

**HEALTH ALLIANCE OF THE HUDSON VALLEY  
POLICY AND /OR PROCEDURE STATEMENT  
PATIENT ACCOUNTING**

TITLE:	<b>Charity Care—Policy and Procedure</b>
EFFECTIVE DATE:	October 1, 2009, January 2011, January 2012, March 2013, December 2013, February 2014, February 2015, July 2015, February 2016
DATES REVISED:	Full replacement of Policies in existence prior to October 2009 for Mary's Ave Campus, Broadway Campus and Margaretville Hospital
DATES REVIEWED:	
DISTRIBUTED BY:	Patient Accounting Department
RESPONSIBLE DEPARTMENTS:	Patient Accounting Department, Financial Counseling

**POLICY:** HealthAlliance recognizes the responsibility to provide access to quality health care services meeting the community's needs. Patients who present themselves for emergency or urgent care will not be turned away because of their inability to pay. Charity care (Financial Assistance) will not be made available for non-medically necessary services such as, but not limited to - cosmetic surgery, patient convenience items or elective procedures. The population that this policy will apply to is defined as patients residing in New York State.

HealthAlliance of the Hudson Valley's Charity Care Program will be used in conjunction with the Uninsured Discount which is automatically applied to all patient accounts where a patient does not have hospital medical coverage through a third party or government payer. (Please see Uninsured Discount Policy for further clarification) Both charity care discounts and self-pay discounts are reported by HealthAlliance of the Hudson Valley as charity care.

Charity care is defined as health care services provided at no charge or at a reduced charge to patients who do not have nor cannot obtain adequate financial resources or other means to pay for their care. This is in contrast to bad debt which is defined as a patient and/or guarantor who, having the financial resources to pay for health care services, has demonstrated by their actions an unwillingness to resolve a bill. Partial or full charity care will be based solely on ability to pay and will not be abridged on the basis of age, sex, race, creed, disability or national origin.

**PURPOSE:** To establish guidelines for processing and approving Charity Care.

**SCOPE:** The Financial Assistance Policy for HealthAlliance covers bills from the following areas:

Any Hospital Bill from any of the following providers:

**HealthAlliance Mary's Avenue Campus: 105 Mary's Avenue, Kingston New York 845-338-2500**

**HealthAlliance Hospital Broadway Campus: 396 Broadway , Kingston, New York 845-331-3131**

**Margaretville Hospital: 42084 State Highway Route 28, Margaretville, New York 845-586-1631**

Any Physician Bill from the following Group Practice:

**Mid-Hudson Physicians: 105 Mary's Avenue, Kingston, New York 12401 845-338-2500-4246**

The Financial Policy for HealthAlliance does not cover bills from any of the following providers:

**Group Name: Llobet Medical Group**

Address: 42082 State Highway 28, Margaretville, New York 12455  
Phone Number: 845-586-3888

**Group Name: American Anesthesiology of New York**

Address: 51 Hurley Avenue, Kingston, New York 12401  
Phone Number: 1-800-243-3839 prompt 2 then prompt 3

**Group Name: Prime Care Physicians– Mid Valley Cardiology**

Address: 111 Mary's Avenue, Kingston, New York 12401  
Phone Number 845-339-3663

**Group Name: Health Quest Medical Practice of Cardiology**

Address: 55 Grand Street, Kingston, New York 12401  
Phone Number: 845-339-8700

**Group Name: Emergency Medical Associates**

Address: 651 West Mount Pleasant Ave, Livingston, NJ 07039  
Phone Number: 1-800-345-0064

**Group Name: HealthQuest Medical Practice, Division of Neurology**

Address: 364 Broadway, Kingston, New York 12401  
Phone Number 845-339-8700

**Group Name: Affiliated Pathology**

Address: 47 New Scotland Avenue, Albany, New York 12208  
Phone Number: 1-518-262-5461

**Group Name: Ulster Radiologic Associates**

Address: 45 Pine Grove Avenue, Kingston, New York 12401  
Phone Number: 845-339-7582

**Group Name: Medical Associates of the Hudson Valley**

Address: 360 Washington Avenue, Kingston, New York 12401  
Phone Number 845-338-7140

**Group Name: Grand Street Medical Associates**

Address: 27 Grand Street, Kingston, New York 12401  
Phone Number: 845-338-1535

**Group Name: Prime Medical Associates of the Hudson Valley**

Address: 360 Washington Avenue, Kingston, New York 12401

Phone Number 845-338-7140

**Group Name: Hudson Valley Foot Associates**

Address: 103 Hurley Avenue, Kingston, New York

Phone Number: 845-339-4191

**Group Name: Riccardo Esposito, MD**

Address: 462 Broadway, Kingston, New York

Phone Number: 845-339-2222

**Group Name: Physician Practice Enhancement, LLC**

Address: 66 West Gilbert Street, Suite 100, Red Bank, New Jersey 07701-4918

Phone Number: 732-212-0060

Additionally, any bill a patient would receive from seeing any physician in their private office would not be covered under HealthAlliance's Financial Assistance Program. Any bill received by a patient not mentioned specifically as being covered under this policy will be considered non-covered.

