



## SYSTEM

Policy # SYS 56

Date of Origin: 2/21/91

Latest Revision Date: 05/02/18

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### **POLICY AND PROCEDURE**

**SUBJECT: Financial Assistance Program**

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#### **Purpose/Brief Description:**

The Financial Assistance Policy is intended to describe the United Health Services (“UHS”) entities (“Entities”) financial assistance and discount program in relation to its overall mission of rendering care to all patients in need regardless of their ability to pay. All Medically Uninsured patients or patients whose health insurance leaves a financial responsibility will be eligible for the Financial Assistance Program. The Financial Assistance Policy is necessary to comply with the Internal Revenue Service Code Section 501(r), New York State General Hospital Indigent Care Pool Hospital Financial Assistance Law 2807-K, and to ensure consistent reporting and treatment of individuals with no insurance or have exhausted benefits and can demonstrate an inability to pay their out of pocket financial responsibility full charges. Discounts are based on family size and income only and regardless of the patient’s ability to pay. UHS is committed to serving the medical needs in their service area, regardless of race, creed, color, sex, national origin, sexual orientation, handicap, age or ability to pay and are eligible for Financial Assistance.

#### **References:**

UHS System Policy SYS 23 Standardized Credit and Collections  
UHS FormsFast Form #5800622, Application for Financial Assistance  
Internal Revenue Service Code Section 501(r)  
Section 2807-K, Subdivision 9-A, B, I, and II of the New York State Public Health Law  
Hospital Association of New York State Financial Aid/Charity Care Guidelines

#### **Key Index Words:**

Anderson Fund	Appeals	Certification
Collection	Discounts	Eligibility
Federal Poverty Level	Financial Assistance	Nominal Payment Guidelines
Primary Service Area	Reporting	Sliding Fee Scale

#### **Definitions:**

**Elective Procedures:** a procedure, test or service that does not impact the quality of health or require urgent or emergent care to be rendered. It is often a cosmetic service or service that is not medically necessary and may not be ordered by a licensed physician to have rendered.

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*"A UHS System Policy is one where each UHS Entity has established and approved an identical policy as part of its administrative responsibilities. UHS System Policies are developed and maintained for certain services or functions to promote consistency and standardization across the UHS System."*

**Medically Uninsured:** A person or group that has/have no health insurance.

**Extraordinary Collection Actions (ECA) :** includes credit reporting deferring or denying or requiring payment before providing medically necessary care because of non-payment of a bill previously covered under financial assistance, civil action (hospital must provide collection agency with consent to file suit on summons and complaints), liens on real property, levy on bank accounts, and wage garnishment. ECA notifications are outlined in the SYS 23 Standardized Credit and Collection Policy.

I. The Financial Assistance Policy and Procedure Statement:

As a non-profit charitable health organization described in Section 501( c)(3) of the Internal Revenue Code, UHS is committed to serving the medical needs in their service area, regardless of race, creed, color, sex, national origin, sexual orientation, sexual identity, handicap, or age. The Financial Assistance Policy is applicable to individuals without health insurance, or eligible patients whose health insurance leaves a financial responsibility. For a list of physicians participating with UHS, please refer to UHS.net. Also certain non-UHS employed surgeons, specialty physicians, specialty clinicians, anesthesiologists, radiologists and pathologists assisting UHS employed physicians/clinicians may not participate with our financial assistance program. If UHS provides a bill for the service, the charges will be eligible for the UHS financial assistance program except for applicable exclusions.

II. Principles:

- A. The Financial Assistance Policy is in writing and publically available on UHS.net. or upon request.
- B. The Financial Assistance Policy summary is available at UHS.net or upon request and includes eligibility criteria, primary service area, and instructions on how to apply.
- C. The Financial Assistance Policy material and application is available and signage is posted conspicuously in each Emergency Room, registration, admissions and Financial Advocates waiting room or office in the primary languages of patients served by UHS.
- D. The Financial Assistance Policy information is available on all bills and statements.
- E. The Financial Assistance Policy material is available upon intake and in registration areas.
- F. The Financial Assistance Policy has objective criteria for determining a patient's ability to pay.
- G. The Financial Assistance Policy has objective criteria for processing an adjustment.
- H. The Financial Assistance Policy will provide financial assistance for patients receiving Emergency services, and other medically necessary services.

