

SLH Financial Assistance Program

Purpose and Introduction

St. Lawrence Health recognizes the need in our community to provide financial counsel and assistance to those patients with limited income who find it difficult to meet the expenses incurred in receiving health care services at St. Lawrence Health. In keeping with our mission and values to enhance lives and preserve health of our community and patients by enabling access to a comprehensive, fully integrated network of the highest quality and most affordable care, delivered with kindness, integrity, and respect, St. Lawrence Health offers a Financial Assistance Program.

The purpose of this document is to define the Financial Assistance Program and establish the necessary criteria, guidelines and approval process for the provision of Financial Assistance to eligible individuals, as well as to offer assistance with obtaining low cost or free health insurance, to help defray the costs of health care services provided by St. Lawrence Health.

Overview/Public Disclosure Statement

St. Lawrence Health's Financial Assistance Program takes into account each individual patient's ability to contribute to the cost of his or her healthcare services. The Financial Assistance Program consists of a process where patients are provided financial counseling and assistance in applying for publicly sponsored New York State health insurance programs and/or are evaluated for possible eligibility for a Financial Assistance Discount.

Discounts for the Uninsured

St. Lawrence Health extends discounts to those uninsured patients not otherwise covered in this program by applying a discount to medically necessary services provided at the hospitals. Exclusions include: non-employed physicians and the following elective services: plastic surgery, in-vitro fertilization, cardiac rehab, pulmonary rehab.

Financial Counseling Services

As part of the Financial Assistance Program, St. Lawrence Health will provide patients with information about the criteria that must be met under Federal and NYS regulations in order to obtain Medicaid, Medicare, entitlement programs and/or other health insurances. Patients are assisted in making applications for any of these programs or discounted fee plans.

Patients may remain self-pay and become responsible for full payment of their Hospital bill, if they:

- Elect not to make application for insurance coverage for which they may qualify; or
- Elect not to make application for Financial Assistance;
- Do not comply with insurance company requirements
- Have the ability to pay.

Financial Assistance Discounts

Services Eligible for Discounts

This Program covers Hospital and Employed Physician services that are determined to be Medically Necessary by a Physician; including both inpatient and outpatient services. “Medically Necessary” means those services that are necessary to prevent, diagnose, or treat conditions in a person that cause acute suffering, endanger life, or result in illness or infirmity. St. Lawrence Health Employed Physicians can be identified on the “Find a Doctor” section of the St. Lawrence Health website, www.stlawrencehealthsystem.org/search/providers

For National Health Service Corps (NHSC) approved sites, as well as those sites which are applying to become NHSC approved, a sliding fee discount program is offered so the amount owed for services by eligible patients is adjusted based on the patient’s ability to pay. Services are rendered regardless of the patient’s ability to pay. The sliding fee discount program is applicable to all individuals and families with annual incomes at or below 200% of the most recent Federal Poverty guidelines. Eligibility for discounts is based on income and family size and no other factors, (e.g. assets, insurance status, participation in the Health Insurance marketplace, citizenship, population type).

The Financial Assistance Program does not cover, in-vitro fertilization, cosmetic services, convenience items, such as television, telephone and special request private room charges, or any services billed by non-employed physicians and providers performing services in the hospital, which will be billed separately.

Discount Eligibility Requirements

Financial Assistance Discounts are available for uninsured and underinsured patients who reside in New York State and whose household income, as determined by the income patients provide in the Financial Assistance Application, is equal to or less than 400% of the most recent Federal Poverty Guidelines. Further information on income eligibility requirements is detailed in [Appendix B](#).

St. Lawrence Health will use discretion on a case by case basis to process financial assistance for all non-NYS resident patients and those patients who may be deemed medically indigent due to a catastrophic illness or injury.

Discount Levels and Patient Payment

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.

A patient whose household income is greater than 200% and less than 400% of the most recent Federal Poverty Guidelines qualifies for a partial Financial Assistance Discount, based upon a sliding scale. The percent of the partial Financial Assistance Discount decreases as household income increases as illustrated in [Appendix A](#).

Financial Assistance Discounts are also available to eligible patients to decrease the cost of coinsurance, co-payments and deductibles, also illustrated in [Appendix A](#).

The Financial Assistance Discount and amount of payment that St. Lawrence Health accepts from a patient shall be capped at the average amount the hospital would normally receive from Medicare for inpatient or outpatient services – this is referred to as the Amount Generally Billed (AGB). The calculation methodology of the AGB discounts to the Medicare rate is described in [Appendix A](#), along with further regulatory details, and, the applicable AGB discount percentages.

For those patients who do not pursue Medicaid or other insurance coverage that they may be eligible to receive due to religious reasons, a discount program is available. If an IRS exemption from Medicare and Social Security taxes has been obtained, patients will be responsible for payment at the Medicaid rate. To qualify for this program, patients must submit proof of IRS exemption.

Discount Application Process

St. Lawrence Health will make available, upon request and without charge, the Financial Assistance Program, application and plain language summary to patients. The aforementioned program, application and summary are also available on the St. Lawrence Health website, under Patients & Visitors-Billing & Insurance.

For services provided by St. Lawrence Health

If there is sufficient information to identify that a patient is potentially eligible for a Financial Assistance Discount, the Hospital may consider the patient to be Presumptively Eligible for a Financial Assistance Discount. Presumptive Eligibility is defined as a determination that a patient is eligible for financial assistance based on information other than that provided by the patient, or, based on a prior financial assistance eligibility determination. The Hospital may utilize analytic software or an analytic services vendor to support such presumptive Financial Assistance processing. If a patient is determined to be Presumptively Eligible for a Financial Assistance Discount, the discount amount will be reflected on the patient's next billing statement.

Patients can submit Financial Assistance Discount applications prior to or on the day their care is provided up until the 240th day after the first post-discharge billing statement is provided.

If a submitted application is deemed incomplete, St. Lawrence Health will provide written notice of what additional information is needed. Patients will have 30 days to provide the requested information after which time St. Lawrence Health will close the application review process. Once the application process is closed, normal collection efforts may begin, as outlined in [Appendix C](#).

Once a completed application is received, the patient will be notified of approval determination within 30 days. The Financial Assistance Counselor will, upon approving a patient for a Financial Assistance Discount, include any and all covered service accounts with open balances up to 240 days back from the date the patient completed the application and up to a maximum of 12 months forward. Accounts older than 240 days prior to the application date may be approved at the discretion of the Vice President, Patient Financial Services or designee.

See [Appendix B](#) for detail on the application and information required.

Billing and Collection Efforts for Patients Applying for Financial Assistance Discounts

Patients may receive multiple bills for the healthcare services provided at a St. Lawrence Health location. One bill will contain the costs for the facility (i.e., hospital stay, medicine given during patients stay, surgery room, etc.). A separate bill may include the professional fee for the physicians that provided care to the patient during their hospital stay.

Once a patient has submitted a completed application for a Financial Assistance Discount, the patient may disregard any bill from St. Lawrence Health that might be sent until such time as St. Lawrence Health has rendered a determination on the pending application.

If approved for a Financial Assistance Discount, the patient will receive a new bill with the new amount due and illustration of how the new amount was calculated. St. Lawrence Health will notify any collection agencies, as applicable, of any adverse information needs to be removed from the patient's credit report.

Approved applications for a Financial Assistance Discount will be honored for a period of 1 (one) year in the event a patient returns for additional medically necessary services and the patient's financial status has not changed. Patients with a proven fixed income of social security or social security disability will have a 1 (one) year time period before being required to re-apply.

Installment payment plans may be established for patients who qualify for a Financial Assistance Discount. Monthly installment payments will be capped at 10% of gross monthly income of the patient's defined household in accordance with NYS Public Health Law 2807-k. Any payments made by patients during the application period that are in excess of the approved Financial Assistance adjusted amount due on open accounts will be refunded upon Financial Assistance application approval.

Depending on the age of a bill, St. Lawrence Health may refer a patient account to a Collection Agency.

Further detail on the Billing and Collection procedures can be found in [Appendix C](#).

Appeal Process

Any Financial Assistance Discount determinations made under this program may be appealed, by telephone or in writing, as follows:

ST. LAWRENCE HEALTH	Patient Financial Advocacy 50 Leroy Street Potsdam, NY 13676	315-261-5476
----------------------------	--	--------------

The reconsideration will be completed within 30 days of receipt of the request.