**PROCEDURE:**

1. Upon obtaining a request for financial assistance from the patient or responsible party, Patient Accounting will give or mail an application for Financial Assistance to the requesting party.
2. Uninsured patients' accounts will be reviewed for possible insurance coverage and other self-pay options, such as credit cards and payment plans. After all third party and personal resources have been exhausted, financial counseling staff will evaluate the patient for Medicaid. If it is determined that a Medicaid application is appropriate, staff will assist in applying to Medicaid.
  - a. If Medicaid denies the application due to the patient not qualifying, the guarantor is responsible for supplying the Financial Counselor with a copy of the Medicaid denial letter.
  - b. Upon receipt of a valid Medicaid denial letter a Charity Care application is required to be completed in a timely manner by the guarantor. The time period allowed for request for aid is 120 days post placement with an outside collection agency. In the event of extenuating circumstances identified by the guarantor this maximum application period will be extended by approval of the Assistant Director of Patient Access/ Credit or the Director of PFS.
  - c. The guarantor must supply proof of income such as the most recent Federal Tax return, last four (4) pay stubs, or other documents which clearly show income. In the event of extenuating circumstances identified by the guarantor, this maximum application period will be extended by approval of the Director of Patient Accounts or designee.
3. The Financial Counselor reviews the required information along with the Charity Care application. If the information is false the application will be immediately denied.
4. The Financial Counselor evaluates the information provided in the application in conjunction with Federal Income Poverty Guidelines (FPIG) to determine the write-off percentage. The following guidelines will be used in the sliding scale:

- Families with incomes at or below the FPIG guidelines will receive 100% discount
- Families with incomes between 101% of the FPIG guideline and 150% will receive 80% discount from the self pay discount
- Families with incomes between 151% and 250% will receive a 50% discount from the self pay discount
- Families with incomes between 251% and 300% will receive a 25% discount from the self pay discount
- Charity Care will not be considered for families with incomes over the 300% threshold these accounts will be capped at the self pay discount.

The following schedule of uncompensated care will be used in determining the family's qualification:

Family Size	% of Income			
	HHS Poverty Income \$	150%	250%	300%
1	11,880.00	17,820.00	29,700.00	35,640.00
2	16,020.00	24,030.00	40,050.00	48,060.00
3	20,160.00	30,240.00	50,400.00	60,480.00
4	24,300.00	36,450.00	60,750.00	72,900.00
5	28,440.00	42,660.00	71,100.00	85,320.00
6	32,580.00	48,870.00	81,450.00	97,740.00
7	36,730.00	55,095.00	91,825.00	110,190.00
8	40,890.00	61,335.00	102,225.00	122,670.00
<b>% of Discount</b>	<b>100%</b>	<b>80%</b>	<b>50%</b>	<b>25%</b>

\*\*For families with more than eight members, add \$4,160 for each additional member

The Health Alliance of the Hudson Valley Poverty Guidelines are to be updated annually with the basis being the Department of Health and Human Services (HHS) Federal Poverty Guidelines.

Effective October 1, 2014 Health Alliance has changed the process of applying charity care to the Methadone Program. These patients may be responsible for a weekly payment depending on their yearly income. We have used the Methadone's weekly base rate of \$130.00 and the Federal Poverty Level Guidelines to determine what amount the patient may be responsible for. Below is a chart 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	

All patients’ sliding scale amounts would be evaluated annually since the Federal Poverty Level Guidelines increase each year. A new charity care application would be required at that time.

If a patient has insurance and feels he/she cannot afford to pay the deductible or co-pay, they would have to apply for charity care. If approved, the patient would not have to pay anything more than the sliding scale amount.

5. If the information supplied supports the fact that the patient qualifies, an ‘Adjustment Request’ form is completed and sent to the appropriate authorization level for approval.

Authorization Levels	Approval Range
Financial Counselor	\$ 0.00 – Medicare deductible amount
Financial Coordinator	Medicare deductible amount - \$1500.00
Assistant Director PFS	\$1501.00 - \$5,000.00
Director, PFS	\$5001.00- \$10,000.00
CFO (or designee)	\$10,001.00 and above

6. After review and determination, the original is returned to the Financial Counselor. The hospital will approve or deny the application within

30 days of the receipt of a completed application.

- a. If approved for charity care, the patient will be mailed an approval letter
  - b. If the patient/guarantor qualifies for Charity Care based on the sliding scale, the patient will be required to pay the outstanding amount. The approval letter will outline to the guarantor the need to contact Patient Financial Services to establish a payment plan, not to exceed 10% of the guarantor’s gross monthly income.
  - c. If denied, a denial letter will be mailed to the patient/guarantor. In this denial letter it will be outlined to the guarantor the steps needed to file an appeal. The guarantor will have 30 days to file a written appeal, outlining the reason(s) he believes charity care should be extended. This will be reviewed by the Financial Coordinator and the Director of Patient Accounting for final determination and a decision will be rendered to the patient or responsible party within 30 days of the appeal.
7. Financial Counselors notate all activity in the Hospital system and file the original documents in the Charity file. While the guarantor is in the process of filing for Charity Care an account will not be sent for collections with an outside collection agency, and the patient can disregard the bill until a determination is made on the charity care application.
  8. Upon approval Financial Counselor adjusts account using the appropriate adjustment code.
  9. Approval for Charity Care will not cause any refunds of prior patient/guarantor payments.
  10. Financial Assistance reporting will be conducted in compliance with NYS Department of Health requirements.