Appropriate medical screening and stabilization will be completed before information concerning sources of payment is discussed with patient(s). No staff associated with the process as defined under this policy shall take any action that might inhibit the Hospital's compliance with its obligations under the Emergency Medical Treatment and Labor Act ("EMTALA") and hospital policies on compliance with EMTALA. Emergency Department services will be billed at a discounted rate for uninsured individuals with information about whom to contact if the patient believes they will have difficulty paying the balance due.

- I. The Financial Assistance Policy does not limit or exclude based on the medical condition of the applicant.
  - J. The Financial Assistance Policy may exclude charges for services based on medical necessity or the clinical or therapeutic benefit of a procedure. Exclusions, such as cosmetic services, certain DME, certain dental or hearing services, nursing home room & board and other Elective procedures that are not medically necessary are excluded. Dental exclusions include dentures or prosthesis, and certain laboratory services, which may be limited to a 20% discount.
  - K. The Financial Assistance Policy is applied consistently to all eligible patients, regardless of race, immigration status, or language.
- III. Income Guidelines:
- A. Medically Uninsured patients shall receive a self-pay financial assistance discount from gross charges resulting in a balance equal to or less than the amount generally billed by the highest volume payer.
  - B. Using the look-back method, UHS has developed a calculation that discounts charges for emergency/medically necessary care to patients eligible for financial assistance not to exceed the amounts generally billed to individuals with insurance coverage. The amounts generally billed (AGB) is evaluated on an annual basis. The amounts generally billed calculation is available upon request by calling the financial assistance office at (607)763-6127.
  - C. Patients approved for financial assistance with an income **251% to 300%** FPL, hospital shall collect no more than the amount generally billed which is 33% of gross charges (67% discount).
  - D. Patients approved for financial assistance with an income below 250% to 201% FPL, hospital shall collect 16.5% of the gross charges (83.5% discount)
  - E. Patients approved for financial assistance with an income below 200% FPL, hospital shall collect 0% of gross charge rate.

- F. The Financial Assistance Policy shall automatically assume Medically Uninsured patients are eligible for self-pay discount and will have a financial assistance adjustment equal to a 35% discount generated at the time of bill.
- G. Any patient that qualifies for Medicaid will automatically have any unpaid financial responsibility for medically necessary services received for the 12 month period prior to the Medicaid qualification date adjusted as Financial Assistance.
- H. The Financial Assistance Policy does not restrict UHS from extending payment adjustments to other patients either generally or on a case-by-case basis.
  - 1. UHS is not limited to establishing higher levels than those identified to provide greater discounts for eligible patients, which are outlined as Appendix A to this policy.
  - 2. UHS will not apply gross charges to eligible individuals (100% self-pay) for any medical care, except excluded services.
- I. Documents required along with completed application are:
  - 1. Pay Stubs: last 30 days
  - 2. Other Income such as Investments, Child Support, Unemployment, Social Security, Workers' Compensation
  - 3. Most Recent Tax Return: if self-employed
  - 4. Self-Attestation: if no income is reported
  - 5. Family size: number of individuals in household

**IV. Service Area:**

- A. The Financial Assistance Policy will provide financial aid for medically necessary services to eligible individuals who reside in the UHS's primary service area.
  - 1. Service Area is defined as Broome, Chenango, Cortland, Delaware, Madison, Otsego, Tioga, Tompkins and Sullivan counties in New York State.
- B. The Financial Assistance Policy prohibits UHS from developing or altering its primary service area in a manner to avoid medically under served populations or high percentage of uninsured residents.
  - 1. The New York State Department of Health Commissioner ensures that every geographic area of the state is included in at least one general hospital service area.

- a. The Financial Assistance Policy requires UHS notify the New York State Department of Health Commissioner upon making any change to its primary service area.
- C. The Financial Assistance Policy allows for payment adjustments to patients outside the UHS service area.

