

CLIFTON SPRINGS HOSPITAL AND CLINIC CLIFTON SPRINGS, NEW YORK 14432

Effective: 2016

PATIENT FINANCIAL SERVICES

FINANCIAL ASSISTANCE PROGRAM

Purpose and Introduction

Clifton Springs Hospital and Clinic 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 Clifton Springs Hospital and Clinic. 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, Clifton Springs Hospital and Clinic 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 Clifton Springs Hospital and Clinic.

Overview/Public Disclosure Statement

Clifton Springs Hospital and Clinic'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

Clifton Springs Hospital extends discounts to those uninsured patients not otherwise covered in this policy by applying a discount upon request. Exclusions include: physician services and the following elective services: plastic surgery, cardiac rehab, pulmonary rehab and dental.

Financial Counseling Services

As part of the Financial Assistance Program, Clifton Springs Hospital and Clinic 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; or
- Have the ability to pay.

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Financial Assistance Discounts

Services Eligible for Discounts

This Program covers Hospital and Employed Physician services that are determined to be Medically Necessary by a Physician; including both inpatient and outpatient services. "Medically Necessary" means those services that are necessary to prevent, diagnose, or treat conditions in a person that cause acute suffering, endanger life, or result in illness or infirmity.

Rochester Regional Health Employed Physicians can be identified on the "Find a Doctor" section of the Rochester Regional Health website, www.rochesterregional.org/physician-directory

The Financial Assistance Program does *not* cover custodial level of care inpatient services, cosmetic services, convenience items, such as television, telephone and special request private room charges, or any services billed by non-employed physicians and providers performing services in the hospital, which will be billed separately.

Discount Eligibility Requirements

Financial Assistance Discounts are available for uninsured and underinsured patients who reside in New York State and whose household income, as determined by the income patients provide in the Financial Assistance Application, is equal to or less than 400% of the most recent Federal Poverty Guidelines. Further information on income eligibility requirements is detailed in Appendix B.

Clifton Springs Hospital and Clinic will use discretion on a case by case basis to process financial assistance for all non-NYS resident patients.

Discount Levels and Patient Payment

A patient whose household income, as determined by the application income worksheet, is equal to or less than 200% of the most recent Federal Poverty Guidelines qualifies for 100% coverage at Clifton Springs Hospital and Clinic.

A patient whose household income is greater than 200% and less than 400% of the most recent Federal Poverty Guidelines qualifies for a partial Financial Assistance Discount, based upon a sliding scale. The percent of the partial Financial Assistance Discount decreases as household income increases as illustrated in Appendix A.

Financial Assistance Discounts are also available to eligible patients to decrease the cost of coinsurance, co-payments and deductibles, also illustrated in Appendix A.

The Financial Assistance Discount and amount of payment that Clifton Springs Hospital and Clinic accepts from a patient shall be capped at the average amount the hospital would normally receive from Medicare for inpatient or outpatient services – this is referred to as the Amount Generally Billed (AGB). The calculation methodology of the AGB discounts to the Medicare rate is described in Appendix A, along with further regulatory details, and, the

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applicable AGB discount percentages.

Discount Application Process

Clifton Springs Hospital and Clinic will make available, upon request and without charge, the Financial Assistance Program policy, application and plain language summary to patients. The aforementioned policy, application and summary are also available on the Clifton Springs Hospital and Clinic website, under Patients & Visitors-Billing & Insurance.

Patients can submit Financial Assistance Discount applications prior to or on the day their care is provided up until the 240th day after the first post-discharge billing statement is provided.

If a submitted application is deemed incomplete, Clifton Springs Hospital and Clinic will provide written notice of what additional information is needed. Patients will have 30 days to provide the requested information after which time Clifton Springs Hospital and Clinic will close the application review process. Once the application process is closed, normal collection efforts may begin, as outlined in Appendix C.

