

Wyoming County Community Health System
REVENUE CYCLE / BUSINESS OFFICE POLICY

Title: FINANCIAL AID/COMMUNITY CARE POLICY/PROGRAM Policy #: _____
Effective Date: 07/21/2020 Review Date: _____ By _____
Periodic Review: By: _____ Date: _____
Supersedes: Policy # Rev. 3 Dated 03/20/2018
Departments Affected: Credit and Collections, Registration
References: _____
Prepared / Sponsored by (print title, name, and initial):
Revenue Cycle/Business Office Manager, Shannon Klancer *Shannon Klancer*
Senior Management Review and Approval by (print title, name, and initial)
Chief Financial Officer, Amy Chase *Amy Chase*
Chief Executive Officer Approval by / Date Joseph L. McTernan *JL*
WCCHS or Department Medical Director Approval / Date _____
Board of Manager Approval Date _____

1.0 POLICY

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 clerks 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).

2.0 PURPOSE

2.1 The purpose of this policy is to established guidelines to assist clerks 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).

3.0 SCOPE

Registration, Credit and Collections

4.0 PROCEDURES

4.1 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 Wyoming County Community Health System (WCCHS). This policy will consider self-pay (uninsured), underinsured, financially indigent patients, homeless individuals, and those patients with special circumstances defined in the policy.

4.1.1 Information for the Financial Aid/Sliding Fee Program will be available at the time of registration and on www.WCCHS.net.

4.1.2 Applications for the Financial Aid/Sliding Fee Program will be available upon request at registration areas and at the Cashier and Business Offices.

- 4.1.3 Information regarding the Financial Aid/Sliding Fee Program is on each statement sent to patients.
- 4.1.4 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).
- 4.2 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.
- 4.3 Collections are prohibited against any patient known by WCCHS to be eligible for Medicaid or any other state program.
- 4.4 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 WCCHS and a determination has been made.
- 4.5 Any accounts that are referred to a collection agency after all hospital internal collections have been pursued are notified on statements received that the balance due from the guarantor will be sent to collections in approximately 30 days.
- 4.6 All contracted collection agencies utilized by WCCHS are aware of the Financial Aid/Sliding Fee Assistance Program and contacts the Account Clerk for the accounts that are requesting further assistance.
- 4.7 It is the policy of the WCCHS 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 Revenue Cycle/Business Office Manager to obtain approval.

5.0 FINANCIAL INDIGENCY

- 5.1 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.
 - 5.1.1 For non-emergent care services, a patient must reside within New York State. Any non-emergent care services requested by residents outside the primary service area must be reviewed and approved by the Revenue Cycle/Business Office Manager.
 - 5.1.2 Emergency services for all patients who meet income criteria will be considered.
 - 5.1.3 All patients who have insurance coverage (i.e. Federal Insurers, State Insurers, HMO, PPO, and No Fault, Workers Compensation) and are denied coverage by their insurance company will allow WCCHS to consider legal action/appeal process against the insurer before the Community Care Discount and Financial Aid assistance will be considered.
 - 5.1.4 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 payor contracts, applicable laws, and eligibility requirements.

- 5.1.5 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.
- 5.1.6 WCCHS 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.
- 5.1.7 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.
- 5.1.8 Financial Aid/Sliding Fee Program participants should inform WCCHS within thirty (30) days of any change in income, expenses, insurance status or family status.
- 5.1.9 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.

6.0 HOMELESS PERSONS

- 6.1 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:
 - 6.1.1 Job
 - 6.1.2 Mailing Address
 - 6.1.3 Residence
 - 6.1.4 Insurance
- 6.2 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.

7.0 SPECIAL CIRCUMSTANCES

- 7.1 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 required.
- 7.2 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.
- 7.3 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 Revenue Cycle/Business Office Manager. (Discounts up to 50% may be approved by the Revenue Cycle/Business Office Manager. Discounts over 50% must be approved by the Director of Finance and Revenue.)

