

 <p>AUBURN COMMUNITY HOSPITAL</p> <hr/> <p>A Strategic Partner with St. Joseph's Health and University of Rochester Medical Center</p>	AUBURN COMMUNITY HOSPITAL POLICIES & PROCEDURES PATIENT FINANCIAL SERVICES	
	Policy Title	Financial Assistance Program
	Department	Patient Financial Services
	Effective Date	January 1, 2007
	Revision Date	9/2018
	Reviewed Date	9/2018

Policy:

To provide a clear and concise Financial Assistance (FA) program for the provision of free or discounted care to persons who are unable to pay for their medically necessary care as determined by the criteria established by Auburn Community Hospital, as applicable under NYS Law. This policy is extended to all patients residing in the State of New York.

ACH will distribute the Financial Assistance Summary and Financial Aid Application to all self-pay patients prior to discharge, even if these documents are not requested.

Applications by patients for financial assistance will be accepted for at least 240 days after the date of the first post-discharge bill.

Application Process:

Free, confidential help is available to all patients. Patients are able to *apply by phone*, by calling our Credit and Collections Department at (315) 255-7210 between the hours of 8:00 AM and 4:00 PM.

If a patient does not speak English, someone will help them in their own language.

The financial Counselor will assist them in seeing if they qualify for free or low-cost insurance, such as Medicaid, Child Health Plus and Family Health Plus.

If the Financial Counselor finds that they don't qualify for low-cost insurance, they will help them apply for a discount.

The Counselor will help them fill out all of the forms and tell them what documents they need to submit.

The Financial Assistance Policy (FAP) and FAP Plain Language Summary (FAPPLS) are also *available on the ACH website* link: **www.auburnhospital.org/patients-visitors/patient-forms.php**.

A FAP, and FAPPLS are *available at all ACH check in areas* at 17 Lansing Street, Auburn, NY 13021, or *by mail* by calling (315) 255-7210.

Procedures:

The Financial Counselor is responsible for performing and monitoring the following steps: Obtaining a complete *Financial Assistance Application for Eligibility Determination* and providing the *Application* and the following documentation to the Manager of Patient Financial Services.

- *Applicant's pay stubs for the most recent two (2) month period;
- *Applicant's Medicaid denial notice, if applicable.

***NOTE:** Asset testing will NOT be utilized in determining need
*FA is available for cost-sharing/co-pay amounts

1. Once application is complete, Financial Counselor will add Charity Care Insurance as last payer to the visit(s) for the application. AND, place the account on hold so patient does not receive statements while application is getting approved.
2. Log the Application on the **Electronic Tracking Worksheet** (ETW) and notify the Applicant of the status of their account and next steps.

NOTE: Applications will be processed within 30 days from the date of receipt from patient.

3. Auburn Community Hospital will utilize the Federal Poverty Level ("FPL") Guidelines published in the current Federal Register to determine amount of discount based on *sliding scale* (25%, 50%, 75%, 80% and 100%), which at a minimum will comply with the requirement set forth in the table below. Patients with incomes below 300% of the FPL are presumed to be eligible for some level of financial assistance based on this sliding fee scale.

Annual Family Income % of FPL	Minimum Payment	Maximum Payment
<100 %	\$0	nominal amount*
101% to 150%	nominal amount*	20% of MPA
151% to 250%	20% of MPA	100% of MPA
251% to 300%	[unspecified]	100% of MPA

MPA means Maximum Payment Amount, which is based on the maximum amount ACH would have billed its highest volume payer, Medicare.

Account Balance

\$1,000
\$1,000.01 and over

Approval

Manager of Patient Financial Services
Director of Revenue Cycle

Income limits

The amount of discount varies based on the patient's income and size of their family. If they have no health insurance, these are the income limits:

Family Size	Annual Family Income	Monthly Family Income	Weekly Family Income
1	\$36,180.00	\$3,015.00	\$696.00
2	\$48,720.00	\$4,062.00	\$937.00
3	\$61,260.00	\$5,106.00	\$1,178.00
4	\$73,800.00	\$6,150.00	\$1,419.00
5	\$86,340.00	\$7,197.00	\$1,660.00
6	\$98,880.00	\$8,241.00	\$1,902.00

***Based on the 2017 Federal Poverty Guidelines**

If the patient exceeds the income limits:

If the patient cannot pay their bill, Auburn Community Hospital offers a payment plan to those patients that do not meet the income limits. The amount they pay depends on the amount of their income.

4. The Financial Counselor will notify the Applicant in writing of the Financial Assistance decision (Approval or Denial); will establish payment arrangements if approved or denied when applicable; and provide appeal information, copy of the Financial Assistance Plain Language Summary will accompany the denial letter denoting our appeal process.

NOTE: The Financial Assistance terms will remain in effect for a period of six (6) months after which time, the applicant will need to be reevaluated for continuing assistance.

5. The Applicant's account will be updated by the Financial Counselor to reflect the approved terms using the "Charity Care" adjustment. Account will remain the Self Pay Financial Class (Q).
6. The Hospital will offer discounts to patients who are uninsured or under insured but do not qualify for the financial assistance program based on their gross income. The patient must demonstrate a need based on inability to pay due to special circumstances, such as, unusually high medical costs or other extraordinary financial hardship circumstances.
7. All documentation will be filed in accordance with established department policy.
8. If an approved FA applicant fails to pay the calculated amount due the patient will follow the same collection policy as all other patients. The patient account will be sent to our collection agency 120 days after nonpayment has occurred.

****Note: Any claim that the Collection Agency's wish to move to legal action must be approved by the Revenue Cycle Director, and so noted on the ETW. ****

PHYSICIAN GROUPS PROVIDING CARE AT ACH

UR Imaging Sciences (Radiology) (Not covered by ACH's FAP)

Collection & Billing
175 Corporate Woods
Suite 100
585-758-7801

Eastern Finger Lakes EMC (Emergency Care) (Not covered by ACH's FAP)

Med Care Administrators
9360 River Rd. Marcy, NY 13403
315-736-2080

Paragon Practice Solutions (Pathology) (Not covered by ACH's FAP)

6390 Fly Road
East Syracuse, NY 13057
315-216-5021

Anesthesia Services (Not covered by ACH's FAP)

Medical Management Resources, Inc. (MMRI)
5000 Brittonfield Pkwy #500
East Syracuse, NY 13057
315-446-0033

LabCorp (Not covered by ACH's FAP)

1-800-845-6167

******For more information on which Drs./Groups are covered by the ACH FAP please refer to the ACH Homepage, section *Patient Billing Information*******

