

 <p>AUBURN COMMUNITY HOSPITAL</p> <hr/> <p>We Specialize in You</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, 8/2021, 12/2021
Reviewed Date	9/2018, 11/26/2019, 6/2022, 2/2024	

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 and IRC Section 501(r). This policy is extended to all patients residing in the United States.

The discounts described in this policy apply to emergency and medically necessary services billed by Auburn Community Hospital, and generally will not apply to private physician services rendered in the Hospital. However, the following providers will recognize a financial assistance determination made by the Hospital: Auburn Memorial Medical Services, P.C., Eastern Finger Lakes Emergency Medical Care, PLLC and Auburn Medical, PC.

ACH will attempt to distribute the Financial Assistance Summary and Financial Aid Application to all self-pay patients prior to discharge, even if these documents are not requested. In addition, patients will be alerted to availability of Financial Assistance with each bill, which will include telephone contact and ACH's website address to obtain information on Financial Assistance. A copy of the Financial Assistance Summary will be distributed to the patient via mail at least 30 days prior to sending any accounts to a collection agency for non-payment.

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 Financial Customer Service Department at (315) 255-7210 between the hours of 7:00 AM and 3:00 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.

In the case of an individual who submits an incomplete FAP application during the 240 day application period, the Counselor will notify the individual about how to complete the FAP application and give the individual a reasonable opportunity to do so. Once a complete application has been received, ACH will suspend any Extraordinary Collection Actions (see below) taken against the individual, make a FAP-eligibility determination, and provide written notice of the FAP-eligibility determination. The written notice to the individual will also identify any potential Extraordinary Collection Actions ACH may initiate and the timeline for doing so (no earlier than 30 days after notice is provided).

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

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 Financial Customer Service Manager.

- *Applicant's pay stubs for the most recent (1) month period;
- *Applicant's proof of unemployment, social security, pension, compensation, etc.;
- *If self-employed, a 3 month business ledger (tax returns are optional);
- *Applicant's Medicaid denial notice, if applicable;
- * Proof of identification (e.g. driver's license, passport)

- ***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 the 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%). 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.

Family Income % of FPL	Discount
<101%	100% of MPA
101% to 135%	80% of MPA
136% to 150%	75% of MPA
151% to 200%	50% of MPA
201% to 250%	25% of MPA
251% to 300%	Capped at MPA

MPA means Maximum Payment Amount, which is based on the maximum amount ACH would have billed its highest volume payer, Medicare, including both the amount that would be reimbursed by Medicare and the amount the beneficiary would be personally responsible for (e.g. copay, deductible). The maximum amount an eligible patient will be charged for emergency or other medically necessary care under this policy will be capped at the MPA.

For purposes of this Policy, a FAP-eligible individual is considered to be “charged” only the amount he or she is personally responsible for paying, after all deductions and reimbursements have been applied. Thus, in the case of a FAP-eligible individual who has health insurance coverage, the FAP-eligible individual is not personally responsible for paying (for example, in the form of co-payments, co-insurance, and deductibles) more than the MPA for the care after all reimbursements by the health insurer have been applied, even if the total amount paid by the FAP-eligible individual and his or her health insurer together exceeds the MPA.

To arrive at the MPA, a discount is applied to the gross charges on the patient account based on the service provided.

<u>Service</u>	<u>Discount Amount</u>
ALC	75%
Clinic	63%
Day Surgery	78%
Emergency Rm	76%
Inpatient	51%
Lab Non Pt	86%
Observation	79%

Preadmission Testing	88%
Psych	61%
Recurring	63%
Ref Ambulatory	83%
Medicare Overall Adj%	62%

Income limits

Based on the 2024 Federal Poverty Guidelines, the amount of discount varies based on the patient’s income and size of their family. These are the income limits:

Family Size	Annual Family Income	Monthly Family Income	Weekly Family Income
1	\$45,180.00	\$3,765.00	\$868.85
2	\$61,320.00	\$5,110.00	\$1,179.23
3	\$77,460.00	\$6,455.00	\$1,489.62
4	\$93,600.00	\$7,800.00	\$1,800.00
5	\$109,740.00	\$9,145.00	\$2,110.38
6	\$125,880.00	\$10,490.00	\$2,420.77

If the patient exceeds the income limits:

Uninsured individuals who have an income in excess of the 300% FPL will still receive a service discount for submitting a completed FA application. 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. Charity adjustment approval limits:

Account Balance:

Eff 8/1/2021

- \$2,000.00 and under
- \$2,000.01 and above

Approved by:

*Financial Counselor (completed in MAPS)**
Financial Customer Service Manager (completed in MAPS)

**Manager to audit monthly*

5. 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.

