Jones Memorial Hospital
191 N. Main Street
Wellsville, NY 14895

POLICY TITLE: **FINANCIAL ASSISTANCE**	POLICY # **C-11**
BOOKS: Administrative Policy & Procedure	Effective Date: June, 1995 Review Date: October 2, 2018 Previous Review Date: August 1, 2016 Next Review: October 2, 2021 Committee Approval, if necessary:
APPROVAL:	

Jones Memorial 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
Jones Memorial 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 the Eligibility Criteria below. It is also available to patients who reside in Jones Memorial Hospital's primary service area (Livingston, Steuben, Wyoming, Cattaraugus and Allegany counties) in New York State and Potter and McKean counties in Pennsylvania who receive medically necessary inpatient or outpatient services in designated Jones Memorial Hospital programs and meet the Eligibility Criteria. Unless approved in advance by Vice President of Finance, 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, at the discretion of Vice President of Finance, 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 other medically necessary hospital care provided by Jones Memorial 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 Vice President of Finance of the hospital or his designee:

- Care, items or services excluded from New York State 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.
- Professional charges for physician services not employed by Jones Memorial Hospital. (List on Jones Memorial Website)

Specific questions about Eligible Services should be directed to the Patient Financial Consultant by calling (585) 596-4040. The Patient Financial Consultant will review and provide that information.

Providers Covered under the Financial Assistance Policy

Hospital services rendered at Jones Memorial Hospital and its employed providers are included in the Financial Assistance Program. The Jones Financial Assistance Program does not apply or extend to services furnished by URMC or its other affiliates or private physicians affiliated with the hospital.

Publication of Financial Assistance Information

Jones Memorial 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 patient to receive assistance with the financial assistance application process. Our website address is: https://www.jmhny.org
- 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 of this policy, and provide contact information for questions and assistance with applying for the program.
- 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 Jones Memorial Hospital. It includes the phone number where anyone can call to receive information regarding our program, as well as the website address where copies of the Financial Assistance Policy, the Financial Assistance application may be obtained.
- Materials regarding the Financial Assistance Program are available in the primary language of the service area (English). Jones Memorial Hospital contracts with an external vendor to provide interpreter services, if necessary.
- Our Financial Patient Consultant Team at Jones Memorial Hospital provides guidance, advice and outreach services to assist inpatients with qualifying for public benefits such as Medicaid, or Child Health Plus. Information regarding our Financial Assistance Program is communicated to all patients through registration and the Financial Patient Consultant.

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 his or her 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 250% 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.

For National Health Service Corps (NHSC) approved sites, we offer a sliding fee discount program and apply a sliding fee schedule, so that the amount owed for services by eligible patients are adjusted based on the patient's ability to pay. Services are rendered regardless of a patient's ability to pay and is applicable to all individuals and families with annual incomes at or below 250 percent of the most current Federal Poverty Guideline (FPG), a full discount for individuals and families with annual incomes at or below 95 percent of the FPG or adjustment of fees (partial sliding fee discount) based on family size and income for individuals and families with incomes between 101% and 250% for the FPG.

For NHSC, eligibility for discounts is based on income and family size and no other factors (e.g. assets, insurance status, participation in the Health Insurance Marketplace, citizenship, population type).

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 or Pennsylvania 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. Patients can call (585) 596-4040 or visit our Financial Counselor office located at Jones Memorial Hospital, 191 North Main Street, Wellsville, NY 14895.

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 Patient Financial Consultant and Vice President of Finance, 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 Patient Financial Consultant and the Patient Financial Services Director or may be made by Vice President of Finance.

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**
95%	UP TO 100%
90%	BETWEEN 101 -125%
80%	BETWEEN 126 – 150%
65%	BETWEEN 151 – 175%
45%	BETWEEN 176 – 200%
25%	BETWEEN 201 – 2525%
5%	BETWEEN 226-250%
0%	OVER 250%

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.

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 individuals who have insurance. Jones Memorial 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 would be available upon request to our Patient Financial Services department by contacting us at (585) 596-2052. 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. more information is available at

Applying for Financial Assistance

Patients may contact our Financial Counseling office by phone (585) 596-4040. Our Financial Assistance Office is available Monday through Friday from 9:00 a.m. until 3:00 p.m. for any assistance with this program. The office is located at Jones Memorial Hospital, 191 Main Street, Wellsville, NY 14895.

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 (3) current consecutive paystubs, Social Security statement of benefits, or other documentation that explains current or most recent 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 that are sent to the patient do not need to be paid and 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 Clerk 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 application. 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 the initial notification. Contact information on how to initiate an appeal is on all notifications as follows:

Directly with Jones Memorial Hospital by calling: 585-596-4040 and asking for the Patient Financial Consultant.

