Policy/Program Purpose:
The purpose of this policy is to establish guidelines for the Financial Aid and Community Care Program, regardless of race, creed, color, sex, national origin, sexual orientation, handicap or age, who incur significant financial burden as a result of the amount they are expected to owe “out-of-pocket” for acute health care services. In addition, it will assist associates in administering the Financial Aid and Community Care Program according to the directives of the New York State Department of Health and the requirements established in Public Health Law Section 2807-2, known as the Financial Aid Law (FAL). This policy is to be in compliance with the Affordable Care Act Mandates and New Tax Code Section 501 (r).

Policy:

Goals and Principles:
The Financial Aid Program through our Sliding Fee Application process and the Community Care Discount Program is designed to cover “medically necessary” non-elective services provided by Thompson Health in the Hospital, Urgent Care Centers, off-site Thompson Health Lab Draw sites, off-site Rehab Therapy departments, Hospital Owned Physician and Surgery Practices and the Thompson Health Hospitalists. This includes all facility services performed at each Thompson Health location as well as the professional services provided by providers employed by Thompson Health. A listing of these professional services and practices is located on the Thompson Health website with all other Financial Aid information. This policy will consider self-pay (uninsured), underinsured, financially indigent patients, homeless individuals, and those patients with special circumstances defined below.

- Assistance through the Financial Aid/Sliding Fee Program will be communicated and integrated into conversations at time of registration for all self-pay (uninsured) patients.
- Applications for the Financial Aid/Sliding Fee Program will be available upon request at all registration areas, Thompson Health website at (www.thompsonhealth.com) and from Financial Counselors in Patient Accounts.
- Information regarding the Financial Aid/Sliding Fee Program are on each balance bill statement sent to patients.
- The Community Care Discount and Financial Aid/Sliding Fee assistance will not be offered to individuals requesting elective services/non-medically necessary procedures or services (ex: cosmetic surgery services and self-referred massage therapy) not ordered by a provider.

The programs are intended to identify the uninsured and underinsured individuals who cannot afford to pay in full for their services. Individuals who have exhausted their health insurance benefits and individuals with special circumstances also qualify.

Collections are prohibited against any patient known by the Health System to be eligible for Medicaid or any other state program.
Individuals who have applied for Financial Aid through the Sliding Fee Application Process will not receive patient bills from the time the application is received by Thompson Health and a determination has been made.

Any accounts that are referred to a collection agency after all hospital internal and external collections have been pursued are notified on statements received that the balance due from the guarantor will be sent to collections in 30 days. Attempt will be made to contact the guarantor on each account by phone as to the collection status.

All contracted collection agencies utilized by the Health System are aware of the Financial Aid/Sliding Fee Assistance Program and contacts the Financial Counselors for the accounts that are requesting further assistance. Accounts sent to the collection agencies are eligible to apply for Financial Aid/Sliding Fee Assistance Program within one year (365 days) from the date the account was referred.

It is the policy of the Health System that any forced sale or foreclosure of patient’s primary resident in order to collect an outstanding medical bill is forbidden. Accounts sent to a collection agency and through the agency’s collection practices are identified for legal action will be submitted to the Director of Patient Financial Services for written approval. Additionally, acceleration clauses are forbidden.

FINANCIAL INDIGENCY:
Applicant's total household income must be at or below 400% of the Federal Poverty Income Guidelines. Any patient who indicates the financial inability to pay a bill will be considered for Financial Aid/Sliding Fee assistance.

A. Emergent and non-emergent care services for all self pay (uninsured) patients will receive the Community Care Discount.

B. Emergent and non-emergent care services for all patients who meet income criteria will be considered for Financial Aid/Sliding Fee assistance.

C. All patients who have insurance coverage (i.e. Federal Insurers, State Insurers, HMO, PPO, Commercial, No Fault or Workers Compensation) and are denied coverage by their insurance company will allow Thompson Health to consider legal action/appeal process against the insurer before the Community Care Discount and Financial Aid assistance will be considered.

