

		POIICy					
	Financial Assistance Program for	Date of Origin:		Policy #			
Title:	Clifton Springs Hospital and Clifton Springs	Last Reviewed:	12/2022				
	Hospital Employed Physicians	Last Revised:	1/1/2023				
		Effective:	2016	Page	1	of	12

### Purpose and Introduction

Rochester Regional Health recognizes the need in our community to provide financial counsel and assistance to those patients with limited income who find it difficult to meet the expenses incurred in receiving health care services at Rochester Regional Health. In keeping with our mission and values to enhance lives and preserve health of our community and patients by enabling access to a comprehensive, fully integrated network of the highest quality and most affordable care, delivered with kindness, integrity, and respect, Rochester Regional Health offers a Financial Assistance Program.

The purpose of this policy is to define the Financial Assistance Program and establish the necessary criteria, guidelines and approval process for the provision of Financial Assistance to eligible individuals, as well as to offer assistance with obtaining low cost or free health insurance, to help defray the costs of health care services provided by Rochester Regional Health.

# **Overview/Public Disclosure Statement**

Rochester Regional Health's Financial Assistance Program takes into account each individual patient's ability to contribute to the cost of his or her healthcare services. The Financial Assistance Program consists of a process where patients are provided financial counseling and assistance in applying for publicly sponsored New York State health insurance programs and/or are evaluated for possible eligibility for a Financial Assistance Discount.

### **Discounts for the Uninsured**

Rochester Regional extends discounts to those uninsured patients not otherwise covered in this policy by applying a discount to medically necessary services provided at the hospitals. Exclusions include: physician services and the following elective services: plastic surgery, in-vitro fertilization, cardiac rehab, pulmonary rehab and dental.

### **Financial Counseling Services**

As part of the Financial Assistance Program, Rochester Regional Health will provide patients with information about the criteria that must be met under Federal and NYS regulations in order to obtain Medicaid, Medicare, entitlement programs and/or other health insurances. Patients are assisted in making applications for any of these programs or discounted fee plans.

Patients may remain self-pay and become responsible for full payment of their Hospital bill, if they:

- Elect not to make application for insurance coverage for which they may qualify; or
  - Elect not to make application for Financial Assistance;
  - Do not comply with insurance company requirements
  - Have the ability to pay.

	ROCH	ESTER LHEALTH Policy	,				
Title:	Financial Assistance Program for Clifton Springs Hospital and Clifton Springs Hospital Employed Physicians	Date of Origin: Last Reviewed: Last Revised: Effective:	12/2022 1/1/2023 2016	Policy #	2	of	12
	<ul> <li>Financial Assistance Discounts         <ul> <li>Services Eligible for Discounts</li> <li>This Program covers Hospital and Employed Pf</li> <li>Physician; including both inpatient and outpatien</li> <li>necessary to prevent, diagnose, or treat conditivial</li> <li>illness or infirmity. Discounts for Dental services</li> <li>Employed Physicians can be identified on the "f</li> <li>www.rochesterregional.org/physician-directory</li> </ul> </li> <li>For National Health Service Corps (NHSC) app</li> <li>NHSC approved, a sliding fee discount program adjusted based on the patient's ability to pay. S sliding fee discount program is applicable to all most recent Federal Poverty guidelines. Eligibilit factors, (e.g. assets, insurance status, participativpe).</li> <li>The Financial Assistance Program does <i>not</i> cov as television, telephone and special request priviphysicians and providers performing services in Discount Eligibility Requirements</li> <li>Financial Assistance Discounts are available for and whose household income, as determined b is equal to or less than 400% of the most recent requirements is detailed in Appendix B.</li> <li>Rochester Regional Health will use discretion on NYS resident patients and those patients who n injury.</li> <li>Discount Levels and Patient Payment</li> <li>A patient whose household income, as determined b is equal to or less than 400% of the most recent requirements is detailed in Appendix B.</li> </ul>	nt services. "Medically ons in a person that causes are available and outli Find a Doctor" section of roved sites, as well as the is offered so the amoutervices are rendered re- individuals and families ty for discounts is base tion in the Health Insura- ver, in-vitro fertilization, vate room charges, or a the hospital, which will r uninsured and underir y the income patients p the Federal Poverty Guides in a case by case basis hay be deemed medical med by the application in	Necessary" mea use acute sufferi ned in Appendix of the Rochester hose sites which int owed for serv gardless of the with annual inc d on income and ance marketplac cosmetic service int services bille be billed separa issured patients w rovide in the Fir elines. Further in to process finar ly indigent due	ans those serving, endanger Regional Heat h are applying vices by eligib patient's abilit omes at or be d family size a e, citizenship es, convenient ately. who reside in hancial Assistant formation on ncial assistant to a catastrop	vices the life, or Regio alth we to bee le pating y to pating y to pating y to pating y to pating low 20 and no popul ce iter bloyed New Y ance A income the for a hic illn or less	result nal he bosite, come ents is ay. The 00% of other ation ns, suc fork St pplica e eligit all non- ess or	t in alth alth set to a te to
	A patient whose household income is greater th	an 200% and less than	400% of the mo	ost recent Feo	leral P	overty	



