

ROME MEMORIAL HOSPITAL

TITLE: Financial Assistance Program		POLICY NUMBER: ADM-026
ISSUE DATE: 04/1994	LAST REVISION DATE: 01/2017	LAST REVIEW DATE: 03/2017

POLICY:

Financial assistance is available to individuals who have received or are going to receive emergency or medically necessary care at Rome Memorial Hospital. Patients who have the ability and are unwilling to pay will be classified as bad debts after following normal collection procedures. Repayment terms, as appropriate, will be handled by Rome Memorial Hospital's (RMH) Business Office. This policy pertains to all RMH services except as noted herein. For those who meet the financial assistance eligibility criteria, the following procedure shall be followed. This policy will be updated upon publication of the annual Federal Poverty Guidelines. This policy is available at no cost upon request and online at www.romehospital.org/FinancialAssistance.

PROCEDURE:

I. ELIGIBILITY

1. RMH is willing to extend the application of our financial aid policy to all eligible individuals residing within the State and beyond. Our current policy does not limit availability of financial aid based on residency at all but rather need. Individuals must have an income at or below 300% of the Federal Poverty Level and meet one of the following criteria to be eligible for financial assistance:
 - i. Any patient who is uninsured (does not have medical insurance) and is not Medicaid eligible.
 - ii. Any patient who is left with coinsurance, copays, or deductibles greater than \$500 by his or her insurance company and is not eligible for Medicaid. These patients are considered to be underinsured.
 - iii. Any estate when an attorney communicates the following:
 - a. The estate has no assets and there is no surviving spouse, or
 - b. There are limited funds and the attorney has the capability of settling for a lesser amount.
 - iv. Any minor when parental responsibility cannot be established.
 - v. Any self-pay patient referred to our facility by Crisis Intervention, the Salvation Army, the Rescue Mission, and/or found in the street, when it has been established that the patient is indigent, transient, and with no medical coverage available.
 - vi. Any patient who has exhausted his/her insurance benefits and demonstrates no further ability to pay for services rendered.
 - vii. Any account returned to us by our collection agencies and is designated by the collection agency as being potentially eligible for financial assistance.
 - viii. Any account in which an outside party (*i.e.* Social Worker, attorney, or caregiver) calls for the patient to inform us of financial difficulties.
2. The following are not eligible for financial assistance benefits:
 - i. Account where balances are due to Medicare coinsurance and/or deductible amounts only. These accounts would be classified as Medicare Bad Debt.
 - ii. Accounts where patients did not supply the requested billing information from their insurance companies or where patients choose not to have their insurance company billed.

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- iii. Residential Healthcare Facility (RHCF) accounts.
 - iv. Medically unnecessary services such as cosmetic procedures, private rooms and pre-admission denials.
3. The following grid provides information regarding the physician groups who provide services at Rome Memorial Hospital and whether or not their medically necessary services that were performed at the hospital are **covered under this policy**. The providers at Boonville Family Care, Camden Family Care, and Delta Medical are affiliated with and employed by Rome Memorial Hospital and therefore included in this Financial Assistance Policy.

Type of Provider	Group Name	Address	Phone#	Covered
Anesthesiologists	Rome Anesthesia Associates	P.O. Box 772 Rome, NY 13442	315-336-6716	NO
Emergency Medicine	Emergency Physician Services of New York	P.O. Box 636008 Cincinnati, OH 45263-6008	1-888-952-6772	YES
Hospitalists	Eagle Hospital Physicians Empire State Inpatient Medicine Assoc.	P.O. Box 96368 Oklahoma City, OK 73143	800-225-0953	NO
Lab & Pathology	Centrex Clinical Laboratories	28 Campion Road, New Hartford, NY 13413	315-797-0791	NO
	There is a possibility that a specimen obtained during a procedure may be sent by the Centrex pathologists to an out-of-network reference lab for further analysis to aid in an accurate diagnosis.			
Primary Care	Rome Medical Group	245 Hill Road Rome, NY 13440	315-337-1200	YES
Radiation Oncologist	Linda Schicker, MD (WHEN SEEN IN THE RADIATION ONCOLOGY DEPARTMENT)	MBR Billing P.O. Box 689 Boalsburg, PA 16827-0689	814-808-2504 814 237-8627 ext. 223	NO
Radiologists	Radiology Associates of New Hartford	P.O. Box 2009 East Syracuse, NY 13057	315-362-5285 800-964-2832	NO
Specialty Physicians	Rome Medical Practice <ul style="list-style-type: none"> • All About Women • Neurology • Pulmonary/Sleep Medicine • Rome Surgical Specialists • Rome Orthopedics & Sports Medicine • Upstate Urology 	245 Hill Road Rome, NY 13440	315-337-0429	YES
Wound Care Specialists	Providers at Regional Center for Wound Care	245 Hill Road Rome, NY 13440	315-337-1200	YES

4. The Financial Assistance Coordinator will send the list of approvals/denials to Emergency Physicians Service, Rome Medical Group and Rome Medical Practice on a regular basis.