D. Patients who have access to other medical care coverage (e.g., primary and secondary insurance coverage) must utilize and exhaust their benefits prior to submitting a Financial Aid/Sliding Fee application, unless income is such that further discount is applicable. The Financial Aid/Sliding Fee Program is available to assist these patients with co-insurance, deductibles, and co-payments for services received as long as providing such assistance complies with third party payer contracts, applicable laws, and eligibility requirements.
E. The Financial Aid/Sliding Fee Program will not cover co-insurance, co-payments, or deductibles for patients who are eligible for secondary coverage from Medicaid, CHP, FHB, and other similar need based programs.

F. Thompson Health reserves the right to review all information received, including the review of an applicant's tax returns to the extent permitted by applicable law, for purposes of processing the application.

G. Applicants who falsify information on the Financial Aid/Sliding Fee application will no longer be eligible for the program and will be held responsible for all charges incurred while enrolled in the program retroactive to the first day that charges were incurred under the program.

H. Financial Aid/Sliding Fee Program participants should inform Thompson Health within thirty (30) days of any change in income, expenses, insurance status or family status.

I. Any reduction or waiver of cost-sharing amounts for Medicare beneficiaries shall be applied in accordance with applicable rules and regulations pertaining to the Medicare program.

HOMELESS PERSONS:
Patients without a payment source are classified to be eligible for the Financial Aid or Community Care Programs if they do not have all of the following:
- job
- mailing address
- residence
- insurance

Consideration must also be given to classifying patients who do not provide adequate information as to their financial status after attempts to find the information have failed. In many instances, these patients have few resources to cover the cost of their care. Community Care discounts or Financial Aid/Sliding Fee discounts may be applied without complete supporting documentation in some cases.

SPECIAL CIRCUMSTANCES:
A. Deceased patients without an estate or third party coverage are eligible for Financial Aid or the Community Care Discount. Appropriate documentation to support proof of death is required.

B. Patients who are in liquidation or reorganization bankruptcy or recently completed bankruptcy are considered for Financial Aid or the Community Care Discount. Appropriate documentation to support bankruptcy proceedings is required. For any accounts that have been sent to a collection agency for further collections, the appropriate documentation to support bankruptcy proceedings is sent to the collection agency in order for all collection activity to stop.

C. On rare occasions, a patient’s circumstances may be such that while they do not meet the regular Financial Aid/Community Care Discount criteria in this policy, they do not have the ability to pay their hospital bill. In these situations, there must be complete supporting documentation of the decision, and why the patient did not meet the regular criteria. All special circumstances will be reviewed by the Director of Patient Financial
Services. (Discounts up to 50% may be approved by the Director of Patient Financial Services. Discounts over 50% must be approved by the Sr. Vice President of Finance/CFO)*.

*Exception: Special circumstances due to religious beliefs can be authorized by the Director of Patient Financial Services with appropriate discount up to 100%.

Some examples of special circumstances and relevant considerations include:

- Single parents or individuals caring for elders
- Other financial obligations/disabled family member
- The amount and frequency of billings for healthcare services
- Type of services provided (e.g., elective vs. emergency)
- Change in employment status (i.e., loss of job)
- Patient’s address (lives in a zip code known to have a per capita income below the Federal poverty level)
- Extent of catastrophic circumstances
- Religious beliefs that prohibit membership in government or other programs

**Community Care Discount Program Guidelines:**

Self-Pay (uninsured) patients determined to have no source of payment through any Federal, State or Third-Party Insurer will receive the following Community Care discount off charges at time of billing:

1. **Inpatient:** Total billed will be equal to the amount of the Medicare DRG rate or total charges if less than Medicare DRG rate.

2. **Outpatient:** Total billed will include a discount determined yearly by the Director of Reimbursement based on Medicare outpatient reimbursement calculations. (This will be updated every 12 months, as accurate data is available).

It is the intent of the Community Care discount guidelines that a person is not charged more than the AGB (amounts generally billed) to individuals who have insurance.

New York State mandates that a surcharge be added to any non-insured (self pay balance). The surcharge will be calculated based on the discounted charges.

