

APPENDIX D to SLH Financial Assistance Program Procedure for implementation of the Financial Assistance Program Policy

The following describes the procedures followed regarding the implementation and management of the Financial Assistance Program:

A. Communication Methods of the Financial Assistance Program

- 1. Posted Public Notices.** Notices regarding St. Lawrence Health's Financial Assistance Program are posted throughout the Hospitals and Medical Groups in key public access areas. Contents include a general description of the St. Lawrence Health Financial Assistance philosophy and program, together with instructions on how patients can access Financial Advocates to learn more about available programs and how to apply for them. In addition, a description of the Financial Assistance program is available on the St. Lawrence Health website. Language used in the website material is in "plain language" format. Patients who speak other languages will be offered the opportunity to have all material translated utilizing the 24 hour multi-lingual telephone translation service.
- 2. Information Available to Patients.** Notices describing the Financial Assistance Program are available in all registration offices for ambulatory, emergency and inpatient areas of the Hospitals and Medical Group sites. Information about the St. Lawrence Health Financial Assistance Program is printed on all bills and statements sent to the patient. If a patient account has been referred to a collection agency, the agency shall provide information to the patient on how to apply for financial assistance when appropriate.
- 3. One on One Discussions.** Financial Advocates are available to interview uninsured inpatients and assist them in securing commercial, Medicaid, or Medicare insurance benefits to cover the cost of their care. When patients do not have insurance and do not qualify for public benefits, the Financial Advocates explain the Financial Assistance Program to these patients and assist them in submitting an application for discounted care.

B. Patient Access to the Financial Assistance Program

- 1. Initial Contact.** Any patient may self-refer to a Financial Advocate to learn more about the Financial Assistance Program. The procedure for contacting the Financial Advocate is outlined on our website: www.stlawrencehealthsystem.org/ and Patient Access staff are trained on how to refer the patient to the Financial Advocates.

The Financial Advocates will make every effort to contact all uninsured patients admitted to the Hospitals. The Financial Advocates may access the patient's current insurance, identify any existing coverage, and anticipate if the patients will require additional financial assistance in order to pay for their health care services.

2. **Assessment for Financial Assistance.** A Financial Advocate is available to assist uninsured patients in conducting a financial assessment and in securing insurance for his or her care.

Through this process, if a patient appears to be qualified for Medicaid insurance, the Financial Advocate will assist in submitting an application for this public insurance program, if the patient desires.

Patients who are unwilling to apply for Medicaid, or who do not comply with all application requirements in a timely manner may still be eligible for Financial Assistance Discounts on a case by case basis review.

The Financial Advocate will inform the patient about:

- the services covered by the financial assistance program;
- steps in the application process;
- the patient / family requirement to provide full and accurate financial information as a basis for Financial Assistance determinations, including pay stubs and/or tax returns (assets are not considered in determining eligibility);
- the factors used in determining eligibility for Financial Assistance (including application to Medicaid, if applicable);
- the sliding scale used to determine fee discounts for eligible patients;
- the process for patient requests for reconsideration of a Financial Assistance determination in light of additional information or change in circumstances;
- patient responsibility for payment of balance remaining after a discount is applied, including copays, deductibles and coinsurances; and
- the health system's billing and collection processes.

After all information is provided, patients are given the opportunity to decide if they wish to continue pursuing the Financial Assistance Discount Application Process.

Patients or their representatives who are unwilling to provide required documentation or comply with other aspects of the process are informed that they may not be eligible for Financial Assistance Discounts and that they become immediately responsible for all Hospital charges related to their and / or their dependent's care.

3. Once a completed Financial Assistance Discount Application and all required documentation is received, a determination regarding the patient's eligibility status is made within 30 days, and if eligible, the amount of discount to which the patient is entitled. The information is communicated to the patient in writing and includes a full calculation of the specific amount that remains due from the patient or family after the indicated Financial Assistance discount is applied.

A patient or responsible party may request reconsideration or an appeal of a Financial Assistance determination / denial if additional information is available that would change their status as outlined in the Financial Assistance eligibility guidelines.