



# Financial Assistance Program Policy and Procedure

## Centralus Health System

As a service to our patients, hospital financial counselors are available to discuss whether or not a patient may qualify for publicly sponsored New York State & Federal health insurance programs. These programs include, but are not limited to Medicaid and Medicare. In addition to these insurance programs, Centralus Health System offers full or partial financial assistance to those individuals who are eligible based on income guidelines set forth in this policy.

## Section 1 - Financial Assistance Program Policies

### a - Costs and Services Eligible for Financial Assistance

Centralus Health System provides Emergency Care and Medically Necessary services, without regard to a patient’s source of payment. Financial assistance is available for eligible patients (defined below) to help ease the burden of the cost of Emergency Care and Medically Necessary services they are provided, but the provision of that care will never be contingent on a patient’s eligibility for the Financial Assistance Program (FAP).

Patients will not be denied admission or denied medically necessary treatment or services because of an unpaid medical bill.

Centralus Health System’s Financial Assistance Policy applies to the following organizations:

Cayuga Medical Center	Arnot Ogden Medical Center
Schuyler Hospital	Ira Davenport Memorial Hospital
Cayuga Addiction Recovery Services	Arnot Medical Services
Cayuga Medical Associates	St. Joseph’s Hospital
Visiting Nurse Services	New Dawn Rehabilitation Services
Cayuga Health Transport	SJH Behavioral Science Unit

## Definitions

### Emergency Care:

As required by Emergency Medical Treatment and Labor Act (EMTALA), section 1867 of the Social Security Act (42 U.S.C. 1395dd), Emergency Care is care required as a result of a sudden onset of a medical or behavioral condition manifesting itself by acute symptoms of sufficient severity, including but not limited to severe pain, that a prudent patient who possesses an average

knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in:

1. Placing the patient's health in serious jeopardy, or in the case of behavioral condition placing the health of such person or others in serious jeopardy,
2. Serious impairment to bodily functions
3. Serious dysfunction of any bodily organ or body part, or
4. Serious disfigurement of the patient.

### **Medically Necessary Care:**

Health services that are reasonably necessary to prevent illnesses or medical conditions, or provide early screening, diagnosis, intervention, and/or treatment for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a handicap, cause illness or infirmity of an Enrollee, or endanger life, which are provided at appropriate facilities and levels of care, consistent with accepted local health care practices and standards in literature, and which are not experimental or primarily for the convenience of the patient.

### **Services Not Eligible for Financial Assistance:**

Financial assistance is only available for costs associated with Medically Necessary Care and therefore such discounts are not available to cover the costs of medically unnecessary care such as, but not limited to, cosmetic surgery, or other services that are provided primarily for the convenience of the patient, his/her family or provider.

## **b -Financial Assistance Eligibility Requirements**

Financial assistance is available for uninsured and underinsured patients who reside in New York State in Centralus Health System's Primary or Secondary Service Area and whose household income is at or below 400% (see Appendix A) and of the most recent Federal Poverty Guidelines. Eligibility for financial assistance will not be determined by a patient's assets or immigration status. Per section 2807-k of the NYDOH regulations, patients can qualify for financial assistance under the following conditions:

1. Low income patients with no health insurance; or
2. Low income patients who have exhausted their insurance benefits; or
3. Low income patients who have an inability to pay co-pays and deductible amounts, at the hospital's discretion.

## c - Determination of Patient Payment

Income Level	Payment
Below 200% FPL	Waive all charges
200% - 300% FPL	<p><b>Uninsured patients:</b> Sliding scale up to 10% of the amount that would have been paid for the services(s) by Medicaid.</p> <p><b>Underinsured patients:</b> Up to a maximum of 10% of the amount that would have been paid pursuant to such patient's insurance cost sharing.</p>
301% - 400% FPL	<p><b>Uninsured patients:</b> Sliding scale up to 20% of the amount that would have been paid for the services(s) by Medicaid.</p> <p><b>Underinsured patients:</b> Up to a maximum of 20% of the amount that would have been paid pursuant to such patient's insurance cost sharing.</p>

## d-Determination of Poverty Levels – Income & Assets

**Income** - Income poverty levels must be updated and adopted annually by April 1<sup>st</sup> using the current year's income levels published on the US Department of Health and Human Services website: <http://aspe.hhs.gov/poverty-guidelines>

**Assets** – Assets will not be taken into account when determining FAP eligibility or level of sliding discount an eligible patient will receive.

