

ORLEANS COMMUNITY HEALTH POLICY & PROCEDURE				ORIGINAL DATE ISSUED 03/5/02		POLICY #: 79-105	
PREPARED BY: Nancy Callara Director Patient Financial Services		APPROVED BY: Mark Cye Chief Executive Officer		REVISION # 5		EFFECTIVE DATE 2/1/2020	
TITLE Financial Assistance						PAGE 1	
References If Applicable							
Review date/ Initials	Policy & Procedure Comm.	10/2020 NLC					

A. GENERAL STATEMENT OF POLICY

Orleans Community Health is committed to providing financial assistance to persons who have limited income, uninsured, underinsured, ineligible for a government program or otherwise unable to pay for medically necessary care based on their financial situation.

This program does NOT include the services provided by Emergency Room physician, Radiologist, Surgeons or any other physician not employed by Orleans Community Health

B. DISTRIBUTION

X: Policies & Procedures → Business Office → Financial Assistance

C. PROCEDURE

Definitions

- a. Financial Assistance: Is a program for individuals that will result in 100% or partial discounts who meet the necessary criteria.
- b. Household Income: This income is based on gross income (Before Tax) calculated by the following income sources:
 1. Wages, self-employment, unemployment, workers' compensation, gross social security income, disability, public assistance, veteran's payments, survivor benefits, pension income, interest, dividends, income from estates, alimony, child support or any other type of income.
- c. Uninsured: The patient has no insurance or third-party assistance
- d. Underinsured: The patient has insurance or third-party assistance but still has out-of-pocket expenses. In some case Medicaid patients may have a minimal out-of-pocket expense and may apply for Financial Assistance.
- e. Medically Necessary – Items or services reasonable and necessary for the diagnosis and treatment of illness or injury.

Discounts

Financial Assistance discounts are available for uninsured and underinsured patients who reside in New York State whose total household income, determined by patient's proof of income, is equal to or less than 400% of the most recent Federal Poverty Guidelines. For a copy of the

Federal Poverty Guidelines, please visit our website at orleanscommunityhealth.org under the financial info tab.

Procedures for Implementation

1. Communication
 - The Health System provides communications to the public regarding financial assistance that are written in consumer-friendly terminology for our patients.
 - Information regarding the availability of the Financial Assistance Program and contact numbers will be provided at the time of registration. They will receive the Financial Assistance Application Process Guide, Worksheet and Financial Assistance Frequently Asked Questions guide.
 - Brochures and signage are available at all registration sites to inform patients of the availability of the financial assistance program.
 - Patients are educated about their obligation for completing eligibility documentation, potential financial obligations and the Health System bill collection policies through the financial counseling process.
 - A navigator is available to provide assistance in applying for Medicaid, Family Health Plus, Child Health Plus and navigating the Market Place for health care needs.
2. Staff Training
 - Patient registration staff members are trained so they can generally explain the process and provide them with a Charity Care Packet.
 - Patient Account Representatives receive detailed training about all aspects of the Health Systems Financial Assistance Program.
3. Program Administration
 - Health System communications are written and verbally communicated in a way that is easily understood and a manner that is respectful of the patient and promote appropriate access to care.
 - Documentation requirements are easy to follow and include items such as pay stubs or unemployment schedule and tax returns.
 - Applications are processed consistently, correctly and in a timely manner.
4. Application/Determination Process
 - Any patient may contact the Patient Registration or the Patient Accounting Department to learn more about the Financial Assistance Program or by visiting www.orleanscommunityhealth.org. The procedure for contacting either of these areas is outlined in all published materials. In addition, all registration representatives are trained on how to direct patients to the appropriate area when questions arise related to Financial Assistance Program or provide them with an Application.
 - Upon receipt of a referral, the Navigator will conduct a financial assessment of the patient. They will assist the patients throughout the Medicaid application/determination process.
 - Patients who are not eligible to apply for the above insurance or patients who are unable to obtain sufficient insurance coverage, are eligible to apply for the Financial Assistance Program
 - Applications may be submitted by patients, guarantors, guardians or Powers of Attorney. Applications will be accepted prior to, during or within 3 months of date of service
 - Once a completed Financial Assistance Application and all required documentation is received, a determination regarding the patient's eligibility status is made within 10 days. A letter is sent to the patient indicating whether approved or denied. If approved the letter will indicate the percent approved for, the date of the decision and a list of accounts and balances, if any, are still due after the discount has been applied.

