St. John's Riverside Hospital

ANDRUS PAVILION

DOBBS FERRY PAVILION

PARKCARE PAVILION

Policy and Procedure Manual

Subject:	**Financial and Charity Care Program**
Effective:	**JANUARY 1, 2007**
Revised dates: 4/1/2008; 2/15/10; 3/15/10, 10/12/12, 7/22/14,1/16,10/16, 3/18,3/19, 3/20,3/21,3/22, 2/23	

MISSION STATEMENT

St. John's Riverside Hospital ("SJRH" or the "Hospital") is dedicated to providing comprehensive medical and nursing care in a compassionate, professional, respectful and ethical manner to every patient, regardless of ability to pay. To accomplish this mission, SJRH makes available to all of its patients a medical care financial assistance program entitled Health Solution (the "Charity Care Program").

The Charity Care Program is designed to provide financial assistance for patients who are unable to pay for all or a portion of their medical expenses incurred at the hospital and who meet the eligibility guidelines established under the program.

The Charity Care Program applies to ER and other medically necessary services. Services such as cosmetic surgery are not covered. However, urgent or emergency services should be provided irrespective of a patient's eligibility under the program.

The Charity Care Program is subject to the availability of designated funding from the allocation in the hospital's operating budget.

PROCEDURE

A. Notification Requirements

1. **The hospital will post signage advising patients about the availability of the Health Solution programs in its Inpatient Admissions, Outpatient and Emergency Room Registration areas, and at Cashiering locations.**
2. **Signage will be posted in both English and Spanish.**

3. **Information about the Health Solution program will also appear on patient bills and statements.**
4. **A Financial Assistance Summary will be made available on the Hospital's website "www.riversidehealth.org" and at all registration and cashiering locations. It will also be printed in English and Spanish (See Appendices A1 and A2)**
5. **Admissions, Registration, Billing and Collection staff will also advise and explain to patients about the availability of the Health Solution program to Self-Pay patients, and those patients who may inquire about the program, or who express difficulty with paying a bill.**
6. **For additional information including questions on how to apply for Financial Assistance or to request copies of the Financial Assistance Policy, contact our Financial Counselor, at 914 964 7799. They are located at 2 Park Ave, Yonkers, NY 10701.**
7. **Translation services will be available to assist patients requiring communication in another language.**
8. **The Hospital Financial Aid policy follows EMTALA guidelines.**

B. Covered Services and Exclusions

1. **The following services are covered under the Health Solution program, and will be provided regardless of a patient's eligibility under this program:**
    i. **Emergency care services.**
    ii. **Medically necessary non-emergent inpatient, ambulatory surgery and outpatient services (including clinics).**
2. **The following services are excluded from the Health Solution program:**
    i. **Cosmetic procedures.**
    ii. **Physician services.**

C. Geographic Areas Served under the Health Solution Program

1. **For Emergency care services: All New York State residents.**
2. **For Medically necessary non-emergent inpatient, ambulatory surgery, and outpatient services (including clinics), the hospital's Primary Service Area (PSA) includes all patients residing in the following counties: Westchester, Orange, Putnam, Rockland, Bronx, Manhattan (New York), Brooklyn (Kings) and Queens.**
3. **The hospital may at its discretion and in consideration of exceptional circumstances extend financial assistance for medically necessary non-emergent services to patients outside of its primary service area.**

D. Eligibility Requirements

The hospital's Charity Care Program uses income and family size as the primary factors to determine eligibility for reduced rates. The income, family

size, Federal Poverty Levels (FPL) levels and discounted sliding scale amounts referred to in this section are shown in Appendix B. The hospital applies the sliding scale percentage discounts using the 12-month look back methodology of hospital's Medicare, Medicaid and Commercial charges.

