

COMMUNITY MEMORIAL HOSPITAL	
Administrative	
SUBJECT: Financial Assistance Policy (FAP)	PAGE 1 of 10
FORMULATED:	REVIEWED:
DATE ISSUED: 01/01/2007	REVISED: 4/2011, 12/2013, 1/2016, 3/2017/2017, 4/2018, 3/2019, 7/2020, 6/2021, 7/2022

POLICY: Community Memorial Hospital (CMH) 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. CMH offers help through its Financial Assistance Program or “FAP” to patients who are uninsured, or underinsured, (meaning those patients who have exhausted their health insurance benefits), and who can demonstrate an inability to pay for their health care services. Financial Assistance is also available to eligible patients to decrease the cost of deductibles, coinsurance, and co-payments. Financial assistance is available for patients who meet the eligibility requirements and reside in New York State and whose Household Income does not exceed 375% of the most recent Federal Poverty Guidelines (FPG). The most recent FPG are attached to this policy as Attachment 1. This policy applies to all eligible patients residing in New York State.

Medically Necessary health services covered under this policy, include:

- Inpatient Services
- Emergency Care, including emergency transfers pursuant to the Emergency Medical Treatment and Labor Act (EMTALA)
- Ambulatory Surgery
- Outpatient Services, including hospital-based primary care physician offices

Note: The FAP is not available for Swing Bed services or services that are not Medically Necessary.

Patient Notice

All patients are notified of our Financial Assistance Program during the intake and registration process, and through conspicuously posted signs throughout the emergency department and registration areas. An application for financial assistance is available at time of registration, and patients are offered a paper copy of the FAP in summary form . A statement that financial assistance may be available for qualified patients and how to obtain further information regarding the FAP is included on all billing statements.

In addition, this policy, the application for financial assistance, and the FAP Summary are available on CMH’s website at: <https://communitymemorial.org/patient-visitor-info/financial-assistance/>, and paper copies are available to all patients upon request and without charge by mail, as well as in the Emergency Department and registration areas.

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DEFINITIONS:

“Emergency Care” means those services that are delivered in CMH’s Emergency Department.

“Medically Necessary” means those services that are necessary to prevent, diagnose, or treat conditions that cause acute suffering, endanger life, or result in illness or infirmity.

“Household” means 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. Income includes: wages, interest, dividends, rents, pensions, Social Security, VA benefits, unemployment benefits, Worker’s Compensation, disability, child support, alimony, and any other types of income that may accrue to the patient or any individual in the patient’s defined household.

“Federal Poverty Guidelines” or “FPG” are a measure of income level issued annually by the Department of Health and Human Services. These guidelines are commonly used to determine financial eligibility for certain programs.

“Amounts Generally Billed or “AGB” means the amount CMH generally bills to insured individuals. CMH calculates AGB by multiplying the gross charges for any Emergency Care or Medically Necessary services it provides to a FAP-eligible individual by an AGB percentage of 62.3% of charges. The AGB percentage is calculated 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.

PROCEDURE:

Patient Eligibility Requirements

To be eligible for help through the Financial Assistance Program (FAP), patients will be required to apply for available health insurance coverage, including Medicare, Medicaid or other government sponsored health coverage, if CMH determines that the patient is likely eligible for these programs. Applications for financial assistance (“FAP Application”) will be processed concurrently with such application. In addition, the patient must comply with the Financial Assistance Program procedures and requirements set forth in this policy in order to be eligible for financial assistance. Failure to cooperate with any of the terms of this policy will result in denial of the FAP Application and referral to CMH’s Self-Pay Discount Policy.

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Patients with incomes below 300% of the federal poverty level are presumed to be eligible for some level of financial assistance based on a sliding fee scale.

Application Process

Patients are encouraged to submit the FAP Application within 240 days from the date of the first billing statement after discharge; however, patients may apply for financial assistance at any time, even after an account has gone into collection status. The patient will be given 30 days from their receipt of the FAP Application to return the completed application for review. Information provided on the FAP application is subject to verification by CMH.

It is the patient’s responsibility to make sure the FAP Application is complete. A complete FAP Application includes providing all supporting documentation requested by CMH to determine eligibility for financial assistance. Patients are asked to provide the following documentation with the FAP application for each member of the Household, if applicable:

1. Last 4 consecutive weeks of pay stubs, 2 if paid bi-weekly.
2. Proof of income from unemployment, Social Security, pensions, Workers’ Compensation, disability, etc.
3. For self-employed persons, a completed self-attestation form or 3-month business ledger (a tax return is optional).
4. Where no type of income documentation is available the self-attestation form may be used.

Patients who submit an incomplete FAP Application, or whose information cannot be verified, will be notified in writing of the missing information or verification problems and will have 10 additional business days to provide that information.