**V. Eligibility Guidelines:**

- A. Patients or financially responsible parties are expected to cooperate with UHS in applying for available public insurance coverage (Medicaid, Qualified Health Plans, Child Health plus), however, UHS will not require denial of benefits from Medicaid or other public insurances plans prior to accepting and processing an application or rendering a decision on financial assistance eligibility.
- B. The Financial Assistance Policy is applicable to individuals without health insurance, or patients whose health insurance leaves a balance for emergency or medically necessary services.
  - 1. UHS is not limited to establishing higher levels than those identified to provide greater discounts for eligible patients, which at this time are outlined herein.
  - 2. In addition to the options outlined herein; Oncology patients may also have the opportunity for additional funding through grants, foundation and cancer charity care programs. UHS will assist patients in applying for available programs T regardless of health insurance coverage.
  - 3. Patients with insurance, whose health insurance carrier has deemed a service non-covered or has exhausted a benefit level (i.e., Physical Therapy), will be eligible for the Financial Assistance Program. **Note:** The service must be medically appropriate and/ordered by a qualified licensed physician. Applicable patients should complete the Financial Assistance application, as outlined herein.
  - 4. **Elective Procedures:** a procedure, test or service that does not impact the quality of health or require urgent or emergent care to be rendered. It is often a cosmetic service or service that is not medically necessary and may not be ordered by a licensed physician to have rendered. Elective procedures are excluded from eligibility under the Financial Assistance Policy.
  - 5. **Presumptive Eligibility:** UHS will use external sources or other program enrollment information to assist in a decision when the patient lacks documentation to support eligibility. For example; patient is homeless, or is eligible for another state's assistance programs, has food stamps or subsidized lunch program, state funded prescription medications, low-income or subsidized housing address. This

information can be provided by applicant in writing or verbally, or assessed by UHS independent of applicant.

6. UHS Hospitals (“UHS”) is authorized to spend \$240,000 of the Anderson Fund annually in any given year for “patients who are uninsured and unable to pay for such care themselves”. No dollar limit is set per patient per year. The Financial Assistance Coordinator will submit applicable information to Finance Department for approval. Upon approval the payment is applied to the eligible individuals’ encounters by the Financial Assistance Coordinator.
  - A. Information regarding patient assets will not be collected or utilized for determination of financial assistance eligibility.
  - B. Patients may disregard billing statements while the financial assistance application is pending.

**VI. Collection Guidelines:**

- A. The Financial Assistance Policy shall not permit the forced sale or foreclosure of patient's primary residence, liquidation of assets held in deferred or comparable retirement saving account, liquidation of college saving accounts or sale of cars used regularly by a patient or immediate family member in order to collect an outstanding medical bill.
- B. UHS shall refrain from sending an account to collection, if a completed application, including required documentation is provided. For patient accounting system purposes, the patient or guarantor’s encounters are placed on a Collection Hold when a Financial Assistance application is received including required documentation.
- C. UHS shall provide written notice no less than 30 days prior to referring debts for collection; UHS will refrain from initiating any extraordinary collection actions (ECA) for at least 240 days from the date of the first discharge billing statement for the care. 30 days prior to initiating ECA, UHS will provide written notice that financial assistance is available to eligible individuals, identify potential ECA hospital may undertake, and advise of the 30 day deadline. The collections agency will refer patients to the UHS Financial Assistance office if financial assistance is requested. Collection agency will also place the account on hold and reverse any ECA’s if the patient is eligible for financial assistance.
- D. Collection agencies, who are used to collect delinquent accounts must obtain UHS's written consent prior to commencing legal action.
- E. Collection agencies follow the Financial Assistance Policy and provide any necessary information to patients.

- F. UHS prohibits collection from patient who is determined eligible for Medicaid at the time of service and for which Medicaid would pay.

**VII. Payment Plan Guidelines:**

- A. Monthly payments will not exceed 10% of gross monthly income of the patient.
- B. An interest rate equal to zero percentage (0%) will be applied to payment plans.
- C. UHS may require a deposit of 65% of gross charges for non-emergent, Elective services that are not covered by Financial Assistance.

**VIII. Application Guidelines:**

- A. Financial Assistance Applications are printed in the primary languages of the patients served by UHS and are available:
  - 1. Online at [UHS.net](http://UHS.net)
  - 2. In the Provider's Office
  - 3. In the Emergency Room
  - 4. In all Registration Areas
  - 5. Or, by contacting Customer Service at 607-770-0025
  - 6. Financial Advocates directly at (607) 763-6127.
- B. Application materials include notice that completed applications stop bills until a decision is rendered by UHS. For purposes of the Financial Assistance Policy, accounts are placed on hold in the patient accounting system when a Financial Assistance Application is received.
- C. Applications to be completed within 365 days of date of patient financial responsibility. The Financial Assistance Policy allows patient at least 30 days to complete application including required documentation. If the application is incomplete, notification will be provided in writing to the applicant describing the additional requirements.
- D. The Financial Assistance Policy may require patient to provide additional information, but such information is not unduly burdensome or complex.
- E. Patients may disregard billing statements while the financial assistance application is under review by UHS.
- F. Staff from the Physician's Business Office, or UHS collection agencies as well as UHS registration, customer service and financial advocates are trained and available to assist patients in completing Financial Assistance applications or referring patients to the appropriate office.