Once a completed application is received, the patient will be notified of approval determination within 30 days. The Financial Assistance Counselor will, upon approving a patient for a Financial Assistance Discount, include any and all covered service accounts with open balances up to 240 days back from the date the patient completed the application and up to one year forward. Accounts older than 240 days prior to the application date may be approved at the discretion of the Vice President, Patient Financial Services or designee.

See Appendix B for detail on the application and information required.

Billing and Collection Efforts for Patients Applying for Financial Assistance Discounts

Patients may receive multiple bills for the healthcare services provided at Clifton Springs Hospital. One bill will contain the costs for the facility (i.e., hospital stay, medicine given during patients stay, surgery room, etc.). A separate bill may include the professional fee for the physicians that provided care to the patient during their hospital stay.

Once a patient has submitted a completed application for a Financial Assistance Discount, the patient may disregard any bill from Clifton Springs Hospital and Clinic that might be sent until such time as Clifton Springs Hospital and Clinic has rendered a determination on the pending application.

If approved for a Financial Assistance Discount, the patient will receive a new bill with the new amount due and illustration of how the new amount was calculated. Clifton Springs Hospital and Clinic will notify any collection agencies, as applicable, of any adverse information needs to be removed from the patient's credit report.

Approved applications for a Financial Assistance Discount will be honored for a period of one year in the event a patient returns for additional medically necessary services and the patient's financial status has not changed.

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Patients with a proven fixed income of social security or social security disability will have a 1 (one) year time period before being required to re-apply.

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.

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 (unless the amount due is \$5.00 or less).

Depending on the age of a bill, Clifton Springs Hospital and Clinic may refer a patient account to a Collection Agency.

Further detail on the Billing and Collection procedures can be found in Appendix C.

Appeal Process

Any Financial Assistance Discount determinations made under this policy may be appealed, by telephone, by calling the Customer Service Team at (585) 922-1900, or in writing, to Rochester Regional Health, Attention: Financial Assistance, 100 Kings Highway S, Rochester, NY 14617. The reconsideration will be completed within 30 days of receipt of the request.

Implementation & Staff Training on Financial Assistance Program

Detail on Clifton Springs Hospital and Clinic procedures regarding Financial Assistance, including training of staff, is illustrated in Appendix D.

**References: New York State Public Health Law 2807-k
26 U.S.C. 7805 Section 1.501(r) 1-6**

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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 than 200% of the most recent Federal Poverty Guidelines qualifies for 100% coverage at Clifton Springs Hospital and Clinic.

Sliding Scale Discounts

Patients whose household income is greater than 200% and less than 400% of the Federal Poverty Guidelines may qualify for a discount, whether uninsured or under-insured. The scale below illustrates the discounts available:

Household Income Percentage of Federal Poverty Guidelines										
	0-100%	101-125%	126-150%	151-175%	176-200%	201-225%	226-250%	251-300%	301-350%	351-400%
CSH Medically Necessary Services, except Dental (for Uninsured)	100% discount off of charges	100% discount off of charges	100% discount off of charges	100% discount off of charges	100% discount off of charges	40% Discount off of the Medicare Rate	20% Discount off of the Medicare Rate	Discounted to the Medicare Rate	Discounted to the Medicare Rate	Discounted to the Medicare Rate
CSH Medically Necessary Services, except Dental (for Insured)	100% discount off of Patient Liability	100% discount off of Patient Liability	100% discount off of Patient Liability	100% discount off of Patient Liability	100% discount off of Patient Liability	40% Discount off of the Patient Liability	20% Discount off of the Patient Liability	0%	0%	0%

In compliance with the 26 CFR, Section 501(r)(5)(b)(3), each hospital will calculate the Amount Generally Billed (AGB) based on Medicare claims for a 12-month period ending no earlier than 120 days prior to the beginning of the year it is utilized for. For example, to calculate the AGB percentage to be applied as of January 1, 2016, the 12-month period would end no earlier than 120 days prior to January 1st, or by September 3rd, 2015. The AGB for Medicare Fee For Service claims was calculated based on October 1, 20xx-September 30, 20xx claims by dividing the Allowed Amount by the Total Allowed Charges for Inpatient and Outpatient claims at each hospital facility.

