POLICY: FINANCIAL AID

PURPOSE: An initial discount is provided to all patients without insurance. Additional financial aid is provided to assist low-income, uninsured and underinsured individuals who do not otherwise have the ability to make full payment. We are committed to treating all patients in an equitable manner and with dignity, respect and compassion.

A. GENERAL GUIDELINES

The Hospital extends an overall financial aid discount to all uninsured patients. The application process and other qualifying criteria are not required of the uninsured patient to receive the initial reduction in their total charges.

This program covers all Geneva General Hospital, Soldiers and Sailors Memorial Hospital, and FLH Medical, P.C., medically necessary services to include acute care services, both inpatient and outpatient regardless of where you live. Financial Aid is applicable to financially eligible patients without insurance, whose benefits have been exhausted, or have copays, coinsurance, and deductibles that they have an inability to pay. The provision of emergent healthcare is never delayed pending financial aid determination. The patient's medical condition is not a factor in financial aid determination. Services that are excluded from this program are those that are not medically necessary (e.g. cosmetic surgery) and charges from private doctors who provide services in the hospital.

The initial discount is set periodically by the hospital at a rate that is equivalent to the average discount received by the contracted commercial payer with the highest volume of claims. Application and other qualifying criteria are not required of the uninsured patient to receive the initial reduction in their total charges.

If the patient feels they are unable to make full payment, financial aid may be requested. Requests for Financial Aid application forms must be made within ninety days of service and returned to the Hospital with the requested income documentation. The Hospital may waive the ninety day limit if information related to eligibility is received at a later date. Applicants have twenty days from receipt of the application form to submit a completed application. The Hospital will refrain from referring an account to a collection agency during financial aid eligibility determination.

As part of financial aid process, patients are provided with information about the criteria that must be met in order to obtain Medicaid, Medicare, or other health insurances. Patients are required to cooperate in applying for such coverage as a condition of applying for financial aid. (Financial aid applications are evaluated concurrently with any application for public funds.)

Certain situations may result in an amount being classified as financial aid without a formal application, such as the patient being deceased, crisis intervention referrals and bankruptcy.

Patients who have exhausted their insurance benefits, who exceed financial eligibility criteria, but face extraordinary medical costs, or who have other unique circumstances may be considered for financial aid on a case-by-case basis.

B. FINANCIAL AID GUIDELINES
Financial aid is available to qualified patients who are at or below 300% of the Federal Poverty Level (See Federal Poverty Guidelines), based on the responsible party’s annual household income and the number of people in the household. The financial guidelines will be updated annually in conjunction with the Federal Poverty Level updates published in the Federal Register. Patients may receive full or partial discount from the cost of care, depending on the percentage of the guidelines matched by the patient's household income.

Any balance remaining after application of the financial aid discount is the responsibility of the patient. The patient will be assisted by the Hospital in making arrangements to satisfy any remaining balance on the account(s) by use of a payment plan. Monthly payment plans are available and will not exceed 10% of the patient's gross monthly income. Interest is not charged on the unpaid balance.

Financial aid applications are processed on a timely basis and written determinations are communicated to the patients within 30 days of receipt of the completed application. The responsible party may request reconsideration of a financial aid determination by providing additional information (such as explanation of extenuating circumstances) within 20 business days of receiving the initial notification.

Requests for application forms will be accepted before, during or after care is provided up to 240 days after the first statement to the patient. The hospital will strive to assist patients receiving high-cost services as they occur. Patients may be approved for financial aid on an account-by-account basis, or for a period of time (for a course of treatment) or a 3 month period of time. Patients may be asked to re-certify financial information when long term installment payment plans are being completed.

Patient statements will be put on hold during the application process. Payment will not be expected until after the financial aid determination is made.

C. SPECIFIC PROCEDURES

The following procedures describe the Hospital's implementation and management of its Financial Aid Program:

1. Training and Communication

   a. The Hospital provides training to all staff members about its Financial Aid Program to ensure institution-wide awareness of its provisions, and enable staff to assist patients who may benefit from financial aid. There are three levels of training:

      i. **General training** - all staff are informed about the Financial Aid Program through orientation as new hires and through the Hospital's mandatory, annual self-learning packet and test.

      ii. **Public access staff** (ambulatory, emergency, pre-admission, and admissions staff) these staff members are provided with more in-depth knowledge of the program so that they may explain its general intent to patients and direct them to an appropriate Customer Service Representative for further assistance.

      iii. **Customer Service Representatives** - these staff members receive detailed training about all aspects of the Hospital's Financial Aid Program in order to prepare them to describe and implement the program in the course of their daily tasks.

   b. The Hospital provides information about its Financial Aid Program in the following five distinct ways:
i. **Public Notices** - Notices about the Hospital's Financial Aid Program are available throughout the Hospital in key public access areas; contents include a general description of the Hospital's financial aid philosophy and program, together with instructions on how patients can access hospital staff to learn more about the program and/or apply. In addition, a description of the program is available on the Hospital's web site (www.flhealth.org).

ii. **Hospital Publications** - Information about the Hospital's Financial Aid Program is included in the Hospital's Admission Booklet that is available to all patients admitted to an inpatient care unit.

iii. **Patient Interviews** – reasonable efforts are made to have Customer Service Representatives interview all inpatients and assist them in securing Medicaid, Medicare, or other insurance benefits through the NYS exchange to cover the cost of their care. Customer Service Representatives will explain the Financial Aid Program to the uninsured or underinsured patients who do not qualify for benefits, and assist them in making application for discounted care.

iv. **Patient Billing Statements** - A brief summary of the Financial Aid Program and general income guidelines are provided on the patient billing statements.

v. **Translation Services** – Copies of the policy are available in Spanish. Multi-lingual interpretive services are available through the ATT Language Line Services.

