

CAYUGA HEALTH SYSTEM POLICY & PROCEDURE

TITLE: Financial Assistance and Charity Program	
EFFECTIVE DATE: January 1, 2016	INDEX SECTION: General Accounting & Patient Billing
SCOPE/APPLICABILITY: All patients receiving services at a participating Cayuga Health System facility, Primary Care Centers and any other associated entities, excluding Skilled Nursing Facility and non-employed providers, and services related to the treatment of infertility and elective procedures/services.	
POLICY STATEMENT: Cayuga Health System recognizes the needs in our community to provide financial counseling and assistance to those patients with limited income who find it difficult to meet the expenses incurred in receiving health care services. This policy will define the Financial Assistance Program and establish the necessary criteria, guidelines and approval process for the provision of financial assistance and Sliding Fee Scale to eligible individuals to help ease the burden of the costs of health care services provided. Cayuga Health System offers assistance through our Financial Assistance Program for patients experiencing undue hardship in paying for health care services. The Financial Assistance Program consists of a process where patients are provided assistance in applying for publicly sponsored New York State health insurance programs and/or their eligibility for our financial assistance program will be evaluated. The goal of our Financial Assistance Program is to help our patients explore all available options to help meet the cost of health care services provided by the hospital.	
EQUIPMENT: None	
COMPETENCY REQUIRED: None	

As a service to our patients, hospital financial counselors are available to discuss whether or not a patient may qualify for publicly sponsored New York State & Federal health insurance programs. These programs include, but are not limited to Medicaid and Medicare. In addition to these insurance programs, Cayuga Health System offers full or partial financial assistance to those individuals who are eligible based on income guidelines set forth in this policy.

1. Financial Assistance Program Policies

a) Costs and Services Eligible for Financial Assistance:

Cayuga Health System provides Emergency Care and Medically Necessary services, without regard to a patient's source of payment. Financial assistance is available for eligible patients (defined below) to help ease the burden of the cost of Emergency Care and Medically Necessary services they are provided, but the provision of that care will never be contingent on a patient's eligibility for the Financial Assistance Program (FAP).

i) Definitions

- 1) **Emergency Care** -- As required by Emergency Medical Treatment and Labor Act (EMTALA), section 1867 of the Social Security Act (42 U.S.C.

1395dd), Emergency Care is care required as a result of a sudden onset of a medical or behavioral condition manifesting itself by acute symptoms of sufficient severity, including but not limited to severe pain, that a prudent patient who possesses an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in

1. placing the patient's health in serious jeopardy, or in the case of behavioral condition placing the health of such person or others in serious jeopardy,
2. Serious impairment to bodily functions
3. Serious dysfunction of any bodily organ or body part, or
4. Serious disfigurement of the patient.

2) **Medically Necessary Care** -- Health services that are reasonably necessary to prevent illnesses or medical conditions, or provide early screening, diagnosis, intervention, and/or treatment for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a handicap, cause illness or infirmity of an Enrollee, or endanger life, which are provided at appropriate facilities and levels of care, consistent with accepted local health care practices and standards in literature, and which are not experimental or primarily for the convenience of the patient.

ii) Financial assistance is only available for costs associated with Medically Necessary Care and therefore such discounts are not available to cover the costs of medically unnecessary care such as, but not limited to, cosmetic surgery, or other services that are provided primarily for the convenience of the patient, his/her family or provider.

b) Financial Assistance Eligibility Requirements:

i) Financial assistance is available for uninsured and underinsured patients who reside in New York State in Cayuga Health System's Primary or Secondary Service Area (see Appendix I) and whose household income is at or below 300% of the most recent Federal Poverty Guidelines. Eligibility for financial assistance will not be determined by a patient's assets or immigration status. Per section 2807-k of the NYDOH regulations, patients can qualify for financial assistance under the following conditions:

- (a) low income patients with no health insurance; or
- (b) low income patients who have exhausted their insurance benefits; or
- (c) low income patients who have an inability to pay co-pays and deductible amounts, at the hospital's discretion.

c) Determination of Patient Payment:

i) A patient whose household income, as determined by the application income worksheet, is equal to or less than 100% of the most recent Federal Poverty Guidelines qualifies for a nominal payment limit as designated by major service category, the rest will be written off.