EXCEPTION: Special circumstances due to religious beliefs can be authorized by Revenue Cycle/Business Office Manager with appropriate discount up to 100%.

7.3.1 Some examples of special circumstances and relevant considerations include:

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

7.4 If it is identified that uninsured accounts (no payment source) with services prior to the effective date of this policy were not given the Community Care Discount and would have been eligible, Administration has approved that the Community Care Discount currently in place can be added to the account to bring the account into compliance based on this policy.

7.5 If it is identified that patients with services prior to the effective date of this policy were not given information regarding the Financial Aid Policy and the Sliding Fee Application Program, Administration has approved that the patient and/or guarantor may apply for Financial Aid once this identified and the patient and/or guarantor shows interest in the Financial Aid.

8.0 COMMUNITY CARE DISCOUNT PROGRAM GUIDELINES

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

8.1.1 Inpatient: 30% off total charges

8.1.2 Outpatient: 30% off total charges

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

8.2.1 Services provided by non-WCCHS providers

8.2.2 Non-medically necessary services (i.e. Cosmetic Surgery, self-referred therapies)

8.2.3 Nursing Home services

8.3 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.

9.0 FINANCIAL AID/SLIDING FEE PROGRAM GUIDELINES

- 9.1 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.
- 9.2 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.
- 9.3 The Financial Aid/Sliding Fee Program is available to all WCCHS patients. The Program applies only to medically necessary services that are provided and billed by WCCHS. The Program does not cover the following:
- 9.3.1 Services provided by non-WCCHS Health providers.
 - 9.3.2 Non-medically necessary services(i.e. Cosmetic Surgery, self-referred therapies)
 - 9.3.3 Nursing home services
- 9.4 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.
- 9.5 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 the date of service.
- 9.6 For self-pay balances billed after all insurance are exhausted, patients and/or guarantors have 90 days from 1st statement to apply for Financial Aid through the Sliding Fee Application process.
- 9.7 Once a patient receives a Sliding Fee Application, they are requested to return in a timely manner. Applications not returned within 30 days are marked as failure to return. The Account Clerk will determine eligibility in writing, within 30 days of receipt of application.
- 9.8 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.
- 9.9 In evaluating an application for the Sliding Fee discount, an applicant's assets will not be taken into account.
- 9.10 Once a patient has qualified for Financial Aid through the Sliding Fee Program, it is in effect for **1 full calendar year** with no need to reapply within that timeframe. Sliding Fee will be placed as a payer on the patient's medical record profile. Patients should also identify at time of registration that they are currently approved for Sliding Fee Financial Aid.

9.11 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:

9.11.1 Directly with WCCHS by calling: (585) 786-8940 x-4411

9.11.2 Directly with the New York State Centralized Compliant Hotline: (800) 804-5447

9.12 Appeals submitted directly to WCCHS Health will be reviewed in detail by the Revenue Cycle/Business Office Manager. The Revenue Cycle/Business Office Manager will work with the Accounts Clerk in their review of the application and documentation. Initial Financial Aid/Sliding Fee Application determination can be overturned by the Revenue Cycle/Business Office Manager who will contact applicant with the appeal decision. Those appeals that are upheld after review will be communicated to the applicant and advised to pursue with the NYS Department's Centralized Complaint Hotline.

10.0 FINANCIAL AID/SLIDING FEE DISCOUNT CALCULATION

10.1 To calculate a patient's allowance under WCCH's Financial Aid/Sliding Fee Program qualifying individuals, annual household income will be used. A percentage of the qualifying patient's charges will be discounted off as indicated by the Federal Poverty Guidelines Any remaining balance represents the patient's payment responsibility. Calculations will be made using a spreadsheet tool to determine patient responsibility.