- G. Applicants will receive written notification of approval or denial. Denials or partial denials will include information on how to appeal the decision.
- H. Appeals must be in writing and will be reviewed by the Manager, Guarantor Accounts within 14 days of appeal receipt. Manager will ensure documents are complete, and review circumstances of denial. A final decision will be provided in writing within 21 days of receipt.
- I. Application are to be printed in the primary languages of patient served by UHS. For purposes of the Financial Assistance Policy, English is the primary language. Translation services are available 24/7/365 days per year via Language Line Services Company, which can be connected by calling our Financial Assistance Hotline (607) 763-6127.
- J. Approved applications will qualify accounts up to 365 days forward from date of application for a total of 12 months and 6 months prior to the date of application date; flexibility can be used on a case by case basis to the eligible dates.
- K. Complaints about the financial assistance policy can be made to the New York State Department of Health's Centralized Compliant hotline at **800-804-5447**, and department staff will work with both UHS and the patient to resolve the complaint.

**IX. Approval Process:**

- A. The Financial Assistance Coordinator will determine if the requested documentation is complete and the patient meets all the necessary criteria for financial assistance. If any documentation is incomplete or clarification is needed on any of the documentation, the Financial Assistance Coordinator will contact the patient to complete or clarify the information. Once all the patient information is received, the Financial Assistance Coordinator reviews the application and documentation to determine if the patient qualifies for financial assistance. Approval/Denial of the application will be made within 30 days of the Financial Assistance Coordinator receipt of all requested documentation.
- B. The patient accounting system will automatically adjust open balances based on the steps outlined below. The Financial Assistance Coordinator will add the applicable Guarantor Contracts to encounters that occurred prior to application approval date. Any accounts eligible for Financial Assistance will be adjusted accordingly including any which may have had an ECA activity. Refunds are issued according to SYS 23 Standardized Credit and Collection Policy, section titled "Credits".

**X. Reporting Requirements:**

- A. The Financial Assistance Policy shall require a mechanism for UHS to measure its compliance with process. For purposes of the Financial Assistance Policy, a routine audit



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will be conducted by Supervisor, Financial Assistance and Self-Pay that will allow a minimum of 10% of applications to be reviewed to determine the following were confirmed:

1. Application & documentation completeness
2. Discount terms & billing procedures followed
3. If more than a 80% fail rate, audit will require an additional 10% of applications be reviewed; continue failure rate will be addressed by the Manager, Guarantor Accounts Receivable; Audit results will be stored in shared drive for necessary purposes.

**Control:** Senior Vice President / Chief Financial Officer

**Review Dates:** 12/2/15, 1/18/16, 11/10/16, 05/02/18

**Revision Dates:** 12/2/15, 1/18/16, 11/10/16, 05/02/18

Appendix A  
 Income Eligibility

<b>Gross Income &amp; Family Size</b>							
<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	
<b>Below 200%</b>	<b>Below \$24,280</b>	<b>Below \$32,920</b>	<b>Below \$41,560</b>	<b>Below \$50,200</b>	<b>Below \$58,840</b>	<b>Below \$65,920</b>	<b><u>100% Discount</u></b>
<b>201% to 250%</b>	<b><u>\$24,281</u> to <u>\$30,350</u></b>	<b><u>\$32,921</u> to <u>\$41,150</u></b>	<b><u>\$41,561</u> to <u>\$51,950</u></b>	<b><u>\$50,201</u> to <u>\$62,750</u></b>	<b><u>\$58,841</u> to <u>\$73,550</u></b>	<b><u>\$65,921</u> to <u>\$82,400</u></b>	<b><u>83.5% Discount</u></b>
<b>251% to 300%</b>	<b><u>\$30,351</u> to <u>\$36,420</u></b>	<b><u>\$41,151</u> to <u>\$49,380</u></b>	<b><u>\$51,951</u> to <u>\$62,340</u></b>	<b><u>\$62,751</u> to <u>\$75,300</u></b>	<b><u>\$73,551</u> to <u>\$88,261</u></b>	<b><u>\$82,401</u> to <u>\$98,880</u></b>	<b><u>67% Discount</u></b>

Note: If your family contains more than 6 people, add \$4,160 for each additional person to qualify for discount.