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Financial Assistance, 2.78

Policy

Highland Hospital improves health through caring, discovery, teaching and learning. We provide excellent and compassionate care and responsive service. As we seek to understand and fully meet our patients' current and future needs and expectations, we recognize our responsibility to prudently use the scarce resources entrusted to us.

Economic conditions, catastrophic illnesses and the rising costs of new health care technology have created a category of patients who are either uninsured or underinsured. The Financial Assistance program has been developed to help the hospital meet the needs of these patients and, concurrently, maintain the financial viability of the hospital for future generations. The Financial Assistance policy explains how the hospital assists patients who cannot pay for part or all of the essential medical care they receive.

Principles

Highland Hospital proactively conveys information about the Financial Assistance policy to patients and their families.

- We believe that fear of a hospital bill should never interfere with essential health services. The provision of urgent or emergent healthcare shall never be delayed pending a financial assistance determination.
- We maintain financial aid policies that are consistent with the mission, values and capacity of the hospital and that take into account each individual's ability to contribute to the cost of their care.
- We implement financial aid procedures that are consumer-friendly, respectful and confidential, as well as debt collection policies that reflect the mission and values of the hospital.
- We work with government, payers, business, consumer groups and others to address the underlying problem that too many New Yorkers lack health insurance.

Eligible Individuals

Financial Assistance is available for individuals who reside in New York State and receive emergency hospital services, including emergency transfers and meet Eligibility Criteria below. It is also available to patients who reside in Highland Hospital's primary service area (Genesee, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Wyoming and Yates counties) in New York State who receive medically necessary inpatient or outpatient services in designated Highland Hospital programs and meet the Eligibility Criteria. Unless approved in advance by Senior Hospital Administrators, Financial Assistance is not available to non-resident aliens who reside outside of New York State or the Hospital's primary service area, or to individuals who come

to New York State or to the Hospital's primary service area for the purposes of seeking medical attention. However, the hospital may, in the discretion of Senior Hospital Administrators, grant Financial Assistance to individuals who reside outside of New York State or the hospital's primary service area.

Eligible Services

Financial Assistance covers all emergency and medically necessary hospital care provided by Highland Hospital. It does not cover medically unnecessary care, cosmetic alteration, telephone, television or private room charges or care provided to a patient who fails to comply with insurance policy requirements (e.g. unauthorized services). Nor does it cover the following services unless approved in advance in writing by the Chief Financial Officer of the hospital or his designee:

- Care, items or services excluded from Medicaid coverage;
- Care, items or services provided to an insured patient who chooses to receive care at an out-of-network hospital in non-emergency circumstances;
- Drugs not administered in the hospital;
- Transportation or other services furnished by third parties.

Specific questions about Eligible Services should be directed to the Financial Assistance Office by calling (585) 784-8889. The Financial Assistance Officers will review and provide that information.

Providers Covered under the Financial Assistance Policy

Hospital services rendered at Highland Hospital and professional services provided by the University of Rochester Medical Faculty Group are included in the Financial Assistance Program. The UR Medicine Financial Assistance Program does not apply to services furnished by the Eastman Dental Center, or University Medical Imaging, or to prescriptions filled by Highland Hospital Outpatient Pharmacies.

Publication of Financial Assistance Information

Highland Hospital widely publicizes the financial assistance program in the following ways:

- Our website includes the current Financial Assistance Policy, brochures, applications and contact information for our patients to receive assistance with the financial assistance application process. Our website address is: <https://www.urmc.rochester.edu/highland/patients-visitors/billing-insurance/financial-assistance.aspx>
- Posters and brochures in our Emergency Department as well as all other admission sites inform patients of the existence of the Financial Assistance Program, explain how to obtain this Financial Assistance Policy, an application for Financial Assistance and a plain language summary of this policy, and provide contact information for questions and assistance with applying for the program.
- Our admission packets include a plain language summary of the Financial Assistance Program which includes information on how to obtain assistance with the application process.
- Patients are offered a plain language summary of this policy as part of the admission and/or discharge process.
- Information regarding the Financial Assistance Program is included on all billing statements sent to patients from Highland Hospital. It includes the phone number where anyone can call to receive information regarding our program, a copy of the Financial Assistance application, and a copy of our Financial Assistance Policy, as well as the website address where copies of the Financial Assistance Policy, the Financial Assistance application and a plain language summary of the Financial Assistance Policy may be obtained.

