



**Administrative
Policy & Procedure**

Category C

To: Oswego Hospital and Medical Staff Personnel

From: Eric T. Campbell, Chief Financial Officer

Policy : Financial Assistance, Billing, and Collection Policy

Purpose: To define financial assistance and establish guidelines for determining eligibility for financial assistance, as well as fair and consistent billing and collection practices.

Statement of Policy:

- A. Oswego Hospital's mission provides for a fiscally responsible community-based approach to health care services. Health care services are provided on the basis of health care need, not on the ability to pay for services. The hospital will make information available to patients regarding Financial Assistance (FA). The hospital will assist patients with obtaining medical coverage by providing Financial Counseling, facilitating enrollment in various programs or providing financial assistance. The hospital financial aid policies and practices shall comply with state and federal regulations.
- B. Financial assistance is available to all patients. This includes patients within the Hospital's primary service area (defined as the following zip codes, 13126, 13069, 13074, 13156, 13111, 13114, and 13142), as well as patients outside the primary service, including out-of-state residents.
- C. Financial assistance is defined as care provided at no charge or reduced charge to patients who are:
 - a. Medically indigent (as described by Centers for Medicare and Medicaid services (CMS))
 - b. Not eligible for covered benefits under federal or state programs
 - c. Not covered by private insurance
 - d. Whose household income is less than the Federal Poverty Level (FPL), qualifying as indigent
 - e. Whose household income is between 100% and 300% of the FPL(indigence, reduced charge) or are medically indigent (those patients above 300% of the FPL whose health insurance coverage, if any, does not provide full coverage for their medical expenses and whose medical expenses, in relationship to their income, would make them indigent if they were to pay full charges.)
 - f. The hospital will also consider balances that are due after insurance payments which include co-pays, coinsurance, and/or deductibles for qualifying patients.
 - g. Patients ineligible for financial assistance or patients that choose to pay out of pocket instead of submitting to insurance will be eligible for a self-pay discount of 25%. If the entire account balance is paid within 30 days of the first statement date they will qualify for an additional 5% prompt pay discount.

D. Method for Applying for Financial Assistance: Applications for financial assistance are available at all points of registration at Oswego Hospital facilities and on our website. Financial counseling staff can be contacted for assistance at 315-349-5536. Registration staff will also provide you an application at your time of registration if you do not provide insurance information. We will accept applications via mail, in-person, and online.

- a. Information included on the application:
 - i. proof of monthly income (copy of pension statement or social security statement, prior year tax return, or two consecutive months of paychecks)
 - ii. Household members include name, age, date of birth and relationship to applicant
 - iii. Status of Medicaid application and copy of denial or approval
- b. Definition of household:
 - The applicant (patient) plus everyone claimed or expected to claim as a tax dependent. The applicant must include information on everyone listed on their tax return.
 - If applicant is claimed as a tax dependent by someone else, the applicant would be counted as part of their household which would require listing everyone on their tax return.

E. Standards for eligibility for financial assistance and discounts available:

Uninsured patients:

Level	Discount
Individuals or families below 100% of FPL	100%
Individuals or families between 100% and 150% of FPL	Discount from Medicare rates* of 75%
Individuals or families between 150% and 200% of FPL	Discount from Medicare rates* of 50%
Individuals or families between 200% and 250% of FPL	Discount from Medicare rates* of 25%
Individuals or families between 250% and 300% of FPL	Discount from Medicare rates* of 0%

*Oswego Hospital limits the amounts charged for emergency or other medically necessary care provided to patients eligible for financial assistance under this policy to not more than amounts billed to Medicare patients using the “look-back” method. The maximum an eligible individual may be asked to pay is 36% of gross charges using the “look-back” method.

Insured patients with patient responsibility:

Level	Discount
Individuals or families below 100% of FPL	100%
Individuals or families between 100% and 150% of FPL	Discount from patient responsibility of 75%
Individuals or families between 150% and 200% of FPL	Discount from patient responsibility of 50%
Individuals or families between 200% and 250% of FPL	Discount from patient responsibility of 25%
Individuals or families between 250% and 300% of FPL	Discount from patient responsibility of 0%

Note: The maximum amount a financial assistance eligible patient will be charged will be capped at amounts generally billed to Medicare patients.

