CLIFTON-FINE HOSPITAL

POLICY TITLE: Financial Assistance Program ☐ DEPARTMENTAL
DEPARTMENT OWNERSHIP: Business Office ☐ MULTI-DEPARTMENTAL
LAST REVISION DATE: 2/28/25 ■ ORGANIZATIONAL
Approval dates tracked electronically in MCN Policy Manager

POLICY: Clifton-Fine Hospital (CFH) recognizes. the need in our community to provide financial assistance and counseling to those patients with limited income who find it difficult to meet the expenses incurred in receiving health care services at Clifton-Fine Hospital (CFH). In keeping with our mission and values to provide high quality, compassionate healthcare services and that meet the needs of our civilian and military communities regardless of ability to pay, Clifton-Fine Hospital (CFH)

Purpose:

To define the Financial Assistance Program (F AP) and establish the necessary criteria, guidelines and approval process for the provision of Financial Assistance to eligible individuals, either uninsured or underinsured as well as to help obtaining low cost or free health insurance, thereby helping to defray the costs of healthcare services provided by Clifton-Fine Hospital.

Financial assistance may be provided in the form of free care for patients who qualify, or a discount may be applied to inpatient and/or outpatient emergency service or other medically necessary charges (excluding cosmetic or self-pay flat rate procedures). These actions follow the New York State Public Health Law Subdivision 9(a) of Section 2807(k) and 501(r) and were amended to be in compliance with the updates to section 2807(k) effective October 2024.

CFH Financial Assistance Program considers each individual patient's· ability to contribute to the cost of their 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 re-evaluated for possible eligibility for a Financial Assistance Discount.

PROCEDURE: CFH core values of service, communication, personal excellence, interdepartmental relationships and teamwork call on us to provide quality health care services to the people served by our organization. Patient and families are treated with dignity, respect, and compassion during the provision of services and throughout the billing and collection process. Consistent with this commitment, CFH provides care, admits, and treats patients and provides all services without regard to age, race, color, creed, ethnicity, religion, national origin, culture, language, physical or mental disability, socioeconomic status, veteran or military status, marital status, sex, sexual orientation, gender identity or expression, immigration status or any other basis prohibited by federal, state, or local law or by accreditation standards. The determination of a patient's financial responsibility will be made according to a patient's ability to pay as indicated by the eligibility criteria established within the procedural guidelines of this policy.

These guidelines include: Completion of the CFH income-based Financial Assistance Application.

Financial assessments and the review of patients' financial information are intended for the purpose of assessing need as well as gaining an overall view of the patients' circumstances.

CFH is committed to:

- Communicating with patients so they can more fully and freely participate in providing the needed information without fear of losing basic assets and income

- Assessing the patient's capacity to pay and reach payment arrangements that do not jeopardize the patients' health and basic living arrangements or undermine their capacity for self-sufficiency
- Upholding and honoring patients' rights to appeal decisions and seek reconsideration, and to have a self-selected advocate to assist the patient throughout the process
- Providing options for payment arrangements, without requiring that the patient select higher cost options for repayment

In administering this policy CFH will:

- Serve the health care needs of everyone, regardless of ability to pay
- Ensure the dignity of the patient/guarantor
- Encourage upfront financial counseling
- Be patient-centric and patient friendly
- Communicate collection procedures

Financial Counseling Services:

As a part of the Financial Assistance Program CFH will refer patients to the St. Lawrence Health Initiative or to St. Lawrence County Social Services to assist patients in making applications for any of these programs.

Patients may remain self-pay and be responsible for full payment of their medical 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

Financial Assistance Discounts

<u>Services Eligible for Discounts</u>

The FAP covers Hospital and Employed Physician services that are determined to be Medically Necessary by a Physician, including both inpatient and outpatient services.

For National Health Service Corps (NHSC) approved sites, as well as those sites which are applying to become NHSC approved, a sliding fee discount program is offered so the amount owed for services by eligible patients is adjusted based on the patient's ability to pay. Services are rendered regardless of the patient's ability to pay. The sliding fee discount program is applicable to all individuals and families with annual incomes at or below 400% of the most recent Federal Poverty guidelines. Eligibility for discounts is based on income and family size and no other factors, (e.g. assets, insurance status, participation in the Health Insurance marketplace, citizenship, population type).

The Financial Assistance Program does not cover, cosmetic services, convenience items, such as television 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.

CFH will use discretion on a case by case basis to process financial assistance for all non-NYS resident patients who may be deemed medically indigent due to a catastrophic illness or injury.

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 CFH.

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 FAP discount decreases as household income increases as illustrated in Appendix A.

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

Religious Exemptions (Amish, Mennonites, etc.)-Discount of 50% of gross charges will be

given any eligible services. Any other reductions will be at the discretion of the Chief Financial

Officer or their designee.

Discount Application Process

CFH 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 CFH website, under For Patients -Financial Information -Financial Assistance Program. Applications can also be obtained by calling (315) 848-8000.