## e-Notification of FAP Availability

### Patient

1. Patient must be uniformly notified by registration upon arrival that financial assistance is available. Patients will be notified with the provision of a financial assistance brochure that meets PLS standards (defined below) or the PLS itself.
2. Plain Language Summary (PLS) - A written statement which notifies the patient that the hospital offers financial assistance and provide additional info in a clear, concise, understandable manner and include the following:
  - a. Eligibility requirement and type of assistance offered
  - b. Brief Summary of how to apply for assistance
  - c. Website and physical location where an individual can obtain copies of FAP and FAP application form
  - d. Contact information of a source that may assist with form

- e. Statement addressing the availability of translations
- 3. Brochures must be made available in plain sight (at a minimum in the ED & Admission areas) and produced upon request by the patient at no cost. Brochures must be update whenever a substantial change to the FAP is made.
- 4. Website – website must be updated whenever there are significant changes to any of the following items:
  - a. PLS
  - b. Asset or Income Levels

## **f - Adoption Process for Financial Assistance Policy**

Any substantive changes to the financial assistance policy must be approved and adopted by the Finance Committee of the hospital.

## **Section 2 - Financial Assistance Program Application Process**

### **a - Government Assistance**

In determining whether each patient qualifies for the Financial Assistance Program, other county, and state or federal financial assistance programs may be considered as options for the patient. A financial counselor will assist the patient in determining if they are eligible for any governmental assistance by utilizing the current guidelines provided by our local Department of Social Services. If a patient qualifies for state or federal assistance, but needs additional help paying for medical bills, the patient is allowed to apply for the hospital's financial aid program.

**NOTE:** New York State Health Care Law prohibits Centralus from requiring all patients to apply for State/Federal insurance programs (e.g. Medicaid) as a pre-requisite to apply for the FAP. Additionally, CHS is not allowed to delay the processing of FAP applications, when an applicant is waiting for an eligibility determination from a State/Federal insurance program. It is important Centralus facilitates the application to State/Federal insurance program for those patients who are likely to qualify, but FAP determinations should be paid independent of eligibility for State/Federal insurance programs.

## **b - Application Process**

Any patient who indicates the financial inability to pay for Emergency Services or Medically Necessary services may apply for financial assistance.

**Notification Period:** The hospital will make a good faith effort to inform the patient financial assistance is available at any time during the collection process.

**Application period:** A patient will be allowed to apply for financial assistance any time during the collection process.

## **c - Availability of the Application**

The patient may request an electronic and/or a paper copy of the application material at no cost to the patient.

## **d - Completion of Application**

The patient is responsible for ensuring that his or her application is complete. The hospital is responsible, in accordance with IRS regulations, to provide assistance with said application. A completed application shall include all the necessary documentation outlined in this Financial Assistance Policy. Information provided on an application is subject to verification. Patients submitting incomplete applications or whose information cannot be verified will be notified in writing of the missing information or the verification problems and given 10 days to provide the requested information or verification.

1. **Household Income Criteria and Verification:** The evaluation of a patient's eligibility for the Financial Assistance program will be based upon a combination of the patient's household size and income (see Appendix A).
  - a. **Household size:** the number of family members or other persons occupying the same household who are identified as dependents for federal taxation purposes and any other individuals or significant others residing in the same household. This information will be self-reported and cannot be verified by requesting tax returns pursuant to NYS Department of Health Law 2807-k(9-a).
  - b. **Income:** annual earnings and cash benefits from all sources before taxes for the patient and anyone in the patient's defined household. Income shall include wages, interest, dividends, rents, pension, Social Security, VA benefits, unemployment benefits, worker's compensation, disability, child support, alimony and any other types of income that may accrue to the patient or any individual in the patient's defined household.
    - i. Income will be determined and verified based upon documentation of wages and/or other sources of income provided by the patient, such as pay stub or W2 (Tax returns or monthly bills cannot be requested under NYS Department of Health Law 2807-k(9-a)). Income may also be determined

by annualizing the pay of the patient and others in the patient's defined household, at the current reported earnings rate.