		Policy					
	Financial Assistance Program for	Date of Origin:		Policy #			
Title:	Clifton Springs Hospital and Clifton Springs	Last Reviewed:	12/2022				
	Hospital Employed Physicians	Last Revised:	1/1/2023				
		Effective:	2016	Page	3	of	12
	Guidelines qualifies for a partial Financial Assist		•			the p	artia
	Financial Assistance Discount decreases as hou	usehold income increas	es as illustrated	in Appendix /	А.		
	Financial Assistance Discounts are also availab	la ta aligibla patianta ta	dooroooo tho o	oot of opinour		~~	
	payments and deductibles, also illustrated in Ap	•			anc <del>o</del> ,	0-	
	The Financial Assistance Discount and amount	of payment that Roche	ster Regional H	ealth accepts	from a	a patie	ent
	shall be capped at the average amount the hosp	•					
	insurers – this is referred to as the Amount Gen	• • •					
	discounts to the Medicare/Private Health insurer	rate is described in Ap	pendix A, along	g with further re	egula	tory de	etails
	and, the applicable AGB discount percentages.						
	For those patients who do not pursue Medicaid	or other insurance cove	erage that they	nav be eligible	e to re	ceive	due
	to religious reasons, a discount program is avail		• •	• •			
	has been obtained, patients will be responsible	for payment at the Med	icaid rate. To q	ualify for this p	orogra	am,	
	patients must submit proof of IRS exemption.						
	Discount Application Process						
	Rochester Regional Health will make available,	upon request and witho	out charge, the l	-	stance	e Prog	ram
				-Inancial Assis	stanto		
	policy, application and plain language summary	to patients. The aforem	-			mmar	y are
	policy, application and plain language summary also available on the Rochester Regional Health	•	nentioned policy	, application a	ind su	mmar	y are
	also available on the Rochester Regional Health	website, under Patien	nentioned policy ts & Visitors-Bill	r, application a ing & Insuranc	ind su ce.		
	also available on the Rochester Regional Health For services provided by Rochester Regional Health	ealth: If there is sufficie	nentioned policy ts & Visitors-Bill ent information t	r, application a ing & Insurand o identify that	ind su ce. a pati	ent is	
	also available on the Rochester Regional Health	ealth: If there is sufficient count, the Hospital ma	nentioned policy ts & Visitors-Bill ent information t y consider the p	r, application a ing & Insurand o identify that patient to be Pl	ind su ce. a pati resum	ent is iptivel	y
	also available on the Rochester Regional Health For services provided by Rochester Regional He potentially eligible for a Financial Assistance Dis	ealth: If there is sufficient count, the Hospital management of the sufficient count, the Hospital management of the sumptive Eligibility is defined as the sum of the	nentioned policy ts & Visitors-Bill ent information t y consider the p efined as a dete	r, application a ing & Insurand o identify that patient to be Pl ermination that	ind su ce. a pati resum : a pat	ent is iptivel ient is	y
	also available on the Rochester Regional Health <u>For services provided by Rochester Regional Health</u> potentially eligible for a Financial Assistance Dis Eligible for a Financial Assistance Discount. Pre eligible for financial assistance based on information. The	ealth: If there is sufficient count, the Hospital man sumptive Eligibility is dra ation other than that pro-	nentioned policy ts & Visitors-Bill ent information t y consider the p efined as a dete ovided by the pa nalytic software	e, application a ing & Insurance o identify that patient to be Pre- ermination that atient, or, base e or an analytic	a pati resum a pati ra pat a pat d on a servi	ent is optivel ient is a prior ces ve	y s r endc
	also available on the Rochester Regional Health <u>For services provided by Rochester Regional Health</u> potentially eligible for a Financial Assistance Dis Eligible for a Financial Assistance Discount. Pre eligible for financial assistance based on information financial assistance eligibility determination. The to support such presumptive Financial Assistance	ealth: If there is sufficient count, the Hospital ma sumptive Eligibility is de ation other than that pro- e Hospital may utilize a co processing. If a pati-	nentioned policy ts & Visitors-Bill ent information t y consider the p efined as a dete ovided by the pa nalytic software ent is determine	r, application a ing & Insurance o identify that patient to be Pre- ention that atient, or, base or an analytic ed to be Presu	a pati resum a pati resum a pat d on servi mptive	ent is optivel ient is a prior ces ve ely Eli	y endo gible
	also available on the Rochester Regional Health <u>For services provided by Rochester Regional Health</u> potentially eligible for a Financial Assistance Dis Eligible for a Financial Assistance Discount. Pre eligible for financial assistance based on information financial assistance eligibility determination. The to support such presumptive Financial Assistance for a Financial Assistance Discount, the discount	ealth: If there is sufficient count, the Hospital ma sumptive Eligibility is du ation other than that pro- e Hospital may utilize a ce processing. If a pati- t amount will be reflect	nentioned policy ts & Visitors-Bill ent information t y consider the p efined as a dete ovided by the pa nalytic software ent is determine ed on the patier	e, application a ing & Insurance o identify that patient to be Pre- ermination that atient, or, base or an analytic ed to be Presu nt's next billing	a pati resum a pati a pati d on servi mptive state	ent is iptivel ient is a prior ces ve ely Eli ment.	y endo gible If th
	also available on the Rochester Regional Health <u>For services provided by Rochester Regional Health</u> potentially eligible for a Financial Assistance Dis Eligible for a Financial Assistance Discount. Pre eligible for financial assistance based on information financial assistance eligibility determination. The to support such presumptive Financial Assistance for a Financial Assistance Discount, the discound discount is less than the most generous assistance	ealth: If there is sufficient count, the Hospital marks sumptive Eligibility is during ation other than that pro- e Hospital may utilize a corressing. If a patient t amount will be reflect once available under the	nentioned policy ts & Visitors-Bill ent information t y consider the p efined as a dete ovided by the pa nalytic software ent is determine ed on the patier Financial Assis	r, application a ing & Insurance o identify that patient to be Pre- atient, or, base or an analytic ed to be Presu at's next billing tance Program	a pati resum a pati resum a pati d on servi servi state n, Ro	ent is optivel ient is a prior ces ve ely Eli ment. cheste	y endo gible If th
	also available on the Rochester Regional Health <u>For services provided by Rochester Regional Health</u> potentially eligible for a Financial Assistance Dis Eligible for a Financial Assistance Discount. Pre- eligible for financial assistance based on information financial assistance eligibility determination. The to support such presumptive Financial Assistance for a Financial Assistance Discount, the discound discount is less than the most generous assistant Regional Health will allow a 30 day window for the	ealth: If there is sufficient count, the Hospital marks sumptive Eligibility is duration other than that pro- e Hospital may utilize a ce processing. If a pati- t amount will be reflect the patient to complete	nentioned policy ts & Visitors-Bill ent information t y consider the p efined as a dete ovided by the pa nalytic software ent is determine ed on the patier Financial Assis	r, application a ing & Insurance o identify that patient to be Pre- atient, or, base or an analytic ed to be Presu at's next billing tance Program	a pati resum a pati resum a pati d on servi servi state n, Ro	ent is optivel ient is a prior ces ve ely Eli ment. cheste	y endo gible If the
	also available on the Rochester Regional Health <u>For services provided by Rochester Regional Health</u> potentially eligible for a Financial Assistance Dis Eligible for a Financial Assistance Discount. Pre eligible for financial assistance based on information financial assistance eligibility determination. The to support such presumptive Financial Assistance for a Financial Assistance Discount, the discound discount is less than the most generous assistance	website, under Patien ealth: If there is sufficient count, the Hospital marks sumptive Eligibility is duration other than that pro- e Hospital may utilize a be processing. If a pati- t amount will be reflect the patient to complete	nentioned policy ts & Visitors-Bill ent information t y consider the p efined as a dete ovided by the pa nalytic software ent is determine ed on the patier Financial Assis	r, application a ing & Insurance o identify that patient to be Pre- atient, or, base or an analytic ed to be Presu at's next billing tance Program	a pati resum a pati resum a pati d on servi servi state n, Ro	ent is optivel ient is a prior ces ve ely Eli ment. cheste	y endc gible If th
	also available on the Rochester Regional Health <u>For services provided by Rochester Regional Health</u> potentially eligible for a Financial Assistance Dis Eligible for a Financial Assistance Discount. Pre- eligible for financial assistance based on information financial assistance eligibility determination. The to support such presumptive Financial Assistance for a Financial Assistance Discount, the discound discount is less than the most generous assistant Regional Health will allow a 30 day window for the	ealth: If there is sufficient count, the Hospital marks and utilize a be processing. If a path the processing. If a path the patient to complete the patient to complete the patient to complete the patient to complete the hospital marks and the Hospital marks and the patient to complete the patient	nentioned policy ts & Visitors-Bill ent information t y consider the p efined as a deter ovided by the pa nalytic software ent is determine ed on the patier Financial Assis a Financial Assis	e, application a ing & Insurance o identify that patient to be Pre- ention that atient, or, base or an analytic ed to be Presu at's next billing tance Program stance Applica	a pati resum a pati resum a pat d on servi state n, Ro ation f	ent is optivel ient is a prior ces vo ely Eli ment. cheste or	y endc gible If th

	ROCH REGIONA	ESTER LHEALTH					
		Policy	,				
	Financial Assistance Program for	Date of Origin:		Policy #			
Title:	Clifton Springs Hospital and Clifton Springs	Last Reviewed:	12/2022				
	Hospital Employed Physicians	Last Revised:	1/1/2023				
		Effective:	2016	Page	5	of	12
	<ul> <li>Financial Assistance application approval.</li> <li>Depending on the age of a bill, Rochester Region</li> <li>Further detail on the Billing and Collection proces</li> <li>Special Circumstances Financial Assista</li> <li>Financial assistance that provides a discount to the Federal Poverty Guidelines for the uninsured from medical services provided by any Rochester family income. Financial assistance will be providely the patient according to their annualized family President of Patient Financial services and/or the Customer Service Team at (585) 922-1900, Assistance, 100 Kings Highway S, Rochester, Noreceipt of the request.</li> <li>Implementation &amp; Staff Training on Financial on Rochester Regional Health procedures illustrated in Appendix D.</li> <li>Exceptions to this policy require CFO approximation.</li> </ul>	edures can be found in a nce eligible patients with ar d and underinsured pop er Regional Health entit ded to the level of an a ily income. Determination eir designee. ns made under this poli or in writing, to Roches IY 14617. The reconsi <b>incial Assistance Pro</b> s regarding Financial As	Appendix C. Innualized family pulations. Where ty or provider th ffordable payme on and authorize iter Regional He ideration will be	income in exe e financial obli at exceed 10% ent plan that c ation will be gi ealed, by telep ealth, Attentior completed wit	cess c gation 6 of ar an be ven by hone, hone, 1: Fina	of 200 Is resu nuali achie y the ' by ca incial ) days	ulting zed ved Vice alling
References:	New York State Public Health Law 28 26 U.S.C. 7805 Section 1.501(r) 1-6	07-k					