1. **Uninsured individuals with documented income and family size levels that fall at or below 100% FPL will be entitled to pay the amounts specified under the State's Nominal Payment Guidelines (as shown below):**
    i. **Inpatient Services - $150/Discharge**
    ii. **Ambulatory Surgery - $150/Procedure**
    iii. **All Ancillary Services - $150/Procedure**
    iv. **Adult ER/Clinic Services - $15/Visit**
    v. **Prenatal and Pediatric ER/Clinic Services – No Charge**
2. **In the event the total charges for the services rendered were less than either the Nominal Payment Guidelines amount, or the percentage discount of the AGB (amount generally billed) rate, then the patient will only be liable for the lower amount. When applying a percentage of the AGB rate to establish the discount, it will be for the specific service(s) rendered.**
3. **Uninsured individuals whose documented income and family size fall between 101%-125% of the FPL guidelines will be entitled to discounted fees based on a sliding scale for covered services based with the lowest incomes paying the lowest amount, and then increasing in equal increments up to a maximum of 10% of the rate for the service rendered.**
4. **Uninsured individuals whose documented income and family size fall between 126%-150% of the FPL guidelines will be entitled to discounted fees based on a sliding scale for covered services based with the lowest incomes paying the lowest amount, and then increasing in equal increments up to a maximum of 20% of the rate for the service rendered.**
5. **Uninsured individuals whose documented income and family size fall between 151%-175% of the Federal Poverty Level (FPL) guidelines will be entitled to discounted fees based on a sliding scale for covered services from 30% of the rate for the service rendered capped at the higher rate.**
6. **Uninsured individuals whose documented income and family size fall between 176%-200% of the Federal Poverty Level (FPL) guidelines will be entitled to discounted fees based on a sliding scale for covered services from 40% of the rate for the service rendered capped at the higher rate.**
7. **Uninsured individuals whose documented income and family size fall between 201%-225% of the Federal Poverty Level (FPL) guidelines will be entitled to discounted fees based on a sliding scale for covered services from 50% of the rate for the service rendered capped at the higher rate.**

8. **Uninsured individuals whose documented income and family size fall between 226%-250% of the Federal Poverty Level (FPL) guidelines will be entitled to discounted fees based on a sliding scale for covered services from 75% of the rate for the service rendered capped at the higher rate.**
9. **Uninsured individuals whose documented income and family size fall between 251%-300% of the Federal Poverty Level (FPL) guidelines will be charged no more than the rates for the services rendered.**
10. **Individuals who qualify for financial assistance under the Health Solution program may receive additional fee discounts due to extraordinary circumstances, which will be reviewed and approved by the Director of Patient Accounts.**
11. **Individuals whose income and family size levels exceed 300% FPL and those with insurance may apply and qualify for financial assistance under certain circumstances which will be reviewed on a case-by-case basis, and approved by the Director of Patient Accounts. Some of these circumstances may include (but are not necessarily limited to):**
    i. **Insured individuals who are unable to meet the financial obligations under their policies (i.e., deductibles, copayments, co-insurance, etc.).**
    ii. **Individuals unable to meet their financial obligations due the extraordinarily high costs of service.**
    iii. **Conditions that are documented by the hospital's medical staff that warrant special consideration.**
12. **Any deposits that may be required prior to non-emergent medically necessary care must be included as part of any financial aid consideration.**
13. **Recurring patients (i.e., those receiving service on three or more consecutive days) may have their sliding fee reduced when medical necessity documentation is received and reviewed.**
14. **All Self-Pay patient balances are subject to an additional 9.63% New York State Surcharge being added to the amount due.**

E. Limitation of Charges

The Hospital utilizes the Look-Back method to calculate the amount generally billed. The Hospital AGB is to be determined from an aggregate of Medicare, Medicaid, Commercial charges within a 12-month period. The financial aid rates and AGB are to be audited by Bi annually. Bi-annual audits of random cases by the credit and collection supervisor. Utilizing a minimum of 5% of the hospital submitted application.