(1) **Nominal Payment Guidelines** (for uninsured patients below 100% FPL) – are determined by the commission on the New York Department of Health. The last levels were issued in 2006 and are as follows:

- (a) Inpatient Services - \$150/Discharge
- (b) Ambulatory Surgery - \$150/Procedure
- (c) MRI/MRA/CT Testing - \$150/Procedure
- (d) ER/Clinical/Clinic Services - \$15/Visit

- (e) Ancillary Services - No Charge
 - (f) Prenatal & Pediatric Clinic Services – No Charge
- ii) A patient whose household income is greater than 100% of the most recent Federal Poverty Guidelines qualifies for a partial percentage-based discount based on a sliding income scale (Appendix B). The percent discount decreases as household income increases. The amount of payment that the patient is responsible for shall be capped at the Amount Generally Billed.
 - (1) **Amount Generally Billed (AGB)**
 - (a) The Amount Generally Billed (AGB) will be determined by average percent reimbursement for all claims paid to the hospital by Medicare Fee for Service, Medicare Advantage, and Private Health Insurers. The AGB will be recalculated, by the Financial Analyst in the General Accounting Department, annually on March 31st using the previous year’s reimbursement data for discharges occurring between January 1st and December 31st. The newly calculated AGB & updated Federal Poverty Guidelines must be adopted on April 1st (120 days after December 31st of the previous year).
 - (b) AGB only applies to the patient’s responsibility. If a patient is insured and is seeking financial assistance, their portion of the bill will be limited to the AGB, but the combined payment from the individual and the insurance company is permitted to exceed AGB.
 - (c) The hospital will not be in violation of the AGB if the charges exceed AGB in the following instances:
 - (i) The charge was not for medically necessary care (as defined herein)
 - (ii) The charge occurred before the patient submitted a complete FAP application – the hospital will refund any amount collected over the FAP discounted amount should an individual be found to be FAP eligible within the bounds of the Application Period (defined herein).
 - (d) Hospitals will be the only entities that calculate AGB, Physician Groups/Practices will not. Whichever hospital’s AGB is lower will control and dictate that lowest discount that can be offered to a patient who qualifies for Financial Assistance.
- d) **Determination of Poverty Levels - Income & Assets**
 - i) **Income** - Income poverty levels must be updated and adopted annually by April 1st using the current year’s income levels published on the US Department of Health and Human Services website: <http://aspe.hhs.gov/poverty-guidelines>
 - ii) **Assets** – Assets will not be taken into account when determining FAP eligibility or level of sliding discount an eligible patient will receive.
- e) **Notification of FAP Availability**
 - i) **Brochures:** Brochures must be updated anytime this policy undergoes a change to:
 - (1) Calculation of Amounts Generally Billed
 - (2) Use of Asset Tests
 - ii) **Community:**
 - (1) Cayuga Medical Center & Cayuga Medical Associates have identified that the following local organization that serve the communities most in need of the financial assistance program:

- (a) **Ithaca Health Alliance**
- (b) **Planned Parenthood**
- (c) **United Way of the Southern Tier**
- (d) **Mental Health Association of Tompkins County**
- (2) Schuyler Hospital has identified that the following local organizations that serve the communities most in need of the financial assistance program:
 - (a) **Schuyler County Public Health**
 - (b) **Schuyler County Office for the Aging**
 - (c) **Catholic Charities of Chemung and Schuyler Counties**
 - (d) **United Way of Schuyler County.**

These organizations are to be reviewed annually in April by the Community Relations Department to ensure they still serve the populations of interest to Cayuga Health System and should be provided with updated brochures about our financial assistance program to distribute as they see fit.

iii) Patient:

- (1) Patient must be uniformly notified by registration upon arrival that financial assistance is available. Patients will be notified with the provision of a financial assistance brochure that meets PLS standards (defined below) or the PLS itself.
- (2) Plain Language Summary (PLS) - A written statement which notifies the patient that the hospital offers financial assistance and provide additional info in a clear, concise, understandable manner and include the following:
 - (a) Eligibility requirement and type of assistance offered
 - (b) Breif Summary of how to apply for assistance
 - (c) Website and physical location where an individual can obtain copies of FAP and FAP application form
 - (d) Contact information of a source that may assist with form
 - (e) statement addressing the availability of translations
 - (f) A statement that FAP eligible individuals may not be charged more than amounts generally billed
- (3) Translation Availability – Translations of the financial assistance brochure and PLS must be made available in the primary language of the effected population if the lesser of 5% of the Primary Service Area (PSA) or 1,000 people within the (PSA) are considered limited English proficiency (LEP)
 - (a) Current Translations Available:
 - (i) Schuyler Hospital does not currently provide translations as their PSA does not meet the LEP thresholds
 - (ii) Cayuga Medical Center and Cayuga Medical Associates currently provide a translated copy of the FAP brochure in Chinese
- (4) Brochures must be made available in plain sight (at a minimum in the ED & Admission areas) and produced upon request by the patient at no cost. Brochures must be update when ever a substantial change to the FAP is made.
- (5) Provider List – List of providers other than the hospital facility who provide emergency or medically necessary care in hospital facility and whether or not they are covered under the hospital's FAP (schuylerhospital.org/paying-for-your-care):
 - (a) Composition of List

