

## Financial Assistance/Charity Care Policy

Helen Hayes Hospital (HHH) is committed to providing several forms of financial assistance to qualified uninsured or underinsured patients who received medical services at HHH and reside in the HHH primary service area, which includes New York State counties of Rockland, Orange, Putnam and Westchester. Financial assistance includes a range of benefits from free/charity care, stratified discounted care, to assistance with insurance obligations. Consistent with our mission and State and Federal requirements, HHH strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. This policy helps to:

1. Define how patients are determined to be eligible for charity funds and how financial assistance can be applied in accordance with HHH's Non-Discrimination of Patients policy and IRS regulations.
2. Standardize the process to assess a patient/family's eligibility for financial assistance.
3. Standardize collection and billing procedures based on eligibility qualifications consistent with Federal/State guidelines.

### SCOPE/PERSONNEL:

All HHH staff and HHH Patients and Families.

### DEFINITIONS:

**Account Receivables (AR):** Reimbursements owed Helen Hayes Hospital in exchange for care and services that have been delivered or used, but not yet paid.

**Bad Debt:** Is recognized as the amount contractually obligated and recognized as revenue for which all avenues of collection have been exhausted. Bad debt is recognized when the claim has (1) pervasive evidence of payment agreement/authorization, rate sheet or contract (2) services have been rendered (3) price is fixed and determinable (4) collectability is reasonably assured.

**Charity Care:** A HHH discount program for medically necessary services not eligible for any other coverage (e.g. Medicaid or New York's Hospital Indigent Care Program, commercial insurance)

**Extraordinary Collection Act (ECA):** ECAs are action taken by hospital facility. Hospital facility will report to the onsite Attorney General Office to take action against an individual related to obtaining payment of a bill for care covered under the hospital's facility's FAP that requires a legal or judicial process (except certain liens or bankruptcy claims), involve selling an individual's debt to another party unless certain contractual terms are in place, or involve reporting adverse information about an individual to consumer credit. The hospital policy prohibits the force sale or foreclosure of a patient's primary residence in order to collect an outstanding medical bill. The hospital policy prohibits any form of acceleration prohibited by Public Health Law 2807-k(9-a) FAL Statute paragraph h0 no plan shall include an accelerator or similar clause under which a higher rate of interest is triggered upon a missed payment.

**Financial Assistance Policy (FAP):** The hospital policy that describes the following:

- Eligibility rules for financial help and whether such help includes free or discounted care;
- Financial assistance and discounts available to qualified individuals;
- Basis for calculating the amounts charged to patients;
- Method for asking for financial assistance; appeal and denial process; and
- List of any providers delivering care in the hospital and which, if any, are covered by the facility's FAP and which are not.

**Federal Poverty Level (FPL):** A measure of income level issued annually by the Department of Health and Human Services. Federal poverty levels are used to determine eligibility for certain programs and benefits. Federal Poverty Guidelines are published annually by the Federal Government.

**Foreign National:** Non-US citizens who are residing in or visiting the US and are in need of medical services.

**Guarantor:** The third party responsible for paying the patient's bill.

**Guarantor Statement:** A bill for care rendered. It is a summary of billing and payment information about patient accounts linked to one guarantor.

**Income:** Includes all earnings reported on the most recently filed FORM 1040 federal income tax return.

**Liquid Assets:** Assets that can be converted into cash in a relatively short period of time, generally within 30 days. This includes, but is not limited to, checking accounts, saving accounts, trust accounts (if funds are available immediately), and cash value of life insurance, short-term Certificates of Deposits (CDs) and partnership earnings kept in reserve. Retirement accounts and Tax Sheltered Annuities are liquid resources, if applicant can draw funds out of the account without penalty. This would also include funds raised through philanthropy or external fund raising sources in support of the patient's care.

**Medical Emergency:** An injury or illness that is acute and poses an immediate risk to a person's life or long term health.