Financial Assistance is contingent upon the patient first applying for coverage under title XIX of the Social Security Act (Medicaid) or other publicly subsidized insurance programs. The exception to this would be if a patient would not qualify based on immigration status.

If there is sufficient information to identify that a patient is potentially eligible for a Financial Assistance discount, CFH may consider the patient to be Presumptively Eligible.

Patients can submit FAP applications prior to or on the day their care is provided or at any time during the collection process.

If a submitted application is deemed incomplete, CFH will provide written notice of what additional information is needed. Patients will have 30 days to provide the requested information after which time CFH 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 Counselor will, upon approving a patient for a F AP discount, include all accounts with covered services and open balances, and up to a maximum of 12 months forward.

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

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

Patients may receive multiple bills for the healthcare services provided at CFH. One bill will contain the costs for the facility (any fee charged or billed by a hospital or healthcare professional that is (a) intended to compensate the hospital for the operational expenses regardless of the modality through which the health care services are provided; and (b) separate and distinct from a professional fee. A separate bill may include the professional fee for the physician that provided care to the patient during their stay.

Once a patient has submitted a completed application for FAP consideration, the patient may disregard any bill from CFH that might be sent until such time as CFH has rendered a determination on the pending application.

If approved for Financial Assistance Program discount, the patient will receive a new bill with the new amount due and illustration of how the new amount was calculated by the billing office. CFH will notify any collection agencies applicable, if any adverse information needs to be removed from the patent's credit report.

Approved applications for a Financial Assistance Program discount will be honored for a period of 1 (one) year. In the event a patient returns for additional medically necessary services within that time period and the patient's financial status has not changed, no new application will need to be completed.

Installment payment plans may be established for patients who qualify for Financial Assistance discount. Monthly installment payment will be capped at 5% of gross monthly income of the patients defined household in accordance with NYS Public Health Law 2807-k CFH prohibits the forced sale or foreclosure of a patient’s primary residence to collect an outstanding medical bill for hospital or employed physician services.

Any payments made by patients during the application period that are more than the approved Financial Assistance adjusted amount due on open accounts will be applied to other open balances or refunded upon approval of FAP application.

Depending on the age of a bill, CFH may refer a patient account to a Collection Agency.

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

Appeals Process

Any Financial Assistance Program discount determination made under this policy may be appealed in writing within 45 days of the denial letter date to Clifton-Fine Hospital Attention: Business Office, 1014 Oswegatchie Trail Road Star Lake, NY 13690.

The Financial Counselor will review the application, and any additional information provided and escalate to the Director of Revenue Cycle or designee for a determination. If necessary, the appeal will be escalated to Chief Financial Officer or designee on a case-by-case basis if determined necessary for further review. The reconsideration will be completed and communicated within 30 days of receipt of the request.

Exceptions to this policy require CFO approval.

Definitions:
Bad Debt: Uncollectible CFH accounts receivable that were expected to result in cash inflows (i.e. the patient did not meet CFH's Financial Assistance eligibility criteria). They are defined as the provision for actual or expected un-collectibles resulting from the extension of credit.
Bad Debt/Financial Assistance Distinction: Bad debts result from the ***unwillingness*** of a patient to pay, whereas financial assistance is provided to a patient with demonstrated ***inability*** to pay. Bad debt expense is reported on financial statements as an expense. Financial Assistance is neither reported as revenue nor as receivables.
Cost Sharing Obligation: Self-pay portion of healthcare costs that that patient must pay out of pocket. The most common types of cost sharing are deductibles, coinsurance and copayments.
Current Medical Debt: Self-pay portion of current inpatient and outpatient account(s). Depending on circumstances, accounts related to the same spell of illness may be combined for evaluation. Internal and external collection agency accounts are considered as part of the current medical debt.
Elective: Those services that, in the opinion of a physician, are not medically necessary or can be safely postponed.
Emergency care: Immediate care that is necessary in the opinion of a physician to prevent putting the patient's health in serious jeopardy, serious impairment to bodily functions or serious dysfunction of any organ or body part.
Family/Household: A group of two or more persons related by birth, marriage (including any legal common law spouse), or adoption who live together. All such related persons are considered as members of one family.
Financial Assistance Program: Financial Assistance (formerly known as charity care) is the policy describing how CFH will provide financial assistance at our hospital and facilities. This includes free or discounted health services provided to persons who meet our criteria for assistance and are unable to pay for all or a portion of the services.
Household Income: As measured against annual Federal Poverty Guidelines includes, but is not limited to the following:

- Annual household pre-tax job earnings
- Unemployment compensation
- Workers' Compensation
- Public Assistance

- Social Security and Supplemental Security Income
- Veteran's payments
- Pension or retirement income
- Interest, dividends, or royalties
- Other applicable income to include, but not limited to rents, alimony, child support, and any other miscellaneous source

Medically necessary service: A service that is reasonably expected to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity. Medically necessary services shall include inpatient and outpatient services as mandated under Title XIX of the Federal Social Security Act.