- (i) List of names of individual practice groups, or other entities; or list referencing a hospital department or a type of service if the reference makes clear which services and providers are covered
 - (ii) Updated Quarterly
 - (iii) Must contain a creation date or date list was last updated
 - (6) Website – website must be updated whenever there are significant changes to any of the following items:
 - (a) PLS
 - (b) AGB
 - (c) Asset or Income Levels
 - (d) Provider List
 - (e) Nominal Payments
- f) Adoption Process for FAP Policy: Any substantive changes to the financial assistance policy must be approved and adopted by the Finance Committee of the hospital.

2. Financial Assistance Program Application Process:

- a) Government Assistance: In determining whether each patient qualifies for the Financial Assistance Program, other county, and state or federal financial assistance programs may be considered as options for the patient. A financial counselor will assist the patient in determining if they are eligible for any governmental assistance by utilizing the current guidelines provided by our local Department of Social Services. If a patient qualifies for state or federal assistance, but needs additional help paying for medical bills, the patient is allowed to apply for the hospital's financial aid program.
NOTE: New York State Health Care Law prohibits CHS from requiring all patients to apply for State/Federal insurance programs (e.g. Medicaid) as a pre-requisite to apply for the FAP. Additionally, CHS is not allowed to delay the processing of FAP applications, when an applicant is waiting for an eligibility determination from a State/Federal insurance program. It is important CHS facilitates the application to State/Federal insurance program for those patients who are likely to qualify, but FAP determinations should be paid independent of eligibility for State/Federal insurance programs.
- b) Application Process: Any patient who indicates the financial inability to pay for Emergency Services or Medically Necessary services may apply for financial assistance.
 - i) **Notification period**: The hospital will make a good faith effort to inform the patient financial assistance is available up to 120 days after the 1st billing statement.
 - ii) **Application period**: A patient will be allowed to apply for financial assistance up to 240 days after they receive their first billing statement.
- c) Availability of the Application: The patient may request an electronic and/or a paper copy of the application material at no cost to the patient.
- d) Completion of Application: The patient is responsible for ensuring that his or her application is complete. The hospital is responsible, in accordance with IRS regulations, to provide assistance with said application. A completed application shall include all the necessary documentation outlined in this Financial Assistance Policy. Information provided on an application is subject to verification. Patients submitting incomplete applications or whose information cannot be verified will be notified in writing of the missing information or the verification problems and given 10 days to provide the requested information or verification.

- i) Household Income Criteria and Verification: The evaluation of a patient's eligibility for the Financial Assistance program will be based upon a combination of the patient's household size and income (see Appendix B).
 - (1) **Household size**: the number of family members or other persons occupying the same household who are identified as dependents for federal taxation purposes and any other individuals or significant others residing in the same household. This information will be self reported and cannot be verified by requesting tax returns pursuant to NYS Department of Health Law 2807-k(9-a).
 - (2) **Income**: annual earnings and cash benefits from all sources before taxes for the patient and anyone in the patient's defined household. Income shall include wages, interest, dividends, rents, pension, 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.
 - (a) Income will be determined and verified based upon documentation of wages and/or other sources of income provided by the patient, such as pay stub or W2 (Tax returns or monthly bills cannot be requested under NYS Department of Health Law 2807-k(9-a)). Income may also be determined by annualizing the pay of the patient and others in the patient's defined household, at the current reported earnings rate.
- ii) Household Assets Criteria and Verification: Assets will not be taken into consideration when determining a patient's eligibility for Financial Assistance
- iii) Additional Verification of Application Information: The hospital will not seek any other sources of information outside of what is requested of and provided by the patient. The hospital will not perform credit checks or any other 3rd party verification to verify information provided by the patient on the Financial Assistance Application. Individuals cannot be denied financial assistance if they do not provide documentation that has not been specified in this FAP policy.
- e) Application Determination: A patient will be sent a written letter of determination within 30 days of the hospital's receipt of his or her completed application as to his or her eligibility for the Financial Assistance Program
- f) Hospital may make inquiries to, and obtain reports, from third parties such as credit agencies, on certain patients to determine whether they may be presumptively eligible (presumptive eligibility) for Financial Assistance under the following limited conditions:
 - i) The patient has been discharged from the hospital
 - ii) The patient lacks insurance coverage, the coverage has been exhausted, or all benefit coverage has been applied to the account
 - iii) The patient has received a least one statement and the time period for paying that bill has expired, and
 - iv) The patient has not completed an application for Financial Assistance.
 - v) Credit Scoring obtained will not negatively impact the patient's FICO.
 - vi) Credit Scoring will not be used to deny financial assistance.
- g) Appeal Process: Any determinations made under this policy may be appealed in writing to Cayuga Health System, Chief Financial Officer, 101 Dates Drive, Ithaca, NY 14850.
- h) Effective Dates of FAP Eligibility:

- i) **Start Date:** To avoid multiple retroactive adjustments should a patient decide to apply for an earlier date of service than originally listed on the application, an approved application will be effective starting 270 days prior to the “Date of Application” (the date listed in the top right hand corner of the application)
 - (a) **Exception:** If a patient is reapplying for financial assistance in anticipation of their current discount expiring, the start date will be the date after the expiration of the previous discount.
 - ii) **Expiration:** From the date of approval, a patient’s financial assistance application determination will be good for 12 months, at which time it will expire and the patient will have to reapply for future financial assistance. The patient will be provided with a card (see Appendix C) that will specify who is covered by the financial assistance application and what date their eligibility expires.
3. **Provider Billing and Collection Efforts:**
- a) **Billing:** Once a patient has submitted a completed application for the Financial Assistance Program, the patient may disregard any bill sent until the hospital has rendered a determination on the pending financial assistance application.
 - i) Billing statement must include a notice that financial assistance is available and provide a number and website to access more information about financial assistance
 - ii) Installment payment plans may be established for patients who qualify for financial assistance. Monthly installment payments will be capped at 10% of gross monthly income of the patient’s defined household. Cayuga Health System may consider assets of a significant value when establishing the monthly payment amount and such assets may be a basis for increasing the monthly payment.
 - b) **Collections:**
 - i) Extraordinary Collections Actions (ECAs) – including, but not limited to, reporting adverse information to credit bureaus or placing liens on property - cannot commence until at least 121 days after the 1st billing statement and requires that the patient be notified 30 days in advance with a pre-collect letter outlining what ECAs will occur and when (See Appendix H)
 - ii) **Notification period:** The hospital will make a good faith effort to inform the patient financial assistance is available up to 120 days after the 1st billing statement. A patient cannot be sent to collection until the period has ended
 - iii) **Application period:** A patient will be allowed to apply for financial assistance up to 240 days after they receive their first billing statement. If a patient submits an application at any point during the application period the following will occur:
 - (1) **Complete application:**
 - (a) Suspend ECAs
 - (b) Provide eligibility determination within 30 days
 - (c) Send written letter of determination (see Appendix D & F)
 - (d) Provide an update billing statement reflecting adjusted amount due (if the patient ends up being FAP eligible)
 - (2) **Incomplete Application:**
 - (a) Suspend ECAs

- (b) Send written letter notifying patient that their application is pending and what information is needed to proceed with determining their eligibility (See Appendix E)
 - (3) Applied in the last 12 months:
 - (a) Denied: ECAs will not be suspended, resend denial letter, determination status is good for 12 months
 - (b) Approved: Patient will not be sent to collections unless they are unable to pay the patient responsibility portion of their bill at the discount they qualified for under their FAP application, determination status is good for 12 months
 - iv) Neglecting to pay the patient portion of a bill or set up a payment plan with a financial counselor will result in FAP eligible and non-eligible individuals being sent to collections:
 - (a) FAP eligible will be held responsible for the full AGB
 - (b) FAP non-eligible will be held responsible for the full Gross Charges
- 4. Updating, Execution, and Compliance Audit of Financial Assistance Policy
 - a) Updates: The Compliance department, with assistance from and coordination with the Accounting Department & Patient Billing Department, will be responsible for updating this policy to meet the current needs of the hospital and regulatory requirements.
 - i) Adoption of Updates: see section 1, part f.
 - b) Execution: The patient billing department and/or contractors in coordination of Financial Counselors will be responsible for executing this FAP and assisting patients in understanding this FAP
 - c) Compliance Audit: The Compliance Department with assistance from the Accounting and Patient Billing departments, will be responsible for completing an annual audit of the the Financial Assistance Policy and Process to ensure the words of the policy and execution of the policy are in compliance with all relevant laws and regulations.