**Medical Necessity:** A covered service will be deemed medically necessary if, in a manner consistent with accepted standards of medical practice provided at Helen Hayes Hospital, it is found to an equally effective treatment among other less conservative or more costly options, and meet at least one of the following criteria:

- The service will, or is reasonably expected to prevent or diagnose the onset of an illness, condition, primary disability or secondary disability;
- The service will, or is reasonably expected to cure, correct, reduce or ameliorate the physical, mental, cognitive or developmental effects of an illness, injury or disability;
- The service will, or is reasonably expected to reduce or ameliorate the pain or suffering caused by an illness, injury or disability;
- The service will, or is reasonably expected to assist the individual to achieve or maintain maximum functional capacity in performing activities of daily living.

**Non-covered Charge:** Incurred charges that are deemed not a covered benefit per the patient's/guarantor's insurer.

**Self-Pay:** Patient does not have any means of third party coverage for a service offered by Helen Hayes Hospital.

#### **FINANCIAL ASSISTANCE POLICY:**

1. Helen Hayes Hospital offers financial assistance for medically necessary medical services.
2. Charity Eligibility:
  - The applicant(s) income must be below 300% of federal poverty guidelines. Information provided here was updated in 2021 and is updated yearly. The applicant(s) must provide most current tax return and monthly bills or financial obligations to be considered for financial assistance.
  - Charity care funding for non-emergency care is available to U.S. resident patients who reside in the HHH primary service area, which includes New York State counties of Rockland, Orange, Putnam and Westchester. Non-New York residents, and undocumented New York residents may be eligible but require further approval from the hospital CEO and COO of the hospital.
  - Charity Care may act as a secondary payer if the patient has commercial coverage. The secondary coverage may provide for a reduction in the amount of co-payments, deductibles, and co-insurance. In addition, charity care may also be used in cases when insurance benefits have been exhausted and services are deemed medically necessary.
  - In determining eligibility, submission of the required information is mandatory:
    - a. The information that may be required to determine charity care eligibility is listed in the application.
    - b. If charity care will be used to cover past dates of service, the patient/family must indicate the request for assistance on the application.
  - Application Period:
    - a. The application must be completed within 120 days from the date that the first post-discharge billing statement for the care is provided. Any services prior to 120 days from the application date will not be considered.
    - b. If an incomplete application is submitted within the application period, the individual will have 30 days to complete the application before ECAs will occur. If ECAs have already started, HHH will stop ECAs during the 30 day period. At this time the individual will be informed about the missing information and how to get assistance.
    - c. If a complete application is received, ECAs will be suspended until determination is made and, if the individual is found eligible, ECAs will be reversed, refunds made if any, and if amount are still owed a statement will be provided showing how that amount was determined.
    - d. An application determination letter will be sent to the patient/applicant within a 30- days
3. Patients eligible for charity care assistance must complete an application and include must;
  - a. Notify HHH if there is a change in financial and/or medical coverage status; failure to do so may result in termination from the charity care program;
  - b. Provide the Charity Care determination document issued to every visit.
4. Charity Care Ineligibility Criteria: Patients are not eligible for charity care when the following scenarios arise:
  - a. HHH determines or identifies that the patient/family provided falsified information.
  - b. The patient/family fails to make the request and provide the required information within the specified time frames noted above.
  - c. When services are for certain specialty services and specialties that are normally not covered:
    - \* Transplants, which require a clinical assessment for non-emergency care to ensure the patient can adhere to the post-transplant medical requirements.

\* Services denied by payers for non-compliance by the member (e.g., coordination of benefits not submitted).

\* Services under research.

5. If a denial is received the patient has the right to complete an Appeal and submit additional information to the hospital for reconsideration. The denial letter will explain the appeal process. The hospital will send a response to an appeal within 30 days.
6. The Chief Executive Officer (CEO)/Chief Operating Officer (COO) has the final authority for determining that the hospital facility has made reasonable efforts to determine whether an individual is eligible for Financial assistance/Charity Care.