Last Reviewed: 12/2022 Last Revised: 1/1/2023         Last Revised:       1/1/2023         Effective:       2016       Page       6         Appendix A         Financial Assistance Discounts and Patient Payment Detail         A patient whose household income, as determined by the application income worksheet, is equal to or less 200% of the most recent Federal Poverty Guidelines qualifies for 100% coverage at all Rochester Region: hospitals.         Sliding Scale Discounts       Patients whose household income is greater than 200% and less than 400% of the Federal Poverty Guide qualify for a discount, whether uninsured or under-insured. The scale below illustrates the discounts avail 100% 100% 125% 150% 157% 226% 250% 300% 40% 40% 40% 40% 40% 40% 40% 40% 40%	Clifton Springs Hospital and Clifton Springs         Last Revised:       1/1/2023         Last Revised:       1/1/2023         Effective:       2016       Page       6       of         Appendix A         Financial Assistance Discounts and Patient Payment Detail         A patient whose household income, as determined by the application income worksheet, is equal to or less tha 200% of the most recent Federal Poverty Guidelines qualifies for 100% coverage at all Rochester Regional He hospitals.         Sliding Scale Discounts       Patients whose household income is greater than 200% and less than 400% of the Federal Poverty Guidelines qualify for a discount, whether uninsured or under-insured. The scale below illustrates the discounts available:         Household Income Percentage of Federal Poverty Guidelines         010%       126%       151%       176       201       226%       25%       301       351         Medically       100%       100%       100%       100%       100%       100%       6%       6%       60%         RH       100%       100%       100%       100%       100%       100%       100%       6%       7%       6%       60%       discount       off of patient       patient       6%       6%       6%       discount       off of patient       patient       isophitic biscount		Financial /	Assistar	nce Pro	ogram fo	or D	ate of (	Drigin:		Po	olicy #			
Interfective:         Interfec	Effective:         2016         Page         6         of           Effective:         2016         Page         6         of           Appendix A         Financial Assistance Discounts and Patient Payment Detail         A         Patient whose household income, as determined by the application income worksheet, is equal to or less tha 200% of the most recent Federal Poverty Guidelines qualifies for 100% coverage at all Rochester Regional He hospitals.           Sliding Scale Discounts         Patients whose household income is greater than 200% and less than 400% of the Federal Poverty Guidelines qualify for a discount, whether uninsured or under-insured. The scale below illustrates the discounts available:           Museehold Income Percentage of Federal Poverty Guidelines for 100% 100% 125% 125% 220% 250% 300% 300% 300% 300% 300% 300% 300% 3	e:				•		ast Revi	iewed:	12/202	22				
Appendix A           Financial Assistance Discounts and Patient Payment Detail           A patient whose household income, as determined by the application income worksheet, is equal to or les 200% of the most recent Federal Poverty Guidelines qualifies for 100% coverage at all Rochester Regions hospitals.           Sliding Scale Discounts           Patients whose household income is greater than 200% and less than 400% of the Federal Poverty Guide qualify for a discount, whether uninsured or under-insured. The scale below illustrates the discounts avail           Household Income Percentage of Federal Poverty Guidelines           9-100%         101- 125%         151- 176%         176- 201- 226%         251- 301- 330%         301- 330%         3           RRH Medically         100%         100%         100%         100%         100%         discount	Appendix A         Financial Assistance Discounts and Patient Payment Detail         A patient whose household income, as determined by the application income worksheet, is equal to or less tha 200% of the most recent Federal Poverty Guidelines qualifies for 100% coverage at all Rochester Regional He hospitals.         Sliding Scale Discounts         Patients whose household income is greater than 200% and less than 400% of the Federal Poverty Guidelines qualify for a discount, whether uninsured or under-insured. The scale below illustrates the discounts available:         Note: Household Income Percentage of Federal Poverty Guidelines for discount discount discount discount off of charges discount discoun		Hospital Empl	oyed Phys	sicians		L	ast Revi	ised:	1/1/20	23				
Financial Assistance Discounts and Patient Payment DetailA patient whose household income, as determined by the application income worksheet, is equal to or less 200% of the most recent Federal Poverty Guidelines qualifies for 100% coverage at all Rochester Regions hospitals.Sliding Scale DiscountsPatients whose household income is greater than 200% and less than 400% of the Federal Poverty Guidel qualify for a discount, whether uninsured or under-insured. The scale below illustrates the discounts availMousehold Income Percentage of Federal Poverty Guidelines 101* 126* 151* 176* 201* 226* 251* 301* 3 201* 226* 251* 301* 3 201* 300* 350% 4RRH Medically Mecessary discount discount discount discount discount discount discount discount discount discount discount discount discount discount discount discount discount discount discount 	Financial Assistance Discounts and Patient Payment Detail         A patient whose household income, as determined by the application income worksheet, is equal to or less tha 200% of the most recent Federal Poverty Guidelines qualifies for 100% coverage at all Rochester Regional He hospitals.         Sliding Scale Discounts         Patients whose household income is greater than 200% and less than 400% of the Federal Poverty Guidelines qualify for a discount, whether uninsured or under-insured. The scale below illustrates the discounts available:         Intersected Income Percentage of Federal Poverty Guidelines         Undersected Income Percentage of Federal Poverty Guidelines         Network Into Income Income Income Income Percentage of Federal Poverty Guidelines         Income Into Income Income Percentage of Federal Poverty Guidelines         Income Into Income Income Percentage of Federal Poverty Guidelines         Income Into Income Income Percentage of Federal Poverty Guidelines <td< th=""><th></th><th></th><th></th><th></th><th></th><th>E</th><th>ffective</th><th>:</th><th>2016</th><th>Pa</th><th>age</th><th>6</th><th>of</th></td<>						E	ffective	:	2016	Pa	age	6	of	
Financial Assistance Discounts and Patient Payment DetailA patient whose household income, as determined by the application income worksheet, is equal to or less 200% of the most recent Federal Poverty Guidelines qualifies for 100% coverage at all Rochester Regions hospitals.Sliding Scale DiscountsPatients whose household income is greater than 200% and less than 400% of the Federal Poverty Guidel qualify for a discount, whether uninsured or under-insured. The scale below illustrates the discounts availMousehold Income Percentage of Federal Poverty Guidelines 101* 126* 151* 176* 201* 226* 251* 301* 3 201* 226* 251* 301* 3 201* 300* 350% 4RRH Medically Mecessary discount disco	Financial Assistance Discounts and Patient Payment Detail         A patient whose household income, as determined by the application income worksheet, is equal to or less tha 200% of the most recent Federal Poverty Guidelines qualifies for 100% coverage at all Rochester Regional He hospitals.         Sliding Scale Discounts         Patients whose household income is greater than 200% and less than 400% of the Federal Poverty Guidelines qualify for a discount, whether uninsured or under-insured. The scale below illustrates the discounts available:         Intersected income Percentage of Federal Poverty Guidelines         Undersected income Percentage of Federal Poverty Guidelines         Network discount disco														
A patient whose household income, as determined by the application income worksheet, is equal to or less 200% of the most recent Federal Poverty Guidelines qualifies for 100% coverage at all Rochester Regions hospitals.           Sliding Scale Discounts           Patients whose household income is greater than 200% and less than 400% of the Federal Poverty Guide qualify for a discount, whether uninsured or under-insured. The scale below illustrates the discounts avail           Household Income Percentage of Federal Poverty Guidelines           101-         126-         151-         176-         201-         226-         251-         301-         3           RRH         Medically         100%         100%         100%         100%         discount         discount         discount         discount         discount         discount         off of         off of         charges	A patient whose household income, as determined by the application income worksheet, is equal to or less tha 200% of the most recent Federal Poverty Guidelines qualifies for 100% coverage at all Rochester Regional He hospitals.           Sliding Scale Discounts           Patients whose household income is greater than 200% and less than 400% of the Federal Poverty Guidelines qualify for a discount, whether uninsured or under-insured. The scale below illustrates the discounts available:           Implication Provide the scale below illustrates the discounts available:           Implication Provide the scale below illustrates the discounts available:           Implication Provide the scale below illustrates the discounts available:           Implication Provide the scale below illustrates the discounts available:           Implication Provide the scale below illustrates the discount available:           Implication Provide the scale below illustrates the discount available:           Implication Provide the scale below illustrates the discount available:           Implication Provide the scale below illustrates the discount available:           Implication Provide the scale below illustrates the discount di							Append	lix A						
200% of the most recent Federal Poverty Guidelines qualifies for 100% coverage at all Rochester Regional hospitals.         Sliding Scale Discounts         Patients whose household income is greater than 200% and less than 400% of the Federal Poverty Guidel qualify for a discount, whether uninsured or under-insured. The scale below illustrates the discounts avail         Mousehold Income Percentage of Federal Poverty Guidelines	200% of the most recent Federal Poverty Guidelines qualifies for 100% coverage at all Rochester Regional He hospitals.         Sliding Scale Discounts         Patients whose household income is greater than 200% and less than 400% of the Federal Poverty Guidelines qualify for a discount, whether uninsured or under-insured. The scale below illustrates the discounts available:         Mousehold Income Percentage of Federal Poverty Guidelines         Qualify for a discount, whether uninsured or under-insured. The scale below illustrates the discounts available:         Meusehold Income Percentage of Federal Poverty Guidelines         101-126-151-176-201-226-251-301-351-301-351-         0-100%         100%         101-126-151-176-201-226-251-301-350-400%         Secord Dental iscount off of charges         (not off of charges         off of charges         off of charges         off of charges         charges         Colspan="2">Colspan="2">Colspan="2">Colspan= 2"         RRH         Medically         Not off of charges         off of for discount         off of charges         off of patient         Not off of pati		Financial As	ssistance	e Discou	nts and I	Patient	Paymen	t Detail						