Discounts are applied based on the Federal Poverty Guidelines

up to 150%	151% to 200%	201% to 250%	251% to 300%	301% to 400%	Over 401%
100%	80%	60%	40%	20%	0%

Family Size	100% Guideline*	150% Guideline	200% Guideline	250% Guideline	300% Guideline	400% Guideline
1	\$12,760.00	\$19,140.00	\$25,520.00	\$31,900.00	\$38,280.00	\$51,040.00
2	\$17,240.00	\$25,860.00	\$34,480.00	\$43,100.00	\$51,720.00	\$68,960.00
3	\$21,720.00	\$32,580.00	\$43,440.00	\$54,300.00	\$65,160.00	\$86,880.00
4	\$26,200.00	\$39,300.00	\$52,400.00	\$65,500.00	\$78,600.00	\$104,800.00
5	\$30,680.00	\$46,000.00	\$61,360.00	\$76,700.00	\$92,040.00	\$122,720.00
6	\$35,160.00	\$52,721.00	\$70,320.00	\$87,900.00	\$105,480.00	\$1140,640.00
7	\$39,640.00	\$59,460.00	\$79,280.00	\$99,100.00	\$118,920.00	\$158,560.00
8	\$44,120.00	\$66,180.00	\$88,240.00	\$110,300.00	\$132,360.00	\$176,480.00

- Individuals and families below 150% of FPL will receive 100% discount
- Individuals and Families from 151%-200% will receive 80% discount, leaving patient responsibility of 20% of capped charges.
- Individuals and families from 201%-250% will receive 60% discount, leaving patient responsibility of 40% of capped charges.
- Individuals and families from 251%-300% will receive 40% discount, leaving patient responsibility of 60% of capped charges
- Individuals and families from 301%-400% will receive 20% discount, leaving patient responsibility of 80% of capped charges

Hospital charges will apply to individuals or families above 400% of FPL

5. Appeal of Eligibility Determination

- The patient has a right to appeal decisions on eligibility for Charity Care within 30 days of notification of non-eligibility. Appeals can be submitted based on incorrect information that was provided, a change in the patient's financial status occurred or due to extenuating circumstances. Appeals should be made in writing (or in person, only by appointment) to:

Orleans Community Health
 Attn: Patient Accounting Department
 200 Ohio Street
 Medina, NY 14103
 (585)798-8053

D. ADMINISTRATION

Patient Accounting

E. REVISIONS



FINANCIAL ASSISTANCE – PLAIN LANGUAGE SUMMARY (PLS)

Orleans Community Health's Financial Assistance Policy exists to provide eligible patients, partial or fully discounted healthcare services to uninsured, underinsured or patients with an inability to pay for medically necessary services. This is located at www.ortanscommunityhealth.org.

Eligible Services – Emergency and/or medically necessary services provided by Orleans Community Health

Eligible Patients – Patients who do not qualify for Medicaid, Child Health Plus, Family Health Plus.

How to Apply: Information on financial assistance and applications may be obtained online at www.ortanscommunityhealth.org. Applications are also available at the hospital front desk or Business Office. You may also call (585)798-8053 and request a copy be mailed to you. Mail completed applications (with all documentation/information specified in the application instructions) to the address listed on the application. You can also drop your application at the hospital Front Desk or Business Office.

Determination of Financial Assistance Eligibility – In general, eligible patients may receive financial assistance, using a sliding scale, when their family income is at or below 400% of the Federal Poverty Guidelines (FPG). Eligibility for financial assistance means that eligible patients will have their care covered fully or partially and they will not be billed more than the amounts generally billed (AGB) to insured persons (AGB, as defined in IRC section 501[®] by the Internal Revenue Service). Financial Assistance levels are based solely on family income.

What is not Covered – The Financial Assistance Program will NOT cover services provided by physicians not employed by the hospital such as Emergency Room physicians, Radiology reading physician, Pathologist, Anesthesiologist and Surgeons.

Contracted Physicians

Anesthesia Group:

Niagara Frontier Anesthesia Services, LLP
4185 Seneca Street
Suite 11
West Seneca, NY 14224
(716) 674-8189

Emergency Department

Emergency Physician Services of NY
PO Box 636008
Cincinnati, OH 45263-6008
(888) 952-6772

Radiology Services:

Radiology Solutions Associates, PLLC
P.O. Box 8000
Dept 348
Buffalo, NY 14267
(716)389-3287
(866)234-5020

Orleans Community Health

Financial Assistance Application Process Guide

The Financial Assistance Program provides assistance with medical bills for those who qualify.

To apply complete the Financial Assistance Application and return with the following required documentation:

Proof of Household Income:

Wages (4-weeks of pay stubs), self-employment, unemployment reward letter, workers' compensation, gross social security income, disability, public assistance, veteran's payments, survivor benefits, pension income, interest, dividends, income from estates, alimony, child support or any other type of income.