- Materials regarding the Financial Assistance Program are available in the top ten languages as defined by our Interpreter Service Program based on the usage of the interpreter services program. This includes the Financial Assistance Policy, plain language summary, brochures and application.
- Our Financial Case Management team at Highland Hospital provides guidance, advice and outreach services to assist patients with qualifying for public benefits such as Medicaid, Family Health Plus or Child Health Plus. Information regarding our Financial Assistance Program is communicated to patients by this team as well.

Eligibility Criteria

Financial Assistance is intended to assist those individuals who cannot afford to pay, in part or in full, for their care. It should take into account each individual's ability to contribute to the cost of their care. Hospital financial aid should not be viewed as a substitute for employer- sponsored or individually purchased insurance.

Financial Assistance is generally available to Eligible Individuals whose annual gross household income is less than or equal to 400% of the Federal Poverty Level. However, the hospital reserves the right to consider a patient's assets as well as income in determining eligibility for financial assistance. Patients with income that would otherwise qualify them for the Financial Assistance Program who have sufficient resources (other than tax-deferred or comparable retirement savings or college savings accounts) will be expected to use those resources to pay all or part of their bills, as determined by the hospital in its sole discretion.

Patients seeking Financial Assistance are required to participate fully in all efforts to obtain coverage from every available source of payment. They are expected to apply for and pursue available assistance and coverage from victims' assistance, workers compensation, general liability, no-fault and health insurance programs and plans, including Medicare, Medicaid, and health benefit plans offered on the New York State of Health Exchange. They are also expected to comply with all prerequisites and requirements to secure coverage.

To assist patients in meeting these requirements, we provide information about the criteria that must be met in order to obtain Medicaid, Medicare, or other health insurance. We also assist patients in making applications for insurances or discounted fee plans. Patients may call (585) 784-8889 or visit the Social Work office at Highland Hospital located on the main floor, Rm S213, 1000 South Avenue, Rochester NY 14620.

Patients will not receive Financial Assistance if they (a) do not complete the application process for Medicaid or other insurance for which they may qualify, (b) elect not to make application for Financial Assistance, or (c) have adequate resources or income to pay privately for their care. In these situations, they will remain financially responsible for full payment of their hospital bills.

Under limited circumstances, as determined by the Financial Case Managers or Senior Hospital Administrators, we may excuse a patient from applying for Medicaid, Medicare or other insurance programs. This may occur, for example, when the patient is found to be ineligible or unlikely to meet the financial eligibility requirements for coverage. We may also excuse a patient from submitting an application or claim for coverage when submission would pose a threat to the health or safety of the patient or some other identified person.

The hospital may also use publicly available demographic and financial information to determine whether a patient who has not submitted a Financial Assistance application is presumptively eligible for Financial Assistance and the level of Financial Assistance the patient may be eligible to receive. The hospital may utilize analytic software or an analytic services vendor to support such presumptive Financial Assistance processing. Patients may also be considered presumptively eligible for 100% financial assistance if they have current eligibility under a Medicaid type program and have outstanding balances prior to that coverage.

Patients who exceed the income threshold may be considered for Financial Assistance approval in the hospital's sole discretion if they have exhausted their insurance benefits, face extraordinary medical costs, have filed for bankruptcy or have other unique or extenuating circumstances. Eligibility determinations in complex case circumstances will be made after consideration by the Financial Assistance Review Team that includes the Financial Assistance Manager, Financial Case Manager or may be made by Senior Hospital Administrators.

