

## FINANCIAL ASSISTANCE POLICY PATIENT SUMMARY

### PLEASE NOTE:

The updated Financial Assistance Policy is effective January 1, 2020.

All Financial Assistance Applications **submitted and processed on and after JANUARY 1, 2020** are subject to the updated Financial Assistance Policy, effective January 1, 2020. The updated Financial Assistance Policy, which is effective January 1, 2020, applies to accounts **NOT** previously processed (currently included in a financial assistance discount).

St. Lawrence Health System and its affiliate organizations (Canton-Potsdam Hospital, Canton-Potsdam Medical Practice, Gouverneur Hospital, Massena Hospital, and its employed and contracted physicians) are not-for-profit corporations, which render medical care to all persons in need of such care, regardless of their ability to pay. With the high cost of healthcare, increased deductibles, and the number of uninsured patients who choose to have services at our organization, we want to stress that a healthcare bill should never get in the way of receiving medically necessary healthcare services. St. Lawrence Health System will provide financial assistance discounts for individuals who demonstrate that the cost of our services will create a financial hardship.

#### **Q. When can I apply for assistance?**

**A.** Patients can submit Financial Assistance Applications prior to or on the day their care is provided up until the 240th day after the first post-discharge billing statement is provided.

#### **Q. How do I apply for assistance?**

**A.** Applications are available to download here: [https://www.stlawrencehealthsystem.org/sites/default/files/SLHS Financial Assistance Fillable Application.pdf](https://www.stlawrencehealthsystem.org/sites/default/files/SLHS_Financial_Assistance_Fillable_Application.pdf) **OR** call one of the below numbers to have an application mailed to you, **OR** feel free to pick up one in person at any of our local offices. Applications can be obtained from and returned to any of the following locations:

**Canton-Potsdam Hospital**  
**Patient Financial Services**  
**50 Leroy Street**  
**Potsdam, NY 13676**  
**(315) 261-5150**

**Gouverneur Hospital**  
**Patient Financial Services**  
**77 West Barney Street**  
**Gouverneur NY 13642**  
**(315) 535-9202**

**Massena Hospital**  
**Patient Financial Services**  
**1 Hospital Drive**  
**Massena, NY 13662**  
**(315) 769-4219**

**Q. How is eligibility determined?**

**A.** Patients applying for Financial Assistance may first be screened for Medicaid eligibility. If a patient appears to qualify for Medicaid, the Patient Financial Services Representative will refer the Patient to the Health Initiative at **(315) 261-4760 ext. 222** to complete the Medicaid application process. If a patient is not eligible for Medicaid or is already insured, Financial Assistance discounts may still be available. The Financial Assistance Application must be completed and submitted with documentation, including full and accurate household financial information. Financial Assistance is made available to eligible patients regardless of their immigration status, race, language, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.

**Q. What are the income limits to qualify for discounts?**

**A.** The amount of the discount varies based on your income and the size of your family. Below are the income limits based on 300% of the Federal Poverty Guidelines to qualify for Financial Assistance:

<b>Family Size</b>	<b>Annual Family Income</b>	<b>Monthly Family Income</b>
<b>1</b>	Up to \$38,280	Up to \$3,190
<b>2</b>	Up to \$51,720	Up to \$4,310
<b>3</b>	Up to \$65,760	Up to \$5,480
<b>4</b>	Up to \$78,600	Up to \$6,550
<b>5</b>	Up to \$92,040	Up to \$7,670
<b>6</b>	Up to \$105,480	Up to \$8,790
<b>7</b>	Up to \$118,920	Up to \$9,910
<b>8</b>	Up to \$132,360	Up to \$11,030
<b>9</b>	Up to \$145,800	Up to \$12,150
<b>10</b>	Up to \$159,240	Up to \$13,270

**Q. Are there limits to eligibility based on residency?**

**A.** “NO.” Financial Assistance is available regardless of where the patient resides.

**Q. What providers and services are covered under this program?**

**A.** The Financial Assistance Program covers services that are medically necessary and provided by St. Lawrence Health System’s facilities and employed and contracted professionals’ scope of services. “Medically Necessary” means those services that are necessary to prevent, diagnose, or treat conditions in a person that cause acute suffering, endanger life, or result in illness, or infirmity.

**Q. What happens after I apply for a discount?**

**A.** Once a completed application is received, you will be notified in writing of a decision within 30 business days. Below are the discounts according to the Federal Poverty Guidelines:

FPL	Discount		FPL	Discount
0% - 100%	100%		181% - 190%	54.5%
101% - 110%	90%		191% - 200%	46%
111% - 120%	87.5%		201% - 210%	37.5%
121% - 130%	85%		211% - 220%	29%
131% - 140%	82.5%		221% - 230%	20.5%
141% - 160%	80%		231% - 240%	12%
161% - 170%	71.5%		241% - 250%	3.5%
171% - 180%	63%		251% - 300%	2%

**Q. If I am responsible for a balance, may I make payment arrangements?**

**A.** Payment plans may be established for patients who qualify for a partial Financial Assistance discount or who have been denied a discount. Monthly payments will be capped at 10% of gross monthly income of the patient’s defined household in accordance with NYS Public Health Law 2807-k.

**Q. What if I receive a bill while I am waiting to hear if I can get a discount?**

**A.** You will not be required to pay your bill while your application for a discount is being considered. You may request reconsideration or an appeal of a Financial Assistance determination/denial if additional information is available that would change the status as outlined in the Financial Assistance Policy Appeal Process.

**Q. Can someone explain the discount? Can someone help me apply?**

**A.** Absolutely! Free, confidential help is available. For help in English or your own language, please call any of the Patient Financial Services offices for assistance at one of the following numbers:

**Potsdam: (315) 261-5150   Gouverneur: (315) 535-9202   Massena: (315) 769-4219**

A representative can assist you with filling out the forms and can tell you what documents you will need to provide to complete your application.

**Q. What if I have a problem I cannot resolve with the hospital?**

**A.** You may call the New York State Department of Health Complaint Hotline at **1-800-804-5447**.