200% of the most recent Federal Poverty Guidelines qualifies for 100% coverage at all Rochester Regional hospitals.         Sliding Scale Discounts         Patients whose household income is greater than 200% and less than 400% of the Federal Poverty Guidel qualify for a discount, whether uninsured or under-insured. The scale below illustrates the discounts avail         Mousehold Income Percentage of Federal Poverty Guidelines	200% of the most recent Federal Poverty Guidelines qualifies for 100% coverage at all Rochester Regional He hospitals.         Sliding Scale Discounts         Patients whose household income is greater than 200% and less than 400% of the Federal Poverty Guidelines qualify for a discount, whether uninsured or under-insured. The scale below illustrates the discounts available:         Mousehold Income Percentage of Federal Poverty Guidelines         Qualify for a discount, whether uninsured or under-insured. The scale below illustrates the discounts available:         Meusehold Income Percentage of Federal Poverty Guidelines         101-126-151-176-201-226-251-301-351-301-351-         0-100%         100%         101-126-151-176-201-226-251-301-350-400%         Secord Dental iscount off of charges         (not off of charges         off of charges         off of charges         off of charges         charges         Colspan="2">Colspan="2">Colspan="2">Colspan= 2"         RRH         Medically         Not off of charges         off of for discount         off of charges         off of patient         Not off of pati		Anationtwhe		ماما أبع م م		a masila a di l	hutha an	aliaatian in		ulahaat ia			4 년 요 ~ ~	
hospitals.Sliding Scale DiscountsPatients whose household income is greater than 200% and less than 400% of the Federal Poverty Guidequalify for a discount, whether uninsured or under-insured. The scale below illustrates the discounts availHousehold Income Percentage of Federal Poverty Guidelines101-125%151-176-201-226-251-301/125%150%125%150%175%200%200%300%80%75%70%65%669chargescharges100%	hospitals.         Sliding Scale Discounts         Patients whose household income is greater than 200% and less than 400% of the Federal Poverty Guidelines qualify for a discount, whether uninsured or under-insured. The scale below illustrates the discounts available:         Household Income Percentage of Federal Poverty Guidelines         Medically view of the federal Poverty Guidelines         Not the federal Poverty Guidelines         Medically view of the federal Poverty Guidelines         Not the federal Poverty Guideline		•					•				•			
Sliding Scale DiscountsPatients whose household income is greater than 200% and less than 400% of the Federal Poverty Guidequalify for a discount, whether uninsured or under-insured. The scale below illustrates the discounts availHousehold Income Percentage of Federal Poverty Guidelines101-126-101-126-101-126-251-301-3Nono%101-126-251-301-30-100%125%150%175%200%225%250%300%350%301-3Nono%100%	Sliding Scale DiscountsPatients whose household income is greater than 200% and less than 400% of the Federal Poverty Guidelines qualify for a discount, whether uninsured or under-insured. The scale below illustrates the discounts available:Household Income Percentage of Federal Poverty Guidelines 101-125% 151-176-201-226OPERCENT OF THE SCALE DELOWINTROM Percentage of Federal Poverty GuidelinesINTROM Percentage of Federal Poverty GuidelinesOPERCENT OF THE POVERTY Guidelines101-126-151-176-201-226-251-301-351-0-100% 125% 150% 175% 200% 225% 250% 300% 350% 400%RRH Medically Mecessary Services, except Dental (for Unisured)100% discount discount off of patient patient iability100% discount discount discount discount discount discount discount discount off of patient patient iability100% discount disc				Ci Gueral			o quumo		Soverage			9101101		
Patients whose household income is greater than 200% and less than 400% of the Federal Poverty Guide qualify for a discount, whether uninsured or under-insured. The scale below illustrates the discounts availHousehold Income Percentage of Federal Poverty Guidelines101-126-101-126-101-126-101-126-101-126-101-126-101-126-101-126-101-126-101-126-101-126-101-126-101-126-101-126-126-100% <th c<="" td=""><td>Patients whose household income is greater than 200% and less than 400% of the Federal Poverty Guidelines qualify for a discount, whether uninsured or under-insured. The scale below illustrates the discounts available:Household Income Percentage of Federal Poverty GuidelinesInterview of Federal Po</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th>	<td>Patients whose household income is greater than 200% and less than 400% of the Federal Poverty Guidelines qualify for a discount, whether uninsured or under-insured. The scale below illustrates the discounts available:Household Income Percentage of Federal Poverty GuidelinesInterview of Federal Po</td> <td></td>	Patients whose household income is greater than 200% and less than 400% of the Federal Poverty Guidelines qualify for a discount, whether uninsured or under-insured. The scale below illustrates the discounts available:Household Income Percentage of Federal Poverty GuidelinesInterview of Federal Po													
qualify for a discount, whether uninsured or under-insured. The scale below illustrates the discounts availHousehold Income Percentage of Federal Poverty Guidelines101-126-151-176-201-226-251-301-3RRH Medically Necessary Services, except Dental (for Uninsured)100% discount off of charges100% discount off of charges100% charges100% discount off of charges100% charges100% discount discount off of off of patient patient liability100% discount discount discount discount discount discount discount discount discount discount discount discount discount discount discount discount discount discount off of patient liability100% liability100% discount di	qualify for a discount, whether uninsured or under-insured. The scale below illustrates the discounts available:         Household Income Percentage of Federal Poverty Guidelines         Household Income Percentage of Federal Poverty Guidelines         101-       126-       151-       176-       201-       226-       251-       301-       350-%       400%         RRH       100%       100%       100%       100%       100%       100%       discount														
Household Income Percentage of Federal Poverty Guidelines101-126-151-176-201-226-251-301-3RRH Medically Necessary Services, except Dental (for Uninsured)100% discount100% discount100% discount off of charges100% charges100% discount off of charges100% discount off of charges100% discount discount off of charges100% discount discount off of charges100% discount discount off of charges100% discount discount off of charges250% discount discount discount off of charges200% charges225% discount discount discount off of off of off of charges300% discount <br< td=""><td>Household Income Percentage of Federal Poverty Guidelines101-126-151-176-201-226-251-301-351-0-100%125%150%175%200%225%250%300%350%400%RRH Medically Services, except Dental (for Uninsured)100% discount off of charges100% discount off of charges100% charges100% discount off of charges100% charges100% discount discount off of charges200% charges25% charges70% discount off of charges65% charges60% discount discount off of charges20% charges20% charges20% charges20% charges20% charges20% charges60% charges40% discount off of discount discount discount off of patient</td><td></td><td>Sliding Scale</td><td><u>Discounts</u></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></br<>	Household Income Percentage of Federal Poverty Guidelines101-126-151-176-201-226-251-301-351-0-100%125%150%175%200%225%250%300%350%400%RRH Medically Services, except Dental (for Uninsured)100% discount off of charges100% discount off of charges100% charges100% discount off of charges100% charges100% discount discount off of charges200% charges25% charges70% discount off of charges65% charges60% discount discount off of charges20% charges20% charges20% charges20% charges20% charges20% charges60% charges40% discount off of discount discount discount off of patient		Sliding Scale	<u>Discounts</u>											
101-126-151-176-201-226-251-301-3RRH Medically100% discount100% di	101-126-151-176-201-226-251-301-351-RRH Medically Services, except Dental (for Uninsured)100% discount charges100% discount off of charges100% discount off of charges100% discount off of charges100% discount off of charges100% discount off of charges100% discount off of charges100% discount off of charges100% discount off of charges100% discount off of charges30% discount off of charges75% discount discount off of charges201- asso326- asso301- asso351- dow dow discount off of chargesRRH Medically Necessary Services, except Dental (for Insured)100% discount off of patient liability100% discount discount off of patient liability100% discount off of patient liability100% discount off of patient liability100% discount off of patient liability100% discount off of patient liability100% discount discount off of patient liability30% discount discount off of patient liability30% discount discount off of patient liability30% discount discount off of patient liability30% discount discount off of patient liability30% discount discount off of patient liability30% discount discount off of patient liability30% discount discount off of patient liability30%<				old income	e is greate	er than 20	00% and	less than 4	400% of th	ne Federal	Poverty C	Guideli	ines	
101-126-151-176-201-226-251-301-3RRH Medically100% discount100% di	101-126-151-176-201-226-251-301-351-RRH Medically Services, except Dental (for Uninsured)100% discount charges100% discount off of charges100% discount off of charges100% discount off of charges100% discount off of charges100% discount off of charges100% discount off of charges100% discount off of charges100% discount off of charges100% discount off of charges30% discount off of charges75% discount discount off of charges201- charges326- charges301- asin351- discount discount discount off of charges300% discount off of patient patient liability100% discount discount off of patient liability100% discount discount off of patient liability100% discount off of patient liability100% discount discount off of patient liability100% discount discount off of patient liability100% discount discount off of patient liability30% discount discount off of patient liability30% discount discount off of patient liability20% discount discount off of patient liability30% discount discount off of patient liability30% discount discount off of patient liability30% discount discount off of patient liability30% discount discount off of patient liability30% discount discount of		Patients whos	e househo		•						•			
0-100%125%150%175%200%225%250%300%350%44RRH Medically Necessary Services, except Dental (for Uninsured)100% discount off of charges100% discount off of charges80% discount off of charges70% discount discount discount off of discount off of patient liability100% discount off of patient liability100% discount discount off of patient liability100% discount discount off of patient liability100% discount discount off of patient liability100% discount discount off of patient liability100% discount discount off of patient liability100% discount discount off of patient liability100% discount discount off of patient liability100% discount discount off of patient liability100% discount discount discount off of patient liability80% discount discount discount off of patient liability70% discount discount discount discount discount discount discount off of patient liability100% discount discount discount discount discount discount discount discount <th>RRH Medically Necessary Services, except Dental (for Uninsured)100% discount100% disco</br></th> <th></th> <th>Patients whos</th> <th>e househo</th> <th></th> <th>•</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>•</th> <th></th> <th></th>	RRH Medically Necessary Services, 		Patients whos	e househo		•						•			