10.2 The Federal Poverty Guideline is updated annually.

11.0 PAYMENT ARRANGEMENTS

11.1 It is the policy of WCCHS to extend payment arrangements to patients receiving services at WCCHS.

11.2 It is the policy of WCCHS to extend payment arrangements to patients receiving services at WCCHS. Payment arrangements will not exceed a 12-month period for account balances over \$500. Account balances of \$250 to \$499 will be allowed a flexible payment plan for full payment not to exceed a 6-month period. Account balances less than \$250 will be allowed a flexible payment plan not to exceed a 3-month period. Other payment arrangements can be made through 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 versus being sent for further collections. However, it is the goal that the Account Clerk and Senior Account Clerk can work with patients to try to meet the 3-, 6- or 12-month period. Payment arrangements that extend from the guideline will require the review of the Revenue Cycle/Business Office Manager. After each account is reviewed, a recommendation will be given to the Senior Account Clerk for final approval and/or disposal.

11.3 Patients receiving a sliding fee discount who do not meet their payment obligations will not be eligible for further Financial Aid through the Sliding Fee Program for a 6-month period. Default on these payments will result in referral to a credit and collection agency.

11.4 It is acceptable (but not preferable) to take an account through the full collection cycle and later re-classify it as Financial Aid/Sliding Fee Discount within six (6) months, 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 within the 3 months after service was rendered. For example, a self-pay account 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:

11.4.1 No third party coverage or adequate coverage exists

11.4.2 The patient/guarantor was billed a minimum of four (4) times

11.4.3 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.

12.0 COMMUNICATION

12.1 The WCCHS 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. WCCHS 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.

12.1.1 Verbal

- A. WCCHS 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 applications available for all patients in the registration area. WCCHS clerks will be given information sheets to assist them with the ability to communicate this program to patients.
- B. Translation services will be available as needed for any population that reaches 5% of total population visits per year.

12.1.2 Written Media

- A. A variety of written communications will be used as:
 - 1. Information Sheets -- will be located at all registration areas identifying key contacts and phone numbers for further information.
 - 2. Application and Directions – these documents will provide the patient with the Sliding Fee application and directions how to complete the application and the additional information required for a “complete” application.
 - 3. Financial Aid/Sliding Fee Applications are available at all points of Registration.
 - 4. Patient Bills and 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.

12.1.3 Electronic Media

- A. Intranet – WCCH's Intranet will include this policy and directions making it available to all associates.
- B. Internet Web Site – WCCHS will include a summary of this policy to incorporate general information about the policy, sliding fee application and directions as well the contact information for key staff on its web site.
- C. Non-Patient Communication – WCCHS Business Office and Registration staff will communicate the program with other organizations they come into contact with as well as companies it utilizes in its collection effort (i.e. collection agencies).

13.0 REPORTING, REVIEW, AND MONITORING

13.1 Reporting:

13.1.1 The Credit and Collections and Business Office 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 Revenue Cycle/Business Office Manager will communicate details regarding the program to Administration and Board of Directors as needed.

13.1.2 WCCHS 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.

13.2 Review:

13.2.1 This policy will be reviewed annually.

13.3 Monitoring:

13.3.1 The Credit and Collections and Business Office 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 and Charity Care Audit." In addition to this review, the Credit and Collections and Business Office will make its best effort to periodically review the program by reviewing such things as logs, files and communications.

14.0 RELATED POLICIES

14.1 Foreign Language Interpretation (System)



Sliding Fee Application Process Guide

The Sliding Fee Program provides assistance with medical services for those who qualify.

To apply, complete the Sliding Fee Application and return with the following required documentation:

1. W-2, current pay stub, current New York State Income Tax return, current bank statement showing deposits, social security or pension amount.
2. A New York State Medical Eligibility determination (if available).
Please call (585) 786-8940 x-4404 for more information.

For other types of income, the list on the last page of the Sliding Fee Application is provided to assist you in choosing the appropriate documentation.

INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED.

