Bertrand Chaffee Hospital
POLICY & PROCEDURES

Department Initiating:	Bertrand Chaffee Policy		
Policy & Procedure Name:	**Financial Aid Policy**		
Effective Date:			
Review/Revision Date(s):	5/2022, 11/2023, 10/20/24, 12/24		
Initiated By:	*Ashley Dash*		
	Billing Supervisor	Signature:	Ashley Dash
Approved By:	*Carole Francis*		
	CFO	Signature:	Carole Francis
Distribution:	All Associates at Bertrand Chaffee Hospital		

PURPOSE: The purpose of this policy is to establish guidelines to assist the patient accounting department in offering The Financial Aid policy according to the directives of the New York State Department of Health and the requirements established in Public Health Law.

POLICY: This policy is to establish guidelines for the Financial Aid Program (FAP), regardless of race, creed, color, sex, national origin, sexual orientation, handicap or age, who incur significant financial burden as a result of the amount they are expected to owe "out-of-pocket" for acute health care services.

PROCEDURE:

The Financial Aid Program through our Sliding Fee Application process is designated to cover "medically necessary" and non-elective services provided by Bertrand Chaffee Hospital (BCH). This policy will consider self-pay (uninsured), underinsured, financially indigent patients, homeless individuals, and those patients with special circumstances defined in the policy.

The Financial Aid application is available by contacting Bertrand Chaffee's patient accounting department or visiting www.bertrandchaffee.com. Applications are also available in our emergency department, switchboard operator and in our patient accounting department.

The Financial Aid program is intended to identify the uninsured and underinsured individuals who cannot afford to pay in full for their services. Individuals who have exhausted their health insurance benefits and individuals with special circumstances also qualify.

Bertrand Chaffee Hospital will not submit any balances to collections for any patient known to be eligible for Medicaid or any other state program.

Individuals who have applied for the Financial Aid through the Financial Aid application (Sliding Fee) process will not receive patient bills from the time application is received by BCH and a determination has been made. If patient is to receive a bill in error, it will be placed on hold.

If application is determined to be approved, the application will be good for any balances for twelve months. After twelve months, patients are eligible to re-apply. Reverification of income may be requested during the time frame.

If a patient does not complete the application, the hold will be removed from the account and the collection process will begin if no payment is made. The balances will be forwarded to Outsource Receivables which is our collections department for all patient balances related to services at Bertrand Chaffee Hospital.

The Financial Aid/Sliding Fee program is used for any co-pays, co-insurances, and or deductibles, or any patient responsibility either after the insurance processes the claim or the patient has no health insurance.

All Self-pay patients will be encouraged to apply for the Financial Aid/Sliding Fee program. If patient declines, then a discount will be given for any services received at Bertrand Chaffee Hospital. This discount is based on the current New York State Medicaid rate.

- Charges reduced to NYS Medicaid rate
- 201% to 300% of the FPL = 10% of Medicaid Rate
- 301% to 400% of the FPL = 20% of Medicaid Rate
- Waive all charges ≤ 200% FPL

For Underinsured Eligibility- Individuals with medical cost share exceeding 10% of their gross income in the past 12 months. Must be at or below 400% FPL for cost share reduction. Total medical cost share accrued from all providers.

- 301% to 400% of the FPL = 20% of cost share
- 201% to 300% of the FPL = 10% of cost share
- ≤ 200% = All charges waived
- New York is accrued cost share, not paid

Eligible individuals will not be charged more than the "amount generally billed" (AGB) to insured individuals for emergency or other medically necessary care. The facility will not charge FAP-eligible individuals gross charges for any medical care.

- To calculate a patient's allowance under BCH Financial Aid Policy/Sliding Fee Program qualifying individuals, annual household income will be used. Discount will be determined by patient's annual income and the current year federal poverty guidelines, any remaining balance after the discount will be the patient's responsibility.
- BCH uses the current Medicare Fee schedule times 1.5 to calculate charges for services provided.

This policy applies to services provided by Bertrand Chaffee Hospital and its employed professionals. It does not apply to services provided by and billed separately by contracted physicians (i.e. radiologists (Foundation Radiology/Juniper Radiology) emergency room physicians (Keystone Medical Services), anesthesiologists (Niagara Frontier Associates)). Please see our website to access a list of employed physicians. That information can also be obtained by calling the patient accounting department at BCH (716-592-2871 ext. 1319).

Bertrand Chaffee Financial Aid Policy does not cover the Amish Community.