Medically Necessary Services, (for Uninsured)100% discount off of charges100% discount off of charges100% discount discount discount off of discount off of patient liability100% discount off of patient liability100% discount discount off of patient liability100% discount discount off of patient liability100% discount discount off of patient liability100% discount discount off of patient liability100% discount discount off of patient liability100% discount discount discount discount off of patient liability100% discount discount discount disco	Medically Necessary Services, except Dental (for Uninsured)100% discount off of charges100% discount off of charges60% discount off of charges60% discount off of charges60% discount off of charges60% discount off of patient liability100% discount off of patient liability100% discount off of patient liability100% discount off of patient liability100% discount off of patient liability100% discount off of patient liability100% discount off of patient liability100% discount off of patient liability100% discount discount off of patient liability70% discount discount off of patient liability60% discount discount off of patient liability40% discount discount off of patient liability70% discount discount off of patient liability60% discount discount off of patient liability70% discoun		Patients whos	e househo	hether uni	insured or House	r under-ir ehold Incor	nsured. T	he scale b	Delow illus	trates the d	discounts	availa	ble	
Necessary Services, except Dental (for Uninsured)discount off of chargesdiscount off of 	Necessary Services, except Dental (for Uninsured)discount off of chargesdiscount off of discount off of patient liability100% discount off of patient liability100% discount off of patient liability100% discount off of patient liability100% discount off of patient liability100% discount off of patient liability100% discount off of patient liability100% discount off of patient liability100% discount off of patient liability100% discount off of patient liability100% discount discount off of patient liability100% discount discount off of patient liability100% discount discount off of patient liability100% discount discount off of patient liability100% discount discount off of patient liability100% discou		Patients whos	e househo iscount, w	hether uni	insured or House 126-	r under-ir ehold Incor 151-	nsured. T me Percenta 176-	he scale b ge of Federa 201-	Delow illus I Poverty Gui 226-	trates the o delines 251-	discounts	availa	ble:	
except Dental (for Uninsured)chargeschar	except Dental (for Uninsured)       charges		Patients whos qualify for a di	e househo iscount, wi 0-100%	101- 125%	House 126- 150%	r under-ir ehold Incor 151- 175%	nsured. T ne Percenta 176- 200%	he scale b <u>ge of Federa</u> 201- 225%	Delow illus I Poverty Gui 226- 250%	delines 251- 300%	301- 350%	availa 35 400	ble: 1- )%	
(for Uninsured)       0	(for Uninsured)       0		Patients whos qualify for a di RRH Medically	e househo iscount, wi 0-100%	101- 125%	House 126- 150%	r under-ir <u>ehold Incor</u> 151- 175% 100%	nsured. T ne Percenta 176- 200%	he scale b ge of Federa 201- 225% 80%	Delow illus I Poverty Gui 226- 250% 75%	trates the order of the order o	discounts 301- 350% 65%	availa 35 400 60	ble: 1- )%	
Medically Necessary Services, except Dental (for Insured)       100% discount patient iability       100% discount off of patient iability       100% discount off of patient iability       100% discount off of patient iability       100% discount off of patient iability       80% discount off of patient iability       70% discount discount off of patient iability       40% discount discount patient iability       22 discount discount patient iability         In compliance with the 26 CFR, Section 501(r)(5)(b)(3), each hospital will calculate the Amount Generally	Medically Necessary Services, except Dental (for Insured)       100% discount off of patient liability       100% discount patient liability       100% discount liability       10		Patients whos qualify for a di RRH Medically Necessary Services,	e househo iscount, wi 0-100% 100% discount off of	hether uni	House 126- 150% 100% discount off of	ehold Incor 151- 175% 100% discount off of	nsured. T ne Percenta 176- 200% 100% discount off of	he scale b	Pelow illusi 1 Poverty Gui 226- 250% 75% discount off of	delines 251- 300% 70% discount off of	discounts 301- 350% 65% discount off of	availa 35 400 discc off	ble:	
Necessary Services, except Dental (for Insured)       discount off of patient liability       discount patient liability       discount patient liability       discount off of patient liability       discount patient liability       discount patient liability       discount off of patient liability       discount off of patient liability       discount patient liability       discount patient liability       discount off of patient liability       discount off of patient liability       discount off of patient liability       discount patient liability       discount patient liability       discount patient liability       discount off of patient liability       discount off of patient liability       discount patient liability       discount liability       discount liability       discount liability       discount liability       discount liability       discount liability       disco	Necessary Services, except Dental (for Insured)       discount off of patient liability         In compliance with the 26 CFR, Section 501(r)(5)(b)(3), each hospital will calculate the AGB percentage to be applied and off of patient liability       discount off of patient liability		Patients whos qualify for a di RRH Medically Necessary Services, except Dental	e househo iscount, wi 0-100% 100% discount off of	hether uni	House 126- 150% 100% discount off of	ehold Incor 151- 175% 100% discount off of	nsured. T ne Percenta 176- 200% 100% discount off of	he scale b	Pelow illusi 1 Poverty Gui 226- 250% 75% discount off of	delines 251- 300% 70% discount off of	discounts 301- 350% 65% discount off of	availa 35 400 discc off	ble:	
Services, except Dental (for Insured)       patient liability       patient liabili	Services, except Dental (for Insured)       patient liability       patient liabili		Patients whos qualify for a di RRH Medically Necessary Services, except Dental (for Uninsured) RRH	e househo iscount, w 0-100% 100% discount off of charges	101- 125% 100% discount off of charges	House 126- 150% 100% discount off of charges	ehold Incor 151- 175% 100% discount off of charges	nsured. T ne Percenta 176- 200% 100% discount off of charges	he scale to the sc	Poelow illust 226- 250% 75% discount off of charges	delines 251- 300% 70% discount off of charges	discounts 301- 350% 65% discount off of charges	availa 35 400 discc off char	ble: 1- 0% 0% 00 0f ges	
In compliance with the 26 CFR, Section 501(r)(5)(b)(3), each hospital will calculate the Amount Generally	(for insured) inability in		Patients whos qualify for a di RRH Medically Necessary Services, except Dental (for Uninsured) RRH Medically	e househo iscount, w 0-100% discount off of charges 100% discount	hether uni 101- 125% 100% discount off of charges 100% discount	House 126- 150% 100% discount off of charges	ehold Incor 151- 175% 100% discount off of charges 100% discount	nsured. T ne Percenta 176- 200% 100% discount off of charges 100% discount	he scale to the sc	Delow illus: I Poverty Gui 226- 250% 75% discount off of charges 70% discount	delines 251- 300% 70% discount off of charges 60% discount	discounts 301- 350% 65% discount off of charges 40% discount	availa 35 400 discc off char 20 discc	ble: 1- 1% % bunt of ges % bunt	
	(AGB) based on Medicare & Private Health insurance claims for a 12-month period ending no earlier than 120 prior to the beginning of the year it is utilized for. For example, to calculate the AGB percentage to be applied a		Patients whos qualify for a di RRH Medically Necessary Services, except Dental (for Uninsured) RRH Medically Necessary Services,	e househo iscount, w 0-100% discount off of charges	hether uni 101- 125% 100% discount off of charges 100% discount off of	House 126- 150% 100% discount off of charges 100% discount off of	ehold Incor 151- 175% 100% discount off of charges 100% discount off of	nsured. T ne Percenta 176- 200% 100% discount off of charges 100% discount off of	he scale to the sc	Pelow illust 1 Poverty Gui 226- 250% 75% discount off of charges 70% discount off of	delines 251- 300% 70% discount off of charges 60% discount off of	discounts 301- 350% 65% discount off of charges 40% discount off of	availa 35 400 disco off char 20 disco off	ble: 1- 1% % bunt of ges % bunt of	
	(AGB) based on Medicare & Private Health insurance claims for a 12-month period ending no earlier than 120 prior to the beginning of the year it is utilized for. For example, to calculate the AGB percentage to be applied a		Patients whos qualify for a di RRH Medically Necessary Services, except Dental (for Uninsured) RRH Medically Necessary Services, except Dental	e househo iscount, wi 0-100% discount off of charges 100% discount off of patient	hether uni 101- 125% 100% discount off of charges 100% discount off of patient	House 126- 150% 100% discount off of charges 100% discount off of patient	ehold Incor 151- 175% 100% discount off of charges 100% discount off of patient	nsured. T ne Percenta 176- 200% 100% discount off of charges 100% discount off of patient	he scale to the sc	Pelow illust 1 Poverty Gui 226- 250% 75% discount off of charges 70% discount off of patient	delines 251- 300% 70% discount off of charges 60% discount off of patient	discounts 301- 350% 65% discount off of charges 40% discount off of patient	availa 35 400 discc off char 20 discc off pati	ble: 1- 3% bunt of ges % bunt of ent	
(AOD) benead on Madienne & Drivete Lieghth increases alsing from 40 months and all the Paris	prior to the beginning of the year it is utilized for. For example, to calculate the AGB percentage to be applied		Patients whos qualify for a di RRH Medically Necessary Services, except Dental (for Uninsured) RRH Medically Necessary Services, except Dental	e househo iscount, wi 0-100% discount off of charges 100% discount off of patient	hether uni 101- 125% 100% discount off of charges 100% discount off of patient	House 126- 150% 100% discount off of charges 100% discount off of patient	ehold Incor 151- 175% 100% discount off of charges 100% discount off of patient	nsured. T ne Percenta 176- 200% 100% discount off of charges 100% discount off of patient	he scale to the sc	Pelow illust 1 Poverty Gui 226- 250% 75% discount off of charges 70% discount off of patient	delines 251- 300% 70% discount off of charges 60% discount off of patient	discounts 301- 350% 65% discount off of charges 40% discount off of patient	availa 35 400 discc off char 20 discc off pati	ble: 1- 3% bunt of ges % bunt of ent	
(AGB) based on Medicare & Private Health insurance claims for a 12-month period ending no earlier than			Patients whos qualify for a di RRH Medically Necessary Services, except Dental (for Uninsured) RRH Medically Necessary Services, except Dental (for Insured)	e househo iscount, wi 0-100% discount off of charges 100% discount off of patient liability	101- 125% 100% discount off of charges 100% discount off of patient liability	House 126- 150% 100% discount off of charges 100% discount off of patient liability	ehold Incor 151- 175% 100% discount off of charges 100% discount off of patient liability	nsured. T ne Percenta 176- 200% 100% discount off of charges 100% discount off of patient liability	he scale to the sc	Pelow illust 226- 250% 75% discount off of charges 70% discount off of patient liability	delines 251- 300% 70% discount off of charges 60% discount off of patient liability	discounts 301- 350% 65% discount off of charges 40% discount off of patient liability	availa 35 400 discc off char 20 discc off pati liabi	ble: 1- 1% bunt of ges % bunt of ent ility	

