

CLIFTON-FINE HEALTHCARE

POLICY TITLE: Financial Assistance Policy
 DEPARTMENT OWNERSHIP: Administration
 CURRENT EFFECTIVE DATE: 02/2019

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PURPOSE: The purpose of this policy is to outline the guidelines used for providing financial assistance to patients.

SCOPE (Applicability): This policy applies to all emergency and other medically necessary care provided by Clifton-Fine Hospital (the “Hospital”). The Hospital’s primary service area is Townships of Clifton and Fine in St. Lawrence County, New York.

ELIGIBILITY CRITERIA: Financial assistance is offered to each patient with a household income less than or equal to three hundred percent (300%) of the Federal Poverty Level established by the federal government (the “FPL”) if such individual has no insurance or has exhausted his or her health insurance benefits for emergency or other medically necessary Hospital care and is unable to pay the full charges for those services.

Poverty Guidelines, all states (except Alaska and Hawaii)													2019 Annual	
Household /Family Size	50%	*100%*	125%	130%	133%	135%	138%	150%	175%	185%	200%	250%	300%	
1	6,245	\$12,490	15,613	16,237	16,612	16,862	17,236	18,735	21,858	23,107	24,980	31,225	37,470	
2	8,455	\$16,910	21,138	21,983	22,490	22,829	23,336	25,365	29,593	31,284	33,820	42,275	50,730	
3	10,665	\$21,330	26,663	27,729	28,369	28,796	29,435	31,995	37,328	39,461	42,660	53,325	63,990	
4	12,875	\$25,750	32,188	33,475	34,248	34,763	35,535	38,625	45,063	47,638	51,500	64,375	77,250	
5	15,085	\$30,170	37,713	39,221	40,126	40,730	41,635	45,255	52,798	55,815	60,340	75,425	90,510	
6	17,295	\$34,590	43,238	44,967	46,005	46,697	47,734	51,885	60,533	63,992	69,180	86,475	103,770	
7	19,505	\$39,010	48,763	50,713	51,883	52,664	53,834	58,515	68,268	72,169	78,020	97,525	117,030	
8	21,715	\$43,430	54,288	56,459	57,762	58,631	59,933	65,145	76,003	80,346	86,860	108,575	130,290	
9	23,925	\$47,850	59,813	62,205	63,641	64,598	66,033	71,775	83,738	88,523	95,700	119,625	143,550	
10	26,135	\$52,270	65,338	67,951	69,519	70,565	72,133	78,405	91,473	96,700	104,540	130,675	156,810	

Poverty Guidelines, all states (except Alaska and Hawaii)													2019 Monthly	
Household /Family Size	50%	*100%*	125%	130%	133%	135%	138%	150%	175%	185%	200%	250%	300%	
1	520	\$1,041	1,301	1,353	1,384	1,405	1,436	1,561	1,821	1,926	2,082	2,602	3,123	
2	705	\$1,409	1,761	1,832	1,874	1,902	1,945	2,114	2,466	2,607	2,818	3,523	4,228	
3	889	\$1,778	2,222	2,311	2,364	2,400	2,453	2,666	3,111	3,288	3,555	4,444	5,333	
4	1,073	\$2,146	2,682	2,790	2,854	2,897	2,961	3,219	3,755	3,970	4,292	5,365	6,438	
5	1,257	\$2,514	3,143	3,268	3,344	3,394	3,470	3,771	4,400	4,651	5,028	6,285	7,543	
6	1,441	\$2,883	3,603	3,747	3,834	3,891	3,978	4,324	5,044	5,333	5,765	7,206	8,648	
7	1,625	\$3,251	4,064	4,226	4,324	4,389	4,486	4,876	5,689	6,014	6,502	8,127	9,753	
8	1,810	\$3,619	4,524	4,705	4,813	4,886	4,994	5,429	6,334	6,695	7,238	9,048	10,858	
9	1,994	\$3,988	4,984	5,184	5,303	5,383	5,503	5,981	6,978	7,377	7,975	9,969	11,963	
10	2,178	\$4,356	5,445	5,663	5,793	5,880	6,011	6,534	7,623	8,058	8,712	10,890	13,068	

Basis for Calculating Amounts Charged to Patients:

The determination of the level of discount for which a patient may be eligible under this policy is based on such individual’s household income (“HI”) as a percentage of the FPL. HI includes income earned by all of the patient’s family members living at the same address as such individual from the following sources: wages (including self-employment earnings), Social Security benefits, unemployment benefits, workers’ compensation, alimony/child support, military family allotments, rent, interest, dividends, and pensions/IRA distributions/ annuities, etc. The

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discounts offered by the Hospital take the form of a sliding fee scale, as follows:

- Individuals with HI at or below 100% of the FPL will receive a 100% discount of charges, leaving no patient responsibility.
- Individuals with HI from 101% to 125% of the FPL will receive a discount equal to 90% of the capped charges, leaving patient responsibility for 10% of the capped charges.
- Individuals with HI from 126% to 150% of the FPL will receive a discount equal to 80% of the capped charges, leaving patient responsibility for 20% of the capped charges.
- Individuals with HI from 151% to 175% of the FPL will receive a discount equal to 70% of the capped charges, leaving patient responsibility for 30% of the capped charges.
- Individuals with HI from 176% to 200% of the FPL will receive a discount equal to 60% of the capped charges, leaving patient responsibility for 40% of the capped charges.
- Individuals with HI from 201% to 225% of the FPL will receive a discount equal to 50% of the capped charges, leaving patient responsibility for 50% of the capped charges.
- Individuals with HI from 226% to 250% of the FPL will receive a discount equal to 40% of the capped charges, leaving patient responsibility for 60% of the capped charges.
- Individuals with HI from 251% to 275% of the FPL will receive a discount equal to 30% of the capped charges, leaving patient responsibility for 70% of the capped charges.
- Individuals with HI from 276% to 300% of the FPL will receive a discount equal to 20% of the capped charges, leaving patient responsibility for 80% of the capped charges.
- Individuals with HI over 300% of the FPL will be responsible for paying the capped charges.

The charges to which the foregoing discounts apply are based on the rates paid by Blue Cross, the Hospital's largest volume, non-governmental insurer. The Hospital's current contract with Blue Cross provides for a fifteen percent (15%) discount from the Hospital's gross charges or charge master rate, and an additional five percent (5%) discount is afforded to self-pay patients. Amounts resulting from applying that twenty percent (20%) discount represent the capped charges used in the sliding fee scale discounts shown above. If a patient is eligible for financial assistance under this Policy, the Hospital will offer the use of an installment plan for paying the amount due, with the monthly payment not to exceed ten percent (10%) of the patient's monthly gross income and interest not to exceed the rate on a ninety (90) day Treasury security plus one-half percent (1/2%).

Following a determination of eligibility for assistance under this Policy, an eligible patient will not be charged more for emergency and other medically necessary care than the amounts generally billed to individuals who have insurance covering such care (the "AGB"). The Hospital determines the AGB for any emergency or other medically necessary care provided to a patient who is eligible for assistance under this Policy by using the billing and coding process the Hospital would use if such patient were a Medicare fee-for-service beneficiary and setting the AGB at the amount that the Hospital determines would be the amount Medicare and the Medicare beneficiary together would be expected to pay for the care. When applicable, a New York State surcharge will be added to patient balances due after the sliding fee scale discount has been applied.

Method for Applying for Financial Assistance:

An individual applies for financial assistance under this Policy by completing and returning to the Hospital the Form SFS-2 Sliding Fee Scale Application (the "Application") which is attached to this Policy as Exhibit A. That Application describes the information and documentation an applicant is required to submit and contact information for Hospital staff who can provide information about the application process. If an Application is denied, the patient will be notified in writing of the right to request an appeal within thirty (30) days after the date

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of that decision.

Actions that May Be Taken in the Event of Nonpayment:

The Hospital will not engage in extraordinary collection actions (“ECAs”) against a patient before the Hospital has made reasonable efforts to determine whether such individual is eligible for financial assistance under this Policy. For these purposes, with respect to any debt owed by a patient for care provided by the Hospital, ECAs against such individual include ECAs against any other individual who has accepted or is required to accept responsibility for the patient’s Hospital bills, and the Hospital will be deemed to have engaged in an ECA against the patient if any purchaser of such individual’s debt or any collection agency or other party to which the Hospital has referred the patient’s debt has engaged in an ECA against any such individual. The patient will receive at least thirty (30) days written notice of any referral to collection.