II. APPLICATION

1. Applications are available at all Patient Access locations (on and off campus), the Business Office (155 West Dominick St.), the Cashier's Office on the main campus and on the website found at www.romehospital.org/FinancialAssistance. The application and/or the Financial Assistance Program policy can be obtained free of charge by mail by calling the Business

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Office at 315-338-7075 or by calling the Financial Assistance Coordinator at 315-338-7071.

2. Applications must be filed within 240 days after the first post-discharge billing statement.
3. This time limit may be waived in special circumstances such as patients who might require assistance in organizing finances.
4. All collection activity will be suspended once an application is received. If accounts are with a collection agency at the time an application is approved then all activity will stop and any extraordinary collection actions will be reversed.
5. Decisions on completed applications will be made within 30 days by VP Finance/CFO or designee.
6. Each approved application is valid for one year providing documented financial status has not improved.
7. If determination is made that this patient is a candidate for financial assistance, the following information is required:
 - i. Proof of monthly income for all household members (e.g. copy of most recent pension, Social Security statement, 1040 tax forms, pay stubs etc.). Applications will be evaluated on a case by case basis when proof of income is not available.
 - ii. Medicaid denial if criteria falls within the Medicaid eligible guidelines (applications will be processed as conditional until a Medicaid approval/denial is received). As of January 1st 2015, Medicaid eligibility is up to 138% of the Federal Poverty Guidelines.
 - iii. The VP Finance/CFO or designee will review the above and sign off on all requests for financial assistance.
8. Applications can be turned into the following locations:
 - i. Rome Memorial Hospital; Business Office; 155 West Dominick Street, Rome, NY
 - ii. Rome Memorial Hospital; Patient Access Department or Cashier; 1500 North James St. Rome, NY
9. The Financial Assistance Coordinator is located within the Business Office as listed above and can be reached at 315-338-7071. The coordinator can assist individuals in the application process.

III. FINANCIAL GUIDELINES

1. The following guidelines are effective as of 01/26/2017:

<u>FAMILY SIZE</u>	<u>POVERTY GUIDELINES</u>
1	\$12,060
2	\$16,240
3	\$20,420
4	\$24,600
5	\$28,780
6	\$32,960
7	\$37,140
8	\$41,320

2. For families with more than eight members, add \$4,180 for each additional member. The above 2017 Federal Poverty Level (FPL) Guidelines were established by the Department of Health and Human Services as published in the Federal Register as of January 31, 2017.

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3. The definition of "family" will be interpreted to include students, regardless of their residence (who are supported by their parents) or others related by birth, marriage, or adoption. They must be considered as residing with those who support them.

IV. FINANCIAL ASSISTANCE AVAILABLE

1. Once eligibility is determined, the following sliding fee schedule based on the amounts generally billed (AGB) by RMH will be used to determine the amount to be written off to Financial Assistance. The AGB is determined by the “look-back” method using Medicare claims data allowed between 11/01/2015 and 10/31/2016. Following a determination of Financial Assistance eligibility, an eligible individual may NOT be charged more than the AGB for emergency or other medically necessary care. Individuals who are eligible for Financial Assistance will never be billed at gross charges for emergency or other medically necessary care.
2. Rome Medical Group and Rome Medical Practice will use the Prospective Method for determining discounts.
 - i. Ancillary Services (e.g. labs and radiology):
 - Outpatient AGB = 10.15% of gross charges
 - Interventional Radiology AGB = 19.44% of gross charges
 - Recurring (e.g. therapy, alcohol/substance abuse, OB-clinic etc) AGB = 23.40% of gross charges

INCOME CRITERIA:	WRITE OFF (no insurance):	WRITE OFF (after insurance):
100% or less of FPL Guideline	All except \$15*	All except \$15*
101% to 125% of FPL Guideline	90% off of AGB	90% of PP balance*
126% to 150% of FPL Guideline	80% off of AGB	80% of PP balance*
151% to 200% of FPL Guideline	55% off of AGB	55% of PP balance*
201% to 250% of FPL Guideline	30% off of AGB	30% of PP balance*
251% to 300% of FPL Guideline	5% off of AGB	5% PP balance*
		* Amount due CANNOT be more than the AGB amount

- ii. Emergency Services/Technical Clinic Charges —Adults, Excluding CRC and OB-clinic:
 - Emergency Service AGB =14.66% of gross charges
 - Technical Clinic Charges AGB = 31.71% of gross charges
 - Wound clinic AGB = 25.48% of gross charges

