(r) of the Internal Revenue Code.
- g. This Financial Assistance Policy applies to the HealthAlliance Hospitals and the providers affiliated with its related entity, Mid-Hudson Physicians, 105 Mary's Ave, Kingston, NY. Any other Physicians, Providers or Provider Groups, including the Emergency Room Physicians, are not covered under this policy. You may call your provider directly if you have any questions about their policies. This policy doesn't apply to Mountainside Residential Care Center nursing home.

D. Table of Financial Assistance Tiers Based on Income Levels (excluding methadone services)

Family Size	HHS Poverty Income \$	150%	200%	300%
1	12,140.00	18,210.00	24,280.00	36,420.00
2	16,460.00	24,690.00	32,920.00	49,380.00
3	20,780.00	31,170.00	41,560.00	62,340.00
4	25,100.00	37,650.00	50,200.00	75,300.00
5	29,420.00	44,130.00	58,840.00	88,260.00
6	33,740.00	50,610.00	67,480.00	101,220.00
7	38,060.00	57,090.00	76,120.00	114,180.00
8	42,380.00	63,570.00	84,760.00	127,140.00
Discount		100%	80%	50%

***Not to exceed the Medicare FFS rate, in accordance with Section 501(r) of the Internal Revenue Code.**

- E. Effective October 1, 2014, HealthAlliance has changed the process of applying Financial Assistance to the Methadone Program. These patients may be responsible for a weekly payment depending on their income. We have used Methadone's weekly base rate of \$130 and the FPIG to determine what amount the patient may be responsible for. Below is a table that will be used to determine the discount and payment to be made by the patient:

% of POVERTY GUIDELINE	% DISCOUNT GIVEN	METH SELF PAY RATE
100% OR LESS	100%	\$0.00
101-150%	80%	\$26.00
151-250%	50%	\$65.00
251%-300%	25%	\$97.00
OVER 300%	NO DISCOUNT	

- a. All patients' payment amounts will be evaluated annually against the new FPIG. A new Financial Assistance application will be required at that time.
- b. If a patient has insurance and feels he/she cannot afford to pay the deductible or copay, they have the option to apply for Financial Assistance. If approved, the patient would not have to pay more than the amounts listed in the above table.

F. Application Process

- a. Patients will complete an application to apply for Financial Assistance from HealthAlliance. Patients who do not have insurance may qualify for Financial Assistance based on their monthly or annual income and their family size. Patients having insurance may also be eligible for Financial Assistance for their deductibles and coinsurance, if the services are medically necessary. Financial Assistance policies will not apply to portions of the bill covered by insurance, except for applicable coinsurance and deductible amounts.
- b. Requests for Financial Assistance may be proposed by sources other than the patient, such as the patient's physician, family members, community or religious groups, social service organizations or hospital personnel. The patient shall be informed of such a request. This type of request shall be processed like any other and be subject to the Financial Assistance qualification guidelines.
- c. The hospital shall send anyone who requests information on HealthAlliance's Financial Assistance program an application and an informational sheet about the program.
- d. If the hospital has a reasonable basis for believing that a patient may be eligible for Medicaid or other publicly sponsored insurance program, then the hospital will have the right to require patient(s) to cooperate in applying for such coverage as a condition for receipt of Financial Assistance. HealthAlliance will document a reasonable, good faith basis for believing the patient may be eligible for Medicaid coverage and will document the reason in the patient's records.
- e. HealthAlliance's Financial Assistance representatives will provide application assistance to all patients. Reading, writing and / or translation services, when needed, will be offered to all patients.
- f. HealthAlliance will make all attempts to have the patient complete a Financial Assistance application at or before the time services are rendered. The patient will be allotted ninety (90) days from the date of discharge or from date of service to submit

the completed application and an additional twenty (20) days to submit all required documentation.

- g. If verification of financial information is needed, the hospital shall request such information from the patient. Patients may use a variety of information to substantiate financial circumstances, such as paycheck stubs, W-2 forms and unemployment or disability statements. If those items are unavailable, a letter of support from individuals providing for the patient's basic living needs will be accepted.
- h. If a deposit is requested of the patient prior to non-emergency but medically necessary care, such deposit will be included as part of any financial assistance consideration.

