

	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
We Specialize in You	Reviewed Date	9/2018, 11/26/2019, 6/2022, 2/2024, 10/2024, 3/2026

Policy:

Auburn Community Hospital (ACH) prohibits the denial of admission or denial of treatment for services that are reasonably anticipated to be medically necessary because a patient has any unpaid medical bills. ACH is committed to providing 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 regardless of the patient's immigration status.

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, P.C.

ACH will distribute the Financial Assistance Summary and Financial Aid Application to all patients upon intake and registration and during the discharge process, 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 at any time.

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 primary language.

The Financial Counselor will assist the patient in seeing if they qualify for free or low-cost insurance, such as Medicaid, Child Health Plus and Family Health Plus or if they are found to be underinsured. For purposes of this policy, “underinsured” means any individual who is insured with an income below 400% of the Federal Poverty Level.*

If the Financial Counselor finds that the patient doesn’t qualify for low-cost insurance or if the patient states that they are underinsured, they will help the patient apply for a discount. The Financial 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 *Financial Assistance Application for Eligibility Determination* (FA application), the Counselor will notify the individual about how to complete the FA 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 within 30 days, and provide written notice of the FAP-eligibility determination to the applicant. Immigration status is not an eligibility criterion in determining need. 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/ The 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 *FA application*, and providing the FA application and the following documentation (as applicable) 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 or other type of photo identification)

***NOTE:** Asset testing will NOT be utilized in determining need

*FA is available for cost-sharing/co-pay amounts

1. Once the FA 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

*ACH expands its definition of “underinsured” to provide Financial Assistance to more individuals than New York’s required under its definition of underinsured which is limited to individuals with an income below 400% of the FPL whose out of pocket medical costs accumulated in the past twelve months amount to more than ten percent of the individual’s gross annual income.

hold so the patient does not receive statements while the FA application is getting reviewed.

2. Log the Application on the *Electronic Tracking Worksheet* (ETW) and notify the patient applicant of the status of their account and next steps.

NOTE: FA applications will be processed and determinations made as to eligibility for financial assistance within 30 days from the date of receipt from patient.

3. ACH will utilize the Federal Poverty Level (“FPL”) Guidelines published in the current Federal Register to determine amount of discount based on *sliding scale*. Patients with incomes below 400% 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 for Uninsured Patients (based on the amount paid by Medicaid)	Discount for Underinsured Patients (based on insurance cost share Amount)
< 200 %	100% of MPA	100% of MPA
201% to 300%	90% of MPA	90% of MPA
301% to 400%	80% of MPA	80% of MPA

MPA means Maximum Payment Amount (MPA), which is based on the amount ACH would have been paid by Medicaid. For underinsured individuals the Maximum Payment Amount is based on the amount that would have been paid pursuant to the patient’s insurance cost sharing. 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, coinsurance, 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.

Income limits

Based on the 2026 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		
	200% FPL	300% FPL	400% FPL
1	\$31,920.00	\$47,880.00	\$63,840.00
2	\$43,280.00	\$64,920.00	\$86,560.00
3	\$54,640.00	\$81,960.00	\$109,280.00
4	\$66,000.00	\$99,000.00	\$132,000.00
5	\$77,360.00	\$116,040.00	\$154,720.00
6	\$88,720.00	\$133,080.00	\$177,440.00

4. Charity adjustment approval limits:

Account Balance:

Eff 8/1/2021

*\$2,000.00 and under
\$2,000.01 and above
(completed in MAPS)*

Approved by:

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

**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 as applicable; and provide appeal information. A copy of the FAPPLS will accompany any denial letter denoting ACH's 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 underinsured but who 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. No patient shall be denied admission or treatment for services reasonably anticipated to be medically necessary because the patient has an unpaid medical bill.

9. ACH does not require credit card pre-authorization nor require patients to have a credit card on file prior to providing emergency or medically necessary medical services to the patient. The Financial Counselor will notify all patients about the risks of paying for medical services with a credit card, including a medical credit card. Patients shall be advised of the risks associated with paying for medical services with a credit card, including that such payments will result in the patient losing their state and federal protections regarding the collection of medical debt which include prohibitions against wage garnishment and property liens; prohibitions against reporting medical debt to credit bureaus; and limitations on interest rates.
10. If any patient cannot pay their bill in full, ACH offers a payment plan to those patients that do not meet the income limits. Monthly installment payments will be capped at 5% of the patient's gross monthly income. Under no circumstances will any Financial Counselor or other employee of ACH complete any portion of an application for a medical credit card or other third-party medical installment loan for a patient.
11. All documentation will be filed in accordance with established department policy.
12. 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.
13. ACH will not (and will not allow any collection agency acting on its behalf to) undertake any Extraordinary Collection Actions until at least 240 days after the first post discharge bill and until ACH has made reasonable efforts to determine whether the patient qualifies for financial assistance. Extraordinary Collection Actions include:
 - Requiring a deposit or payment before providing medically necessary care because of nonpayment of bills for previously provided care;
 - Reporting adverse information about an individual to consumer credit reporting agencies or credit bureaus; or
 - Actions requiring legal or judicial process, such as: 1) Placing a lien on an individual's property (other than their primary residence); 2) Foreclosing on an individual's real property (other than their primary residence); 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.
14. At no point shall ACH or any collection agency acting on ACH's behalf undertake any of the following Prohibited Collection Actions:
 - Selling an individual's debt to another party unless the third party explicitly purchases such medical debt in order to relieve and forgive the debt of the individual.

- Commencing any legal action to collect the medical debt or unpaid bills against patients with income below 400% of the federal poverty level.
- Any legal action forcing the sale or foreclosure of a patient's primary residence to collect an unpaid bill.

The patient's account will be sent to our collection agency no sooner than 180 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 a collection agency wishes 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

St. Lawrence Radiology (Not covered by ACH's FAP)

Meridian Financial
P.O. Box 41643
Baltimore, MD 21203
443-274-2900

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

Approved _____

Name Title Date

Approved Jason Lesch CFO 11/27/24
Name Title Date

Revised: 03/2026 UPDATED FPL ONLY* Marcie Deyo
Date By Whom

Reviewed: _____
Date By Whom

Exhibit A: Step Schedule

Step 1. No Statement. Account is assigned to Agency Code: Financial Customer Service and NYS Surcharge is added as applicable. **Wait 1 day.**

Step 2. 1st Statement sent. **Wait 30 days.**

Step 3. 2nd Statement sent. **Wait 15 days.**

Step 4. Phone Call or other electronic communication. Balances \$1,499 and under via text message. Balances \$1,500 and over ACH rep calls. **Wait 14 days.**

Step 5. System will check for payment. If payment has been made, statement will be sent. If no payment found, **Wait 1 day.**

Step 6. 3rd Statement sent. **Wait 15 days.**

Step 7. Phone call or other electronic communication. Balances \$1,499 and under via text message. Balances \$1,500 and over ACH rep calls. **Wait 15 days.**

Step 8. System will check for payment. If payment has been made, statement will

be sent. If no payment found, **Wait 30 days.**

Step 9. System will check for payment. If payment has been made, statement will be sent. If no payment found, **Wait 30 days.**

Step 10. System will check for payment. If payment has been made, statement will be sent. If no payment found Final Statement will be sent. **Wait 29 days.**

Step 11. System will check for payment. If payment has been made, statement will be sent. If no payment found, **Wait 1 day.**

Step 12. Account is written off to Bad Debt and assigned to Kopp Collection Agency.

****All statements will alert patients to the availability of Financial Assistance, which will include telephone contact and ACH's website address to obtain information on Financial Assistance.***