ECAs are actions taken by the Hospital or other authorized party against a patient related to obtaining payment of a bill for care covered under this Policy that require a legal or judicial process or involve selling such individual’s debt to another party or reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus. For these purposes, actions that require a legal or judicial process include, but are not limited to, actions to place a lien on an individual’s property, foreclose on an individual’s real property (provided that the forced sale or foreclosure of a patient’s primary residence is prohibited), attach or seize an individual’s bank account or any other personal property, commence a civil action against an individual, cause an individual’s arrest, cause an individual to be subject to a writ of body attachment, or garnish an individual’s wages. ECAs do not, however, include deferring or denying care based on a pattern of nonpayment, requiring a deposit before providing care, or charging interest on unpaid amounts (provided that it does not violate any other Hospital policy). A collection agency must obtain the Hospital’s consent before commencing a legal action against the patient.

With respect to any care provided by the Hospital to a patient, the Hospital will have made reasonable efforts to determine whether such individual is eligible for financial assistance under this Policy only if the Hospital notifies the patient about this Policy during the notification period that begins on the first date care is provided to the patient and ends on the 120th day after the Hospital provides the patient with the first billing statement for the care. The Hospital will have properly notified the patient about this Policy only if the Hospital distributes a plain language summary of this Policy and offers an Application form to the patient before discharge from the Hospital, includes a plain language summary of this Policy with at least three (3) billing statements for the care and all other written communications regarding the bill provided to the patient during the notification period, informs the patient about this Policy in all oral communications with such individual regarding the amount due for the care that occur during the notification period, and provides the patient with at least one (1) written notice that informs such individual about the ECAs the Hospital or other authorized party may take if the patient does not submit an Application for financial assistance or pay the amount due by a deadline (specified in the notice) that is no earlier than the last day of the notification period, and such written notice is provided to the patient at least thirty (30) days before the deadline specified therein.

In the case of a patient who submits an incomplete Application during the application period that begins on the date care is provided to such individual and ends on the 240th day after the Hospital provides the patient with the first billing statement for the care, the Hospital will have made reasonable efforts to determine whether the patient is eligible for financial assistance under this Policy only if the Hospital suspends any ECAs against such individual, provides the individual with a written notice that describes the additional information and/or documentation required under the Application form that the individual must submit to the Hospital to complete the Application and provides a plain language summary of this Policy with the notice, and provides the patient with at least one (1) written notice that informs such individual about the ECAs the Hospital or other authorized party may initiate or resume if such individual does not complete the Application or pay the amount due by a completion deadline (specified in the notice) that is no earlier than the later of the last day of the application period or thirty

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(30) days after the Hospital provides the patient with the written notice and is provided to such individual at least thirty (30) days before the completion deadline.

If a patient who submits an incomplete Application for financial assistance to the Hospital during the application period fails to complete the Application by the completion deadline and the Hospital has met the requirements described above, the Hospital will have made reasonable efforts to determine whether the patient is eligible for financial assistance and may initiate or resume ECAs against such individual after the completion deadline. If a patient who has submitted an incomplete Application for financial assistance during the application period completes the Application by the completion deadline, the patient will be considered to have submitted a complete Application during the application period, and the Hospital will therefore only have made reasonable efforts to determine whether such individual is eligible for assistance if it meets the requirements described below.

If the patient submits a complete Application for financial assistance during the application period, the Hospital will have made reasonable efforts to determine whether such individual is eligible for assistance only if the Hospital suspends any ECAs against the individual, makes and documents a determination as to whether the individual is eligible for assistance, notifies the patient in writing of the eligibility determination (including, if applicable, the assistance for which such individual is eligible) and the basis for this determination, and, if the Hospital determines the patient is eligible for assistance, provides such individual with a billing statement that indicates the amount such individual owes and shows, or describes how the individual can get information regarding, the AGB for the care and how the Hospital determined the amount the individual owes under this Policy. If the patient has made payments to the Hospital (or any other party) for the care in excess of the amount determined owing under the Policy, the Hospital will refund the excess payments and take all reasonably available measures to reverse any ECA (with the exception of a sale of debt) taken against the patient to collect the debt at issue. Such reasonably available measures generally include, but are not limited to, measures to vacate any judgment against the patient, lift any lien or levy on such individual's property, and remove from the individual's credit report any adverse information that was reported to a consumer reporting agency or credit bureau.