FAP eligible individual charges must be

1. **Less than the amounts generally billed (AGB) for all emergency or other medically necessary care provided.**
2. **Less than the gross charges for other medical care covered by the FAP.**

F. Application Screening Process and Documentation Requirements

1. **All interested individuals may apply for financial assistance under the Health Solution program by completing the application (see Appendices C1 and C2, for the English and Spanish versions, respectively). Applications are available at all Registration and Admitting areas, and from the Patient Accounts department's Financial Assistance Unit.**
2. **Applications must be submitted within 120 days from the date of discharge (for inpatients) and the date of service (for outpatients). Patients will be allowed an additional 20 days to submit a completed application and documentation.**
3. **The hospital Financial Counselor will accept FAP applications submitted during a longer "application period" that ends on the 240th day from the date of the hospital's first post-discharge billing statement.**
4. **All patients will be screened for third party insurance. If there is no insurance coverage, the Financial Counselor will determine if the patient is potentially eligible for Medicaid or Family Health Plus.**
5. **Applicants may be requested to apply for coverage under Medicaid, or other applicable governmental or grant program. The Financial Assistance Unit will assist with the Medicaid application process.**
6. **Patients are required to document their income by presenting supporting documentation, such as:**

    i. **Documents to prove income (from a responsible individual, if applicable)**
    ii. **Two current pay subs or letter from employer on company letterhead**
    iii. **Letter from the Department of Labor regarding unemployment**
    iv. **Social Security award letter or statement**
    v. **Other documentation as may be required to verify income: self-employment, annuities, unemployment income Worker's Compensation, Veteran's Benefits, military pay, interest, dividends, royalties, other income (e.g., from rents, other family member contributions, etc.)**
    vi. **Income from savings accounts, stocks and bonds may also be considered as income; supporting documentation for these assets may be required if the hospital elects to consider these assets for eligibility under the Health Solution program.**
    vii. **Decisions are based on annual income only. Assets are not considered.**

7. **Patients are required to document their identity and family size by presenting supporting documentation, such as:**
    i. **Birth certificates**
    ii. **Baptismal (or other religious) certificates**
    iii. **Marriage Certificates**

iv. **Official school records**
v. **Naturalization certificate**
vi. **Passport**
vii. **Death Certificates (where a change in family size status may be indicated, or to document certain funeral expenses)**

8. **Patients are required to document their residency (home address) by presenting supporting documentation such as:**
   i. **ID card with address**
   ii. **Postmarked envelop, postcard, or magazine label with name and date**
   iii. **Driver's license issued within the last six months**
   iv. **Utility bill or correspondence from a government agency which contains the name and street address**
   v. **Letter, lease, rent receipt with home address from landlord**
   vi. **Property tax records or mortgage statement**

G. Determinations and Appeals Processes

1. **Patient applications for financial assistance will be denied if:**
   i. **False information was provided by the patient or his/her representative.**
   ii. **Patient or responsible party refuses to cooperate with the terms of the Health Solution program.**
   iii. **Patient or responsible party refuses to apply or cooperate with processing a government insurance program application.**
2. **Financial Counselors will review all applications and supporting documentation for completeness, and will contact patients about missing or incomplete applications. Completed applications meeting the required guidelines will be approved.**
3. **All determinations must be made within 30 days from the receipt of a completed application.**
4. **Approval letters will be sent to patients along with a Health Solution Identification card. Approvals will be valid for one year, and recertification under the program must be completed annually.**
5. **For all approvals, unique identifiers will be entered into the Meditech Patient Accounts system that will automatically apply the appropriate discount to the patient's account.**
6. **For all denials, letters will be sent to the patient advising them of the decision and reason for denial.**
7. **Patients will be advised that they may appeal a denial decision by sending a letter to the Supervisor of the Financial Assistance Unit requesting reconsideration.**
8. **The Manager of the Financial Assistance Unit will resolve appeals for reconsideration of denials within 10 business days of receipt, and advise the patient in writing of the reconsideration determination.**