TEMPORARY CHARITY ELIGIBILITY: During the Nationally Declared Emergency (retroactively effective March 1, 2020) patients that are diagnosed as COVID-19 that are or become uninsured and retroactively meet the hospital charity care guidelines, and where the hospital received no other special COVID-19 funding, will be considered charity care eligible and all policy conditions will apply. The end of the emergency period will be determined by the Department of Health and Human Services.

Discounts Available

The discount afforded to Eligible Individuals who meet the Eligibility Criteria will be determined through assessment of the responsible party's annual gross household income and the number of people in the home, as a percentage of the current CMS-issued Federal Poverty Guideline amounts for same size households. Patients may receive full or partial discounts from the cost of care, depending on the patient's household income level as set forth below:

Discount	Gross Income as % of Federal Poverty Level
100%	UP TO 200%
80%	BETWEEN 201 - 250%
60%	BETWEEN 251 - 300%
40%	BETWEEN 301 - 350%
20%	BETWEEN 351 - 400%
0%	OVER 401%

The discounts the hospital provides to Eligible Individuals who meet the eligibility criteria are determined by applying the percentage discount indicated above to the lower of (a) the hospital and professional charges for the Eligible Service or (b) the Medicare Part A or Part B allowed payment for the Eligible Service (including coinsurance and deductibles).

We have also created special fee schedules for patients who have obtained an IRS exemption from Medicare and Social Security Taxes under Section 3127 of the Internal Revenue Code, who do not, for religious reasons, pursue Medicaid or other coverage that they would be eligible to receive. Under this program, if we deem the patient to be Medicaid eligible, the patient will be responsible for payment at the Medicaid fee for service rates. If we do not deem the patient to be Medicaid eligible, the patient will be responsible for the lower of the amount that the hospital would have received for the same service under Medicare Parts A and B, (including coinsurance, copayments and deductibles) or the hospital's usual and customary charges. To qualify for these special fee schedules, a patient must provide satisfactory written proof that he or she holds a current and valid Section 3127 exemption from Medicare and Social Security taxes.

Amounts Generally Billed

As part of the Financial Assistance program, Federal law requires the hospital to calculate an "Amount

Generally Billed" for emergency and other medically necessary care. The Amount Generally Billed is intended to represent the amount the hospital generally receives as payment for services furnished to individual who have insurance. Highland Hospital has elected to use Medicare Parts A and B allowed payments (including coinsurance, copayments and deductibles) as the Amount Generally Billed. Under this Financial Assistance Policy, no Eligible Individual who meets the Eligibility Criteria will pay more for an Eligible Service than the Amount Generally Billed.

Information about the Medicare allowed payment will be available upon request to our Price Estimation service by contacting us at (585)758-7801. The representatives will be able to give patients the amount the patient may be responsible for based on the reimbursement by Medicare Parts A and B.

Applying for Financial Assistance

1. Patients may contact our office by phone (585) 784-8889 or 1-800-257-7049. Our Financial Assistance Officer is available Monday through Friday from 9 a.m. until 3:00 p.m. for any assistance with this program. This office is located at Strong Memorial Hospital, Room 1-2315, 601 Elmwood Avenue, Rochester, NY 14642 or at Highland Hospital, patients may go to the Social Work Office located on the main floor, Rm S213, 1000 South Avenue, Rochester NY 14620.

Applications will be accepted immediately before, during or after care is provided. The hospital will strive to assist patients receiving high-cost services as they occur. Financial Assistance applications must be completed and returned to the hospital with the requested income documentation which includes but is not limited to three current consecutive paystubs, Social Security statement of benefits, or other documentation that explains current household gross income. Patients may be approved for Financial Assistance on an account-by-account basis or for a period of time (for a course of treatment). While a patient's completed Financial Assistance application is being considered, hospital bills for the accounts under consideration for Financial Assistance will not be sent to a collection agency.

Fully completed Financial Assistance applications are processed timely and determinations are communicated to the patients within thirty (30) days after the hospital Financial Assistance Officer receives them. When an Eligible Individual who applies and is approved for Financial Assistance for the first time, the discount he or she is eligible to receive will be applied to all services rendered within the prior 12 months (1 year) from the date of the applications. The patient's bills will be adjusted accordingly. Upon approval of financial assistance, any patient payments in excess of the discounted amount owed on those services, within the look back period of 12 months (365 days), will be refunded.