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

Appeals must be submitted in writing directly to Jones Memorial Hospital and will be reviewed by the Patient Financial Services Director or their delegate. The Patient Financial Services Director or their delegate will work with the Patient Financial Consultant in their review of the application and documentation. Appeal decisions will be made within 21 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 Departments' Centralized Complaint Hotline.

When an account is changed to a pre-collection status (30 days prior to collection referral) it is flagged to be sent for presumptive financial assistance scoring. Jones Memorial 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, over five ($5) dollars, after application of a partial Financial Assistance discount is the responsibility of the patient. The patient will be assisted by the hospital in arranging to satisfy any balance remaining on the account(s) 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.
Collection agencies that contract with the hospital will follow the hospital's Financial Assistance policies and procedures. Agencies will have information available to patients on how to apply for Financial Assistance.
A copy of the Financial Assistance policy may be obtained by contacting the hospital at 585-596-4040 or in writing, 191 North Main Street, Wellsville, NY 14895.

Quality Assurance:
To provide patients with a quality Financial Assistance Program, Jones Memorial Hospital reviews this Financial Assistance 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 any time 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

Financial Aid/Charity Care Program

Based on 2018 Rates

	ANNUAL	MONTHLY	WEEKLY
1	$36,420.00	$3,035.00	$700.38
2	$49,380.00	$4,115.00	$949.62
3	$62,340.00	$5,195.00	$1,198.85
4	$75,300.00	$6,275.00	$1,448.08
5	$88,260.00	$7,355.00	$1,697.31
6	$101,220.00	$8,435.00	$1,946.54
7	$114,180.00	$9,515.00	$2,195.77
8	$140,100.00	$11,675.00	$2,694.23

DISCOUNT	95%	90%	80%	65%	45%	25%	5%	0%
PATIENT RESP	5% or Nominal Fee	10% Medicare Rate	20% Medicare Rate	35% Medicare Rate	55% Medicare Rate	75% Medicare Rate	95% Medicare Rate	100% Medicare Rate
People	<=100%	101% to 125%	126% to 150%	151% to 175%	176% to 200%	201% to 225%	226% to 250%	251% to 300%
1	$12,140.00	$12,140.01 - $15,175.00	$15,175.01 - $18,210.00	$18,210.01 - $21,245.00	$21,245.01 - $24,280.00	$24,280.01 - $27,315.00	$27,315.01 - $30,350.00	$30,350.01 - $36,420
2	$16,460.00	$16,460.01 - $20,575.00	$20,575.01 $24,690.00	$24,690.01 - $28,805.00	$28,805.01 - $32,920.00	$32,920.01 - $37,035.00	$37,035.01 - $41,150.00	$41,150.01 - $49,380
3	$20,780.00	$20,780.01 - $25,975.00	$25,975.01 - $31,170.00	$31,170.01 - $36,365.00	$36,365.01 - $41,560.00	$41,560.01 - $46,755.00	$46,755.01 - $51,950.00	$51,950.01 - $62,340
4	$25,100.00	$25,100.01 - $31,375.00	$31,375.01 - $37,650.00	$37,650.01 - $43,925.00	$43,925.01 - $50,200.00	$50,200.01 - $56,475.00	$56,475.01 - $62,750.00	$62,750.01 - $75,300
5	$29,420.00	$29,420.01 - $36,775.00	$36,775.01 - $44,130.00	$44,130.01 - $51,485.00	$51,485.01 - $58,840.00	$58,840.01 - $66,195.00	$66,195.01 - $73,550.00	$73,550.01 - $88,260
6	$33,740.00	$33,740.01 - $42,175.00	$42,175.01 - $50,610.00	$50,610.01 - $59,045.00	$59,045.01 - $67,480.00	$67,480.01 - $75,915.00	$75,915.01 - $84,350.00	$84,350.01 - $101,220
7	$38,060.00	$38,060.01 - $47,575.00	$47,575.01 - $57,090.00	$57,090.01 - $66,605.00	$66,605.01 - $76,120.00	$76,120.01 - $85,635.00	$85,635.01 - $95,150.00	$95,150.01 - $114,180
8	$46,700.00	$46,700.01 - $58,375.00	$58,375.01 - $70,050.00	$70,050.01 - $81,725.00	$81,725.01 - $93,400.00	$93,400.01 - $105,075.00	$105,075.01 - $116,750.00	$116,750.01 - $140,100
	$4,020.00							

Claims<=100% of the federal Poverty Guidelines will requier the following payment by the patient/guarantor:

Inpatient claims will requier an payment of $150.00/Discharge.
Ambulatory Surgery visits will require a payment of $ 150/procedure.
MRI Testing will require a payment of $150 per procedure.
Adult ER/Clinic/POV claims will require a payment of $15 per visit.
Pre-natal and Pediatric ER/Clinic/POV visits will be at no charge.