Patients may contact the Financial Counseling Office at 315-824-6553 for assistance in applying for financial assistance.

Upon receipt of a complete FAP Application the bill is placed on a statement hold and the patient may disregard any bills until CMH has rendered a decision on the application. No payment is required during the application review process. Patients will be notified in writing within 30 days of CMH’s receipt of the completed FAP Application as to his or her eligibility for financial assistance.

Patients who disagree with the determination made under this policy have the right to appeal by contacting the Director of Patient Business Services at 315-824-6549, or by sending a written request for a review of the application to Community Memorial Hospital, Attn: Director of Patient Business Services, 150 Broad Street, Hamilton, NY 13346.

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Patients may also contact the New York State Department of Health at 1-800-804-5447 with regard to any denial.

Approved applications for financial assistance for underinsured patients will be honored for a period of one (1) year in the event a patient returns needing additional health services and the patient’s financial status has not changed. Underinsured patients will be required to complete a new FAP Application each year.

Approved applications for financial assistance for uninsured patients will be honored for a period of three (3) months in the event a patient returns needing additional health services. Uninsured patients will be required to complete a new FAP Application on a quarterly basis if the patient continues to seek services.

Financial Assistance Discounts Determination:

The maximum amount that any FAP-eligible patient will be charged for Emergency Care or other Medically Necessary health services will be capped at the AGB percentage and patients will receive a sliding fee scale fee discount based on percentage of the Federal Poverty Guidelines. CMH has established the following requirements for a reduction in charges for eligible patients.

A patient who is eligible for financial assistance whose Household Income is equal to or less than 100% of the most recent Federal Poverty Guidelines, the following nominal fees have been established pursuant to NYS Department of Health guidelines as follows:

1. Inpatient Services, Ambulatory Surgery and MRI testing - \$150 per discharge/procedure
2. Adult ER or Clinic Services - \$15 per visit
3. Pediatric Clinic or Pre-Natal services – No Charge

If the pre-discount patient responsibility is less than or equal to the nominal fee, then the patient’s responsibility will remain as due.

Underinsured:

An underinsured patient who is eligible for financial assistance whose Household Income is greater than 100% and less than 375% of the most recent Federal Poverty Guidelines will qualify for approved discounts applied to the patient’s responsibility assessed on the claim as follows:

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1. Individuals or families with income from 101 to 150% of the federal poverty level are eligible at an 80% write off the patient responsibility assigned by the insurance company.
2. Individuals or families with income from 151 to 175% of the federal poverty level are eligible at a 75% write off of the patient responsibility assigned by the insurance company.
3. Individuals or families with income from 176 to 200% of the federal poverty level are eligible at a 50% write off of the patient responsibility assigned by the insurance company.
4. Individuals or families with income from 201 to 250% of the federal poverty level are eligible at a 25% write off of the patient responsibility assigned by the insurance company.
5. Individuals or families with income from 251% to 375% of the federal poverty level are eligible at a 10% write off of the patient responsibility assigned by the insurance company.

Uninsured Patients

An uninsured patient who is eligible for financial assistance whose Household Income is greater than 100% and less than 375% of the most recent Federal Poverty Guidelines will qualify for the following discounts:

1. Individuals or families with income from 101 to 150% of the federal poverty level are eligible at an 80% write off of AGB rate.
2. Individuals or families with income from 151 to 175% of the federal poverty level are eligible at a 75% write off of AGB rate.
3. Individuals or families with income from 176 to 200% of the federal poverty level are eligible at a 50% write off of AGB rate.
4. Individuals or families with income from 201 to 250% of the federal poverty level are eligible at a 25% write off of AGB rate.
5. Individuals or families with income from 251% to 375% of the federal poverty level are eligible at a 10% write off of AGB rate.

Standard Self-Pay Discount:

Community Memorial Hospital offers a discount for self-pay patients that do not qualify for financial assistance under this policy, or who choose not to apply for available health insurance coverage, including Medicare, Medicaid or other government sponsored health coverage if CMH determines that the patient is likely eligible for these programs. *See Self Pay Prompt Pay Discount Policy.*

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Hospital Billing and Collection Efforts:

1. Patients will be notified of the Financial Assistance Program upon registration/discharge from our facility and on all billing statements.
2. Patients will be notified at least 30 days prior to CMH's intent to forward the account to its collection agency and of any extraordinary collection actions, and will be provided a copy of the FAP Summary at that time. CMH will make a reasonable effort to provide oral notification about the FAP and how to obtain assistance with the FAP Application.
3. Patient accounts will not be forwarded to a collection agency while a completed FAP application is in review and a determination has been made.
4. CMH will not force a sale or foreclose on a primary residence.
5. Any collection agency used by CMH must obtain written consent from the VP of Finance before commencing any legal action on a patient's account.
6. Any collection agency used by CMH is required to follow this Financial Assistance Policy, including providing information on how to apply for financial assistance.
7. CMH will not pursue collection efforts from patients eligible for Medicaid at the time of service.
8. This policy prohibits the use of accelerated clauses.