This income is calculated based on gross income (Before Tax)

- Deceased patients must have "No Estate" documentation via the probate court
- Bankruptcy must be documented by "Discharge of Debtor" notice from the courts
- Indigent patients must have appropriate documentation of indigence

INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED

SERVICE(S) RECEIVED MORE THEN 3 MONTHS BEFORE APPLICATION WILL NOT BE CONSIDERED

For assistance in the application process call (585)798-8095

Orleans Community Health Financial Assistance Application

Patient Name: _____ **Date of Birth:** _____

Address: _____
Number/Street City State Zip

Contact Telephone Numbers: *(Please provide all applicable contact numbers)*
Home: _____ **Work:** _____ **Cell:** _____

Family Size: _____ **Occupation:** _____

Current Employer: _____

The following income information is mandatory for application to be reviewed. List all forms of income, both earned and unearned for all family members listed on the application. Family members include only those listed on the Federal Tax Return.

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

INCOME: LIST GROSS INCOME FROM FAMILY (EXPENSES ARE NOT INCLUDED)	TOTALS FROM LAST 12 MONTHS	INCOME: LIST GROSS INCOME FROM FAMILY (EXPENSES ARE NOT INCLUDED)	TOTALS FROM LAST 12 MONTHS
WAGES (INCLUDES SELF-EMPLOYMENT) last 4 consecutive paystubs		PUBLIC ASSISTANCE	
SOCIAL SECURITY YEARLY BENEFIT LETTER		MILITARY FAMILY ALLOTMENTS	
UNEMPLOYMENT COMPENSATION		WORKER'S COMPENSATION	
ALIMONY/CHILD SUPPORT		INCOME FROM DIVIDENDS, INTEREST	
PENSION INCOME		VETERAN'S PAYMENTS	
OTHER INCOME			

Please List Other Family Members

NAME	RELATIONSHIP	DATE OF BIRTH

***Note: INCOMPLETE APPLICATION WILL BE RETURNED UNPROCESSED**

I certify that the information is true and accurate to the best of my knowledge. I understand that this application is made so that Orleans Community Health can judge my eligibility for Financial Assistance benefits as related to New York State Guidelines.

Signature

Date

Please send completed application by fax to (585)798-8444

or by mail to: Orleans Community Health, Attn: Patient Accounting Department, 200 Ohio Street, Medina, NY
14103

or drop application off at Medina Memorial Hospital switchboard or business office



Financial Assistance FAQs

Financial Assistance Frequently Asked Questions

Financial Assistance is a program offered by Orleans Community Health that allows persons to receive medically necessary care at no charge or at a reduced charge when they meet financial eligibility requirements. If there are further questions that are not answered below, please contact our Patient Accounting Department at 585-798-8053.

Q. When can I apply for assistance and how long is it effective?

A. You can apply before you have an appointment, when you come to the hospital to get care, when the bill comes in the mail or afterwards. We go back 90 days for services prior to date of application and the application is eligible for 6 months.

Q. How is eligibility determined?

A. Applicants for Financial Assistance may be directed to our Navigator for Medicaid eligibility screening. Financial Assistance applications must be completed and submitted with wage/income statements and/or the previous year's income tax return, and a copy of the Medicaid denial. Eligibility is determined by measuring the household income against current poverty income guidelines established by the Federal Government.

Q. What services are covered under this program?

A. All services within the Orleans Community Health umbrella, Medina Memorial Hospital outpatient and inpatient services, Physical Therapy Services, Renal Dialysis, Orleans Health in Albion

Q. Are there limits to eligibility based on residency?

A. New York State residents (citizens and aliens) who need emergency services may receive care and get a discount if they meet the financial requirements and complete the Financial Assistance application process. Individuals may get a discount on medically necessary services if they meet the financial requirements and complete the Financial Assistance application process.

Q. What happens after I apply?

A. A determination will be based on information provided. You will be notified in writing of the determination:

- 100% approval.
- Partial Approval: Those who have been accepted and who have income between 201% and 400% of federal income poverty guidelines will receive a partial Financial Assistance discount based on the Medicare reimbursement rate or total charges, whichever is less.

- Denial: Denials are based on information provided by the patient and will be specific as to what Financial Assistance eligibility criteria the patient did not meet. Denials related to missing information or incomplete information will be reconsidered once the information is provided.

Q. What if I receive a bill while I'm waiting to hear if I am approved?

A. You cannot be required to pay a hospital bill while your application for a discount is being considered. If your application is turned down, the hospital must tell you why in writing and must provide you with a way to appeal this decision to a higher level within the hospital. You may also contact our Patient Accounting Department directly at 585-798-8053.

Q. If I have health insurance may I still qualify for any type of discount?

A. Yes, if approval is made any discount awarded would be applied to balances after the insurance payment has been received.

Q. If I am responsible for a balance, may I make payment arrangements?

A. Orleans Community Health accepts payment arrangements. A Patient Accounting representative will assist you in determining the payment arrangements based on your income and the balance of your bills.

Q. Are translator services available?

A. Yes, translator services are available to assist with the application process. To request interpreter assistance, please call 585-798-8095.