9. **Patients whose appeals are not overturned will be advised that an additional appeal letter may be sent to a committee comprised of the Directors of Patient Accounts and Revenue Cycle, and the Chief Financial Officer.**
10. **This committee will issue its final determination status to the patient regarding the application for financial assistance.**
11. **Patients will be advised that they may contact New York State Department of Health complaint hotline at 800-804-5447, if they feel that they cannot resolve their issues with the Hospital.**

H. Collection Practices

1. **Patients eligible for financial assistance under the Health Solution program will have their open accounts adjusted to the amount due based on the level of assistance they receive, so that bills and statements will reflect the discounted amount due. Patients will then be expected to pay the adjusted amount due.**
2. **Patients who are unable to pay the adjusted amount due will be offered payment plans.**
3. **Payment plans will not require a patient to pay more than 10% of their monthly gross income towards monthly installment payments. If the hospital elects to consider other non-excluded assets in determining financial assistance eligibility, then monthly payments may exceed 10%.**
4. **The hospital will not collect from a patient who is determined to be eligible for Medicaid, or who is eligible for Medicaid at the time services were rendered.**
5. **If a patient or responsible party defaults on its payment obligations, or fails to meet the terms of any financial agreement, the account in question will be considered delinquent, and may be referred to a collection agency based on the hospital's collection policy.**
6. **The hospital will not send an account to collection if the patient has submitted a completed application for financial aid, including required supporting documentation, while the hospital determines the patient's eligibility for such aid, or during the process where the patient has appealed an eligibility determination.**
7. **The hospital will review all accounts determined to be referred to outside collection to ensure that its financial assistance policy and procedures were followed.**
8. **The hospital will provide written notification and a notice on the patient's bill not less than 30 days prior to referring the account to outside collection.**
9. **The hospital will send each of its collection agencies a copy of its financial assistance policy and procedures, and will instruct the agency to follow these procedures when instructing the patient how to apply for such aid.**

10. **Collection agencies must obtain the hospital's written consent prior to commencing a legal action on a patient's account.**
11. **The Hospital will not take Legal action that will include wage garnishing or leans on primary property.**
12. **The hospital will not permit the forced sale or foreclosure of a patient's primary residence in order to collect an outstanding medical bill.**
13. **The Hospital will not engage in extraordinary collection actions before it makes a reasonable effort to determine whether a patient is eligible for financial assistance under this Policy. Collection activity will proceed based on a separate Billing and Collection Policy**

I. Emergency Care Policy

1. **The Hospital policy is to provide emergency care to stabilize patients, regardless of their ability to pay. Following medical evaluation, non-emergent patients requiring charity care consideration should be reviewed and approved before additional services are provided.**
2. **The hospital is committed to upholding the multiple federal and state laws that preclude hospital staff to provide care for medical conditions to individual on the basis of race, sex, age, religion, national origin, immigration status, marital status, sexual orientation, disabilities, military service, or any other classification protected by federal, state or local laws.**

J. Administrative and Reporting Requirements

1. **The hospital will review this policy and procedures on a regular basis to ensure its consistency with the current regulations.**
2. **Statistics regarding patient applications, approvals and extent of financial assistance provided under this program will be maintained and reported to Administration.**
3. **Data will be provided to complete Exhibit 50 of the New York State Cost Report regarding Hospital Charity Care Reporting.**
4. **The hospital will provide training to Billing and Collection, and Admitting and Registration staff that will need to be most familiar with the financial assistance and charity care program.**
5. **The hospital will also provide system-wide general awareness information about the Health Solution program.**
6. **Community Health Needs Assessment (CHNA) will be complete every three years.**

The Hospital staff will uphold the confidentiality and individual dignity of each patient. The Hospital shall comply with all other Federal, State, and local laws, rules, and regulations that may apply to activities conducted pursuant to this.

Approval:

Name/Title Date