

<b>COMMUNITY MEMORIAL HOSPITAL</b>	
<b>Administrative</b>	
<b>SUBJECT: Financial Assistance Policy</b>	<b>PAGE 1 of 4</b>
<b>FORMULATED:</b>	<b>REVIEWED:</b>
<b>DATE ISSUED: 01/01/2007</b>	<b>REVISED: 4/2011, 12/2013, 1/2016, 3/2017, 9/2017, 4/2018, 3/2019, 7/2020, 6/2021</b>

**POLICY:** Community Memorial Hospital provides emergency care and medically necessary health services without regard to a patient's ability to pay. Financial Assistance is available for eligible patients to help defray the cost of these services. Emergency Care means those services that are delivered in the Emergency Department. Medically Necessary Services are those services that are necessary to prevent, diagnose, or treat conditions that cause acute suffering, endanger life, or result in illness or infirmity. The primary service areas covered by our Financial Assistance Program are the counties of Chenango, Cortland, Madison, Oneida, Onondaga, Oswego and Otsego, in addition to all residents of New York State.

Financial Assistance is also available to eligible patients to decrease the cost of deductibles, coinsurance, and co-payments, with the exception of services provided in the hospital based physician primary care offices.

**ELIGIBILITY REQUIREMENTS:** Community Memorial Hospital offers Financial Assistance to uninsured and underinsured patients at a reduced rate or at no charge to residents of New York State who have individual or family income that does not exceed 375% of the HHS Poverty level. (Please see [Attachment 1](#) for specific income levels)

Services covered under this policy:

1. Admitted Acute Care patients
2. Emergency services, including emergency transfers pursuant to the Emergency Medical Treatment and Labor Act (EMTALA).
3. Ambulatory Surgery patients
4. Referred ambulatory patients
5. Observation patients
6. Hospital based physician office primary care patients (uninsured patients only) (Please see [Attachment 2](#) for the list of covered providers)

Note: This program is not available for Swing bed services.

**PROCEDURE:** All patients are notified of our Financial Assistance Program (FAP) at the time of registration by posted signs throughout the registration area, with the policy, a summary and application available at time of registration, and with notification sent with all billing statements.

Upon request, the policy, a summary of our Financial Assistance Program and an application are furnished to the patient.

Upon receipt of a completed application the claim is placed on a statement hold; payment is not expected while the application is in review. Documentation requested with the application, for each member of the household, including dependents, is:

1. Last four (4) consecutive weeks of pay stubs (two (2) if paid bi-weekly).

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2. Confirmation of unemployment, social security, pension, worker's compensation, disability, etc.
3. For self-employed persons, a (3) month business ledger or self-attestation form (a tax return is optional).
4. Medicaid eligibility status (if available from having recently applied).
5. Where no type of income documentation is available the self-attestation form may be used.

Household size is the number of family members/persons occupying the same household who are identified as dependents. Income is defined as annual earnings and cash benefits from all sources before taxes for the patient and anyone in the patient's defined household.

Community Memorial Hospital limits charges for emergency medical care and other medically necessary services to patients eligible for financial assistance to "**Amounts Generally Billed**". "**Amounts Generally Billed**" or "**AGB**" means the amounts generally billed to insured individuals. The AGB percentage is calculated by Community Memorial Hospital based on all claims allowed by Medicare and private health insurers over a 12 month period, divided by the associated gross charges for those claims. The maximum amount a FAP-eligible individual will be charged for emergency medical care and other medically necessary services will be capped at the AGB percentage multiplied by gross charges, and patients will receive a sliding scale fee discount based on the percentage of the Federal Poverty Income Levels issued annually by the Department of Health and Human Services.

Community Memorial Hospital has established the following requirements for a reduction in charges for eligible individuals or families based on a retrospective review of claims paid as outlined by regulations and reviewed annually:

1. Individuals or families with income below 150% of the federal poverty level are eligible at 100% write off.
2. Individuals or families with income from 151 to 250% of the federal poverty level must pay on a sliding scale from 25% of, to a maximum of 75% of the hospital's established AGB.
3. Individuals or families with income from 251% to 375% of the federal poverty level, payments are capped at the hospital's established AGB.