APPLICANT PROCESS/PROCEDURE for CAYUGA HEALTH SYSTEM (CHS):

1. A CHS FAP Application (See Example in Appendix A) must be submitted within 240 days of a patient receiving their first billing statement. All applications are to be submitted to a CHS Financial Counselor, who will make a decision of eligibility within thirty (30) days of receipt of the completed application. Discounts under the CHS FAP will apply to medically necessary care, as defined by the FAP policy and provider list.
2. Determination of eligibility in the CHS FAP will be made by use of the CHS Financial Assistance Income Guidelines (Appendix B). Total income will be based on all allowable income sources of the applicant and any dependents and significant others of the applicant as well as the income of anyone who can claim the applicant as a dependent.
3. Once confirmed, eligibility will have the retroactive effective dates of 270 days prior to the application date (date listed in the top right-hand corner of the application) to 12 months after Financial Assistance eligibility was determined.
4. Upon determining eligibility, the CHS Financial Counselors will complete a CHS FAP card (See Appendix C), return it to the applicant with a letter of acceptance (See Appendix D) and make all necessary account adjustments. The Financial Counselors will notify all billing entities of CHS of the patient's eligibility for this program so that the appropriate adjustments can be made. Any eligible accounts previously referred to the Collection Agency will be pulled and adjusted.
5. If the CHS Financial Counselors are unable to determine eligibility due to lacking information, he/she will contact the applicant by telephone or letter (See Appendix E). The application will be held as pending until receipt of all documentation required to determine eligibility or 30 days from the date of notification of missing information has passed. If 30 days have passed since notification of missing information and information has still not been received the application will be denied and the patient will need to reapply.
6. Upon denial of application, a CHS Financial Counselor will notify the applicant by letter (See Appendix F).
7. The CHS Financial Counselors are responsible for maintaining all CHS Sliding Scale Discounts and a listing of all FAP Participants. The alphabetical listing of all CHS FAP participants will be updated as applications are approved & shared with all appropriate entities participating in CHS FAP.
8. Participants are required to contact the Financial Counselors if income levels change by \$5,000 or more. The Financial Counselors will review and make any necessary adjustments to the discount level and participation card. Changes to a participant's discount will result in new effective dates, beginning the date of determination of level change and ending 12 months later.
9. Participants are required to update their information through the application process before expiration date on their participant (See Example in Appendix G).



Cayuga Health System Financial Assistance Program

Thank you for your interest in the Cayuga Health System Financial Assistance Program. Below you will find the information you need to submit an application for assistance with medical bills.

Entities participating in the Cayuga Health System Financial Assistance Program include: Cayuga Medical Center, Cayuga Medical Associates, & Schuyler Hospital

- If the applicant is claimed as a dependent on a family member's taxes, we need the following information on all residents of the household (including the Head of the Household): name, date of birth, and income – all of which appears on an income tax return. All source of income will be used to determine the applicants' eligibility for the Financial Assistance Program.
- Applicants must meet certain income guidelines; the level of discount is dependent you're your income, as a percent of the federal poverty guidelines.
- Applications will not be reviewed until all required documentation is submitted. You will have 30 days from the date of notification that required documentation is missing, to submit the missing documentation. If you do not submit the missing documentation within 30 days, you will be denied and need to reapply.
- A determination of eligibility shall be made once a completed application, accompanied by all required documentation, is received.
- Applicants are required to contact the Financial Counselors if income levels change by \$5,000 or more, or if medical insurance is acquired. Failure to comply with this may result in increased liability on previously adjusted accounts.
- Return complete applications to the Cayuga Health System entity from which you most recently received medical care. The addresses are available on our websites.

What Documentation Do I Need to Submit with My Application?

- Pay stubs for each household wage earner, must have a date and employer name
- Social security benefits, pension, and investment statements (if applicable)
- Unemployment statement or Workers' Compensation documentation (if applicable)
- Other income documentation (e.g. alimony, VA benefits, child support, rental income, etc.)

All of the above documents must be provided for every member of the household if they receive one of these sources of income. A member of your household is defined as someone you would claim as a dependent, spouse, or head of household on your taxes. You have the option of providing 3 or 12 months of the documents listed above. If you provide 3 months of documents, we will multiple those values by 4 to get an approximate annual income.

If there is you have no income, you must submit a letter stating that neither you, nor anyone in your household (as defined above), has any income. Please have a leader at a shelter, church, or assistance agency attest that this letter, to their knowledge, is factual and correct. Please be sure to include their name, organization, and a phone number.