G. Approval Process

- a. The patient shall be notified in writing within ten (10) business days after receipt of the Financial Assistance application and any supporting materials as to whether the patient qualifies for the Financial Assistance program. The patient shall receive notification stating that Financial Assistance eligibility will be effective for a period of one year, barring any change in the financial condition of the patient and family.
- b. If the patient has applied for and has been approved for Financial Assistance within the last twelve (12) months and the patient's financial circumstances have not changed, the patient shall be deemed eligible for Financial Assistance without having to submit a new Financial Assistance application.

H. Denial and Appeal Process

- a. If it is determined that the patient does not qualify for the Financial Assistance program, the patient shall be informed in writing within ten (10) business days of the denial. All reasons for denial shall be provided in the correspondence.
- b. Included in the denial correspondence will be information about how to appeal the decision not to grant Financial Assistance.
- c. Each patient denied Financial Assistance may petition the hospital, in writing, within thirty (30) days for reconsideration based on extenuating circumstances.
- d. Financial Assistance appeals will be presented to an ad-hoc Patient Relations Committee which will consist of, but not be limited to, the following individuals:
 - Director of Revenue Cycle
 - Assistant Director of Account Resolution
 - Program Administrator, Patient Accounts
 - Patient Relations Specialist
- e. All appeals will be evaluated on a case-by-case basis taking into consideration the many unique factors impacting a patient's ability to pay. HealthAlliance may, at its discretion, extend financial assistance beyond that required in this policy.
- f. Patients will be notified of the determination or status of the appeal within thirty (30) days from receipt of the appeal from the patient.

I. Communication

- a. In an effort to notify patients of the Financial Assistance program, summary information sheets outlining the Financial Assistance Program, the application process and contact telephone numbers for additional information, shall be available at all patient registration desks and in all waiting areas. Additionally, signage indicating the

availability of the Financial Assistance program will be placed at all patient registration areas.

- b. HealthAlliance shall provide notice of the hospital's Financial Assistance program in English and/or Spanish during any pre-admission, admission and discharge process.
- c. All hospital employees in patient accounting, billing, registration and emergency areas will be fully trained in the hospital's Financial Assistance policy, have access to the application forms and be able to direct questions to the appropriate hospital representatives.
- d. All staff with public and patient contact will be trained regarding the availability of a Financial Assistance program at HealthAlliance and on how to direct patients to the appropriate representatives for assistance and further information.
- e. HealthAlliance will designate individuals in the Patient Accounting Department as specialists in the Financial Assistance process. These individuals will provide and/or coordinate the assistance measures outlined in this policy and will oversee all aspects of the Financial Assistance application process.
- f. A statement regarding the availability of financial assistance programs, including Financial Assistance, will be included on all bills and data mailers sent to patients by HealthAlliance. Included will be information on how to contact HealthAlliance for more information or to apply for the program.

J. Record Keeping

- a. All Financial Assistance applications will be kept on file for five (5) years. A copy of the patient's Financial Assistance application and all correspondence with the patient regarding the approval, denial and appeal will be maintained in the patient's file.
- b. Financial Assistance shall be recorded using the direct write-off method and shall comply with all accounting regulations by the American Institute for Certified Public Accounting. Transaction codes and plan codes will be established in HealthAlliance's computerized patient billing system to adequately track and report Financial Assistance activity.

K. Reporting

- a. HealthAlliance shall provide a copy of the hospital's Financial Assistance program and report the amount of Financial Assistance provided in cost and charges in its annual financial statements. The hospital shall file a copy of the hospital's Financial Assistance program with all appropriate local and state agencies.
- b. The Assistant Director of Account Resolution/Patient Accounts will audit the Financial Assistance process by sampling a minimum of ten (10) Financial Assistance applications biannually. A complete review of the documentation, correspondence with the patient and subsequent financial activity on the accounts will be reviewed. An appropriate investigation and follow-up education will be conducted in the event any deviation from this policy is uncovered.

REFERENCES – WMC Credit and Collection Policy