Other standards for eligibility:

- a. An account with other evidence of eligibility, returned to us by our follow-up service or collection agency that is designated as potentially eligible for financial assistance.
- b. Any estate when an attorney communicates that the estate has no assets or surviving spouse.
- c. The Hospital will accept completed Financial Assistance applications for at least 240 days from the first post discharge billing statement. A completed financial assistance application shall include all the necessary documentation required to make a determination of the patient's eligibility. Such documentation includes but is not limited to proof of income, contact information, address, household members, employment information, and status of Medicaid eligibility.
- d. The Hospital may request a patient apply for Medicaid if the Hospital believes the patient would be eligible for Medicaid based on the information on the completed application. Cooperation with this process is necessary for the Hospital to process the Financial Assistance Application.
- e. Notifications of approval or denial of Financial Assistance will be made in writing to applicant. Approved Financial Assistance applications are valid for 12 months following approval. Patients may set up payment plans once approved for financial assistance.

These plans will not be higher than 10% of their monthly gross income.

- f. Subsequent to approval of Financial Assistance, the Hospital will send an updated billing statement with adjusted amounts due from applicant (if any) after Financial Assistance is applied. If patient paid any amounts prior to approval for Financial Assistance that exceed amounts due under Financial Assistance the Hospital will refund the patient.
- g. In the event an incomplete Financial Assistance application is received by the Hospital, the Financial Counselor will notify applicant in writing of additional information that is required, who can be contacted to complete the Financial Assistance application, and ensure extraordinary collection actions are suspended. If the Financial Assistance application is not completed within 30 days of notice, extraordinary collection actions may commence.
- h. Oswego Hospital shall not permit the forced sale or foreclosure of a patient's primary residence in order to collect an outstanding medical bill.
- i. Individuals may appeal their financial assistance determination in writing by contacting the Director of Patient Financial Services. A committee comprised of the CFO, Director of Patient Financial Services and other relevant parties as appropriate will review and make a final determination on appeal within ten (10) days of receiving the appeal.
- j. Oswego Hospital will include financial assistance policy and procedure training into annual training programs for employees that interact with patients.

- k. Oswego Hospital will perform annual monitoring procedures to ensure continued compliance with NYS requirements.

- l. Charges for emergency and medically necessary services billed by Oswego Hospital may be discounted under this program. However, the physician services provided in the hospital are not included in the hospital charges. The following is a list of Oswego Hospital employed and contracted physician groups who participate in our Financial Assistance Program.

Oswego Hospital Anesthesiology
Rockaway Emergency Medicine Services, PC
Port City emergency Physicians

The following Physician Groups do not participate in the Hospital Financial Assistance program:

Crouse Radiology Associates
Oswego Pathology

- m. This policy will be posted on the Oswego Hospital website and a plain language Financial Assistance Summary will be posted in registration areas throughout Oswego Hospital facilities.
- n. Oswego Hospital will conduct community outreach of our Financial Assistance Policy, including providing the plain language Financial Assistance Summary to community based organizations.

Billing and Collection Policy

- A. The Hospital will follow consistent billing and collection practices which includes:
 - a. At no time prior to 120 days after the 1st patient bill is sent will the Hospital engage in extraordinary collection actions (ECA) such as:
 - i. Liens on property
 - ii. Wage garnishments
 - iii. Reporting to credit agencies
 - b. ECA's may be pursued 120 days subsequent to the Hospital sending the first statement to the patient.
 - c. ECA's are suspended upon receipt of a Financial Assistance application pending the determination of eligibility under the Financial Assistance guidelines
 - d. As part of the billing process the Hospital will make reasonable efforts to determine if a patient is eligible for Financial Assistance. Such efforts will include:
 - i. Distribution of plain language summary of the Financial Assistance Policy (PLS)
 - ii. Offer Financial Assistance application prior to discharge
 - iii. Include PLS with billing statements
 - iv. Inform patients regarding Financial Assistance during oral communications

- v. Provide written notice that informs the patient of ECA's that may be pursued if the individual does not submit a Financial Assistance application or satisfy amount due.
 - vi. Provide patient determination of Financial Assistance after completion of application
- e. The Hospital will refer outstanding patient bills to a collection agency in the following circumstances subsequent to at least 30 day notice provided to patient:
- i. Accounts in which the normal billing process has been completed and no payment has been received; or payment was made below the payment terms in the Patient Payment Plan Policy
 - ii. The patient applied for financial assistance and was determined to be not eligible
 - iii. Unresolved mail returns
 - iv. Missed installment plan payment

12.1.21

Date



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H: Admin P/P, Financial Assistance, Billing, and Collection policy

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Key: C (Collection Guidelines for Outside Agency or Follow-up Services; 3/09)