January 1, 2023, the 12-month period would end no earlier than 120 days prior to January 1<sup>st</sup>, or by September 3rd, 2021. The AGB for Medicare Fee For Service and Private Health Insurance claims was calculated based on January 1, 2021 – December 31, 2021 claims by dividing the Allowed Amount by the Total Allowed Charges for claims at each hospital facility.

	ROCH REGIONA	ESTER					
		Policy					
	Financial Assistance Program for	Date of Origin:		Policy #			
Title:	Clifton Springs Hospital and Clifton Springs	Last Reviewed:	12/2022				
	Hospital Employed Physicians	Last Revised:	1/1/2023				
		Effective:	2016	Page	7	of	12
	The calculation of the Amount Generally Billed (A following Discount %: AGB Discount to Medicare & Private Health Insure Clifton Springs All Services 58%		nultiplying Total	Patient Charg	es by	the	



		Policy					
	Financial Assistance Program for	Date of Origin:		Policy #			
Title:	Clifton Springs Hospital and Clifton Springs	Last Reviewed:	12/2022				
	Hospital Employed Physicians	Last Revised:	1/1/2023				
		Effective:	2016	Page	8	of	12

Appendix B
Financial Assistance Application & Information Required
<u>Household Income Criteria and Verification</u> The evaluation of a patient's eligibility for a Financial Assistance Discount will be based upon a combination of the patient's household size and income. Household size is the number of family members/persons occupying the same household who are identified as dependents.
Income is defined as annual earnings and cash benefits from all sources before taxes for the patient and anyone in the patient's defined household. Income will include wages, interest, dividends, rents, pensions, Social Security, VA benefits, unemployment benefits, worker's compensation, disability, child support, alimony and any other types of income that may accrue to the patient or any individual in the patient's defined household.
Rochester Regional Health may require that income be determined and verified by documentation or through the use of a self-attestation form. Income may also be determined by annualizing the pay of the patient and others in the patient's defined household, at the patient's current monthly earnings rate.
See the attached Application.



		Policy					
	Financial Assistance Program for	Date of Origin:		Policy #			
Title:	Clifton Springs Hospital and Clifton Springs	Last Reviewed:	12/2022				
	Hospital Employed Physicians	Last Revised:	1/1/2023				
		Effective:	2016	Page	9	of	12

### Appendix C

# Billing and Collection Efforts for Patients Applying for Financial Assistance Discounts

Rochester Regional Health will not send patient accounts, for which an application for a Financial Assistance Discount is pending, to an external collections agent until Rochester Regional Health has rendered a determination on the pending application.

In some cases, a patient eligible for assistance under the Financial Assistance Program may not have been identified prior to initiation of external collections efforts. Patients whose accounts have been sent to Rochester Regional Health's outside collections agent may still apply for a Financial Assistance Discount, so long as the patient had not previously requested an application for the program, had not failed to complete a previous application, and/or had not had a completed application previously rejected. In the case of such late application for a Financial Assistance Discount for which the patient might be eligible will be based on the Rochester Regional Health Financial Assistance policy and guidelines that were in effect on the date of service to the patient.