INCOME CRITERIA:	WRITE OFF (no insurance):	WRITE OFF (after insurance):
100% or less of FPL Guideline	All except \$15	All except \$15*
101% to 125% of FPL Guideline	90% off of AGB	90% of PP balance*
126% to 150% of FPL Guideline	80% off of AGB	80% of PP balance*
151% to 200% of FPL Guideline	55% off of AGB	55% of PP balance*
201% to 250% of FPL Guideline	30% off of AGB	30% of PP balance*
251% to 300% of FPL Guideline	5% off of AGB	5% PP balance*
		*Amount due CANNOT be more than the AGB amount

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iii. Emergency Services/Technical Clinic Charges —Children/Prenatal Care/Homeless, Excluding CRC and OB-clinic:

- Emergency Service AGB = 14.66% of gross charges
- Technical Clinic Charges AGB = 31.71% of gross charges
- Wound clinic AGB = 25.48% of gross charges

INCOME CRITERIA:	WRITE OFF (no insurance):	WRITE OFF (after insurance):
100% or less of FPL Guideline	100% of charge	100% of PP balance
101% to 125% of FPL Guideline	90% off of AGB	90% of PP balance*
126% to 150% of FPL Guideline	80% off of AGB	80% of PP balance*
151% to 200% of FPL Guideline	55% off of AGB	55% of PP balance*
201% to 250% of FPL Guideline	30% off of AGB	30% of PP balance*
251% to 300% of FPL Guideline	5% off of AGB	5% PP balance*

**** Amount due CANNOT be more than the AGB amount***

iv. Professional Clinic Charges (Adults): AGB = 30.86% of gross charges

INCOME CRITERIA:	WRITE OFF (no insurance):	WRITE OFF (after insurance):
100% or less of FPL Guideline	All except \$15*	All except \$15*
101% to 125% of FPL Guideline	90% off of AGB	90% of PP balance*
126% to 150% of FPL Guideline	80% off of AGB	80% of PP balance*
151% to 200% of FPL Guideline	55% off of AGB	55% of PP balance*
201% to 250% of FPL Guideline	30% off of AGB	30% of PP balance*
251% to 300% of FPL Guideline	5% off of AGB	5% PP balance*

****Amount due CANNOT be more than the AGB amount***

v. Professional Clinic Charges (Children/Prenatal Care/Homeless) : AGB = 30.86% of gross charges

INCOME CRITERIA:	WRITE OFF (no insurance):	WRITE OFF (after insurance):
100% or less of FPL Guideline	100% of charges	100% of PP balance
101% to 125% of FPL Guideline	90% off of AGB	90% of PP balance*
126% to 150% of FPL Guideline	80% off of AGB	80% of PP balance*
151% to 200% of FPL Guideline	55% off of AGB	55% of PP balance*
201% to 250% of FPL Guideline	30% off of AGB	30% of PP balance*
251% to 300% of FPL Guideline	5% off of AGB	5% PP balance*

****Amount due CANNOT be more than the AGB amount***

vi. Ambulatory Surgery/Endoscopy:

- Ambulatory Surgery AGB = 21.31% of gross charges
- Endoscopy AGB = 32.78% of gross charges

INCOME CRITERIA:	WRITE OFF (no insurance):	WRITE OFF (after insurance):
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100% or less of FPL Guideline	All except \$150/procedure*	All except \$150/procedure*
101% to 125% of FPL Guideline	90% off of AGB	90% of PP balance*
126% to 150% of FPL Guideline	80% off of AGB	80% of PP balance*
151% to 200% of FPL Guideline	55% off of AGB	55% of PP balance*
201% to 250% of FPL Guideline	30% off of AGB	30% of PP balance*
251% to 300% of FPL Guideline	5% off of AGB	5% PP balance*
		* Amount due CANNOT be more than the AGB amount

vii. Inpatient Services/Observation Services:

- Inpatient AGB = 30.70% of gross charges
- Observation AGB = 17.83% of gross charges
- Senior Behavior Health Unit AGB = 47.72% of gross charges

INCOME CRITERIA:	WRITE OFF (no insurance):	WRITE OFF (after insurance):
100% or less of FPL Guideline	All except \$150/discharge	All except \$150/discharge*
101% to 125% of FPL Guideline	90% off of AGB	90% of PP balance*
126% to 150% of FPL Guideline	80% off of AGB	80% of PP balance*
151% to 200% of FPL Guideline	55% off of AGB	55% of PP balance*
201% to 250% of FPL Guideline	30% off of AGB	30% of PP balance*
251% to 300% of FPL Guideline	5% off of AGB	5% PP balance*
		* Amount due CANNOT be more than the AGB amount

V. DEPOSITS/REFUNDS

1. Deposits are NOT required for patients who are eligible for Financial Assistance.
2. RMH will provide, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for financial assistance.
3. Patients who are eligible for Medicaid are NOT required to make a payment at time of service.
4. If a patient pays more than the amount awarded from Financial Assistance then that amount will be refunded to the patient if greater than \$5.00.

