



Policy/Procedure

Title: Financial Assistance Policy - Charity Care	Effective Date: January, 2016
Department: Revenue Cycle	Policy #: 2209
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PURPOSE of the DOCUMENT Bon Secours Charity Health System (BSCHS), a non-for-profit healthcare organization, is devoted to continued excellence in patient care and serving the community. As a partner in the community, the Mission of Bon Secours Charity Health System is to provide compassionate, quality healthcare services to those in need, regardless of their ability to pay BSCHS. BSCHS recognizes that it is often necessary to provide care to patients without charge or at amounts less than its established rates while assuring that the long term viability of the hospital is not threatened.

SCOPE This policy applies to all BSCHS employees, contractors (including collection agencies), medical staff, and residents as authorized by the Policy and Procedure Committee.

RESPONSIBILITY

POLICY STATEMENT It is the policy of Bon Secours Charity Health System, including Good Samaritan Hospital, 255 Lafayette Ave, Suffern, NY 10901, Bon Secours Community Hospital, 160 Main St. Port Jervis, NY 12771, and St. Anthony Community Hospital, 15 Maple Ave., Warwick NY, 10990 (collectively, "BSCHS") to provide Financial Assistance in compliance with New York State laws and regulations. The System Director of General Patient Accounting will have final authority for determining if reasonable efforts have been made in determining if a patient is FAP eligible and therefore if any extraordinary collection actions can be taken against the individual per the BSCHS Billing and Collection Policy in Appendix E.

AUTHORING DEPARTMENT Patient Financial Services / Patient Accounting

PROCEDURE

A. Non-discrimination

BSCHS shall render medically necessary services to all members of the community, as defined below, who are in need of medical care regardless of the ability of the patient to pay for such services. The determination of full or partial Financial Assistance will be based on the patient's ability to pay and will not be abridged on the basis of age, sex, race, creed, disability, sexual orientation, immigration status or national origin.

- Bon Secours Community Hospital, located in Port Jervis, New York, has a primary service area which includes Port Jervis, and the surrounding areas in Orange and Sullivan Counties in New York, Pike County in Pennsylvania, and Sussex County in New Jersey.
- Good Samaritan Hospital, located in Suffern, New York, has a primary service area which includes Rockland and Orange Counties in New York, and Northern Bergen County in New Jersey.
- St. Anthony Community Hospital, located in Warwick, New York, has a primary service area which includes Warwick, and the surrounding areas in Orange County, New York, and Sussex and Passaic Counties in New Jersey.

B. Confidentiality

The need for Financial Assistance may be a sensitive and deeply personal issue for recipients. Confidentiality of information and preservation of individual dignity shall be maintained for all who seek charitable services. Orientation of staff and the selection of personnel who will implement this policy and procedure will be guided by these values. No information obtained in the patient's Financial Assistance application will be released unless the patient gives express permission, in writing, for such release.

C. Eligibility for Financial Assistance

- All patients who are residents of New York State and/or residing in a BSCHS community, as defined above, and in Appendix A are eligible for Financial Assistance for an Emergency Medical Condition. Financial Assistance is also available for Medically Necessary Services to patients residing in the Primary Service Area for a non-Emergent Medical Condition. However, BSCHS may extend its Financial Assistance policy to others as may be approved on a case-by-case basis. This policy will not be available for patients receiving non-medically necessary services, such as cosmetic procedures or procedures for patients enrolled with insurance companies which do not contract with BSCHS.
- The determination of eligibility for Financial Assistance will be made upon receipt of a completed application from the patient or authorized representative. Generally, a patient is presumptively eligible for some form of financial assistance if his or her income level is below 500% of the federal poverty level and he /she follows the procedures outlined in this policy to request assistance.
- The hospital will consider income levels when determining eligibility for Financial Assistance. Primary residence, assets held in a tax deferred or other comparable retirement account savings, college account savings, or cars used regularly by patients or immediate family will not be taken into consideration.
 - BSCHS will make a determination of eligibility for Financial Assistance based upon income levels provided during the application process. Qualification for the Financial Assistance program is based solely on the patient's monthly or annual income in relation to the federal poverty guidelines (<https://www.healthcare.gov/glossary/federal-poverty-level-FPL/>).
- Financial Assistance discounts will be applied based on the guidelines listed in table D below. The poverty guidelines in this table (add link) apply to all services
- The maximum amount a patient will be responsible for under this policy will not exceed the rate established under the Medicare FFS for the facility, in accordance with Section 501(r) of the Internal Revenue Code.
- This Financial Assistance Policy applies only to the three BSCHS Hospitals listed above. Any other physicians, providers or contracted provider groups, as listed below including the emergency room physicians and the Bon Secours Medical Group are not covered under this policy. You may call your provider directly if you have any questions about their policies.
- Contracted Provider Groups for BSCHS:
 - Access Physical therapy & Wellness
16 Maybrook Ave.
Campbell Hall, NY 10916
1500 except for outpatient physical therapy which can be directed to 845-987-5150.
 - Caponigro, David DDS
84 Route 59, Suffern, NY 10901
(845) 357-2070
 - Children's and Women's Physicians of Westchester, LLP
40 Sunshine Cottage Road, Skyline Suite 1N-C26 Valhalla, NY 10595
Billing Inquiries: 866-685-0474 | Main Number 914-594-2100
 - Crystal Run Healthcare, LLP
155 Crystal Run Rd, Middletown, NY 10941
(845) 703-6999
 - Dentserv Dental Services, PC
15 Canal Rd, Pelham, NY 10803
(914) 738-1144
 - Hackensack University Medical Center
30 Prospect Ave, Hackensack, NJ 07601

(551) 996-2000

Hakim, James, M.D.
571 Central Ave # 112, New Providence, NJ 07974
(908) 464-7300

Hendi, Justin A., DMD
84 Route 59, Suffern, NY 10901
(845) 357-2070

Histopathology Services, L.L.C./_Orange Pathology Associates, P.C.
535 East Crescent Avenue, Ramsey, NJ 07446
Phone: (845)369-4200, Option 5

Horizon Medical Corporation
Billing Address:
3 West Olive St. Suite 201
Scranton, PA 18508
Phone (570) 969-0663 Fax (570) 969-9697

Hospital Attending Physicians, PLLC
34 Greenwich Avenue, Central Valley, NY 10917
(845) 238-3466

Hudson Valley Neurosurgical Associates, LLC
222 Route 59, Suffern, NY 10901
(845) 368-0286

MedExcel/Tri-State Emergency Physicians
Office: 75 Crystal Run Rd, Middletown, NY 10941
(845) 703-2273
Billing Company: Medicom Management Services
484 Temple Hill Road Suite 104
New Windsor, NY 10901
(845) 565-3700 or 800-571-7440

Orange Pathology Associates
156 Route 59, Suite B4
Suffern, NY 10901-5005
(845)-369-4200 Option 5

Pavone, Anthony G., DDS, MD
84 Route 59, Suffern, NY 10901
(845) 357-2070
Port Jervis Behavioral Medicine, PLLC
206 New Ball St, Port Jervis, NY 12771
(845) 858-5401

Ramapo Anesthesiologists / Clarkin Richard, M.D.
133 Lafayette Ave, Suffern, NY 10901
(845) 357-5770

Ramapo Radiology Associates, P.C./Orange Radiology
11 N Airmont Rd, Suffern, NY 10901
(845) 357-7245

Rockland Pulmonary and Medical Associates, P.C. (Sleep Lab Services)
2 Crosfield Ave # 318, West Nyack, NY 10994
(845) 353-5600

Steigman, Edmund J. DMD
84 New York 59, Suffern, NY 10901
(845) 357-2070

Tri-State Surgical Associates, PLLC/Tristate Bariatrics
384 Crystal Run Rd,
Middletown, NY 10941-4013
(845) 692-8780

Virtual Radiologic/ New York Radiology Alliance
 PO Box 4246
 Carol Stream, IL 60197
 (866) 282-3827

Warwick Anesthesia and Pain Management, P.C.
 15 Maple Ave Warwick, NY 10990-1028
 (845) 986-2224

D. Table of Financial Assistance/Charity Care Tiers Based on Income

Charity Care Tier	Family Income as % Federal Poverty Level	Outpatient Discount of Billed Charges	Inpatient Discount of Billed Charges
Level I Free	<=250 %	100%	100%
Level II Discounted	251% - 350%	50%*	50%*
Level III Discounted	351% - 500%	30%*	30%*
Level IV Limited Exposure	Family Income multiplied by 20% to determine maximum out-of-pocket expense to be incurred. Once reached, then 60% discount*	60%*	60%*

*** But not to exceed the Medicare FFS Rate for the services provided, in accordance with Section 501(r) of the Internal Revenue Code. (This is the AGB, the amount generally billed to individuals who have insurance covering the care.)**

E. Application Process

- Patients will complete an application available at all three hospital sites or on the internet at:
<http://bschs.bonsecours.com/gsh/billing-insurance-and-financial-assistance.aspx>
<http://bschs.bonsecours.com/bsch/billing-insurance-and-financial-assistance.aspx>
<http://bschs.bonsecours.com/sach/billing-insurance-and-financial-assistance.aspx> to apply for Financial Assistance from BSCHS. Patients who do not have insurance may qualify for Financial Assistance based on their monthly or annual income and their family size. Patients having insurance may also be eligible for Financial Assistance for their deductibles and coinsurance, if the services are medically necessary. Financial Assistance policies will not apply to portions of the bill covered by insurance, except for applicable coinsurance and deductible amounts.
- Requests for Financial Assistance may be proposed by sources other than the patient, such as the patient's physician, family members, community or religious groups, social service organizations, or hospital personnel. The patient shall be informed of such a request. This type of request shall be processed like any other and be subject to the Financial Assistance qualification guidelines.
- The hospital shall send anyone who requests information on BSCHS's Financial Assistance program an Application an application and a plain language summary (also available at the internet addresses above about the program.)
- If hospital has a reasonable basis for believing that a patient may be eligible for Medicaid or other publicly sponsored insurance program, then hospital will have the right to require patient(s) to cooperate in applying for such coverage as a condition for receipt of Financial Assistance. BSCHS will document a reasonable, good faith basis for believing the patient may be eligible for Medicaid coverage and will document the reason in the patient's records.
- BSCHS's Financial Assistance representatives located in the registration areas at each hospital (addresses on page one) will provide application assistance to all patients. Reading, writing and/or translation services, when needed, will be offered to all patients.
- BSCHS will make all attempts to have the patient complete a Financial Assistance application at or before the time services are rendered. The patient will be allotted ninety (90) days from the date of discharge or from date of service to submit the completed application and an additional twenty (20)

days to submit all required documentation. BSCHS may extend these timeframes for completion of a Financial Assistance application based on extenuating circumstances as may be approved on a case-by-case basis.

- If verification of financial information is needed, the hospital shall request such information from the patient. Patients may use a variety of information to substantiate financial circumstances, such as paycheck stubs, W-2 forms, and unemployment or disability statements. If those items are unavailable, a letter of support from individuals providing for the patient's basic living needs will be accepted. BSCHS may utilize third-party financial reporting services (i.e. Search America) to verify the information provided.
- If a deposit is requested of the patient prior to non-emergency but medically necessary care, such deposit will be included as part of any financial assistance consideration.

F. Approval Process

- The patient shall be notified in writing within ten (10) business days after receipt of the Financial Assistance application and any supporting materials as to whether the patient qualifies for the Financial Assistance program. The patient shall receive notification (Appendix B) stating that Financial Assistance eligibility will be effective for a period of one year, barring any change in the financial condition of the patient and family.
- If the patient has applied for and has been approved for Financial Assistance within the last twelve (12) months and the patient's financial circumstances have not changed, the patient shall be deemed eligible for Financial Assistance without having to submit a new Financial Assistance application.

G. Presumptive Financial Assistance

- BSCHS realizes that certain individuals may not overtly request Financial Assistance, even if he or she would clearly qualify under the charity policy. While the accounts for these patients will follow the normal collection process, the Medical Center may take the following action:
 - i. Accounts that have been returned from a collection agency as uncollectible bad debt may be reviewed further by the Medical Center using external financial and demographic data validation services provided through a nationally-recognized third party service (i.e. Search America). Such service will provide the Medical Center with, at a minimum, the individual's estimated percentage of the federal poverty level and family size (obtained through public financial records and demographic data sources).
 - ii. The Medical Center will use this presumptive Financial Assistance data to determine which accounts may be reclassified from bad debt to Financial Assistance, in accordance with the terms of this policy and the FPL limits outlined in paragraph seven (7) above.
 - iii. The documentation sent to the third party service to initiate the background and financial inquiry, as well as all results returned from the third party service, will be maintained in the Patient Accounting Financial Assistance files.

H. Denial and Appeal Process

- If it is determined that the patient does not qualify for the Financial Assistance program, the patient shall be informed in writing within ten (10) working days of the denial. All reasons for denial shall be provided in the correspondence.
- Included in the denial correspondence will be information about how to appeal the decision not to grant Financial Assistance.
- Each patient denied Financial Assistance may petition the hospital, in writing, within thirty (30) days for reconsideration based on extenuating circumstances.
- Financial Assistance appeals will be presented to an ad-hoc Patient Relations Committee which will consist of, but not be limited to, the following individuals:
 - Vice President with administrative responsibility for General Patient Accounting
 - Director, General Patient Accounting
 - Director Patient Relations/Advocacy
- All appeals will be evaluated on a case-by-case basis taking into consideration the many unique factors impacting a patient's ability to pay. BSCHS may, at its discretion, extend financial assistance beyond that required in this policy.

- Patients will be notified of the determination or status of the appeal within thirty (30) days from receipt of the appeal from the patient.

I. Communication

- In an effort to notify patients of the Financial Assistance program, the plain language summary (Appendix C) outlining the Financial Assistance Program, the application process and contact telephone numbers for additional information shall be given to all patients during the registration process and available at all patient registration desks and waiting areas. Additionally, signage (Appendix D). Indicating the availability of the Financial Assistance program will be placed at all patient registration areas.
- BSCHS shall provide notice of the hospital's Financial Assistance program in English, Spanish, Yiddish, or Creole during any pre-admission, admission, and discharge process.
- All hospital employees in patient accounting, billing, registration, and emergency areas will be fully trained in the hospital's Financial Assistance policy, have access to the application forms, and be able to direct questions to the appropriate hospital representatives.
- All staff with public and patient contact will be trained regarding the availability of a Financial Assistance program at BSCHS and on how to direct patients to the appropriate representatives for assistance and further information.
- BSCHS will designate individuals in the Financial Aid Office as specialists in the Financial Assistance process. These individuals will provide and / or coordinate the assistance measures outlined in this policy and will oversee all aspects of the Financial Assistance application process.
- A statement regarding the availability of financial assistance programs, including Financial Assistance, will be included on all bills and data mailers sent to patients by BSCHS. Included will be information on how to contact BSCHS for more information or to apply for the program.

J. Record keeping

- All Financial Assistance applications will be kept on file for five (5) years. A copy of the patient's Financial Assistance application and all correspondence with the patient regarding the approval, denial and appeal will be maintained in the patient's file.
- Financial Assistance shall be recorded using the direct write-off method and shall comply with all accounting regulations by the American Institute for Certified Public Accounting. Transaction codes and plan codes will be established in BSCHS's computerized patient billing system to adequately track and report Financial Assistance activity.

K. Reporting

- BSCHS shall provide a copy of the hospital's Financial Assistance program and report the amount of Financial Assistance provided in cost and charges in its annual financial statements. The hospital shall file a copy of the hospital's Financial Assistance program with all appropriate local and state agencies.
- The Director of Patient Access / Patient General Patient Accounting will audit the Financial Assistance process by sampling a minimum of ten (10) Financial Assistance applications biannually. A complete review of the documentation, correspondence with the patient and subsequent financial activity on the accounts will be reviewed. An appropriate investigation and follow-up education will be conducted in the event any deviation from this policy is uncovered.

REFERENCES – Billing and Collection Policy (Appendix E)

APPROVALS –

Karen Sappas
 System Director – General Patient Accounting
 Bon Secours Charity Health System
 Member of the Westchester Medical Center Health Network

11/21/2017
 Date

Judy G. Lischio
 Vice President Revenue Cycle
 Bon Secours Charity Health System
 Westchester Medical Center Health Network

11/21/2017
 Date

Mark J Ferko
 Executive Vice President, Financial Planning & Managed care
 Westchester Medical Center
 Westchester Medical Center Health Network

11/21/2017
 Date

POLICY HISTORY

Bon Secours Community Hospital Original Policy
Good Samaritan Hospital Original Policy
St. Anthony's Community Hospital Original Policy

APPROVAL DATE(S):

01/16 - D	10/17 C	01/21 R
05/16 - R	11/17 R	
02/16 - R	03/20 R	
03/17 - C	09/20 R	

MM/YY. D for developed, C for changed, R for reviewed

APPENDIX A DEFINITIONS

1. The Primary Service Area of BSCHS, are as follows:
 - 1.1. Bon Secours Community Hospital, located in Port Jervis, New York, has a primary service area which includes Port Jervis, and the surrounding areas in Orange and Sullivan Counties in New York, Pike County in Pennsylvania, and Sussex County in New Jersey.
 - 1.2. Good Samaritan Hospital, located in Suffern, New York, has a primary service area which includes Rockland and Orange Counties in New York, and Northern Bergen County in New Jersey.
 - 1.3. St. Anthony Community Hospital, located in Warwick, New York, has a primary service area which includes Warwick, and the surrounding areas in Orange County, New York, and Sussex and Passaic Counties in New Jersey.
2. "Financial Assistance" means inpatient and outpatient medically necessary treatment and diagnostic services for uninsured or underinsured patients who cannot afford to pay for the care according to established hospital guidelines. Such treatment is provided by BSCHS with the expectation that total payment may not be received. Financial Assistance does not include bad debt or contractual allowances / shortfalls from government or other programs.
3. "Uninsured Patient" means a patient who lacks any medical insurance coverage or a patient who has exhausted his / her medical coverage.
4. "Underinsured Patient" means a patient who has some form of health insurance coverage but has a significant self-pay responsibility which they cannot afford to pay.
5. "Co-pays and deductibles" mean the required out-of-pocket self-pay responsibility under the terms of a patient's insurance or government sponsored medical coverage policy.
6. "Bad Debt" is defined as expenses resulting from treatment for services provided to a patient and / or his or her guarantor who, having the requisite financial resources to pay for health care services, has demonstrated by his / her actions an unwillingness to comply with the contractual arrangements to resolve a bill.
7. "Medically Necessary Services" shall mean health care services for the purpose of evaluating, diagnosing, or treating an illness, injury, or disease in accordance with Generally Accepted Standards of Medical Practice.
8. "Emergency Medical Condition" is defined by section 1867(a) of the Social Security, also known as the Emergency Medical Treatment and Active Labor Act ("EMTALA"). EMTALA defines an emergency medical condition as a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in: (i) placing the health of the individual in serious jeopardy; (ii) serious impairment to bodily functions; or (iii) serious dysfunction of any bodily organ part. EMTALA also defines an emergency medical condition to include a pregnant woman who is having contractions.
9. "Elective Services" shall mean all other services not defined as an Emergency Medical Condition.

APPENDIX B
FINANCIAL ASSISTANCE ELIGIBILITY LETTER



BON SECOURS CHARITY HEALTH SYSTEM
A member of the
Westchester Medical Center Health Network
P.O. BOX 742431 ATLANTA, GA 30374-2431

C-App_Full
rev04012016

John Doe
101 Any Street
Anytown PA, 99999-999

10/5/2017

Dear John Doe,

Thank you for entrusting your healthcare needs to us, Bon Secours Health Systems Inc.(BSHSI), as we provide "Good Help to Those in Need."[®]

You have been approved to participate in the BSHSI Financial Assistance Program. If you do not have insurance or become uninsured during your approval period, you will be required to cooperate with our eligibility partner on each visit. The eligibility partner working on behalf of BSHSI will assist with your application for a government-sponsored health plan. If you do not qualify for a government-sponsored health plan or other insurance product, the financial assistance program will allow you to access health care services at most Bon Secours locations. Please contact your physician to determine their participation in the financial assistance program. Your financial assistance is valid for 12 months, provided you continue to cooperate with our eligibility partner.

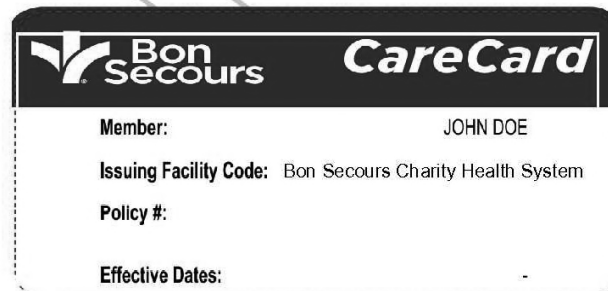
Please understand the financial assistance program does not apply to treatment services provided as a result of an accident, elective non-medically necessary procedures such as cosmetic and flat rate procedures, durable medical equipment, home care, prescription drugs and patients with insurance who choose not to use their insurance. The BSHSI, financial assistance program is not insurance.

If you need assistance, please visit a financial counselor at your local Bon Secours hospital or call our Customer Service Department.

Local (844) 419-2701
Monday – Friday 7:00 AM to 5:00 PM

We are committed to helping people and communities achieve health and wholeness as part of the healing ministry of Bon Secours Health System Inc.

Sincerely,
Bon Secours
Financial Assistance Program



BON SECOURS CHARITY HEALTH SYSTEM**CHARITY CARE/FINANCIAL AID POLICY INFORMATION PLAIN LANGUAGE SUMMARY**

The Mission of Bon Secours Charity Health System (BSCHS) is to provide compassionate, quality healthcare services to those in need, regardless of their ability to pay. If you do not have health insurance, we can help you. You may qualify for financial assistance through a government-sponsored program or through the Bon Secours Financial Assistance Program. Our staff and/or representatives are available to help you with the application process for either of these programs.

The Bon Secours Charity Health System includes three area hospitals:

- Bon Secours Community Hospital, 160 East Main St., Port Jervis, NY 12771
- Good Samaritan Hospital, 255 Lafayette Ave. (Route 59) Suffern, NY 10901
- St. Anthony Community Hospital, 15 Maple Avenue, Warwick, NY 10990

Financial assistance is available for patients with limited income and no health insurance. Although Bon Secours Charity Health System primary service area as defined above and everyone in New York State who needs medically necessary services can receive care and get a discount if they meet certain income limits. The amount of the discount varies based on your income and the size of your family. Do not be afraid to apply – you may qualify even if you work or own a home or car. You may also apply for a discount regardless of immigration status. Discounted or free care starts at 500% of the federal poverty guidelines.

Persons in Family Unit	48 Contiguous US States and D.C.	Level I	Level II		Level III		Level IV
		<= 250% of the Federal Poverty Level (FPL) 100%	Between 251% - 350% of FPL The Lower of 50% Discount of Total Charges or the Medicare		Between 351% - 500% of FPL The Lower of 30% Discount of Total Charges or the Medicare FFS Rate*		OOP > 20% of Income 60% Discount
	Income Level	250%	251%	350%	351%	500%	>500%
1	\$12,880	\$32,200	\$32,201	\$45,080	\$45,081	\$64,400	Family Income multiplied by 20% to determine maximum out-of-pocket expense to be incurred. Once reached, then the lower of 60% discount of total or the Medicare FFS Rate*
2	\$17,420	\$43,550	\$43,551	\$60,970	\$60,971	\$87,100	
3	\$21,960	\$54,900	\$54,901	\$76,860	\$76,861	\$109,800	
4	\$26,500	\$66,250	\$66,251	\$92,750	\$92,751	\$132,500	
5	\$31,040	\$77,600	\$77,601	\$108,640	\$108,641	\$155,200	
6	\$35,580	\$88,950	\$88,951	\$124,530	\$124,531	\$177,900	
7	\$40,120	\$100,300	\$100,301	\$140,420	\$140,421	\$200,600	
8	\$44,660	\$111,650	\$111,651	\$156,310	\$156,311	\$223,300	
Ea. Addtl	\$4,540	\$11,350	\$11,351	\$15,890	\$15,891	\$22,700	

***The Medicare FFS Rate for the services provided is the AGB (the amount generally billed to individuals who have insurance covering the care) in accordance with Section 501(r) of the Internal Revenue Code**

All medically necessary hospital services, including preventative care, are covered under the financial assistance program. This includes outpatient services, inpatient care, and emergency services.

This Financial Assistance Policy applies only to the three BSCHS Hospitals listed above. Any other physicians, providers or provider Groups, including the emergency room physicians or the Bon Secours Medical Group are not covered under this policy. You may call your provider directly if you have any questions about their policies.

How do I get free information about the Financial Assistance / Charity Care Program? What do I need to do to apply for the program?

We will help you complete an easy application and will let you know of a few documents that may be needed (photo identification, pay stubs, etc.). If you, your family members, or friends do not speak English, someone will assist you in your own language. This document, the Financial Aid Policy and Financial Aid Application is available in Yiddish, Spanish, and Creole

The Financial Representatives can also tell you if you qualify for free or low-cost health insurance such as Medicaid, Child Health Plus and Family Health Plus. If the Financial Representatives finds that you do not qualify for free or low-cost insurance, he or she will help you apply for a charity discount.

Free copies of our Financial Aid Policy and Financial Aid Application and information about a patient's eligibility for Charity Care/Financial Assistance as well as help with the application process is available in the hospitals' Emergency Department and the hospitals' registration/admitting areas at the hospital's addresses listed **above**. Information is also available the hospitals' websites at

[HTTP://BSCHS.BONSECOURS.COM/BSCH/BILLING-INSURANCE-AND-FINANCIAL-ASSISTANCE.ASPX](http://BSCHS.BONSECOURS.COM/BSCH/BILLING-INSURANCE-AND-FINANCIAL-ASSISTANCE.ASPX)

[HTTP://BSCHS.BONSECOURS.COM/SACH/BILLING-INSURANCE-AND-FINANCIAL-ASSISTANCE.ASPX](http://BSCHS.BONSECOURS.COM/SACH/BILLING-INSURANCE-AND-FINANCIAL-ASSISTANCE.ASPX)

[HTTP://WWW.GOODSAMHOSP.ORG/GSH/BILLING-INSURANCE-AND-FINANCIAL-ASSISTANCE.ASPX](http://WWW.GOODSAMHOSP.ORG/GSH/BILLING-INSURANCE-AND-FINANCIAL-ASSISTANCE.ASPX).

You may also contact representatives knowledgeable about the Charity Care/Financial Assistance program and receive a free copy of our Financial Aid Policy and Financial Aid Application by calling or writing the Bon Secours Charity Financial Assistance Program at phone number or address below:

APPLICANTS MUST SUBMIT ALL REQUIRED DOCUMENTS IN THE SAME MAILING TO:

Bon Secours Charity Financial Assistance Program

400 Rella Blvd.

Suite 308

Montebello, NY 10901

Customer Service Center: Toll free (844) 419-2701

What if I have a problem that I cannot resolve with the hospital?

You can call the New York State Department of Health at 1-800-804-5447. Eligibility for Charity Care/Financial Assistance will be determined upon completion of a Charity Care/Financial Assistance application.

**APPENDIX D
SIGNAGE**

**Need help
paying your
hospital
bill?**

Our staff is available to assist you in applying for all government-sponsored programs and the Bon Secours Financial Assistance Program.

Contact our Financial Counseling office at
844-419-2701

BON SECOURS CHARITY HEALTH SYSTEM
Bon Secours Health System

**¿Necesita ayuda
pagando su
cuenta del
hospital?**

Nuestro personal está disponible para ayudarle a usted con solicitudes de todos los programas financiados por el gobierno y el Programa de ayuda financiera de Bon Secours (Bon Secours Financial Assistance Program).

Comuníquese con nuestra oficina de concejos para ayuda financiera. Teléfono: **844-419-2701**

BON SECOURS CHARITY HEALTH SYSTEM
Bon Secours Health System

APPENDIX E BILLING AND COLLECTION POLICY



BON SECOURS CHARITY HEALTH SYSTEM

A member of the
Westchester Medical Center Health Network

Policy/Procedure

Title: Billing and Collections	Effective Date: January, 2017
Department: Revenue Cycle	Policy #:
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PURPOSE

The purpose of this policy is to provide information regarding the billing and collection practices for Bon Secours Charity Health System, Inc., (BSCHS) acute hospital facilities.

SCOPE

This policy applies to all BSCHS acute care facilities. Any collection agency working on behalf of BSCHS will honor and support BSCHS's collection practices as outlined below. Unless otherwise specified, this policy does not apply to physicians or other medical providers, including but not limited to emergency room physicians, anesthesiologists, radiologists, hospitalists, and pathologists.

DEFINITIONS

Amounts Generally Billed (AGB) – Charges billed to guarantors who are eligible for financial assistance: The billed amounts are based on the allowed amounts from Medicare Fee for service (FFS) for emergency and other medically necessary care. The allowed amounts include both the amount the insurer will pay and the amount, if any, the individual is personally responsible for paying. The AGB is calculated using a prospective Medicare method and is equal to the current Medicare FFS amount per 26 CFR §1.501(r).

Bad Debt – An account balance owed by a guarantor which is written off as non-collectable.

Collection Agency - A “Collection Agency” is any entity engaged by a Hospital to pursue or collect payment from guarantors.

Eligibility Period – The period of time a guarantor is awarded financial assistance.

Extraordinary Collection Action (ECA) - An ECA is any of the following:

- Selling an individual's debt to another party, subject to some exceptions
- Adverse reporting to credit reporting agencies or credit bureaus

Deferring, denying or requiring payment before providing medically necessary care due to nonpayment for previously provided care

- Actions that require a legal process, including but not limited to:
 - Placing a lien on property
 - Foreclosing on real property
 - Attaching or seizing a bank account or other personal property
 - Commencing civil action against an individual
 - Causing an individual's arrest
 - Causing an individual to be subject to a writ of body attachment
 - Garnishing an individual's wages

Filing a claim in a bankruptcy proceeding is not an Extraordinary Collection Action.

Guarantor – The patient, caregiver, or entity responsible for payment of a health care bill.

Patient Financial Assistance Program - A program designed to reduce the guarantor balance owed. This program is provided to guarantors who are uninsured and underinsured and for whom payment in full or in part of the financial obligation would cause undue financial hardship.

Patient Responsibility for insured patients - “Patient Responsibility” is the amount that an insured Patient is responsible to pay out-of-pocket after the patient's third-party coverage has determined the amount of the patient's benefits.

Patient Responsibility for uninsured patients - The amount a patient is responsible to pay after the local AGB has been applied.

Third-Party Payer - An organization other than the patient (first party) or health care provider (second party) involved in the financing of personal health services

Underinsured - An individual who has insurance but is billed total charges for non-covered services according to their benefit plan. Examples include but are not limited to: Medicare self-administered drugs, maximum benefits reached, maternity riders, etc.

Uninsured - Patients who do not have insurance.

POLICY

It is the policy of BSCHS to bill guarantors and applicable third party payers accurately, timely, and consistent with applicable laws and regulations.

PROCEDURE

Non-Guarantor Billing

1. Obtaining Coverage Information: BSCHS shall make reasonable efforts to obtain information from Patients about whether private or public health insurance may fully or partially cover the services rendered by the Hospital to the Patient.
2. Billing Third Party Payers: Hospitals shall diligently pursue all amounts due from third-party payers, including but not limited to contracted and non-contracted payers, indemnity payers, liability and auto insurers, and government program payers that may be financially responsible for a Patient's care. BSCHS will bill all applicable third-party payers based on information provided by or verified by the Patient or their representative in a timely manner.

Guarantor Billing

A statement and letter series is used to inform the guarantor of an account balance. Each statement and letter contains information regarding payment methods, financial assistance, and a contact number for questions.

1. Billing Insured Patients: Hospitals shall promptly bill the guarantor the amount computed by the Explanation of Benefits (EOB) or as directed by the third-party payer.
2. Billing Uninsured Patients: Hospitals shall promptly bill the guarantor the amount owed.

Billing Cycle

BSCHS's billing cycle begins from the date of the first statement and ends 120 days after that date. During the billing cycle guarantors may receive calls, statements and letters. Calls may be placed to the guarantor throughout the billing cycle. Below is the schedule of statements and letters:

1. A statement is sent to the guarantor when a balance is determined to be owed by the guarantor
3. A follow-up letter is sent 30 days after the date on the statement informing the guarantor that their account is past due
4. A second letter is sent 30 days after the first letter informing the guarantor their account is delinquent
5. A third and final letter is sent 30 days after the second letter informing the guarantor that their account is seriously delinquent and the account may be turned over to a collection agency
6. At day 120 of the billing cycle a guarantors account is placed with a collection agency

Each statement and letter used in our billing cycle contains information regarding payment methods, payment options, financial assistance website, and a contact number for customer service.

Itemized Statement

Guarantors may request an itemized statement for their account at any time.

Disputes

Any guarantor may dispute an item or charge on their bill. Guarantors may initiate a dispute in writing or over the phone with a customer service representative. If a guarantor requests documentation regarding their bill, staff members will use reasonable efforts to provide the requested documentation to the guarantor within three business days.

Collection Practices

1. **General Collection Practices:** Subject to this policy, BSCHS may employ reasonable collection efforts to obtain payment from guarantors. General collection activities may include issuing guarantor statements/letters, phone calls, and referral of accounts to extended business partners such as but not limited to, pre-collect, early out and bad debt vendors.
2. **Extraordinary Collection Actions:** BSCHS and its Collection Agency partners do take an ECA in the form of credit bureau reporting, but only after all reasonable efforts have been made in determining if a patient is FAP eligible. The reporting of a guarantor to the credit bureau for non-payment on an amount owed will not be performed until 60 days after the billing cycle has ended. The guarantor will be notified 30 days in advance of reporting to the credit bureau by the Collection Agency partner.
3. **No Collection Efforts - During the Financial Assistance Application Process:** BSCHS and its Collection Agency Partner shall not pursue collection from a guarantor who has submitted an application for Financial Assistance. If it is determined the guarantor qualifies for full financial assistance and the guarantor has made a payment, BSCHS shall return any amount received greater than \$5.00 from the guarantor during the guarantors' eligibility period. If the guarantor is approved for partial financial assistance, BSCHS will refund any amount that exceeds the amount the guarantor is deemed to be personally responsible for paying. BSCHS will not refund the guarantor any amount less than \$5.00.

1. Payment Plans:

- a. **Eligible Patients:** BSCHS and any Collection Agency acting on BSCHS's behalf shall offer guarantors an option to enter into a payment plan agreement. The payment plan agreement allows the guarantor to pay an owed amount over a specified duration of time.
- b. **Terms of Payment Plan:**
 - All payment plans shall be interest-free
 - All monthly payments will be based on an agreed upon amount
 - The balance on the account must be paid in full within the agreed upon time period
 - The payments are due by the 15th of each month

- c. Declaring Payment Plan Delinquent: A payment plan may be declared delinquent after the guarantor's failure to make all consecutive payments. If this occurs, the guarantor will receive a delinquent notice. The notice will be mailed to the last known address of the guarantor. After a payment plan is declared delinquent, BSCHS or the Collection Agency may commence collection activities in a manner consistent with this policy.
2. Collection Agencies: BSCHS may refer guarantor accounts to a Collection Agency, subject to the following conditions:
 - a. The Collection Agency must have a written agreement with the BSCHS.
 - b. BSCHS's written agreement with the Collection Agency must provide that the Collection Agency's performance of its functions shall adhere to BSCHS's mission, vision, core values, the terms of the Financial Assistance Policy, and this Billing and Collections Policy.
 - c. The Collection Agency must agree to notify the guarantor 30 days prior to initiating any ECA's and after reasonable efforts have been made in determining if a patient is FAP eligible.
 - d. BSCHS will maintain ownership of the debt (i.e. the debt is not "sold" to the Collection Agency)
 - e. The Collection Agency must have processes in place to identify guarantors who may qualify for Financial Assistance. The Collection Agency must communicate the availability of the Financial Assistance Program and refer guarantors who are seeking Financial Assistance back to BSCHS's Customer Service Department. The Collection Agency shall not seek any payment from a guarantor who has submitted an application for Financial Assistance.
 - f. At least 120 days must have passed from when BSCHS sent the initial bill to the guarantor on the account.
 - g. The guarantor is not negotiating a payment plan or on a payment plan.
3. Primary Collection Agency Criteria- Once an account is referred to the Primary Collections agency they will go through their internal process looking for active insurances, address and telephone verification and a return mail process. In addition, credit reports and asset searches may be done. Upon completion of this process, the following collection efforts will be made:
 - a. At least one letter has been sent.
 - b. At least one telephone call is made.
 - c. Deceased and Bankruptcy patient accounts will be returned immediately.
 - d. Accounts that are mail returns and without a phone number will be returned.
 - e. Accounts in active collections with the Collection Agency for 180 days from referral date are closed as non-collectible and returned BSCHS.

APPROVED BY

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POLICY HISTORY

Bon Secours Community Hospital Original Policy
Good Samaritan Hospital Original Policy
St. Anthony's Community Hospital Original Policy

APPROVAL DATE(S):

05/16 - D	03/20 - R	
1/17 - C	01/21 - R	
10/17 - C		
11/17 - R		

MM/YY. D for developed, C for changed, R for reviewed