6. 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).
7. 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.
8. All documentation will be filed in accordance with established department policy.
9. If an approved FA applicant fails to pay the calculated amount due, ACH will follow the same Statement Path schedule as all other patients. See Step Schedule, attached as Exhibit A.
10. ACH will not (and will not allow any collection agency acting on our behalf to) undertake any Extraordinary Collection Actions until at least 240 days after the first post discharge bill. Extraordinary Collection Actions include:
 - Requiring a deposit or payment before providing medically necessary care because of nonpayment of bills for previously provided care.
 - Selling an individual's debt to another party;
 - Reporting adverse information about an individual to consumer credit reporting agencies or credit bureaus;
 - Deferring or denying, or requiring a payment before providing, medically necessary care because of an individual's non-payment of one or more bills for previously provided care covered under the hospital FAP; or
 - Actions requiring legal or judicial process, such as: 1) Placing a lien on an individual's property; 2) Foreclosing on an individual's real property; 3) Attaching or seizing an individual's bank account or any other personal property; 4) Commencing a civil action against an individual; 5) Causing an individual's arrest; 6) Causing an individual to be subject to a writ of body attachment; or 7) Garnishing an individual's wages.

The patient account will be sent to our collection agency 97 days after the first post-discharge bill. The collection agency will not report to the credit bureaus, but will review accounts that are in non-payment status for referral to legal action which may include wage garnishment or placing a lien on personal property.

****Note: Any claim that the Collection Agency's wish to move to legal action must be approved by the PFS Manager and must be at least 240 days from first post discharge bill for the most recent episode of care. Patients will receive 30 days advance notice before taking an Extraordinary Collection Action *****

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

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

Exhibit A: Step Schedule

SP WITH SURCHARGE

This is the Statement path used to add the NYS Surcharge.

Step 1 – No Statement. One day hold for the posting of Surcharge. **Wait 1 Day**

Step 2 – 1st Statement*. **Wait 30 Days**

Step 3 – 2nd Statement*. **Wait 15 Days**

Step 4 -- Phone Call or other electronic communication. \$1,499 and under thru Voapps. \$1,500 and over ACH calls. **Wait 14 Days**

Collector will delete from their Receivables Queue any Ticklers \$1,499 and under.

Step 5 – Check for Payment. If payment found, will restart at Step 5. If no payment found... **Wait 1 Day**

Step 6 – 60 Day Statement*. **Wait 15 Days**

Step 7 -- Phone Call or other electronic communication. \$1,499 and under Voapps. \$1,500 and over ACH calls. **Wait 14 Days**

ACH Collector will delete from their Receivables Queue any Ticklers \$999 and under.

Step 8 – Check for Payment. If payment found, will restart at Step 8. If no payment found... **Wait 1 day**

Step 9 – Final Statement*. **Wait 6 Days**

Step 10 -- Check for Payment. If payment found, will restart at Step 8. If no payment found... **Wait 1 day**

Final Step is Bad Debt Write off.

Statement Path Maintenance - SP WITH SURCHARGE Facility - AUBURN COMMUNITY ... X

Path ID: SP WITH SURCHARGE Description: SP WITH SURCHARGE

Path Type: Regular Type Of Detail: All Detail on 1st then NRV Remote Stmt: SELF PAY

Fin. Charge ID: SRCHG Pymt Min %: 2.00%

Automation: Daily Next Run Date: 03/01/2019 Last Run Date: 02/28/2019

Disable Path: Sort Sequence for Statements (3 sequences allowed)

Sequence 1: 5 digit zip Sequence 2: Guarantor name Sequence 3:

Step No.	Tickler	AR Letter	Statement Msg.	Payment Override Msg	Payment Restart Step# and Period	Patient Note	Agent	Interval Next Step
1			NS-No State		after days			1 days
2			01		after days		AUBURN COI	30 days
3			02		after days			15 days
4	CP		NS-No State		after days			14 days
5			NS-No State	05	5 after 29 days			1 days
6			60 DAY		after days			15 days
7	CP		NS-No State		after days			14 days
8			NS-No State	05	8 after 29 days			1 days
9			FINAL		after days			6 days
10			NS-No State	05	8 after 29 days			1 days

Last Step
 Auto Restart
 Deny Ins.
 Bad Debt Write-Off

SELF PAY NO SURCH

This is the Statement path used when no NYS Surcharge is added.

Step 1 – No Statement. One day hold to match Surcharge statement path. **Wait 1 Day**

Step 2 – 1st Statement*. **Wait 30 Days**

Step 3 – 2nd Statement*. **Wait 15 Days**

Step 4 -- Phone Call or other electronic communication. \$1,499 and under thru Voapps. \$1,500 and over ACH calls. **Wait 14 Days**

Collector will delete from their Receivables Queue any Ticklers \$1,499 and under.

Step 5 – Check for Payment. If payment found, will restart at Step 5. If no payment found... **Wait 1 Day**

Step 6 – 60 Day Statement*. **Wait 15 Days**

Step 7 -- Phone Call or other electronic communication. \$1,499 and under Voapps. \$1,500 and over ACH calls. **Wait 14 Days**

ACH Collector will delete from their Receivables Queue any Ticklers \$999 and under.

Step 8 – Check for Payment. If payment found, will restart at Step 8. If no payment found... **Wait 1 day**

Step 9 – Final Statement*. **Wait 6 Days**

Step 10 -- Check for Payment. If payment found, will restart at Step 8. If no payment found... **Wait 1 day**
Final Step is Bad Debt Write off.