- **Appendix A**
Cayuga Health System Financial Assistance Program Application

See Cayuga Medical Center Form 02025

Appendix B Cayuga Health System Financial Assistance Matrix 2019 Guidelines (Uninsured & Underinsured)

Family Size, Income Levels, & Sliding Discount Schedule

2019 Federal Poverty Guidelines:
Released 1/11/2019, Adopted 4/1/2019 - Update annually

Source: <http://aspe.hhs.gov/poverty-guidelines>
Note: HHS Poverty Guidelines need to be update by April 1st with the most recent year's guidelines

Discount	Nominal Fee	90%	80%	70%	60%	50%	40%
Upper Limit of % of Federal Poverty Level	100%	125%	150%	175%	200%	250%	300%
	100% or Below	101-125%	126 - 150%	151-175%	176-200%	201-250%	251 - 300%
1	\$ 12,490.00	\$ 15,612.50	\$ 18,735.00	\$ 21,857.50	\$ 24,980.00	\$ 31,225.00	\$ 37,470.00
2	\$ 16,910.00	\$ 21,137.50	\$ 25,365.00	\$ 29,592.50	\$ 33,820.00	\$ 42,275.00	\$ 48,060.00
3	\$ 21,330.00	\$ 26,662.50	\$ 31,995.00	\$ 37,327.50	\$ 42,660.00	\$ 53,325.00	\$ 60,480.00
4	\$ 25,750.00	\$ 32,187.50	\$ 38,625.00	\$ 45,062.50	\$ 51,500.00	\$ 64,375.00	\$ 72,900.00
5	\$ 30,170.00	\$ 37,712.50	\$ 45,255.00	\$ 52,797.50	\$ 60,340.00	\$ 75,425.00	\$ 85,320.00
6	\$ 34,590.00	\$ 43,237.50	\$ 51,885.00	\$ 60,532.50	\$ 69,180.00	\$ 86,475.00	\$ 97,740.00
7	\$ 39,010.00	\$ 48,762.50	\$ 58,515.00	\$ 68,267.50	\$ 78,020.00	\$ 97,525.00	\$ 110,190.00
8	\$ 43,430.00	\$ 54,287.50	\$ 65,145.00	\$ 76,002.50	\$ 86,860.00	\$ 108,575.00	\$ 122,670.00
For each additional person, add	\$ 4,420.00	\$ 5,525.00	\$ 6,630.00	\$ 7,735.00	\$ 8,840.00	\$ 11,050.00	\$ 12,480.00

Nominal Fee Schedule

If the patient has an annual income **at or below 100% of the poverty level, a nominal payment applies (see below). The rest of the bill will be written off.

Inpatient Services	\$150/Discharge
Ambulatory Surgery	\$150/Discharge
MRI Testing	\$150/Discharge
Adult ED/Clinic Services	\$15/Visit
Prenatal & Pediatric Clinic Services	Not Specified
Ancillary Services	No Charge

Exceptions:

- CMC, on occasion, applies a 5% discount (when approved by the CFO) for Self-Pay accounts and this discount is NOT Financial Assistance and therefore does not need to be honored by CMA or SH
- SH, on occasion, applies a 20% self-pay discount and a 50% prompt pay discount (when approved by the CFO). These discounts are NOT Financial Assistance and therefore does not need to be honored by CMC or CMA
- CMA, on occasion, applies a 10% prompt-pay discount if the account is paid within 30 days

Appendix C

Cayuga Health System Financial Assistance Program Card

On the SS # Line please fill in the following:

- Randomly Generated 4 Numbers
- First 3 Letters of the last name
- Two digit discount number (40% exemplified below)


Example: 1234 - ABC- 40

Schuyler Hospital
Financial Counselor
(607) 535-8621 or (607) 535-8600
schuylerhospital.org

Cayuga Medical Center
Patient Accounting
(469) 322-4990 or
Billinghelp@cayugamed.org
cayugamed.org

Cayuga Medical Associates
Financial Aid
(607) 882-0010
cayugamedicalassociates.org

For more information:



Cayuga
HEALTH SYSTEM

Financial Assistance Program

FINANCIAL ASSISTANCE PROGRAM	
Name _____	
DOB _____	
SS # _____	
Effective Dates _____	
Discount % _____	
Authorized Signature _____	
COVERED DEPENDENTS	
Name	DOB

Appendix D
Cayuga Health System Financial Assistance Program Acceptance Letter

Date

Applicant Name
Street Address
City, State, ZIP

Dear Applicant Name:

Cayuga Medical Center has approved your application for the Cayuga Health System Financial Assistance Program.