Installment payment plans may be established for patients who qualify for a Financial Assistance Discount. Monthly installment payments will be capped at 10% of gross monthly income of the patient's defined household in accordance with NYS Public Health Law 2807-k. Rochester Regional Health prohibits the forced sale or foreclosure of a patient's primary residence in order to collect an outstanding medical bill for hospital or employed physician services.

Any payments made by patients during the application period that are in excess of the approved Financial Assistance adjusted amount due on open accounts will be refunded upon Financial Assistance application approval.

Any unpaid patient balances remaining 120 days after the first post-discharge billing statement will be referred to a collection agency. Rochester Regional Health will notify the patient in writing 30 days prior to sending an account to a collection agency. Rochester Regional Health will not send patient accounts covered by Medicaid insurance to a collection agency. Rochester Regional Health will make every attempt to determine if a patient is eligible for Medicaid and bill accordingly. However, if a patient's Medicaid coverage validation is received past the Medicaid timely filing limit, Rochester Regional Health will cease all collection activity and close the account.

All collection agencies utilized by Rochester Regional Health will comply with this RRH Financial Assistance policy and have applications readily available should a patient wish to apply. If the collection agency decides to commence with legal action, written consent from Rochester Regional Health is mandatory.

REGIONAL HEALTH							
	Policy	<b></b>	1				
Financial Assistance Program for	Date of Origin:		Policy #				
Clifton Springs Hospital and Clifton Springs	Last Reviewed:	12/2022					
Hospital Employed Physicians	Last Revised:	1/1/2023					
	Effective:	2016	Page	<sup>10</sup> of <sup>12</sup>			
	Appendix D						

# I. Procedure for implementation of the Financial Assistance Program Policy

The following describes the procedures followed regarding the implementation and management of the Financial Assistance Program policy:

A. Communication Methods of the Financial Assistance Program

Title:

- 1. *Posted Public Notices*. Notices regarding the Rochester Regional Health's Financial Assistance Program are posted throughout the Hospitals and Medical Groups in key public access areas. Contents include a general description of the RRH Financial Assistance philosophy and program, together with instructions for how patients can access Financial Case Management staff to learn more about programs available and how to apply for these programs. In addition, a description of the Financial Assistance program is available on the Rochester Regional Health website. Language used in the website material is in "plain language" format. In addition, material is available in Spanish, and patients who speak other languages are offered the opportunity to have the material translated utilizing the 24 hour multi-lingual telephone translation service.
- 2. Publications Available for Patients. Brochures describing the Financial Assistance Program are available in all registration offices for ambulatory, emergency and inpatient areas of the Hospitals and Medical Group sites. Information about the Rochester Regional Health Financial Assistance Program is included in the Hospital's pre-admission packet that is sent to all patients being admitted to the Hospitals on an elective basis. In addition, the Financial Assistance Program is described in the Hospital's Admission Booklets that is given to all patients admitted to an inpatient care unit.

Common language and information regarding availability of translated documents and multi-lingual interpretive services are featured in these publications. Information on how patients may inquire about financial assistance is printed on all bills and statements sent to the patient. If a patient account has been referred to a collection agency, the agency shall provide information to the patient on how to apply for financial assistance when appropriate.

3. One on One Discussions. Financial Case Managers are available to interview uninsured inpatients and assist them in securing commercial, Medicaid, or Medicare insurance benefits to cover the cost of their care. When patients do not have insurance and do not qualify for public benefits, the Financial Case Managers explain the Financial Assistance Program to these patients and assist them in submitting an application for discounted care.