The Hospital will not have made reasonable efforts to determine whether a patient is eligible for financial assistance under this Policy if the Hospital bases its determination that such individual is not eligible on information that the Hospital has reason to believe is unreliable or incorrect or on information obtained from the individual under duress or through the use of coercive practices. For these purposes, a coercive practice includes delaying or denying emergency medical care to an individual until the individual has provided the requested information. The Hospital will have made reasonable efforts to determine whether a patient is eligible for financial assistance if the Hospital determines that such individual is eligible for the most generous assistance (including free care) available under this Policy based on information other than that provided by the individual as part of a complete Application for financial assistance and the Hospital meets the requirements described above with respect to such Application.

If a patient submits a complete or incomplete Application for financial assistance during the application period, the Hospital will have made reasonable efforts to determine whether such individual is eligible for assistance only if the Hospital does not initiate any ECAs, or take further action on any previously initiated ECAs, against the individual after receiving the Application and until either the Hospital has met the requirements described above or, in the case of an incomplete Application, the completion deadline has passed without the individual having completed the Application. Obtaining a signed waiver from a patient, such as a signed statement that such individual does not wish to apply for assistance under this Policy or receive the information described above, will not constitute a determination of eligibility and will not satisfy the requirements for making reasonable efforts to determine whether the individual is eligible to receive assistance before engaging in ECAs against the individual.

If the Hospital refers or sells a patient's debt to another party during the application period, the Hospital will have made reasonable efforts to determine whether such individual is eligible for assistance only if it first obtains (and, to the extent applicable, enforces) a legally binding written agreement from the party that, in the case of any debt referred to the party during the notification period, the party will refrain from engaging in ECAs against the

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individual until the Hospital has met (and has documented that it has met) the requirements necessary to have made reasonable efforts as described above. If the patient submits an Application for financial assistance during the application period, the party must suspend any ECAs against such individual. If the patient submits an Application for financial assistance during the application period and the Hospital determines such individual to be eligible for assistance, the party must adhere to procedures specified in the agreement that ensure that such individual does not pay, and has no obligation to pay, the party and the Hospital together more than the individual is required to pay as an individual eligible for assistance under this Policy, and, if applicable and if the party (rather than the Hospital) has the authority to do so, the party must take all reasonably available measures to reverse any ECA (other than the sale of a debt) taken against the individual. If the party refers or sells the debt to yet another party during the application period, the party must obtain a written agreement from that other party including the elements described above.

Widely Publicizing This Policy:

The Hospital will make paper copies of this Policy, the Application for financial assistance, and a plain language summary of this Policy available upon request and without charge, both in the Hospital and by mail. The Hospital will inform and notify visitors to the Hospital about this Policy through conspicuous public displays and other measures reasonably calculated to attract visitors' attention. The Hospital will inform and notify residents of the community it serves about this Policy in a manner reasonably calculated to reach those members of the community who are most likely to require financial assistance. The Hospital will also make this Policy, the Application form, and a plain language summary of this Policy available on the Hospital's website so that any individual with access to the Internet can access, download, view, and print hard copies of those documents without requiring special computer hardware or software (other than software that is readily available to members of the public without the payment of any fee) and without payment of a fee to the Hospital. The address of the Hospital's website is www.cliftonfinehospital.org.

MEASUREMENT/MONITORING/ANALYSIS: External Audits and Internal Reviews by the Revenue Cycle Committee

BIBLIOGRAPHY: Healthcare Financial Assistance Law (HFAL) / Harris Beach Law Firm Approved by:

Approved By: Robert Seamon, CEO	Date:10/01/13
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Reviewed By: Dierdra Sorrell, CEO	Date: 10/14, 10/15, 10/16, 6/17, 2/19
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Revision History

Revision Date	Description	Revised By
10/1/13	Legal Review and Update	Robert Scutt, Esq. Harris Beach