

# St. Lawrence Health System

Gouverneur Hospital

77 West Barney Street  
Gouverneur NY 13642  
315-595-9202

01.01.2016

## FINANCIAL ASSISTANCE POLICY

It shall be the policy of Gouverneur Hospital that financial assistance will be offered to New York State residents who are low income\* patients with no health insurance, have exhausted health insurance benefits or the inability to pay co-payments or deductibles for services rendered. Gouverneur Hospital will approve Financial Assistance on a case by case basis for catastrophic care (a documentation checklist is included.) \*Low income means at or below 300% of the Federal Poverty Level.

### **Policy:**

Gouverneur Hospital provides financial assistance (sliding fee discount or financial assistance and payment arrangements) to qualifying individuals based on their current income, as well as interest-free payment plans and a discount for prompt payment on self-pay accounts. Our staff can provide you with information about free or low-cost insurance and will refer you to our area facilitated enrollers.

### **OVERALL SUMMARY**

A patient may contact Patient Financial Services at (315) 535-9202 or the Patient representative at (315) 287-1000 (extension 364) or 315-535-9202 for free, confidential assistance or further information about any of our insurance options or financial assistance options. Staff will arrange for an interpreter to discuss financial assistance with patients with limited incomes and no health insurance, exhausted health insurance benefits or the inability to pay co-payments or deductibles for services. Everyone in New York State, who needs emergency services, can receive care and obtain a discount, if they meet the income limits. Those who live in St. Lawrence, Jefferson, Lewis, Herkimer, Hamilton and Franklin Counties can obtain a discount on non-emergency, medically necessary services, if they meet income limits. Patients cannot be denied medically necessary care because of their financial position. Patients may apply for financial assistance regardless of immigration status.

The financial assistance available varies based on both income and the size of the family. The hospital offers a “sliding fee” discount, which means, the more your family income falls below the income limits, the higher the discount. Patients may qualify for financial assistance if their current gross family income is below:

<b>Family Size</b>	<b>Annual Family Income</b>	<b>Monthly Family Income</b>
1	\$36,505	\$3042
2	\$49,405	\$4117
3	\$55,960	\$4663
4	\$62,215	\$5185
5	\$68,470	\$5706
6	\$74,605	\$6217
7	\$80,980	\$6748
8	\$87,235	\$7270
For each additional person	Add \$6255	Add \$521

## **How to apply:**

Patients need to fill out the Gouverneur Hospital Financial Assistance application and submit proof of current income (paystubs from employer or unemployment agency or statements from Public Assistance or Social Security). A form of picture ID and a bill indicating current address will be requested, however, if a patient is unable to provide these, they may still apply for financial assistance. We DO NOT look at any personal savings, property owned or monthly bill expenses. The basic ELIGIBILITY for financial assistance depends solely on current income.

A patient can apply for financial assistance before you have an appointment, when you come to the hospital or clinic to obtain care or at any time within 90 days of the date of service. Additionally, you have 20 days after receiving the application to submit the completed application and proof of current income. You do not have to make any payment on a hospital bill while your application for a discount is being processed.

## **Services Covered:**

All medically necessary services provided by Gouverneur Hospital are covered by the discount. This includes outpatient services, emergency care and inpatient admissions. Elective services are not covered. Charges from private doctors who provide services in the hospital may not be covered. You should talk with private doctors regarding their billing and payment practices.

## **The Approval Process:**

Gouverneur Hospital will send you a letter within 30 days after you have completed the application materials. If you are approved, the letter will include the type of assistance you qualified for, how much you owe after the financial assistance is applied to your account, and how the determination was made. If you are not approved, the letter will include how the determination was made and how you may appeal the decision.

## **Discount Programs:**

Gouverneur Hospital offers up to a 15% discount for all self-pay bills paid in full, within 30 days. Also, an interest-free installment payment plans are available for any patient who wishes to establish a plan to pay the balance due on a bill. We would hope that you will allow our Patient Friendly Team to help you however; you may call the New York State Department of Health complaint hotline at 1-800-804-5447.

## **Procedure**

1. Information regarding financial assistance options, including eligibility criteria, income limits and the application process, shall be published, and made readily available to patients served, in the facility's "Financial Assistance Summary." (See Attached.) The Financial Assistance Summary will be reviewed /updated annually whether Federal Poverty Level is updated.
2. The Financial Assistance Summary shall be publicly available in all Patient Access areas including but not limited to: the Emergency Department waiting room, Patient Registration, and the Article 28 Clinic waiting rooms. Additionally, the document shall be available in the Patient Accounting Office, Credit & Collections Office and with the Financial Counselors.
3. Notification that the facility offers financial assistance is printed on all patient bills and account statements. Bills and collection notices will routinely be placed on hold once a patient has initiated the application

process for financial assistance. Patients will be advised that they are not required to make any payment on a bill once they have applied for financial assistance and the hospital has not yet rendered a decision on the application.

4. Any patient with financial concerns is encouraged to discuss their concerns with staff in the Patient Accounting, Business Office and/or the Patient Advocate. Financial Counselors will be available to assist patients, to the extent necessary, with understanding financial assistance options, completing the financial assistance application process; referrals to Medicaid or other area facilitate enrollers.
5. The Business Office staff and/or Financial Counselor will make intermittent attempts to contact patients with no insurance regarding financial assistance options. A patient account is not referred to collection services (either in-house or outside) until at least 120 days after the date of service, or after an application for financial assistance has been accepted/denied by the facility, whichever is longer.
6. Financial assistance in the form of a “sliding fee” discount will also apply to accounts, where the verified family income falls within the “Gouverneur Hospital Income Guidelines for Sliding Fee or Financial Assistance.” (See Attached.) A Sliding Fee discount must be approved by the Patient Accounting department. The approval is valid for a twelve month period and will be applied retroactively for up to three months prior to the date the application is approved. Patients will have 30 days from the date the application is approved to pay in full or make payment arrangements. If payment arrangements are not maintained by the patient, the account may be referred to collection services. The patient accounting department will make attempts to prevent the turnover.
7. Financial assistance will apply to accounts, where the verified family income falls within the Gouverneur Hospital Income Guidelines for Sliding Fee or Financial Assistance. Financial Assistance must be approved by the Patient Accounting Department. Financial Assistance is approved and no payment is expected for that specific date of service/discharge and up to 12 months following.
8. A patient may qualify for either Sliding Fee discount Payment Arrangements or Financial Assistance or both with a single completed application. Self-attestations of income levels may be accepted when deemed appropriate by the Patient Accounting Department, such as in cases where the patient is unable to provide customary documentation of income because of recognized cultural circumstances, self-employment or non-traditional means of personal income.
9. The Patient Accounting Supervisor will maintain a quality improvement process which will include internally monitoring compliance with this policy. Periodic reviews are performed annually.

Reference: New York State Public Health Law Section 2807-k

Approved: Terry Lang, VP Finance      12/2015

Revenue Cycle | Finance Department Policy