Enclosed you will find a Cayuga Health System Financial Assistance Program card which you should present at the time of registration to the following participating provider locations:

- i. Schuyler Hospital and its Primary Care Clinics
- ii. Cayuga Medical Center
- iii. Cayuga Medical Associates Affiliated Practices

Your card indicates all covered persons, effective dates, and the percentage of discount available to you and all persons listed on the card. Any unpaid accounts with dates of service after the date of service listed on your application are eligible for financial assistance. Please review your records and contact Cayuga Medical Center's Patient Billing Office at (607) 274-4400 if you believe you have prior accounts eligible for discount or with any questions you may have about the Cayuga Health System Financial Assistance Program.

You are required to contact the Cayuga Medical Center's Patient Billing Office at (607) 274-4400 if income levels, as reported on your application, change by \$5,000 or more, or if medical insurance is acquired. Failure to comply with this requirement may result in increased liability on previously adjusted accounts.

Sincerely,

Click here to enter text.
Click here to enter text.
Cayuga Medical Center

Appendix E
Cayuga Health System Financial Assistance Program Pending Letter

Date

Applicant Name
Street Address
City, State, ZIP

Dear Applicant Name:

Cayuga Medical Center received your application on mm/dd/yyyy for the Cayuga Health System Financial Assistance Program. Your application is pending because we need the following information:

- Most Recent 3 months of Bank Statements
- Pay Stubs from 1 or More Household Earners
- Social Security Benefit & Investment Statements
- Unemployment Statement
- Worker's Compensation Statement
- Other: Based on current Medicaid guidelines, we believe you may qualify for Medicaid and we encourage you to apply while we process your application. You will not be denied if your Medicaid application is not processed within 30 days of this letter.

Please contact Cayuga Medical Center's Patient Billing Office at (607) 274-4400 with any questions. If the additional information is not received in 30 days from the date of this letter, your application will be denied. If you do not reapply or make payment arrangements, you will be responsible for 100% of your balance due.

Sincerely,

[Click here to enter text.](#)
[Click here to enter text.](#)
Cayuga Medical Center

Appendix F
Cayuga Health System Financial Assistance Program Denial Letter

Date

Applicant Name
Street Address
City, State, ZIP

Dear Applicant Name:

Cayuga Medical Center has reviewed your application for the Cayuga Health System Financial Assistance Program and has denied your application for the following reason(s):

Household Income exceeds 300% of the Federal Poverty Level

Applicant was notified their application was incomplete and did not send in the requested information within 30 days of the notification.

Please contact the Cayuga Medical Center's Patient Billing Office at (607) 274-4400 with any questions regarding your denial or to make payment arrangements for outstanding accounts. Please note that if not payment arrangements have not been made for outstanding accounts, they will be sent to collections.

Thank you for visiting Cayuga Health System and its providers for your healthcare needs.

For more information regarding understanding your financial aid rights, please visit the New York State Department of Health website:
http://profiles.health.ny.gov/hospital/pages/financial_aid_info/ or you can call 1-800-804-5447.

Sincerely,

Click here to enter text.
Click here to enter text.
Cayuga Medical Center

Appendix G
Cayuga Health System Financial Assistance Program Notice of Re-application

Date

Applicant Name
Street Address
City, State, ZIP

Dear Applicant Name:

As a current participant of the Cayuga Health System Financial Assistance Program, you know that determination of eligibility is required prior to the expiration date of your financial assistance policy. Our records indicate that your current eligibility will terminate on (date).

Enclosed you will find a current Cayuga Health System Financial Assistance Program application packet. If you wish to continue participating in this program and believe you meet the requirements for eligibility, you must complete and return the enclosed application and all required documentation.

Failure to re-apply will result in your termination from the Cayuga Health System Financial Assistance Program effective (date).

Please contact the Cayuga Medical Center's Patient Billing Office at (607) 274-4400 with any questions.

Sincerely,

Click here to enter text.
Click here to enter text.
Cayuga Medical Center

Appendix H

Pre-Collection Letter to Patient

This letter will be sent out by the each hospital's respective collections agency

Appendix I

Cayuga Health System Primary and Secondary Service Areas

CHS Primary Service Area		
ZIP CODE	City	Service Area
14817	Brooktondale	PSA-E
13053	Dryden	PSA-E
13062	Etna	PSA-E
13068	Freeville	PSA-E
13073	Groton	PSA-E
14847	Interlaken	PSA-E
14850	Ithaca	PSA-E
14851	Ithaca	PSA-E
14852	Ithaca	PSA-E
14853	Ithaca	PSA-E
14882	Lansing	PSA-E
14854	Jacksonville	PSA-E
13102	Mc Lean	PSA-E
14867	Newfield	PSA-E
14881	Slatterville Springs	PSA-E
14886	Trumansburg	PSA-E
14805	Alpine	PSA-W
14818	Burdett	PSA-W
14841	Hector	PSA-W
14865	Montour Falls	PSA-W
14869	Odessa	PSA-W
14878	Rock Stream	PSA-W
14891	Watkins Glen	PSA-W
14824	Cayuta	PSA-W