The Community Care discount applies only to medically necessary services that are provided and billed by Thompson Health. The Community Care discount does not cover the following:

- Services provided by non-Thompson Health providers.
- Patient convenience items and personal charges (e.g., telephone).
- Non-medically necessary services (i.e. Cosmetic Surgery, self-referred therapies)
- Nursing home services

All Self-Pay patients will be encouraged to additionally apply for the Financial Aid/Sliding Fee discount based upon their income within 90 days of service.
Financial Aid/Sliding Fee Program Guidelines

Financial Aid through our Sliding Fee Application process is provided to a patient who is uninsured and/or underinsured with a demonstrated inability to pay. A patient is eligible for Financial Aid consideration based upon meeting certain income eligibility criteria as established by the Federal Poverty Income Guidelines. Financial Aid will not be denied due to a patient’s inability to provide all requested documentation. Requirements will be reasonable and assistance will be provided to patients when applying.

Financial aid assistance may include unpaid coinsurance, deductibles and non-covered, medically necessary services if the patient meets the Financial Aid/Sliding Fee Application eligibility criteria. Patients with insurance other than that afforded low income individuals should not have their patient liability unpaid balance, coinsurance, deductible or non-covered service written-off to Financial Aid/Sliding Fee unless financial hardship can be proven thru the application process.

The Financial Aid/Sliding Fee Program is available to all Thompson Health patients. The Program applies only to medically necessary services that are provided and billed by Thompson Health. The Program does not cover the following:

- Services provided by non-Thompson Health providers.
- Patient convenience items and personal charges (e.g., telephone).
- Non-medically necessary services (i.e. Cosmetic Surgery, self-referred therapies)
- Nursing home services

Financial assistance will be available to qualified patients who fall at or below 400% of the Federal Poverty Level (FPL) provided they are willing to comply with application requirements. These include the production of supporting documentation, and other information needed to enroll or qualify for a publicly sponsored insurance program (e.g., Medicaid, Family Health Plus, Child Health Plus, etc.) All patients applying for Financial Aid through the Sliding Fee Program who may meet the eligibility guidelines for Medicaid and other low income eligible programs are asked to continue to pursue these programs however it is not required.

As referenced in Community Care Discount Program Guidelines above, all Self-Pay patients who receive the Community Care discount will be encouraged to apply for Financial Aid through the Sliding Fee Application process within 90 days from date of service.

Once a patient receives a Sliding Fee Application, they are requested to return in a timely manner. Applications not returned within 90 days are marked as failure to return. Financial Counselors will determine eligibility in writing, within 30 days of receipt of the application. This program will employ a “sliding fee scale” based upon the patient’s gross income in relationship to established levels of poverty guidelines and the number of ‘family’ members living ‘under one roof’. This number is determined based upon qualifying tax dependents. The “sliding fee scale” will indicate for each income level, the discounts allowed.
In evaluating an application for the Sliding Fee discount, an applicant’s assets will not be taken into account. However, an asset report may be requested to assist in determining annual income.

Patients who are applying for Financial Aid for the first time and their income meets the program guidelines for a sliding fee scale, all services rendered within the prior 12 months (1 year) from the date of the application will be eligible for the sliding fee. Any balances previously paid by the patient will be refunded on these accounts in the (365 days) look-back.

Once a patient has qualified for Financial Aid through the Sliding Fee Program, it is in effect for one full year with no need to reapply within that time frame. Patients will be given a business card from the Financial Counselor with the effective date stamped on the back. The patient will be informed to carry this card at all times when seeking treatment at Thompson Health and present to registration staff each visit. All patients will receive a letter and new Financial Aid application prior to the end of their one full year to be completed and submitted for continued Financial Aid. Applications sent for continued Financial Aid must be submitted within 90 days for further consideration of continued Financial Aid. Applications not returned within 90 days are marked as failure to return. Financial Counselors will determine eligibility in writing, within 30 days of receipt of application.

