

**CATSKILL REGIONAL MEDICAL CENTER  
HARRIS, NY**

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**Subject: Financial Aid for Uninsured and Underinsured**

**Policy No.:**

**Approval: 09/26/2012**

**Page:**

**TJC Standard:**

**NYSDOH Reg.**

**Date of Origin: 03/06**

**Date Reviewed:**

**Reference: Revenue Cycle, Patient Access  
Patient Accounting**

**Date Revised: 08/2013**

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**PURPOSE:**

To adjust charges on patient bills for self pay patients and provide financial assistance to patients with recognized financial need. Charges will be adjusted to reflect 105% of the average cost of services for all self-pay patients.

Additional Further charity care discounts will be applied, based on financial need, for uninsured as well as patients with residual balances, to qualified applicants.

All determinations will be made in a non-discriminatory manner, following an individualized review. Eligibility for Financial Aid will be based on the current income guidelines established by the Federal Department of Health and Human Services published in the Federal Register.

The primary service areas defined for the purpose of this policy is all of New York State.

This Financial Aid Policy will be made available to all patients at the time of service and upon billing.

**PROCEDURE:**

1. Notice of availability of the Financial Aid Program will be posted in the Patient Registration areas, Credit & Collection, Billing, Emergency Department, and patient waiting areas.

Catskill Regional Medical Center (CRMC) provides a discount to all uninsured patients at 105% of cost using Medicare cost finding methodologies for medically necessary services resulting in a reduction of 63% of total charges at the time of billing.

The discount for services provided by hospital employed physicians will be equal to 100% of the current year Medicare RBRVS Loc03 Fee Schedule.

The discount methodology is reviewed and revised on an annual basis.

2. Each person seeking financial aid on behalf of himself or another individual will be given an application and list of documentation needed to determine eligibility (Attachment 1 & 2). As part of Financial Aid counseling, the patient will be

screened for Medicaid eligibility, if still within time frame (90 days) from date of service.

3. All services provided by the facility, other than cosmetic, are eligible for the program.
4. An evaluation of the patient's financial situation will be completed with the use of a Financial Aid Application (with supporting documentation from the patient/responsible party).
  - a) A patient or someone on his or her behalf, including member of the Hospital staff, can complete the application form.
  - b) All applications must be signed and dated by the person making the request.
  - c) Applications will not be deemed completed until all income documentation required is provided.
  - d) All applications will indicate the date, name and title of Hospital employee reviewing the said application.
6. Determination of eligibility will be made, in writing, to each applicant within 30 days of receipt of complete application and documentation (Attachment 3). Determinations will be based on the application and information submitted. The following assets are excluded:
  - e) The patient's primary residence
  - f) Tax deferred or comparable retirement savings
  - g) College savings accounts
  - h) Cars used by the patient or patient's immediate family

A copy of all determinations will be kept on file.
7. Once a denial determination is made, the patient will have 30 days from receipt of written notification to submit an appeal, in writing, with supporting documentation (Attachment 5).
8. The patient may arrange to pay on an installment plan. The monthly payment of the installment plan is capped at 10% of the eligible patients' gross monthly income. Any deposit amount will be included as part of financial aid settlement.
9. The Federal Poverty Level guidelines as listed in the Federal Registry will be used to determine additional discounts for the uninsured and the underinsured (Attachment 4).
  - i) Uninsured and underinsured patients within 200% of the Federal Poverty Guidelines will receive a 100% discount on patient liability.
  - j) Uninsured and underinsured patients above 200% of the Federal Poverty Level may qualify for additional discounts based on a sliding income scale.
  - k) For patients whose eligibility is between 100% and 350%, resources will not be considered.
10. In circumstances where documentation is unobtainable or patients do not complete an application for financial assistance, CRMC may grant charity care

without a formal request, based on presumptive circumstances. Eligibility will be determined by using a system such as Search America's credit scoring program. This will not negatively impact the patients FICO score.

11. For patients with established eligibility at or below 200% of the FPL, by credit scoring, said accounts will be deemed eligible for 100% write off of account balances, with no other requirements.
12. During the Financial Aid determination process, collection efforts will be placed on hold and account will be assigned to a Charity financial status.
13. Collection follow up of a minimum of 120 days will be made prior to referral of an account to an outside collection agency. The will receive a series of collection notices at various stages of the 120 day process including a final notice.
14. Outside collection agencies will make the assistance application available to patients.
15. Accounts pending payment from Medicaid for eligible patients will not be referred to collections.
16. Collection agencies will obtain prior written approval from the hospital if legal action may be taken.
17. The approval of assistance will be good for 180 days from the approval date.
18. The Federal Poverty Guidelines, as used for this purpose, are revised on annual basis as indicated by the Federal Registry.
19. Annually, the Chief Financial Officer (CFO) will have the authority to approve and update the Self Pay discount or reduction off of charges based on updated costs as reported via the annual Medicare Cost Report.

REFERENCES: Federal Registry – 2013 Poverty Guidelines

ATTACHMENTS: 

1. Financial Aid Sliding Scale
2. Financial Aid Income Guidelines 200% FPL
3. Eligibility Determination Notice
4. Financial Aid Application
5. Financial Aid List of Documents
6. Appeal Form

**EXCEPTIONS:**

**POLICY SUBJECT:**

**Page:**

**POLICY No.:**

**Date of Last Review/Revision:**