VI. PATIENT AND COMMUNITY NOTIFICATIONS:

1. Patients will be notified about the Financial Assistance Program, at a minimum, the following ways:
 - i. The Patient Guide, which is given to all inpatients and observation patients, will include the plain language summary of the policy.
 - ii. A paper copy of the plain language summary is offered to all outpatients.
 - iii. Signage is located at all intake areas including off-site clinics/locations and within the Business Office. These areas will have paper copies available to the public in person and by mail.
 - iv. All billing statements and collection letters will notify patients on how to obtain more information on financial assistance via phone or internet.
 - v. The Public Relations department will forward updated brochures/plain language summaries on an annual basis (or as needed) to local community organizations

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who's members are most likely to require financial assistance from a hospital facility.

VII. COLLECTION ACTIONS PRIOR TO ELIGIBILITY DETERMINATIONS

1. RMH's Business Office will follow its collection procedure found in Policy BO-001 prior to Financial Assistance eligibility determinations which includes the following:
 - i. Statements and letters will be generated on a 30 or 15 day basis. All of which will contain information on who to contact to discuss Financial Assistance eligibility.
 - ii. Collection Letter 2 will be sent 75 days after the first post discharge bill if no payments have been received. This letter will include the RMH Financial Assistance plain language summary and will notify the patient of the extraordinary collection actions that may be taken after 45 days if no response is received.
 - iii. Business Office staff will make reasonable efforts to orally notify eligible patients about the financial assistance policy and how to apply.
 - iv. **Extraordinary collection actions** that may be taken after 120 days after the first post discharge bill and after reasonable efforts have been made to determine Financial Assistance eligibility include; reporting to credit bureaus and legal actions (such as judgments or wage garnishments) via an outside collection agency.

VIII. PAYMENT ARRANGEMENTS/COLLECTION ACTION AFTER FINANCIAL ASSISTANCE HAS BEEN AWARDED

1. Patients accepted into the Financial Assistance Program must make regular monthly payments on the balance due, not to exceed 10% of their gross monthly income.
2. Interest and/or fees will NOT be charged upon missed payments.
3. If three consecutive payments are missed, accounts may be sent to an outside collection agency.
4. Any financial assistance discount given will remain in the event that an account is sent to a collection agency.
5. Contracted collection agencies must comply with this policy and will provide RMH's financial assistance information to our patients.
6. RMH will not force the sale or foreclosure of a patient's primary residence to collect an outstanding bill.
7. Collection agencies will obtain RMH's written consent before commencing legal action, which can include judgments and wage garnishments.
8. A patient will be notified at least 30 days before an account is transferred to a collection agency. Collection agencies will submit information to credit reporting companies.
9. Collection action will not be taken on any Medicaid-eligible services.
10. If an account is with a collection agency when Financial Assistance is approved then the account will be closed and returned from the collection agency, all extraordinary collection actions will be reversed and the billing/statement process will start over.
11. The Director of the Business Office, or designee, will monitor compliance with these policies and procedures.

IX. APPEAL PROCESS

1. Any applicant who is denied or partially denied financial assistance will be notified in writing that he/she has the right to appeal the decision.

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2. All appeals must be in writing and include relevant supporting documentation.
3. The appeal process may be initiated within 30 days of receipt of decision.
4. Appeals will be reviewed by the VP Finance/CFO. The applicant will be notified within 10 business days of appeal outcome.
5. All collection activities will be suspended during the appeal process.

X. STAFF TRAINING

1. The collection staff within the Business Office will receive training on our Financial Assistance policy and procedures every time the policy is updated, minimally once per year.
2. Training will also be included in Rome Memorial Hospital’s Annual Self Learning Module that is mandatory for all staff.

XI. IMPLEMENTATION

1. The Director of the Business Office will be responsible for the issuance and coordination of this policy, compliance with its provisions, clarification of questions regarding the policy, and revision of its content.
2. It shall be the responsibility of the Director of the Business Office to implement and mandate compliance with this policy.

Policy Originator: Finance
Policy Collaborator(s): Business Office
Administration
Patient Access
CRC
Social Services
Article 28 Billing
RMG
RMP
Compliance
Public Relations
Article 28 Clinics
Wound Center
Board of Trustees

Reference(s): Subdivision 9-a of Public Health Law Section 2807-K
IRS Section 501(r) Regulations
Federal Register