### 2. Access to Financial Aid Program

a. Any patient may self-refer to a Customer Service Representative to learn more about the Financial Aid Program. The procedure for contacting the Customer Service Representatives is outlined in all published material; in addition, all staff in key access areas are trained on how to refer the Patient to the Customer Service Representatives. Customer Service Representatives make every effort to contact all patients admitted to the Hospital that may have a balance due. The Customer Service Representative assesses the patient's current insurance, confirms existing coverage, and determines if the patient will require additional financial aid in order to pay for their health care service. Patients with insufficient insurance are told about the Hospital's services designed to assist them in making application for insurance and the Hospital's Financial Aid Program and are referred to the Customer Service Representatives. Patients unwilling to apply for insurance or pursue financial aid are informed that they will be responsible for full payment of their hospital bill.

b. Any patient who appears to qualify for Medicaid insurance is assisted in making application for this public insurance program. (It is not required to apply for and be denied benefits from Medicaid or any other public insurance plan prior to the hospital accepting and processing an application for financial aid. In most cases these processes would be expected to run concurrently.)

A Customer Service Representative assists the patient as needed throughout the Medicaid application process until a determination is made with respect to eligibility for Medicaid. (Medicaid denials considered inappropriate by the Customer Service Representative are discussed with the patient. The Customer Service Representative may recommend that the patient request a Medicaid Fair Hearing and assist him/her in arranging the hearing, if the patient expresses a willingness to pursue this appeal process).
3. **Financial Aid Application**

   a. The Customer Service Representative contacts patients seeking financial aid as soon as possible, but typically within two business days of receipt of the application. A financial aid interview is then conducted (via personal or telephone interview, or via correspondence).

   b. At the beginning of the interview, the patient is informed about: (a) the services covered by the Hospital's Financial Aid Program; (b) steps in the application process; (c) the patient/family requirement to provide proof of current income as a basis for financial aid determinations (examples: pay stubs, rent income, Social Security payments, unemployment payments, disability payments, workers' compensation payments, alimony / child support, etc.) (d) the rules used in determining eligibility for financial aid; (e) the schedule used to determine fee discounts for eligible patients; (f) the process for patient request for reconsideration of a financial aid determination in light of additional information or change in circumstance; (g) patient responsibility for payment of charges remaining after a discount is applied; and (h) the hospital's billing and collection processes. At this point in the interview, patients are given the opportunity to decide if they wish to continue in the financial aid application process.

   Patients or their representatives who are unwilling to provide required documentation or comply with other aspects of the process are informed that they will not be eligible for financial aid and that they become immediately responsible for all hospital charges related to their care after the initial discount has been applied. Patients who elect to continue with the process participate in the financial assessment component of the interview.

   In this segment of the interview, the Customer Service Representative obtains additional information about the patient's household income and size. The patient is asked to provide documentation to submit verification of information provided during the interview within 20 days of the application.

   c. Within 30 days of receiving the completed Financial Aid Application and all required documentation, the Customer Service Representative shall determine: (a) the patient's eligibility for financial aid and (b) the discount percentage to which the patient is entitled. The Customer Service Representative communicates this information to the patient in writing, and informs him/her of the specific amount that remains due after application of the indicated financial aid discount.

   d. A patient or responsible party may request reconsideration of a financial aid determination if additional information is available that would change their status with regard to the financial aid eligibility guidelines. The request for reconsideration can be made by telephone or in writing to the Hospital's Customer Service Representative. The reconsideration will be completed as soon as possible, and the patient/family will be informed of the review determination in writing within 30 business days of the request for reconsideration.

   e. After the Customer Service Representative's initial determination or the determination rendered after an appeal review, the patient's hospital account is adjusted to reflect the amount of any financial aid deduction to be applied to it. The patient is billed for any remaining amount due, and is offered the telephone number of an individual within Patient Accounts who is available to assist the person in creating a self-payment plan that outlines patient re-payment steps over a specified period of time should the patient require such assistance. Monthly payments under a self-payment plan will not exceed 10% of the patient’s gross monthly income.
f. Patients or their representatives who do not fulfill their payment obligations within specific time periods are informed of the delinquency status of their account and that failure to remit payment will result in their account being referred to a collection agency. Written Notification of referral to a collection agency, including notification on a patient bill, is made not less than thirty days prior to referral.

g. Only those hospital employees, who have specifically been delegated authority to do so, may release an account to a collection agency for processing. The Hospital maintains a written agreement with each collection agency it retains in which it defines the standards to be followed in pursuing payment of referred hospital accounts. Should the patient/family ask the collection agent about the possibility of pursuing financial aid at any point during the collection process, the agent is instructed to refer the patient to a Customer Service Representative for an updated eligibility determination. The Hospital will give written consent to the collection agency prior to commencing legal action and will not permit the forced sale or foreclosure of the patient’s primary residence.

h. The Hospital's Chief Financial Officer and the Financial Aid Committee ensure that the Hospital's Financial Aid Program is audited at periodic intervals to assess the adequacy and fairness of its financial aid process and determinations. Changes are made in the process when audits indicate ways that it should be improved.

i. Any exceptions to the above policy will be made on a case by case basis and will require the approval of the Vice President of Finance.

Approved By: __________________________  Date:    ___________________

Approved By: __________________________  Date:    ___________________

Effective: July 2004  