Payment Plan: When the patient is unable to pay his or her portion of healthcare costs all at one time, CFH will arrange to accept the amount due in regular installments over a defined period. Payment plans will not exceed 5% of the patient's gross monthly income.

Sliding Scale: An income-based scale that is adjusted to reflect the patient's ability to pay based on the income level of the household.

Spell of Illness: Medical encounters/admissions for treatment of a condition, disease, or illness in the same diagnosis-related group (DRG), or closely related DRG occurring within a 120-day period
Supporting Documentation: Pay stubs (most recent 8 weeks), Social Security benefit statements, pension statements, monthly benefit statements from all other income sources, if self-employed, an income attestation and cash flow statement.

Underinsured: Patients with out-of-pocket medical costs accumulated in the past twelve months that amount to more than 10% of the individual’s gross income.

Uninsured: Patients who are not covered under an insurance health plan, Workers' Compensation, governmental plans such as Medicare and Medicaid, state/federal agency plans, Victim's Assistance, etc., or third-party liability resulting from automobile or other accidents.

- CFH extends discounts to those uninsured patients not otherwise covered in this policy by applying a discount to medically necessary services provided at the hospital. *Exclusions include: non-employed physicians and the following elective services: cosmetic surgery.*

References: New York State Public Health Law 2807-k 26 U.S.C. 7805 Sectionl.501(r) 1-6

RELATED MATERIALS:

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 CFH

Sliding Scale Discounts

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

Household Income Percentage of Federal Poverty Guidelines

	0% - 200%	201% - 300%	301% - 400%	Above 400%
CFH Medically Necessary Services (For Uninsured)	100% discount of all charges	90% discount of Medicaid rate	80% discount of Medicaid rate	Upon review m discretion of CFO or design.
CFH Medically Necessary Services (For Underinsured)	100% discount of all charges	90% discount of cost sharing obligation	80% discount of cost sharing obligation	Upon review m discretion of CFO or design.

APPENDIX B

Financial Assistance Application and Information Required

Household Income Criteria and Verification

The evaluation of a patient's eligibility for the Financial Assistance Program 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 and deductions 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, workers' 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.

CFH 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.

APPENDIX C

Billing and Collection Efforts for Patients Applying for Financial Assistance Program

CFH will not send patient accounts, for which an application for a Financial Assistance Program discount is pending, to an external collections agency until CFH has rendered a determination on the pending application.

In some cases, a patient eligible for assistance under FAP may not have been identified prior to initiation of external collections efforts. Patients whose accounts have been sent to CFH outsourced collection agent may still apply for Financial Assistance discount, providing 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.

Installment payment plans may be established for patients who qualify for a Financial Assistance discount. Monthly installment payment will be capped at 5% of gross monthly income of the patient’s defined household income in accordance with NYS Public Health Law 2807-k. CFH prohibits the forced sale or foreclosure of a patient’s primary residence to collect an outstanding medical bill for hospital or employed physician services.

CFH will not sell accumulated medical debt to a third party, unless the third party explicitly purchased such medical debt to relieve the debt of the patient.

Any unpaid patient balances remaining 180 days after the first post-discharge billing statement will be referred to a collection agency. CFH will notify the patient in writing 30 days prior to sending an account to a collection agency.

CFH shall not commence legal action for the recovery of medical debt or unpaid bills against patients with incomes below 400% of the Federal Poverty Level (FPL). Any legal action related to the recovery of medical debt or unpaid bills by or on behalf of CFH will be accompanied by an affidavit from the CFO stating that based on the CFH reasonable efforts to determine the patient's income, the patient has an income lever above 400% of the FPL.

All collection agencies utilized by CFH will comply with this CFH Financial Assistance Program Policy and have applications readily available should a patient wish to apply. If the collection agency decides to commence with legal action, written consent form CFH is mandatory.

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. A Communication Methods of the Financial Assistance Program
   1. *Posted Public Notices*. Notices regarding the CFH's Financial Assistance Program are posted throughout the Hospital and Medical Groups in key public access areas. Contents include a general description of the CFH Financial Assistance philosophy and program, and 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 CFH 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.
   2. *Publications Available for Patients*. Brochures describing the Financial Assistance: Program are available in all registration offices for ambulatory, emergency observation areas of the Hospital.

APPROVAL:

Policy will be reviewed and approved at least every 2 years, unless otherwise stated in regulation or policy. Initial review, approval and revision details are documented below. Revision history will be updated below, however all future approval/review dates are electronically documented in MCN Policy Manager.

Approved by:

Name: Linda Sharrow	Date: Business Office Supervisor

Revision History:

Date	Description	Revised By
2/28/2025	Document adopted from SMC	Linda Sharrow, Business Office Supervisor