## **BILLING AND COLLECTION POLICY:**

1. HHH will seek payment on accounts with balances in self-pay (i.e. patient liability). HHH does not take part in extraordinary collection actions (ECA) before making reasonable efforts to decide whether financial assistance is available and/or collection efforts have been pursued. Any itemized statement requested by the guarantor will be provided within ten (10) days of request, in compliance with New York State regulation. Hospital does not make charity care based discounts to patients that do not meet the Federal Poverty Levels.
2. HHH will make reasonable efforts to notify patients and families about the FAP through the following methods:
  - Signage at admissions, registration, in elevator and on patient education communication boards. Written educational information will be included in all patient handout folders, and verbal mention will take place during registration intakes. Clear specific details can also be found on the Hospitals website which includes a full explanation of the financial assistance/charity care program, the hospitals policy on the program, the application, and the full details on what and how to complete the application and where to reach out for assistance if needed.
  - HHH will refrain from initiating ECAs unless authorized by CEO/COO.
  - HHH will send at least 3 monthly notices, to the guarantor of an account informing of a balance due.
    - a. First Notice informs the guarantor there is an unpaid balance;
    - b. Second Notice reminds the guarantor of continued unpaid balance;
    - c. Final Notice notifies the guarantor that her/she has thirty (30) days to resolve the debt, or ECAs may be taken on the debt and will specify in the ECAs what action HHH intends to take.
    - d. After three (3) billing notices have been sent and no payment has been received within thirty (30) days of the Final Notice, the account may be considered Bad Debt and ECAs may be taken.
      - \* Accounts qualify for Bad Debt when patient balances (i.e. self-pay) have not been paid and the hospital made reasonable efforts, that include but not limited to phone calls, statements or letters, to decide whether the individual is eligible for Financial Assistance.
      - \* Bad Debt accounts may be placed with a Collection Agency for further pursuit of unresolved payments.
      - \* If all other options to collect payment have been taken and an account in Bad Debt has aged more than sixty (60) days without contact from the guarantor or the guarantor refuses to resolve the debt, legal action may ensue, **ONLY WITH AUTHORIZATION FROM THE CEO/COO.**
3. Initiation of a Financial Assistance Application:
  - The application period for financial assistance will end no earlier than 120 days from the first post-visit bill.

4. All parties engaged in collection actions for HHH will adhere to this policy.

#### **GENERAL INFORMATION:**

1. In order to preserve HHH's ability to serve the health care needs of the community, uninsured or underinsured persons seeking scheduled, medically necessary services will be financially evaluated prior to services being rendered. HHH does not offer emergency medical services.
2. HHH will not participate in or support any activities (including media access) related to fundraising efforts intended to pay for a specific patient's care.
3. HHH's Charity Care Program is not responsible for housing, food, transportation, immigration status, or continuity of care.
4. HHH is available to assist in apply for Charity Care, you can contact the Patient Financial Services Department at 845-786-4786.
5. HHH is not obligated to provide Charity Care for medical services outside its scope of clinical services.
6. HHH acts in accordance with 26 CFR 1.501(r)-0 through 26 CFR 1.501(r)-7

#### **AMOUNTS GENERALLY BILLED (AGB):**

HHH limits the amount charged for care it provides to any individual who is eligible for assistance under its Financial Assistance Policy (FAP). The amounts billed for medically necessary services to patients eligible for Financial Assistance are calculated based on the prospective method and will not be more than the amounts generally billed to individual with insurance covering such care. HHH will use the latest posted Medicaid rate in effect at the time the services were delivered related to the service period.

#### **PROVIDER INFORMATION:**

Completed financial assessments will apply to the professional charges, providers covered under HHH FAP include all-inclusive of Part A (HHH) and Part B (Physician) services. HHH does not contract nor bill with any outside physician groups.

#### **ASSISTANCE AND METHODS FOR APPLYING:**

1. Application and assistance in completing applications are available for free:
  - At the HHH Campus located at Route 9W, West Haverstraw, NY 10993
  - By calling the Patient Financial Services/Patient Accounts at (845) 786-4786
  - By visiting The Helen Hayes Hospital website

#### **RELATED DOCUMENTS/REFERENCE:**

1. 26 CFR 1.501 (r)-0 through 26 CFR 1.501 (r)-7
2. [https://apps.irs.gov/app/vita/content/globalmedia/teacher/Poverty\\_guidelines\\_aca\\_4012.pdf](https://apps.irs.gov/app/vita/content/globalmedia/teacher/Poverty_guidelines_aca_4012.pdf)
3. HHH website for:
  - A. The Application
  - B. The Common Read policy from website of the Charity Care Program at HHH with Poverty level yearly updated amounts