Patients will be asked to recertify for the financial assistance program on an annual basis. The patient or responsible party may request reconsideration of a Financial Assistance determination by providing additional information (such as an explanation of extenuating circumstances) within thirty (30) days after receiving initial notification. Contact information on how to initiate an appeal is on all notifications as follows:

Directly with Highland Hospital by calling: 585-784-8889 or 1-800-257-7049

Directly with New York State Centralized Complaint Hotline: 1-800-804-5447

Appeals submitted directly to Highland Hospital will be reviewed by the Patient Services Manager or their delegate. The Patient Services Manager or their delegate will work with the Financial Assistance Officers in their review of the application and documentation. Appeal decisions will be made within 14 days of receipt and decisions will be sent in writing to the applicant. For appeals that are upheld after review, applicants will be advised of their right to file a complaint with the NYS Centralized Complaint Hotline.

When an account is changed to pre-collection status (30 days prior to collection referral) it is flagged to be sent for presumptive financial assistance scoring. Highland Hospital uses a rank-ordering process that predicts the likelihood of financial assistance eligibility on Self-Pay and Balance-After Insurance accounts. The process utilizes public record data and returns information to identify patients likely to qualify for financial assistance based on a predictive model and other financial and asset estimates. In the absence of additional information from the patient, this rule set is applied to all patients to determine which patients would have likely qualified for 100% financial assistance.

Patients may be asked to recertify financial information when long term installment payment plans are being completed. Accounts sent to a collection agency related to a patient who did not submit a completed Financial Assistance application will be considered under the program if a completed financial assistance application is received within 12 months (365 days) from the date of collection referral. Upon financial assistance approval, any patient payments received on those services within the prior 12 months (365 days) that exceed the approved discount, will be refunded.

The hospital reserves the right (a) to reevaluate a patient's eligibility for Financial Assistance in the event of a change in the patient's financial circumstances or for other appropriate reasons, and (b) to request that a patient reapply for Medicaid, Medicare or other health insurances that have previously been denied.

Any bill amount remaining after application of a partial Financial Assistance discount is the responsibility of the patient. The patient will be assisted by the hospital in making arrangements to satisfy any balance remaining on the accounts) after the application of the appropriate Financial Assistance discount by use of a payment plan. The monthly payments under such plans shall not exceed ten percent (10%) of the eligible patient's gross monthly income. The rate of interest on unpaid balances shall not exceed the US Treasury rate for 90 day securities plus 0.5%. No payment plan shall include an accelerator or similar clause under which a higher rate of interest would be triggered upon a missed payment.

Collection agencies that contract with the hospital will follow the hospital's charity care policies and procedures, will make information available to patients on how to apply for Financial Assistance.

Further information regarding the billing and collection practices of Highland Hospital is included in the Billing and Collections policy. A copy of this policy may be obtained by contacting our Patient Services Group by phone at 585-758-7650 or in writing, 601 Elmwood Avenue, Rochester NY 14642 and will be provided free of charge.

Quality Assurance

To provide patient with a quality Financial Assistance Program, the University of Rochester reviews this Charity Care Policy annually for clarity, applicability, and legal compliance. Random audits of applicable patient accounts will be completed to ensure that financial assistance is communicated and administered in compliance with the terms of this policy.

The hospital reserves the right to change its Financial Assistance policy at anytime and to reevaluate patients using any revised criteria.

References

Public Health Law 2807-k(9-a)
Internal Revenue Code Sections 1402(g) and 3127
Internal Revenue Code Section 501R
26 CFR Part 1

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Clinical Council	Myrta Fernandez	11/2019
Policy Management Committee	Myrta Fernandez	11/2019
Finance	Kevin Segerson	10/2019

Applicability

University of Rochester - Highland Hospital

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