Financial Assistance Program for     Date of Origin:     Policy #	REGIONAL HEALTH Policy									
B. Patient Access to the Financial Assistance Program 1. Initial Contact. Any patient may self-refer to a Financial Case Manager to learn more about the Financial Assistance Program. The procedure for contacting the Financial Case Manager is outline all published material, and Patient Access staff are trained on how to refer the patient to the Financial Case Managers. The Financial Case Managers will make every effort to contact all uninsured patients admitted to th Hospitals. The Financial Case Managers may access the patient's current insurance, identify any existing coverage, and anticipate if the patients will require additional financial assistance in order t for their health care services. 2. Assessment for Financial Assistance. A Financial Case Manager is available to assist uninsured patients in conducting a financial assessment and in securing insurance for his or her care. Through this process, if a patient appears to be qualified for Medicaid insurance, the Financial Case Manager will assist in submitting an application for this public insurance program, if the patient desi Patients who are unwilling to apply for Medicaid, or who do not comply with all application requirer in a timely manner may still be eligible for Financial Assistance Discounts on a case by case basis review. The Financial Case Manager will inform the patient about: <ul> <li>(a) the services covered by the financial assistance program;</li> <li>(b) steps in the application requireem to provide full and accurate financial information as a basis for Financial Assistance determining eligibility;</li> <li>(d) the factors used in determining eligibility for Financial Assistance determination in light of additional information e additional information of a Financial Assistance determination in light of additional information or Ariange and assistance edition in the patients for reconsideration of a Financial Assistance determination in light of additional information or Ariange and assistance editormi</li></ul>	Title:	Clifton Springs Hospital and Clifton Springs	Date of Origin: Last Reviewed:	12/2022	Policy #					
<ul> <li>Initial Contact. Any patient may self-refer to a Financial Case Manager to learn more about the Financial Assistance Program. The procedure for contacting the Financial Case Manager is outline all published material, and Patient Access staff are trained on how to refer the patient to the Financi Case Managers.</li> <li>The Financial Case Managers will make every effort to contact all uninsured patients admitted to th Hospitals. The Financial Case Managers may access the patient's current insurance, identify any existing coverage, and anticipate if the patients will require additional financial assistance in order t for their health care services.</li> <li>2. Assessment for Financial Assistance. A Financial Case Manager is available to assist uninsured patients in conducting a financial assessment and in securing insurance for his or her care. Through this process, if a patient appears to be qualified for Medicaid insurance, the Financial Case Manager will assist in submitting an application for this public insurance program, if the patient desi Manager will assist in submitting to apply for Medicaid, or who do not comply with all application requirer in a timely manner may still be eligible for Financial Assistance Discounts on a case by case basis review.</li> <li>The Financial Case Manager will inform the patient about: <ul> <li>(a) the services covered by the financial assistance program;</li> <li>(b) steps in the application process;</li> <li>(c) the patient / family requirement to provide full and accurate financial information as a basis for Financial Assistance determining eligibility);</li> <li>(d) the factors used in determining eligibility for Financial Assistance (including application to Medicaid, if applicable);</li> <li>(e) the sliding scale used to determine fee discounts for eligible patients;</li> <li>(f) the factors used in determining eligibility for Financial Assistance determination i light of additional information or change in circumstances;</li> <li>(g) patient responsibility fo</li></ul></li></ul>			Effective:		Page	<sup>11</sup> of				
<ul> <li>Case Managers.</li> <li>The Financial Case Managers will make every effort to contact all uninsured patients admitted to th Hospitals. The Financial Case Managers may access the patient's current insurance, identify any existing coverage, and anticipate if the patients will require additional financial assistance in order t for their health care services.</li> <li>2. Assessment for Financial Assistance. A Financial Case Manager is available to assist uninsured patients in conducting a financial assessment and in securing insurance for his or her care.</li> <li>Through this process, if a patient appears to be qualified for Medicaid insurance, the Financial Case Manager will assist in submitting an application for this public insurance program, if the patient desi Patients who are unwilling to apply for Medicaid, or who do not comply with all application requirer in a timely manner may still be eligible for Financial Assistance Discounts on a case by case basis review.</li> <li>The Financial Case Manager will inform the patient about: <ul> <li>(a) the services covered by the financial assistance program;</li> <li>(b) steps in the application process;</li> <li>(c) the patient / family requirerminations, including pay stubs and/or tax returns (assets are not considered in determining eligibility);</li> <li>(d) the factors used in determining eligibility for Financial Assistance (including application to Medicaid, if applicable);</li> <li>(e) the sliding scale used to determine fee discounts for eligible patients;</li> <li>(f) the process for patient requests for reconsideration of a Financial Assistance determination in light of additional information or change in circumstances;</li> <li>(g) patient responsibility for payment of balance remaining after a discount is applied, including</li> </ul></li></ul>		1. Initial Contact. Any patient may se	elf-refer to a Financial C	-						
<ul> <li>Hospitals. The Financial Case Managers may access the patient's current insurance, identify any existing coverage, and anticipate if the patients will require additional financial assistance in order t for their health care services.</li> <li>2. Assessment for Financial Assistance. A Financial Case Manager is available to assist uninsured patients in conducting a financial assessment and in securing insurance for his or her care. Through this process, if a patient appears to be qualified for Medicaid insurance, the Financial Case Manager will assist in submitting an application for this public insurance program, if the patient desi Patients who are unwilling to apply for Medicaid, or who do not comply with all application requirem in a timely manner may still be eligible for Financial Assistance Discounts on a case by case basis review.</li> <li>The Financial Case Manager will inform the patient about: <ul> <li>(a) the services covered by the financial assistance program;</li> <li>(b) steps in the application process;</li> <li>(c) the patient / family requirement to provide full and accurate financial information as a basis for Financial Assistance determining eligibility);</li> <li>(d) the factors used in determining eligibility for Financial Assistance (including application to Medicaid, if applicable);</li> <li>(e) the sliding scale used to determine fee discounts for eligible patients;</li> <li>(f) the process for patient requests for reconsideration of a Financial Assistance determination in light of additional information or change in circumstances;</li> <li>(g) patient responsibility for payment of balance remaining after a discount is applied, including</li> </ul></li></ul>			Access staff are trained	on how to refer	the patient to	the Financial				
<ul> <li>patients in conducting a financial assessment and in securing insurance for his or her care.</li> <li>Through this process, if a patient appears to be qualified for Medicaid insurance, the Financial Cass Manager will assist in submitting an application for this public insurance program, if the patient desi</li> <li>Patients who are unwilling to apply for Medicaid, or who do not comply with all application requirem in a timely manner may still be eligible for Financial Assistance Discounts on a case by case basis review.</li> <li>The Financial Case Manager will inform the patient about: <ul> <li>(a) the services covered by the financial assistance program;</li> <li>(b) steps in the application process;</li> <li>(c) the patient / family requirement to provide full and accurate financial information as a basis fo Financial Assistance determining eligibility);</li> <li>(d) the factors used in determining eligibility for Financial Assistance (including application to Medicaid, if applicable);</li> <li>(e) the sliding scale used to determine fee discounts for eligible patients;</li> <li>(f) the process for patient requests for reconsideration of a Financial Assistance determination in light of additional information or change in circumstances;</li> <li>(g) patient responsibility for payment of balance remaining after a discount is applied, including</li> </ul></li></ul>		Hospitals. The Financial Case Man existing coverage, and anticipate if	nagers may access the	patient's current	t insurance, id	lentify any				
<ul> <li>Manager will assist in submitting an application for this public insurance program, if the patient desi</li> <li>Patients who are unwilling to apply for Medicaid, or who do not comply with all application requirem in a timely manner may still be eligible for Financial Assistance Discounts on a case by case basis review.</li> <li>The Financial Case Manager will inform the patient about: <ul> <li>(a) the services covered by the financial assistance program;</li> <li>(b) steps in the application process;</li> <li>(c) the patient / family requirement to provide full and accurate financial information as a basis for Financial Assistance determining eligibility);</li> <li>(d) the factors used in determining eligibility for Financial Assistance (including application to Medicaid, if applicable);</li> <li>(e) the sliding scale used to determine fee discounts for eligible patients;</li> <li>(f) the process for patient requests for reconsideration of a Financial Assistance determination in light of additional information or change in circumstances;</li> <li>(g) patient responsibility for payment of balance remaining after a discount is applied, including</li> </ul> </li> </ul>				-						
<ul> <li>in a timely manner may still be eligible for Financial Assistance Discounts on a case by case basis review.</li> <li>The Financial Case Manager will inform the patient about: <ul> <li>(a) the services covered by the financial assistance program;</li> <li>(b) steps in the application process;</li> <li>(c) the patient / family requirement to provide full and accurate financial information as a basis for Financial Assistance determinations, including pay stubs and/or tax returns (assets are not considered in determining eligibility);</li> <li>(d) the factors used in determining eligibility for Financial Assistance (including application to Medicaid, if applicable);</li> <li>(e) the sliding scale used to determine fee discounts for eligible patients;</li> <li>(f) the process for patient requests for reconsideration of a Financial Assistance determination in light of additional information or change in circumstances;</li> <li>(g) patient responsibility for payment of balance remaining after a discount is applied, including</li> </ul> </li> </ul>		<b>3</b>			-					
<ul> <li>(a) the services covered by the financial assistance program;</li> <li>(b) steps in the application process;</li> <li>(c) the patient / family requirement to provide full and accurate financial information as a basis fo Financial Assistance determinations, including pay stubs and/or tax returns (assets are not considered in determining eligibility);</li> <li>(d) the factors used in determining eligibility for Financial Assistance (including application to Medicaid, if applicable);</li> <li>(e) the sliding scale used to determine fee discounts for eligible patients;</li> <li>(f) the process for patient requests for reconsideration of a Financial Assistance determination in light of additional information or change in circumstances;</li> <li>(g) patient responsibility for payment of balance remaining after a discount is applied, including</li> </ul>		in a timely manner may still be eligi				-				
<ul> <li>(b) steps in the application process;</li> <li>(c) the patient / family requirement to provide full and accurate financial information as a basis fo Financial Assistance determinations, including pay stubs and/or tax returns (assets are not considered in determining eligibility);</li> <li>(d) the factors used in determining eligibility for Financial Assistance (including application to Medicaid, if applicable);</li> <li>(e) the sliding scale used to determine fee discounts for eligible patients;</li> <li>(f) the process for patient requests for reconsideration of a Financial Assistance determination in light of additional information or change in circumstances;</li> <li>(g) patient responsibility for payment of balance remaining after a discount is applied, including</li> </ul>		6	•							
<ul> <li>(d) the factors used in determining eligibility for Financial Assistance (including application to Medicaid, if applicable);</li> <li>(e) the sliding scale used to determine fee discounts for eligible patients;</li> <li>(f) the process for patient requests for reconsideration of a Financial Assistance determination in light of additional information or change in circumstances;</li> <li>(g) patient responsibility for payment of balance remaining after a discount is applied, including</li> </ul>		<ul> <li>(b) steps in the application proce</li> <li>(c) the patient / family requireme</li> <li>Financial Assistance determining</li> </ul>	ess; nt to provide full and ac nations, including pay s	curate financial						
<ul> <li>(f) the process for patient requests for reconsideration of a Financial Assistance determination in light of additional information or change in circumstances;</li> <li>(g) patient responsibility for payment of balance remaining after a discount is applied, including</li> </ul>		<ul><li>(d) the factors used in determining Medicaid, if applicable);</li></ul>	ng eligibility for Financia		• • • •	ation to				
		(f) the process for patient reque light of additional information	sts for reconsideration of or change in circumsta	of a Financial As nces;	sistance dete					
(h) the health system's billing and collection processes.		copays, deductibles and coin	surances; and	ng after a discou	unt is applied,	including				

ROCHESTER REGIONAL HEALTH	
Policy	

		Policy	,				
Title:	Financial Assistance Program for Clifton Springs Hospital and Clifton Springs Hospital Employed Physicians	Date of Origin:	Date of Origin:				
		Last Reviewed: Last Revised: Effective:	12/2022				
			1/1/2023 2016				
				Page	12	of	12
	<ul> <li>After all information is provided, papursuing the Financial Assistance II</li> <li>Patients or their representatives whother aspects of the process are im Discounts and that they become im their dependent's care.</li> <li>3. Application Determination and Application Determination and Application Conce a completed Financial Assistate a determination regarding the patient of discount to which the patient is experimented and the speciment of the speciment of the speciment of the speciment of the specimentation / denial if additional if the Financial Assistance eligibility of the speciment of the specimen</li></ul>	Discount Application Pro- no are unwilling to provid formed that they may no mediately responsible for <i>beal Process</i> ance Discount Applicati ent's eligibility status is no entitled. The information ecific amount that remain ount is applied. request reconsideration nformation is available for guidelines. one by calling a represe on: Financial Assistance processed within 30 data	bcess. de required doc ot be eligible for for all Hospital c on and all requi hade within 30 c hade within 3	umentation or Financial Ass harges related red document days, and if eli- ed to the patie patient or far f a Financial A ge their status 922-1900 or ghway S, Rock the request.	ation i gible, ent in nily af	oly with eir and s rece the ar writing ter the ance utlinec	n d / or eived, mount g and l in