In the event of non-payment of a CMH bill, the Hospital reserves the right to consider extraordinary collection actions (ECAs), including reporting adverse information to the credit bureaus or actions that require legal process such as wage garnishments or placing a lien on individual property. CMH will not initiate ECAs for at least 120 days from the date of the first post-discharge billing statement for the care.

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

Patients should contact the Financial Counseling Office at 315-824-6553 if they receive a bill they believe should be covered by an approved FAP Application on file.

For remaining balances due, CMH offers installment payment plans for patients who qualify for financial assistance. Monthly installment payments will not exceed 10% of gross monthly income of the patient.

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Who participates in the Financial Assistance Program?

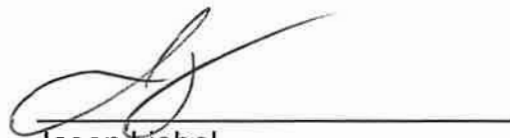
Charges for Emergency Care and Medically Necessary health services billed by CMH may be discounted under the Financial Assistance Program. However, the physician services provided in the Hospital are not included in the hospital charges. Please see Attachment 2 for the list of providers covered by this policy.

A full list of providers who do not participate in this FAP is available on Community Memorial Hospital's website at: <https://communitymemorial.org/patient-visitor-info/financial-assistance/>. You may also contact the Financial Counseling Office at 315-824-6553 to request paper copies of CMH's provider lists free of charge.

References: PHL 2807-k; Internal Revenue Code Section 501(r); NYS Department of Health May 2009 Dear CEO Letter

Approved by:


 Jeffery Coakley
 President and Chief Executive Officer


 Jason Liebel
 Controller

ATTACHMENT 1

HHS FEDERAL POVERTY GUIDELINES

Persons in family/household	Poverty guideline	375% of FPG
1	\$13,590	\$50,963
2	\$18,310	\$68,663
3	\$23,030	\$86,363
4	\$27,750	\$104,063
5	\$32,470	\$121,763
6	\$37,190	\$139,463
7	\$41,910	\$157,163
8	\$46,630	\$174,863
For families/households with more than 8 persons, add \$4,720 for each additional person.		

<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

ATTACHMENT 2

POLICY COVERED HOSPITAL-BASED PHYSICIAN PRACTICES/PROVIDERS

Who Participates in the Financial Assistance Program (FAP)?

Charges for Emergency Care and Medically Necessary services billed by CMH may be discounted under the FAP. However, the physician services provided in the hospital are not included in the hospital charges. The following is a list of CMH-employed or affiliated physician groups who participate in our FAP as of June 10,2022:

- **Hospitalist Service, Community Memorial Hospital**
 - Lyn Champagne, NP, Hospitalist
 - April LaMunion, NP, Hospitalist
 - Matthew McKay, MD, Hospitalist
 - Kareem Hamad, MD, Hospitalist
- **Family Health Center of CMH (all locations)**
 - PHYSICIANS:
 - Robert Delorme, MD, Family Medicine
 - Jennifer Meyers, MD, Pediatrics
 - Avneet Singh, MD, Cardiology
 - Martin Ernits, MD, General Surgery
 - Matas Morkevicius, MD, Pulmonology
 - Kenneth Beasley, MD, Urologist
 - Sunny Nelson, MD, Family Medicine
 - Hao Lam, DO, Family Medicine
 - Jocelyn Morin, MD, Family Medicine
 - Kerri Taylor, DO, Family Medicine
 - Sheila Ramanathan, DO, Family Medicine
 - Michael Walsh, DO, Family Medicine
 - MID-LEVEL PROVIDERS:
 - Cindy Marshall, NP, Family Med & Peds
 - April LaMunion, NP, Cardiology
 - Shannon Tilbe, NP, Family Medicine
 - Amy Dennis, NP, Family Medicine
 - Gwen Manley, NP, Family Medicine
 - Marla Smith, NP, Family Medicine
 - Melanie Angell, PA, Family Medicine
 - Shelby Sharp, NP, Family Medicine
- **CMH Urgent Care**
 - Stephen Jackowski, PA
 - Linda Keever, NP
 - Mary Lou Stanton, NP
 - Maureen Gallagher, NP
 - Melanie Angell, PA

A full list of CMH Contracted Providers who are not covered under this FAP is available on the Community Memorial Hospital website at: <https://communitymemorial.org/wp-content/uploads/2020/07/Contracted-Providers-2020.pdf>.

ATTACHMENT 3

CONTRACTED PROVIDERS – NOT COVERED UNDER FINANCIAL ASSISTANCE POLICY

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

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

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

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

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

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

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

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

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

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