2. **Household Assets Criteria and Verification:** Assets will not be taken into consideration when determining a patient's eligibility for Financial Assistance
3. **Additional Verification of Application Information:** The hospital will not seek any other sources of information outside of what is requested of and provided by the patient. The hospital will not perform credit checks or any other 3<sup>rd</sup> party verification to verify information provided by the patient on the Financial Assistance Application. Individuals cannot be denied financial assistance if they do not provide documentation that has not been specified in this FAP policy.

## **e – Application Determination**

A patient will be sent a written letter of determination within 30 days of the hospital's receipt of his or her completed application as to his or her eligibility for the Financial Assistance Program

## **f – Inquires**

Hospital may make inquiries to, and obtain reports, from third parties such as credit agencies, on certain patients to determine whether they may be presumptively eligible (presumptive eligibility) for Financial Assistance under the following limited conditions:

1. The patient has been discharged from the hospital
2. The patient lacks insurance coverage, the coverage has been exhausted, or all benefit coverage has been applied to the account
3. The patient has received a least one statement and the time period for paying that bill has expired, and
4. The patient has not completed an application for Financial Assistance.
5. Credit Scoring obtained will not negatively impact the patient's FICO.
6. Credit Scoring will not be used to deny financial assistance.

## **g – Appeal Process**

Any determinations made under this policy may be appealed in writing to Centralus Health System, Chief Financial Officer, 101 Dates Drive, Ithaca, NY 14850.

## **h – Effective Dates of FAP Eligibility**

**Start Date:** The patient may apply for financial assistance any time during the collection process.

**Expiration:** From the date of approval, a patient's financial assistance application determination will be good for 12 months, at which time it will expire and the patient will have to reapply for future financial assistance.

## **Section 3 - Provider Billing and Collection Efforts**

### **a – Billing**

Once a patient has submitted a completed application for the Financial Assistance Program, the patient may disregard any bill sent until the hospital has rendered a determination on the pending financial assistance application.

1. Billing statement must include a notice that financial assistance is available and provide a number and website to access more information about financial assistance
2. Installment payment plans may be established for patients who qualify for financial assistance. Monthly installment payments will be capped at 5% of gross monthly income of the patient's defined household. Centralus Health System may consider assets of a significant value when establishing the monthly payment amount and such assets may be a basis for increasing the monthly payment.

### **b – Collections**

**Extraordinary Collections Actions (ECAs)** – including, but not limited to, reporting adverse information to credit bureaus or placing liens on property - cannot commence until at least 121 days after the 1<sup>st</sup> billing statement and requires that the patient be notified 30 days in advance with a pre-collect letter outlining what ECAs will occur and when.

Centralus Health will not initiate lawsuits against patients with incomes below 400% of the Federal Poverty Level.

**Notification period:** The hospital will make a good faith effort to inform the patient financial assistance is available any time during the collection process. A patient cannot be sent to collection until the period has ended.

**Application period:** A patient will be allowed to apply for financial assistance any time during the collection process. If a patient submits an application at any point during the application period the following will occur:

1. Complete application
  - a. Suspend ECAs
  - b. Provide eligibility determination within 30 days
  - c. Send written letter of determination
  - d. Provide an updated billing statement reflecting adjusted amount due (if the patient ends up being FAP eligible)
2. Incomplete application
  - a. Suspend ECSs
  - b. Send written letter notifying patient that their application is pending and what information is needed to proceed with determining their eligibility.

## **Section 4 – Updating, Execution, and Compliance**

### **a – Updates:**

The Compliance department, with assistance from and coordination with the Accounting Department & Patient Billing Department, will be responsible for updating this policy to meet the current needs of the hospital and regulatory requirements. Any substantive changes to the financial assistance policy must be approved and adopted by the Finance Committee of the hospital.

### **b- Execution**

The patient billing department and/or contractors in coordination of Financial Counselors will be responsible for executing this FAP and assisting patients in understanding this FAP.

### **c – Compliance Audit**

The Compliance Department with assistance from the Accounting and Patient Billing departments, will be responsible for completing an annual audit of the Financial Assistance Policy and Process to ensure the words of the policy and execution of the policy are in compliance with all relevant laws and regulations.