CHS Secondary		
ZIP CODE	City	Service Area
13026	Aurora	SSA-N
13071	Genoa	SSA-N
13081	King Ferry	SSA-N
13092	Locke	SSA-N
14521	Ovid	SSA-N
13118	Moravia	SSA-N
13803	Marathon	SSA-E
13045	Cortland	SSA-E
13077	Homer	SSA-E
13101	McGraw	SSA-E
13784	Harford	SSA-E
13736	Berkshire	SSA-S
13743	Candor	SSA-S
13835	Richford	SSA-S
13864	Willseyville	SSA-S
14883	Spencer	SSA-S
14889	Van Etten	SSA-S
14812	Beaver Dams	SSA-W
14815	Bradford	SSA-W
14837	Dundee	SSA-W
14860	Lodi	SSA-W
14864	Millport	SSA-W
14588	Willard	SSA-W
14541	Romulus	SSA-W
14857	Lakemont	SSA-W
14863	Mecklenburg	SSA-W
13065	Fayette	SSA-W

REFERENCES (if applicable):

Public Health Law 2807-k(9-a) – financial aid

IRS 501 (r) 4 – 6 – Financial Assistance Program Regulations

Medicare Regulations Pub 15 – Chp 3 Bad Debt, Charity, and Courtesy Allowances

Approved by:

Director of Reimbursement	Financial Counselors
CFO	(title)
(title)	(title)
Replaces policy: n/a	
Previous Reviewed Date: 04/07, 06/09, 4/2010, 3/2014, 10/2014, 12/2015, 12/2016, 2/28/2017	
Previous Revised Date: 2/13/2017	
Reviewed/ Revised Date: 11/21/2018	By: Sheila Boyce

Appendix J

Cayuga Health System Presumptive Eligibility Acceptance Letter For Accounts in Bad Debt

Date

Patient (Guarantor in the case of Minors)

Street Address

City, State, ZIP

Dear Patient (or Guarantor if Minor)

Cayuga Medical Center utilizes predictive analysis (soft credit scoring) software to determine if patients with self pay balances that are still outstanding may be eligible for Financial Assistance. We refer to this as presumptive eligibility, and it is a way to help the members of our community with the cost of their healthcare needs. We want you to know that the soft credit scoring software we use does **not** negatively impact your FICO score.

Based on the scoring we received we have determined that you are eligible for a (enter percent) discount on the bill you have outstanding for date of service (enter date of service).

Summary of Account and Discount

Date of Service:

Outstanding Balance:

Financial Assistance Discount:

Balance Owing:

This presumptive eligibility Financial Assistance discount is only for the date of service listed above. We have enclosed a Financial Assistance Application for your convenience if you would like to apply for ongoing Financial Assistance for future services at Cayuga Medical Center.

Thank you for choosing Cayuga Medical Center for your healthcare needs. If you have any questions about this presumptive eligibility for financial assistance determination, please contact Cayuga Medical Center's Patient Billing Office at (607) 274-4400.

Sincerely,

Appendix K
Cayuga Health System Presumptive Eligibility Acceptance Letter For Accounts Prior to Bad
Debt Placement

Date

Patient (Guarantor in the case of Minors)

Street Address

City, State, ZIP

Dear Patient (or Guarantor if Minor)

Cayuga Medical Center utilizes predictive analysis (soft credit scoring) software to determine if patients with self pay balances that are still outstanding may be eligible for Financial Assistance. We refer to this as presumptive eligibility, and it is a way to help the members of our community with the cost of their healthcare needs. We want you to know that the soft credit scoring software we use does **not** negatively impact your FICO score.

Based on the scoring we received we have determined that you are eligible for a (enter percent) discount on the bill you have outstanding for date of service (enter date of service)

Summary of Account and Discount

Date of Service:

Outstanding Balance:

Financial Assistance Discount:

Balance Owing:

This presumptive eligibility Financial Assistance discount is only for the date of service listed above. We have enclosed a Financial Assistance Application for your convenience if you would like to apply for ongoing Financial Assistance for future services at Cayuga Medical Center.

Please remit payment for the balance owing within the next 30 days from the date of this Letter to avoid further collection activity, which could include referral to an outside collection agency.

Thank you for choosing Cayuga Medical Center for your healthcare needs. If you have any questions about this presumptive eligibility for financial assistance determination, please contact Cayuga Medical Center's Patient Billing Office at (607) 274-4400.

Sincerely,