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For Uninsured Patients the calculation of the Medicare Amount Generally Billed (AGB) is calculated by multiplying Total Patient Charges by the following Discount %:

AGB Discount to Medicare	
Clifton Springs	
Inpatient Services	26%
Outpatient Services	65%

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APPENDIX B

Financial Assistance Application & Information Required

Household Income Criteria and Verification

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.

Clifton Springs Hospital and Clinic 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.

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Appendix C

Billing and Collection Efforts for Patients Applying for Financial Assistance Discounts

Clifton Springs Hospital and Clinic will not send patient accounts, for which an application for a Financial Assistance Discount is pending, to an external collections agent until Clifton Springs Hospital and Clinic 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 Clifton Springs Hospital and Clinic'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, the eligibility of the patient and the amount of any Financial Assistance Discount for which the patient might be eligible will be based on the Clifton Springs Hospital and Clinic 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. Clifton Springs Hospital and Clinic 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 (unless the amount due is \$5.00 or less).

Any unpaid patient balances remaining 120 days after the first post-discharge billing statement will be referred to a collection agency. Clifton Springs Hospital and Clinic will notify the patient in writing 30 days prior to sending an account to a collection agency. Clifton Springs Hospital and Clinic will not send patient accounts covered by Medicaid insurance to a collection agency. Clifton Springs Hospital and Clinic 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, Clifton Springs Hospital and Clinic will cease all collection activity and close the account.

All collection agencies utilized by Clifton Springs Hospital and Clinic will comply with this CSH 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 Clifton Springs Hospital and Clinic is mandatory.

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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

1. *Posted Public Notices.* Notices regarding the Clifton Springs Hospital and Clinic's Financial Assistance Program are posted throughout the Hospitals and Medical Groups in key public access areas. Contents include a general description of the CSH 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 Clifton Springs Hospital and Clinic 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 Hospital and Medical Group sites. Information about the Clifton Springs Hospital and Clinic Financial Assistance Program is included in the Hospital's pre-admission packet that is sent to all patients being admitted to the Hospital on an elective basis. In addition, the Financial Assistance Program is described in the Hospital's Admission Booklet 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.

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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 outlined in 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 the 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 to pay 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 desires.

Patients who are unwilling to apply for Medicaid, or who do not comply with all application requirements 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:

- (a) the services covered by the financial assistance program;
- (b) steps in the application process;
- (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);
- (d) the factors used in determining eligibility for Financial Assistance (including application to Medicaid, if applicable);
- (e) the sliding scale used to determine fee discounts for eligible patients;
- (f) the process for patient requests for reconsideration of a Financial Assistance determination in light of additional information or change in circumstances;
- (g) patient responsibility for payment of balance remaining after a discount is applied, including copays, deductibles and coinsurances; and
- (h) the health system's billing and collection processes.

After all information is provided, patients are given the opportunity to decide if they wish to continue pursuing the Financial Assistance Discount Application Process.

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Patients or their representatives who are unwilling to provide required documentation or comply with other aspects of the process are informed that they may not be eligible for Financial Assistance Discounts and that they become immediately responsible for all Hospital charges related to their and / or their dependent's care.

3. Application Determination and Appeal Process

Once a completed Financial Assistance Discount Application and all required documentation is received, a determination regarding the patient's eligibility status is made within 30 days, and if eligible, the amount of discount to which the patient is entitled. The information is communicated to the patient in writing and includes a full calculation of the specific amount that remains due from the patient or family after the indicated Financial Assistance discount is applied.

A patient or responsible party may request reconsideration or an appeal of a Financial Assistance determination / denial if additional information is available that would change their status as outlined in the Financial Assistance eligibility guidelines.

The appeal can be made by telephone by calling a representative at (585) 922-1900 or in writing to Rochester Regional Health, Attention: Financial Assistance, 100 Kings Highway S, Rochester, NY 14617. The reconsideration will be processed within 30 days of receipt of the request. A determination letter will be sent to the patient notifying them of the outcome of the appeal.