## Appendix A

### Centralus Health System Financial Assistance Matrix

#### Family Size, Income Levels, and Sliding Discount Schedule

### Uninsured

2026 Federal Poverty Level								
Discount	100%	100%	100%	100%	100%	10% of Medicaid Rate	10% of Medicaid Rate	20 % of Medicaid Rate
Household Size	100% or Below	101-125%	126 - 150%	151 - 175%	176 - 200%	201 - 250%	251 - 300%	301 - 400%
1	\$15,960	\$19,950	\$23,940	\$27,930	\$31,920	\$39,900	\$47,880	\$63,840
2	\$21,640	\$27,050	\$32,460	\$37,870	\$43,280	\$54,100	\$64,920	\$86,560
3	\$27,320	\$34,150	\$40,980	\$47,810	\$54,640	\$68,300	\$81,960	\$109,280
4	\$33,000	\$41,250	\$49,500	\$57,750	\$66,000	\$82,500	\$99,000	\$132,000
5	\$38,680	\$48,350	\$58,020	\$67,690	\$77,360	\$96,700	\$116,040	\$154,720
6	\$44,360	\$55,450	\$66,540	\$77,630	\$88,720	\$110,900	\$133,080	\$177,440
7	\$50,040	\$62,550	\$75,060	\$87,570	\$100,080	\$125,100	\$150,120	\$200,160
8	\$55,720	\$69,650	\$83,580	\$97,510	\$111,440	\$139,300	\$167,160	\$222,880
9	\$61,400	\$76,750	\$92,100	\$107,450	\$122,800	\$153,500	\$184,200	\$245,600
10	\$67,080	\$83,850	\$100,620	\$117,390	\$134,160	\$167,700	\$201,240	\$268,320
11	\$72,760	\$90,950	\$109,140	\$127,330	\$145,520	\$181,900	\$218,280	\$291,040
12	\$78,440	\$98,050	\$117,660	\$137,270	\$156,880	\$196,100	\$235,320	\$313,760
13	\$84,120	\$105,150	\$126,180	\$147,210	\$168,240	\$210,300	\$252,360	\$336,480
14	\$89,800	\$112,250	\$134,700	\$157,150	\$179,600	\$224,500	\$269,400	\$359,200

### Under Insured

2026 Federal Poverty Level								
Discount	100%	100%	100%	100%	100%	10% of Patient Cost Share	10% of Patient Cost Share	20% of Patient Cost Share
Household Size	100% or Below	101-125%	126 - 150%	151 - 175%	176 - 200%	201 - 250%	251 - 300%	301 - 400%
1	\$15,960	\$19,950	\$23,940	\$27,930	\$31,920	\$39,900	\$47,880	\$63,840
2	\$21,640	\$27,050	\$32,460	\$37,870	\$43,280	\$54,100	\$64,920	\$86,560
3	\$27,320	\$34,150	\$40,980	\$47,810	\$54,640	\$68,300	\$81,960	\$109,280
4	\$33,000	\$41,250	\$49,500	\$57,750	\$66,000	\$82,500	\$99,000	\$132,000
5	\$38,680	\$48,350	\$58,020	\$67,690	\$77,360	\$96,700	\$116,040	\$154,720
6	\$44,360	\$55,450	\$66,540	\$77,630	\$88,720	\$110,900	\$133,080	\$177,440
7	\$50,040	\$62,550	\$75,060	\$87,570	\$100,080	\$125,100	\$150,120	\$200,160
8	\$55,720	\$69,650	\$83,580	\$97,510	\$111,440	\$139,300	\$167,160	\$222,880
9	\$61,400	\$76,750	\$92,100	\$107,450	\$122,800	\$153,500	\$184,200	\$245,600
10	\$67,080	\$83,850	\$100,620	\$117,390	\$134,160	\$167,700	\$201,240	\$268,320
11	\$72,760	\$90,950	\$109,140	\$127,330	\$145,520	\$181,900	\$218,280	\$291,040
12	\$78,440	\$98,050	\$117,660	\$137,270	\$156,880	\$196,100	\$235,320	\$313,760
13	\$84,120	\$105,150	\$126,180	\$147,210	\$168,240	\$210,300	\$252,360	\$336,480
14	\$89,800	\$112,250	\$134,700	\$157,150	\$179,600	\$224,500	\$269,400	\$359,200