For those accounts sent to a Collection Agency that did not have prior Financial Aid Applications completed, these accounts will have up to 1 year (365 days) from the date of referral to collections to request and complete a Financial Aid Application. Applications must be returned within 90 days of request and the Financial Counselors will determine eligibility in writing within 30 days of receipt of application. If the application is approved, the sliding fee discount that the patient is eligible for will be applied to any accounts referred to collections within 1 year (365 days). If prior payments have been made by the patient, refunds for their portion paid and covered by Financial Aid will be applied.

All applicants through the Sliding Fee Application process will receive in writing an approval and/or denial notification. Contact information for their appeal rights is on each notification as follows:

- Directly with Thompson Health by calling: (585)396-6511, (585)396-6512 or (585)396-6029
- Directly with the New York State Centralized Compliant Hotline: (800)804-5447

Appeals submitted directly to Thompson Health will be reviewed in detail by the Director of Patient Financial Services. Director of Patient Financial Services will work with the Financial Counselors in their review of the application and documentation. Initial Financial Aid/Sliding Fee Application determination can be over-turned by the Director of Patient Financial Services. Appeal decisions will be sent in writing to the applicant. Those appeals that are upheld after review, applicants will be advised to pursue with the NYS Department’s Centralized Complaint Hotline.
Financial Aid/Sliding Fee Discount Calculation:

The following income guidelines will be used to calculate a patient's allowance under Thompson Health’s Financial Aid/Sliding Fee Program for qualifying individuals. A percentage of the qualifying patient's charges will be discounted off as indicated by one of the ranges below. If the adjustment that the patient qualifies for is less than 100%, the remaining balance represents the patient’s payment responsibility. (Financial Counseling staff will do calculations using a spreadsheet tool to determine patient responsibility).

**FINANCIAL ASSISTANCE APPROVAL GUIDELINES**

<table>
<thead>
<tr>
<th>Financial Assistance % Allowance</th>
<th>2018 Federal Poverty Levels (FPL)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 Person</td>
</tr>
<tr>
<td>100% Up to 200%</td>
<td>$12,140.00</td>
</tr>
<tr>
<td>80% 201% - 250%</td>
<td>$24,280.00</td>
</tr>
<tr>
<td>60% 251% - 300%</td>
<td>$30,350.00</td>
</tr>
<tr>
<td>40% 301% - 350%</td>
<td>$36,420.00</td>
</tr>
<tr>
<td>20% 351% - 400%</td>
<td>$42,490.00</td>
</tr>
<tr>
<td>0% Over 401%</td>
<td>$48,560.00</td>
</tr>
</tbody>
</table>

Each additional household member add $4,320.

Example: A one person household with a gross annual income of $28,000 would receive a Financial Assistance allowance of 80% as they would be below the 80% income of $30,350 but above the 100% income of $24,280.

The Federal Poverty Guideline will be updated yearly after release by the Department of Health.

**Payment Arrangements:**

It is the policy of Thompson Health to extend payment arrangements to patients receiving services at Thompson Health in the Hospital, Urgent Care Centers, off-site Thompson Health Lab Draw sites, off-site Rehab Therapy departments and the Hospital Based Physician and Surgery Practices including any professional services provided by providers employed by Thompson Health. Payment arrangements should not exceed a 12-month period for account balances over $500. Account balances of $250-$499 should be allowed a flexible payment plan for full payment not to exceed a six (6)-month period. Account balances less than $250 should be allowed a flexible payment plan not to exceed a three (3)-month period. Other payment arrangements can be made through a referral to outside agencies. It is recognized that extenuating circumstances may necessitate that the payment period exceeds 12 months. It is recognized that patients that pay monthly but have not been able to reach an agreed upon monthly rate as previously described may have contracts set up vs. being sent for further collections however it is the goal that the Financial Counselors can work with patients to try to meet the 3 month, 6 month or 12 month period.
Patients receiving a sliding fee discount who do not meet their payment obligations will result in referral to a collection agency.