Statement Path Maintenance - SELF PAY NO SURCH Facility - AUBURN COMMUNITY H...

Path ID: SELF PAY NO SURCH Description: SELF PAY WITH NO SURCHARGE ADDED

Path Type: Regular Type Of Detail: All Detail on 1st then NRV Remote Stmt: SELF PAY

Fin. Charge ID: Pymt Min %: 2.00%

Automation: Daily Next Run Date: 03/02/2019 Last Run Date: 03/01/2019

Disable Path: Sort Sequence for Statements (3 sequences allowed)

Sequence 1: 5 digit zip Sequence 2: Guarantor name Sequence 3:

Step No.	Tickler	AR Letter	Statement Msg.	Payment Override Msg	Payment Restart Step# and Period	Patient Note	Agent	Interval Next Step
1			NS-No State		after days			1 days
2			01		after days		AUBURN COI	30 days
3			02		after days			15 days
4	CP		NS-No State		after days			14 days
5			NS-No State	05	4 after 29 days			1 days
6			60 DAY		after days			15 days
7	CP		NS-No State		after days			14 days
8			NS-No State	05	7 after 29 days			1 days
9			FINAL		after days			6 days
10			NS-No State	05	7 after 29 days			1 days

10 Last Step Auto Restart Deny Ins. Bad Debt Write-Off

CONTRACT

This statement path is when a Patient is on a Payment Plan

Step 1 – Statement with Message stating they are on a Payment Plan (Contract)*. **Wait 29 Days**

Step 2 -- Check for Payment. If payment found, will restart at Step 2. If no payment found... **Wait 1 Day**

Step 3 – Phone call. All calls, regardless of Amount, will be done by ACH. **Wait 1 Day**

Step 4 – 60 Day Statement*. **Wait 29 days**

Step 5 – Check for Payment. If payment found, will restart at Step 5. If no payment found... **Wait 1 Day**

Step 6 – Final Statement*. **Wait 6 Days**

Step 7 -- Check for Payment. If payment found, will restart at Step 5. If no payment found... **Wait 1 Day**

Final Step is Bad Debt Write Off.

Statement Path Maintenance - CONTRACT Facility - AUBURN COMMUNITY HOSPITAL ✕

Path ID: Description:

Path Type: Type Of Detail: Remote Stmt:

Fin. Charge ID: Pymt Min %:
OR
Pymt Min Amt:

Automation: Next Run Date: Last Run Date:

Disable Path: Sort Sequence for Statements (3 sequences allowed)

Sequence 1: Sequence 2: Sequence 3:

Step No.	Tickler	AR Letter	Statement Msg.	Payment Override Msg	Payment Restart Step# and Period	Patient Note	Agent	Interval Next Step
1			03		after days			29 days
2			NS-No State	04	2 after 29 days			1 days
3	CP		NS-No State		after days			1 days
4			60 DAY		after days			29 days
5			NS-No State	04	5 after 29 days			1 days
6			FINAL		after days			6 days
7			NS-No State	04	5 after 29 days			1 days

Last Step
 Auto Restart
 Deny Ins.
 Bad Debt Write-Off

Statement and Letter Messages *

Letter Master Maintenance - 01 [X]

Name: 01 Description: FIRST STATEMENT

Type: Statement Message

DataWindow Name: [v]

or Message: FINANCIAL ASSISTANCE MAY BE AVAILABLE IF
 PAYMENT OF THIS BALANCE WILL CAUSE A
 FINANCIAL HARDSHIP. PLEASE BE ADVISED THIS
 MAY NOT BE YOUR FINAL BILL.

OK Close Continuous Add Preview Letter

Letter Master Maintenance - 02 [X]

Name: 02 Description: SECOND STATEMENT

Type: Statement Message

DataWindow Name: [v]

or Message: PLEASE BE ADVISED THAT THIS IS THE BALANCE
 DUE REMAINING ON YOUR ACCOUNT.

OK Close Continuous Add Preview Letter

Letter Master Maintenance - 03 [X]

Name: 03 Description: CONTRACT

Type: Contract Message

DataWindow Name: [v]

or Message: THANK YOU FOR YOUR RECENT CONTRACT
 AGREEMENT. PLEASE REMIT YOUR MONTHLY
 PAYMENT WITHIN 30 DAYS.

OK Close Continuous Add Preview Letter

Letter Master Maintenance - 04 [X]

Name: 04 **Description:** CONTRACT PAYMENT

Type: Payment Message [v]

DataWindow Name: [v]

or Message: THANK YOU FOR YOUR PAYMENT. PLEASE
CONTINUE WITH YOUR MONTHLY AGREEMENT
AMOUNT.

OK Close Continuous Add Preview Letter

Letter Master Maintenance - 60 DAY [X]

Name: 60 DAY **Description:** 60 DAY STATEMENT

Type: Statement Message [v]

DataWindow Name: [v]

or Message: If this balance is not paid or a Financial
Assistance Application is not submitted,
then ACH reserves the right to refer this
to a Collection Agency in 30 days who may
consider legal process which may result
in a judgement or a wage garnishment.

OK Close Continuous Add Preview Letter

