

ORLEANS COMMUNITY HEALTH POLICY & PROCEDURE				ORIGINAL DATE ISSUED 03/5/02	POLICY #: 79-105
PREPARED BY: Nancy Callara Director Patient Financial Services		APPROVED BY: Marc Shurtz Chief Executive Officer		REVISION # 8	EFFECTIVE DATE 2/1/23
TITLE Financial Assistance				PAGE 1	
References If Applicable					
Review date/ Initials	Policy & Procedure Comm.				

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 physicians 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.
- 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.ortleanscommunityhealth.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.
 - 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 1 year 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 2023

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	\$14580	\$21870	\$29160	\$36450	\$43740	\$58320
2	\$19720	\$29580	\$39440	\$49300	\$59160	\$78880
3	\$24860	\$37290	\$49720	\$62150	\$74580	\$99440
4	\$30000	\$45000	\$60000	\$75000	\$90000	\$120000
5	\$35140	\$52710	\$70280	\$87850	\$105420	\$140560
6	\$40280	\$60420	\$80560	\$100700	\$120840	\$161120
7	\$45420	\$68130	\$90840	\$113550	\$136260	\$181680
8	\$50560	\$75840	\$101120	\$126400	\$151680	\$202240

- 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

CEO, Director Patient Financial Services