



Charity Care (Financial Assistance) Policy Summary

PURPOSE

The purpose of this policy is to establish guidelines for Charity Care/Financial Assistance for patients within St. James SJMH's primary service area as defined above, who incur significant financial burden as a result of the amount they are expected to owe "out-of-pocket" for acute health care services. This policy incorporates the requirements of New York State Public Health Law 2807-K, which took effect on January 1, 2007. The purpose of 2807-K is to establish Financial Aid policies and procedures for reducing charges otherwise applicable to low-income individuals without health insurance, or who have exhausted their health insurance benefits, and who can demonstrate an inability to pay full charges.

In addition, this policy provides administrative and accounting guidelines for the identification, classification and reporting of patients as Charity Care as distinguished from Bad Debts.

Charity Care/Financial Assistance eligible applicants will not be charged any more than the routine charges of individuals covered by our reimbursement from our highest volume payer.

For a complete list of provider cover under the Charity Care Policy, refer to the Charity Care/Financial Assistance Application or on our website: www.stjamesmercy.org/financial, list of Physicians and Physician groups.

Definition of Charity Care/Financial Assistance:

Charity Care/Financial Assistance is provided to a patient with a demonstrated inability to pay. A patient is eligible for Charity Care/Financial Assistance consideration based upon meeting certain income eligibility criteria as established by the Federal Poverty Income Guideline Sliding Scale, Per NYS PHL 2807-K, this considers patients whose household income is up to 300% of the most recent Federal Poverty Guidelines.

All uninsured, low income patients within SJMH's primary service area who can demonstrate an inability to pay charges may apply for Charity Care/Financial Assistance for adjustments to their balances for all medically necessary healthcare services, provided that a member, in good standing, of SJMH's medical staff determines the need for such medical care treatment.

There are some circumstances when patients may be excluded from Charity Care consideration. These may include:

- Elective abortions
- Voluntary sterilization procedures
- Reversal of voluntary sterilization procedures
- Examinations for the purpose of certifying health status to an external agency
- Elective cosmetic surgery patients
- Long Term Care inpatient services
- Personal care or convenience items (i.e., television, telephone)
- Services to achieve pregnancy and/or surrogate motherhood
- Individuals owing co-payments (unless financial hardship can be proven)

- Individuals owing deductibles (unless financial hardship can be proven)
- Individuals who did not follow their insurance policy rules (e.g., such as accessing participating providers, obtaining referrals, etc.)
- Guarantors refusing to provide information necessary to process a formal application
- Any third parties, including Health Savings Accounts, who may be liable for payment for services

All other medically necessary healthcare services, including dental services, are eligible for consideration to qualified applicants under SJMH’s Charity Care/Financial Assistance policy.

Eligibility Criteria

Complete Financial Assistance Application, documenting patient’s overall financial situation.

To receive a copy in the mail or to ask any questions regarding the Financial Assistance program call: 607-324-8031.

You can also download the application from our website: www.stjamesmercy.org or request at the time of registration.

Household income is up to 300% of the most recent Federal Poverty Guidelines

Approval Matrix:

Poverty Guidelines-HHS		Family Unit Size							
As published in the Federal Register Jan 13, 2018									
48 Contiguous States & the District of Columbia, for each additional family member add \$4180.0	Financial Liability per pt statement	1	2	3	4	5	6	7	8
Incomes at or below 200% of guidelines	Zero	23,760	32,920	41,560	50,200	58,840	67,480	76,120	84,760
	AFSP-FULL								
Incomes at or between 201%-250%	40% of expected Excellus BC rate	29,700	41,150	51,950	62,750	73,550	84,350	95,150	105,950
	AFSPBC								
	AFSP-60%								
Incomes at or between 251%-300%	100% of Excellus BC expected reimbursement	35,640	48,060	62,340	75,300	88,260	101,220	114,180	127,140
	AFSPBC								

Patient eligible:

- Level I at or below 200% of Federal Poverty Guidelines discount of 100% of charges;
- Level II at or between 201%-250% of Federal Poverty Guideline charges discounted to 40% of SJMH expected Excellus Blue Cross reimbursement rate;
- Level III at or between 251%-300% of Federal Poverty Guideline charges discounted to SJMH expected Excellus Blue Cross reimbursement rate

Upon request current Blue Cross reimbursement rate is available.

Should a patient not agree with the determination issued by SJMH regarding their application for Financial Assistance, they may appeal the decision in writing to Director of Revenue Cycle.