

**ST. JOSEPHS HOSPITAL, YONKERS  
FINANCIAL ASSISTANCE POLICY**

<b>SUBJECT: Financial Aid / Charity Care Policy and Procedure</b>
<b>APPROVALS: Chief Financial Officer/VP of Finance</b>
<b>ORIGINATION DATE: 09/15/2004</b>
<b>REVIEW/REVISION DATE: 12/06/06;4/30/07;2017;2019</b>
<b>PAGE 1 OF 4</b>

**POLICY:**

It is the Mission of St. Josephs Hospital, Yonkers limited only by its financial resources, to furnish essential health care services without regard to the patient's ability to pay for services rendered at this facility.

**PURPOSE**

It is the purpose of St. Josephs Hospital, Yonkers to ensure that financial aid is made available to assist all low income patients who do not have the ability to pay full charges for essential health care services. The Medical Center shall offer payment discounts to eligible patients in accordance with the qualification criteria as herein described within the meaning of Section 501(r) of the Internal Revenue Code of 1986, as amended, Section 1.50199(r) of the Internal Revenue Service's regulations promulgated thereunder & New York Public Health Law for Hospitals.

**PROCEDURE**

The procedures listed apply to emergency or other medically necessary inpatient and/or outpatient services rendered to an individual who qualifies for assistance under this policy by hospital and its employees:

1. The Admitting Department shall verify that the patient has insurance coverage in accordance with established Medical Center policies and procedures.
2. Patients unable to demonstrate that they have active insurance coverage shall be referred to a Patient Financial Representative at that time.
3. The Patient Financial Representative shall interview that patient and have him/her complete a financial aid application to determine if the patient would be eligible for Medicaid, Family Health Plus/Child Health Plus, or any other governmental insurance program. If the patient is deemed eligible, a Medicaid application shall be completed and submitted with the appropriate documents provided by the patient, or the legally designated family member.
4. Patients who refuse to cooperate with the Medical Center in providing financial and or other required information needed to enroll in a publicly sponsored governmental insurance program, will not be eligible to receive any financial aid or charity care offered by the Medical Center.

## PROCEDURE:

5. Patients who are uninsured and are deemed not eligible for Medicaid or any other publicly sponsored governmental program will receive an initial discount from the Medical Center's full charges and shall be billed at a rate limited to that of the highest volume payer (Discounted Rate). Patients who are unable to pay the Discounted Rate may qualify for Charity Care based on their family income level.
6. The Charity Care Allowance shall be defined as the difference between the Discounted Rate and the applicable Fee Scale Amount in accordance with the attached guidelines. In order to qualify for Charity Care, the patient must complete a Financial Aid Application. The application must either be approved or denied by the Medical Center within 30 days of receipt if approved, the applicable Fee Scale Amount shall be billed to the patient. The Medical Center shall make every reasonable effort to work with the patient to establish a payment plan, if necessary, in accordance with the patient's financial resources.
7. A separate financial class code of "Z" has been assigned within the Medical Center's computer system to identify the private paying patients who have qualified for the Charity Care Allowance based on the above screening procedures.
8. Patients who are able to adequately demonstrate that they lack the financial assets to pay at the Discounted Rate may be eligible for financial aid or Charity Care based on the Medical Center's financial aid policy. If the patient's combined family income is below 300% of the Federal Poverty Level (see attached guidelines) and the patient has no assets to meet their financial obligation to the facility, the patient may qualify for Charity Care. Assets shall not be taken into account for patients whose annual income is less than 150% of the Federal Poverty Level (FPL).
9. The patient shall be required to provide specific documents (e.g., pay stubs, tax returns, mortgage papers, rent receipts, bank statements, etc.) to be eligible for any type of financial aid or Charity Care Allowance available through the Medical Center.
10. If payment of the Discounted or Fee Scale Amount is not received after the customary billing procedures are applied or the patient does not regularly adhere to an established payment arrangement, the Medical Center may place the account with an outside collection agency per the Medical Center's established collection policy and procedure.

For medically necessary hospital services that are not emergent (e.g., scheduled outpatient services), the Medical Center shall offer charity care/financial aid to all patients whose family income is below 300% of the Federal Poverty Guideline (FPG) and who reside in the Medical Center's service area as mandated by the Department of Health.

For emergency hospital services, the Medical Center shall offer charity care/financial aid to all New York State residents whose income is less than or equal to 300% of the FPG in accordance with the guidelines attached. All FAP-eligible individuals cannot be charged more than the amount generally billed (ABG) for emergency or other medically-necessary care.

All intake, registration, and collection agency staff are trained on the Hospital's financial assistance policy on a periodic basis.

Individuals with any complaints about the Hospital's financial assistance policy or process may call the New York State Department of Health Complaint Hotline at 1-800-804- 5447. This information is also included on denial letters.

#### DEFINED OUTPATIENT SERVICES:

The following Services are eligible for Financial Aid and/or Charity Care allowances:

- Inpatient Admission
- Emergency Room Services
- Outpatient Clinic Services
- Ambulatory Surgery Procedures
- Other emergent services based on medical necessity

#### APPEAL PROCESS:

- If a patient is dissatisfied with the decision regarding his or her application for Charity Care he or she may appeal that decision by submitting his or her reasons and any supporting documentation to the Vice President of Finance, or other Hospital designee (Director), within twenty (25) days of the decision.
- The Vice President of Finance or other Hospital designee shall have fourteen (14) business days (two full weeks) to review the appeal and respond to the patient in writing.
- The Vice President's or other Hospital designee decision shall be final.
- No collection activity shall be pursued during the pendency of any appeal

#### EXCLUSIONS:

The following patients shall be excluded from the above policy:

- Foreign Nationals who come to this country specifically for a procedure. Cosmetic surgery and other procedures not normally covered by a patient's active insurance plan.