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Policy Area Administrative Manual - Patient Financial Services
Applicability St. Lawrence Health system-wide content
Key Phrases Federal Poverty Guidelines, NHSC

APPENDIX A to SLH Financial Assistance Program - Financial Assistance Discounts and Patient Payment Detail

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Financial Assistance Discounts and Patient Payment Detail

A patient whose household income, as determined by the application income worksheet, is equal to or less than 200% of the most recent Federal Poverty Guidelines qualifies for 100% coverage at all St. Lawrence Health hospitals.

Sliding Scale Discounts

Patients whose household income is greater than 200% and less than 400% of the Federal Poverty Guidelines may qualify for a discount, whether uninsured or under-insured. The scale below illustrates the discounts available:

Household Income Percentage of Federal Poverty Guidelines

Household Income Percentage of Federal Poverty Guidelines										
	0-100%	101-125%	126-150%	151-175%	176-200%	201-225%	226-250%	251-300%	301-350%	351-400%
SLH Medically Necessary Services, (for Uninsured)	100% discount off of charges	100% discount off of charges	100% discount off of charges	100% discount off of charges	100% discount off of charges	80% discount off of charges	75% discount off of charges	70% discount off of charges	65% discount off of charges	60% discount off of charges
SLH Medically Necessary Services, (for Insured)	100% discount off of patient liability	100% discount off of patient liability	100% discount off of patient liability	100% discount off of patient liability	100% discount off of patient liability	80% discount off of patient liability	70% discount off of patient liability	60% discount off of patient liability	40% discount off of patient liability	20% discount off of patient liability

In compliance with the 26 CFR, Section 501(r)(5)(b)(3), each hospital will calculate the Amount Generally Billed (AGB) based on Medicare claims for a 12-month period ending no earlier than 120 days prior to the beginning of the year it is utilized for. For example, to calculate the AGB percentage to be applied as of January 1, 2023, the 12-month period would end no earlier than 120 days prior to January 1st, or by September 3rd, 2021. The AGB for Medicare Fee For Service claims was calculated based on January 1, 2021 – December 31, 2021 prior year claims by dividing the Allowed Amount by the Total Allowed Charges for Inpatient and Outpatient claims at each hospital facility.

For Uninsured Patients the calculation of the Medicare Amount Generally Billed (AGB) is calculated by multiplying Total Patient Charges by the following Discount %:

AGB Discount to Medicare

	Canton-Potsdam	Gouverneur	Massena
All Services	44%	44%	32%

Related Policies, Documents, & Forms

- [SLH Financial Assistance Program](#)
- [Appendix B - Financial Assistance Application & Information Required](#)
- [Appendix C - Billing and Collection Efforts for Patients Applying for Financial Assistance Discounts](#)
- [Appendix D - Procedure for implementation of the Financial Assistance Program Policy](#)

References/Citations

New York State Public Health Law 2807-k 26 U.S.C. 7805 Section 1.501(r) 1-6

Approval Signatures

Step Description	Approver	Date
Final Approval	Shannon Sullivan: System Director of Revenue Cycle	3/14/2023
Policy Oversight Committee Review/Approval Simulations	Angela Board: Document Control Manager	2/25/2023
Initial Review, Edit, & Approval	Rhea McDonald: Director of Patient Access	2/22/2023

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