It is acceptable to take an account through the full collection cycle and later re-classify it as Financial Aid/Sliding Fee Discount within one year (365 days) from the referral to the collection agency was made, as long as a consistent process is followed and a legitimate basis exists that the patient is unable to pay and did not apply for the Financial Aid/Sliding Fee Program prior to the account being referred to the collection agency. For example, self-pay accounts written-off and sent to bad debt for further collections through a contracted collection agency may be considered on the basis of all of the following factors:

1. No third party coverage or adequate coverage exists
2. The patient/guarantor was billed a minimum of four (4) times
3. If a collection agency identifies special circumstances demonstrating a particular patient as being unable (versus unwilling) to pay their bill, their liability may be considered for Financial Aid through the Sliding Fee Program if they qualify through the application process, even if they were originally classified as a bad debt.

Communication

The Thompson Health Financial Aid/Community Care Program will be communicated, in appropriate detail. All efforts to provide information at a variety of locations using a variety of media and techniques will be attempted. Thompson Health will make its best effort to make the program information available to patients prior to them receiving services however, it is recognized that in many cases patients will investigate the Financial Aid/Community Care Program after services are rendered.

Verbal

Thompson Health will make its best efforts to verbally communicate the program through its associates recognizing that there are levels of associate involvement. Patient registration staff will attempt to verbally inform all self-pay patients of this available benefit. There will be informational sheets and applications available for all patients in the registration area. Thompson Health Associates will be given information sheets to assist them with the ability to communicate this program to patients.

Interested persons and/or applicants who do not speak English can contact the Financial Counseling Office at (585)396-6512, (585)396-6511 or (585)396-6029 and they will contact our Interpreter Service to be able to speak to the interested person and/or applicant in their preferred language as well as interpret our Financial Aid application.

Written Media

A variety of written communications will be used as:

- Information Sheets – located in the same areas as the signs will be information sheets regarding the availability of a Financial Aid/Community Care Program identifying key contacts and phone numbers for further information.
- Application & Directions – these documents will provide the patient with the Sliding Fee application and directions as to how to complete the application and the additional information required for a “complete” application.
Financial Aid/Sliding Fee Applications are sent to all Emergency Room, Urgent Care Center, Inpatients and Observation patients who are registered as self-pay by the Patient Accounts Department/Financial Counselors.

Patient Bills & Collection Correspondence – Patient billing statements will include a statement regarding the existence of the program and who to contact. Similar information will be included in the “collection” letters.

Financial Aid/Sliding Fee Applications as well as the Financial Aid Policy and Financial Aid Summary will be translated into the language for any population that reaches over 5% of total population visits per year.

Electronic Media

- Intranet – Thompson Health’s Intranet will include this policy and directions in the Policy & Procedure Manual on the Intranet making the policy and program available to all associates.
- Internet Web Site – Thompson Health will include this full policy and a summary of this policy to incorporate general information about the policy, sliding fee application and directions, facility and professional services covered by the policy, financial counseling contact information on its web site at www.thompsonhealth.com.
- Non-Patient Communication – Financial Counselors will communicate the program with community health & human service agencies and social service organization & agencies (i.e. Office of the Aging, etc.) as well as companies it utilizes in its collection efforts (i.e. collection agencies).

Reporting, Review & Monitoring

Reporting:
The Patient Financial Services and Finance Department will comply with all Federal, State and Financial Standards Accounting Board reporting requirements as well as make its best effort to follow any voluntary or recommended standards established by New York State Healthcare Associations. In addition to mandated reporting the Director of Patient Financial Services will communicate details regarding the program to Administration and Board of Directors as needed.

Thompson Health will report on the Financial Aid/Community Care Program in its audited financial statement and Institutional Cost Report as well as any other mandated reporting.

Review
This policy will be reviewed annually

Monitoring
The Patient Financial Services department will comply with NYCRR Part 86-1.11(g) (ii), section IX or other applicable regulations. This compliance will be verified annually as part of an external review through the “Bad Debt & Charity Care Audit”. In addition to this review the Patient Financial Services department will make it best effort to periodically internally review the program by reviewing such things as logs, files and communications. Thompson Health will utilize their affiliate, the University of Rochester to audit the program when requested.

References: