

River Hospital
4 Fuller Street
Alexandria Bay, NY 13607

Subject: Charity Care	Approvals:
Department: Patient Accounting	Director of Revenue Cycle, Carrie Bova
Effective Date: 01/02/07	
Distribution: Patient Accounting, Patient Access	
Revised: 10/2014, 01/2018	Reviewed: 01/30/12, 2/2013, 4/2014, 1/2015, 2/2015, 2/2016, 1/2018

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Purpose:

River Hospital, Inc. will provide financial assistance with patient obligations for individuals with a household income less than 300% the Federal Poverty Level if the individual has been designated as uninsured or underinsured using the following methodology:

Uninsured patients

Definition: Any patient that has received services at River Hospital that is without health insurance coverage and annual income less than 300% the Federal Poverty Level.

Underinsured Patients

Definitions: Any patient that has received services at River Hospital and has an annual income of less than 300% the Federal Poverty Level with patient balances after insurance payments of greater than \$1000 in a rolling calendar year with no additional insurance coverage such as secondary or supplemental insurance. Third party payers for deductibles will also be considered supplemental insurances for intent and purposes of this policy. Copayment amounts are excluded and will not be considered to stay in compliance with current commercial contracts.

Policy:

- River Hospital will make every effort to inform, patients of the availability of financial aid. Notification of the availability of aid will be posted in all general registration areas and application with a summary of the aide available/applications will be provided by Patient Access/Financial Counseling upon patient request.
- River Hospital will only consider applications for financial aid when the patient completes an application, provides proof of income including the most recent two paystubs and/or last year's tax return, or any other source of income proof within the past three months.
- Patients, must request an application for Financial Aid within 90 days from the date of service.
- River Hospital will allow the patient 30 calendar days to complete and return the application during which time no further collection action will be taken by the

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hospital. River Hospital will also provide the patient a letter regarding financial counseling, facilitated enrollment services offered onsite and offer assistance in completing the application.

- The application will be reviewed by a committee including the Financial Counselor, Director of Quality Management and Compliance Officer. Final signature of approval/denial will be from the Director of Revenue Cycle or Administrator of River Hospital for notification to the patient of the decision within 30 days from the date of receipt of completed application.
- Written notification to the patient will include request for appeal of the decision of the committee. Appeals will be reviewed by the Director of Revenue Cycle, Chief Financial Officer and Committee within 30 days from the request. Additional discounts may be applied at the discretion of the Chief Financial Officer or Chief Executive Officer based on debt to income ratio, excessive medical expenses and/or other financial hardship.
- The patient must complete the request for appeal, sign the payment installment agreement or make payment in full within 30 calendar days from the date of decision. If these terms are not met, collection efforts will continue including submission to a collection agency.
- Once approved, the financial aid discount will be taken on any qualifying hospital bills for all household members in the 90 days prior to the date of completed application. The aid will continue until December 31st of the year application was received due to open enrollment.
- A new application for financial aid must be completed each year.

Procedure:

- River Hospital will cap charges at the payer rate for the highest volume third party payer rate which will be calculated and attached to the policy each year.
- River Hospital will NOT consider assets in establishing eligibility for financial aid.

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- Financial Aide discounts will be as follows:

Individuals or families at or below 100% of the Federal Poverty Level (FPL) will receive a 100% discount of charges leaving no patient responsibility unless one of the following nominal fees apply:

Nominal Fee guidelines provided by NYS Department of Health

Inpatient Services - \$150/Discharge
 Ambulatory Surgery - \$150/Procedure
 Adult ER/Clinic Services - \$15/Visit

Individuals or families from 101% to 150% of FPL will receive a discount of 80% of capped charges, leaving a patient responsibility of 20% of capped charges.
 Individuals or families from 151% to 200% of FPL will receive a discount of 60% of capped charges, leaving a patient responsibility of 40% of capped charges.

Individuals or families from 201% to 250% of FPL will receive a discount of 40% of capped charges, leaving a patient responsibility of 60% of capped charges.

Individuals or families from 251% to 300% of FPL will receive a discount of 20% of capped charges leaving a patient responsibility of 80% of capped charges.

Hospital charges will apply to individuals or families above 300% of FPL.

- When applicable, New York State surcharge will be added to patient balance after the financial aid discount has been applied.
- The patient will be sent in written notification of the financial aid for which they qualify and the remaining patient balance on all applicable accounts along with an

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application for installment payments. Installment payments will be calculated according to the Self-Pay policy terms of River Hospital and will not exceed 10% of the monthly household gross income. A Notice of the Right to Appeal will be enclosed with the decision. The decision letter will include New York State Department of Health contact information.

- Patients/Guarantors will also be sent a letter with information regarding the NYS Marketplace Exchange and open enrollment periods as an enclosure with the financial acceptance letter.

Patient Classification Procedure:

Patients will be classified AS UNINSURED or UNDERINSURED after Charity Care Application process has been completed. Patients whom are uninsured will be indicated in the Meditech system by placing a canned text on the individual account. The canned text is UNINSURD. If patient is determined to be underinsured, this will be indicated in the Meditech system by placing a canned text on the individual account. The canned text is UNDERINS.