For deductible, co-insurance and co-pay balances the following requirements for eligible individuals or families has been established:

1. Individuals or families with income below 150% of the federal poverty level are eligible at 100% write off.
2. Individuals or families with income from 151 to 250% of the federal poverty level must pay 50% of the deductible, co-insurance and co-pay balances.
3. Individuals or families with income from 251% to 375% of the federal poverty level must pay 75% of the deductible, co-insurance and co-pay balances.

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For balances due, Community Memorial Hospital offers a monthly payment plan that does not exceed 10% of gross monthly income.

Community Memorial Hospital offers a prompt payment discount for self-pay patients that do not qualify for financial assistance.

Patients are encouraged to submit their application for our Financial Assistance Program within 240 days from the date of the first billing statement after discharge; however patients may apply at any time, even after an account has gone into collection status. The patient will be given 30 days from receipt of the application to return the completed application for review. The patient is responsible for assuring the application is complete. A completed application shall include all the necessary documentation required to make an appropriate determination of the patient's eligibility for Financial Assistance. Patients submitting incomplete applications or whose information cannot be verified will be notified in writing of the missing information or verification problems and given an extra 10 days to provide that information.

Patient will be sent written determination within 30 days of Community Memorial Hospital's receipt of the completed application as to his or her eligibility for Financial Assistance. Approved applications for Financial Assistance will be honored for a period of one year in the event a patient returns needing additional medical services and the patient's financial status has not changed. Patients may contact Financial Counseling to notify them that an approved application is on file. Additional documentation may be required to determine if income levels have changed. A new application will be required yearly.

Patients who disagree with the determination have the right to appeal by contacting the Chief Executive Officer by phone at 315-824-6080 or by sending a written request for a review of the application.

In the event of non-payment of a Community Memorial Hospital bill, Community Memorial Hospital reserves the right to consider extraordinary collection actions such as reporting adverse information to the credit bureaus or actions that require legal process such as wage garnishments or placing a lien on individual property.

In some cases, a patient eligible for assistance under the Financial Assistance Program may not have been identified prior to initiation of external collection efforts. Patients whose accounts have been sent to Community Memorial Hospital's outside collection agency may still apply for Financial Assistance, so long as the patient had not previously requested an application for the program, had not failed to complete a previous application, and/or had not had a completed application previously rejected.

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**COLLECTION POLICIES:**

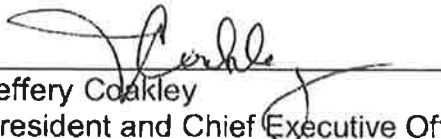
1. Patients will be notified of our Financial Assistance Program upon registration/discharge from our facility and on a hospital billing statement.
2. Patients will be notified at least 30 days prior of our intent to forward the account to our collection agency and of any extraordinary collection actions, and will be provided a copy of the Financial Assistance Program Summary at that time.
3. Claims will not be forwarded to a collection agency while a completed application is in review.
4. The hospital will not force a sale or foreclose on a primary residence.
5. Any collection agency used by the hospital must obtain written consent from the Chief Financial Officer before they may begin legal action on an account.
6. Any collection agency used by the hospital is required to follow the hospital's financial assistance policies and procedures, including how to apply for Financial Assistance.
7. The hospital will not pursue collection efforts from patients eligible for Medicaid at the time of service.
8. This policy prohibits the use of accelerated clauses.

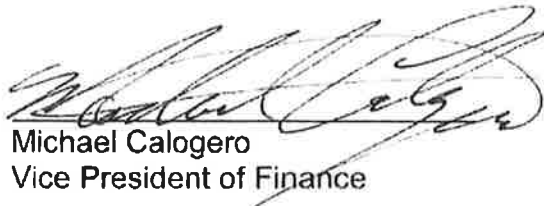
**REPORTING:** The Chief Executive Officer or Vice President of Finance of Community Memorial Hospital will attest that their policies and procedures comply with the conditions of participation for receipt of bad debt/charity care. The hospital will maintain logs which are designed to satisfy the following reporting requirements:

1. Costs incurred and Uncompensated Service amounts for services to eligible patients without insurance, including nominal payments received.
2. Costs incurred and uncollectible amounts for deductibles, coinsurance, and co-payments.
3. Number of patients who applied for aid, approvals, denials, incomplete by ZIP code.
4. Amount of bad debt/charity care received.
5. Losses resulting from services provided under Medicaid.
6. Number of judgements filed.

The Vice President of Finance will be responsible for measuring compliance with the hospital's policies and procedures.

Approved by:

  
 Jeffery Coakley  
 President and Chief Executive Officer

  
 Michael Calogero  
 Vice President of Finance



# Community Memorial

Quality Healthcare Close to Home

A CROUSE HEALTH PARTNER

## EMPLOYED PROVIDERS – COVERED UNDER FINANCIAL ASSISTANCE

**Community Memorial Hospital**  
**150 Broad Street**  
**Hamilton, NY 13346**  
**Ph: 315-824-1100**

MID-LEVEL PROVIDERS

Lyn Champagne, NP, Hospitalist  
April LaMunion, NP, Hospitalist

**Family Health Center of CMH**  
**164 Broad Street**  
**Hamilton, NY 13346**  
**Ph: 315-824-4600**

PHYSICIANS

Robert Delorme, MD, Family Medicine  
Jennifer Meyers, MD, Pediatrics  
Raymond Carlson, MD, Cardiology  
Martin Ernits, MD, General Surgery  
Matas Morkevicius, MD, Pulmonology  
Kenneth Beasley, MD, Urologist

MID-LEVEL PROVIDERS

Cindy Marshall, NP, Family Med & Peds  
Isobel Grover, PA, Cardiology  
Shannon Tilbe, NP, Family Medicine  
Amy Dennis, NP, Family Medicine  
Gwen Manley, NP, Family Medicine

**Family Health Center of CMH**  
**3460 South Street, PO Box 1133**  
**Morrisville, NY 13408**  
**Ph: 315-684-3117**

PHYSICIANS

Sunny Nelson, MD, Family Medicine  
Hao Lam, DO, Family Medicine

MID-LEVEL PROVIDERS

Marla Smith, NP, Family Medicine  
Melanie Angell, PA, Family Medicine

**Family Health Center of CMH**  
**3045 John Trush Jr. Blvd, Suite 1 PO Box 301**  
**Cazenovia, NY 13035**  
**Ph: 315-815-1430**

PHYSICIAN

Jocelyn Morin, MD, Family Medicine

**Family Health Center of CMH**  
**5180 South Main Street, Route 46**  
**Munnsville, NY 13409**  
**Ph: 315-495-2690**

PHYSICIAN

Kerri Taylor, DO, Family Medicine

MID-LEVEL PROVIDER

Melanie Angell, PA, Family Medicine

**Family Health Center of CMH**  
**117 Main Street West**  
**Waterville, NY 13480**  
**Ph: 315-841-4184**

PHYSICIAN

Robert Delorme, MD, Family Medicine

MID-LEVEL PROVIDERS

Marla Smith, NP, Family Medicine  
Shelby Sharp, NP, Family Medicine

**CMH Urgent Care**  
**164 Broad Street**  
**Hamilton, NY 13346**  
**Ph: 315-648-6411**

MID-LEVEL PROVIDERS

Stephen Jackowski, PA  
Linda Keever, NP  
Mary Lou Stanton, NP  
Maureen Gallagher, NP  
Melanie Angell, PA



# Community Memorial

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## CONTRACTED PROVIDERS – NOT COVERED UNDER FINANCIAL ASSISTANCE POLICY

Crouse Radiology Associates  
5000 Brittonfield Parkway, Suite A112  
PO Box 2004  
East Syracuse, NY 13057  
Ph: 315-362-5264

Virtual Radiologic  
11995 Singletree Lane, Suite 500  
Eden Prairie, MN 55344  
Ph: 844-706-9577

Schumacher Clinical Partners/EMBCC  
4075 Copper Ridge Drive  
Traverse City, MI 49684  
Ph: 888 632-1085 6#

Crouse ED/Hospitalists  
Crouse Hospital  
736 Irving Avenue  
Syracuse, NY 13210  
Ph: 315-472-1488

Syracuse Gastroenterological Associates  
739 Irving Avenue  
Syracuse, NY 13210  
Ph: 315-234-6677

Merrill Miller, MD or Ellen Larsen, MD  
Colgate Student Health Center  
Colgate University  
Hamilton, NY 13346  
Ph: 315-228-7750

Hamilton Orthopedics & Sports Medicine  
85 College Street  
Hamilton, NY 13346  
Ph: 315-824-1250

MedNax  
American Anesthesiology of New York  
13621 NW 12th St, Suite 300  
Sunrise, FL 33323  
Ph: 866-507-5244

Robert Coffin, MD  
Centrex Laboratory  
1656 Champlin Avenue  
Utica, NY 13502  
Ph: 315-624-8242

CNY Gynecology Associates  
4857 State Route 5  
Vernon, NY 13476  
Ph: 315-363-9995

CNY Women's Health  
4939 Brittonfield Pkwy  
Suite 211, Building B  
East Syracuse, NY 13057  
Ph: 315-446-4400

John Costello, DO  
578 Seneca Street  
Oneida, NY 13421  
Ph: 315-363-1110

Hamilton Obstetrics & Gynecology, LLC  
1055 Madison Market Pl  
Hamilton, NY 13346  
Ph: 315-825-3111

Nathan Keever, DO  
194 North Main Street  
Oriskany Falls, NY 13425  
Ph: 315-821-7278

Chenango Eye Associates  
194 Grandview Lane  
Norwich, NY 13815  
Ph: 607-334-3225

**Community Memorial Hospital**  
**150 Broad Street**  
**Hamilton NY 13346**  
**2021 Financial Assistance Income Levels**

The following chart is based on the number of persons  
in the household and individual or household income of 100% to 375% of the Federal  
Poverty Level (FPL)

Uninsured (No Insurance) % discount of AGB	100%	75%	50%	25%	AGB*
Underinsured (After Insurance) % discount on deductibles, copay, or coinsurance balances *Hospital accounts only	100%	50%			25%

Persons in Family Unit	100 - 150% FPL	151 - 175% FPL	176 - 200% FPL	201 - 250% FPL	251 - 375% FPL
1	12,880 - 19,320	19,321 - 22,540	22,541 - 25,760	25,761 - 32,200	32,201 - 48,300
2	17,240 - 26,130	26,131 - 30,485	30,486 - 34,840	34,841 - 43,550	43,551 - 64,650
3	21,960 - 32,940	32,941 - 38,430	38,431 - 43,920	43,921 - 54,900	54,901 - 82,350
4	26,500 - 39,750	39,751 - 46,375	46,376 - 53,000	53,001 - 66,250	66,251 - 99,375
5	31,040 - 46,560	46,561 - 54,320	54,321 - 62,080	62,081 - 77,600	77,601 - 116,400
6	35,580 - 53,370	53,371 - 62,265	62,266 - 71,160	71,161 - 88,950	88,951 - 133,425
7	40,120 - 60,180	60,181 - 70,210	70,211 - 80,240	80,241 - 100,300	100,301 - 150,450
8	44,660 - 66,990	66,991 - 78,155	78,156 - 89,320	89,321 - 111,650	111,651 - 167,475
Add for each additional person	4,540 - 6,810	6,811 - 7,945	7,946 - 9,080	9,081 - 11,350	11,351 - 17,025

\* "Amounts Generally Billed" or "AGB" means the amounts generally billed to insured individuals. The AGB percentage is calculated by Community Memorial Hospital based on all claims allowed by Medicare and private health insurers over a 12 month period, divided by the associated gross charges for those claims.