**SEVERAL MONTHS RECEIVED MORE THAN 3 MONTHS BEFORE APPLICATION
WILL NOT BE CONSIDERED.**

For assistance in the application process, call

(585) 786-8940 x-4404



Sliding Fee Application and Worksheet

For any questions, please call (585) 786-8940 x-4411

Return application to: **Attention: Account Clerk - Cashier**

Note: INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED.

Date of Request: _____

Patient's Name: _____ #: _____

Mailing Address: _____

Other Family Members
(Living at Same Address)

Name

DOB

Relationship

(if more space is required,
use bottom of page)

Name	DOB	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List:	Date	Service	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The following income information is mandatory for application to be reviewed:

All income must be verified for application to be considered.

****Please include copies of all income listed below.****

Note: Based on review of income, you may be asked to submit Medicaid status information.

See Next Page for Determination Criteria

Note: BOTH COLUMNS MUST BE COMPLETED

Income: List income for family	TOTAL FOR LAST 3 MONTHS	TOTAL FOR LAST 12 MONTHS
Wages (includes self-employment)		
Social Security		
Unemployment Compensation		
Alimony		
Child Support		
Military Family Allotments		
Pension/IRA/Annuities, etc.		
Income from rent		
Income from dividends, interest		

I certify that the information is true and accurate to the best of my knowledge. I understand that the application is made so that Wyoming County Community Hospital can judge my eligibility for Community Care benefits as related to New York State Charity Care Guidelines effective as of 1/1/2015. I understand that this information may be used in discussions with all parties to help determine eligibility.

 Signature of Person Making Request

COMMUNITY CARE CALCULATION:

WCCHS Account Clerk/Cashier will do calculations using a spreadsheet tool to determine patient responsibility. Please see chart below.

2015 INCOME LEVELS								
% OF FEDERAL POVERTY LEVEL								
	100%	125%	150%	175%	200%	225%	250%	300%
FAMILY SIZE								
1	\$11,770.00	14,712.50	17,655.00	20,597.50	23,540.00	26,482.50	29,425.00	35,310.00
2	\$15,930.00	19,912.50	23,895.00	27,877.50	31,860.00	35,842.50	39,825.00	47,790.00
3	\$20,090.00	25,112.50	30,135.00	35,157.50	40,180.00	45,202.50	50,225.00	60,270.00
4	\$24,250.00	30,312.50	36,375.00	42,437.50	48,500.00	54,562.50	60,625.00	72,750.00
5	\$28,410.00	35,512.50	42,615.00	49,717.50	56,820.00	63,922.50	71,025.00	85,230.00
6	\$32,570.00	40,712.50	48,855.00	56,917.50	65,020.00	73,282.50	81,425.00	97,710.00
7	\$36,730.00	45,912.50	55,095.00	64,217.50	73,320.00	82,642.50	91,825.00	110,190.00
8	\$40,890.00	51,112.50	61,275.00	71,437.50	81,780.00	92,002.50	102,225.00	122,670.00
PERCENTAGE DUE FROM PATIENT								
	0%	20%	35%	45%	55%	65%	75%	100%

RECORD OF REVISION

REV. #	DESCRIPTION OF CHANGE	PAGE #S / SECTION #S IMPACTED BY CHANGE(S)	DATE
0	Original issue	All	03/01/2015
1	Change and addition to verbiage and change to format. Eliminated section 15 and 16. Added sample of sliding fee application and sliding fee worksheet.	All	10/29/2015
2	Updated named senior manager, changed total household income, Section 7.3 – added exception, Section 7.3.1 – added Step H, adjusted percentage used in sliding fee discount calculation, updated 2017 income levels, and deleted Section 11.4.2	1, 2, 4, 5, 6, 7	06/01/2017
3	Updated 2018 income levels	6	03/20/2018
4	Section 10 – Deleted the income levels table from the policy and added reference to the Federal Poverty Guidelines.	6	07/21/2020