



POLICY AND PROCEDURE

TITLE Healthcare Assistance Policy	POLICY NUMBER: CHS-RMC-03	PAGE # 1 of 3
RESPONSIBLE DEPARTMENT: Revenue Management Center	POLICY LEVEL: CHS	EFFECTIVE DATE: 3/25/25
PREPARED BY: Craig Chase, Vice President Revenue Cycle	APPROVED BY: Lisa Cilano, Senior Vice President, Finance Bart Rodrigues, Senior Vice-President, Chief Mission Officer, CHS Corporate Leonardo Sette-Camara 3/11/22 Operational Policy Council 12/14/15	
This document is not intended to create, nor is it to be construed to constitute a contract between CHS and any of its Associates for either employment or the provision of any benefit. This policy supersedes any policy previous to this policy for any CHS organizations and any descriptions of such policies in any handbook of such organization. Personnel failing to comply with this policy may be subject to disciplinary action up to and including termination.		

PURPOSE: Based on our mission, Catholic Health (CH) is committed to providing health care services to all patients based on medical necessity. However, we also recognize the need to provide financial assistance to those who find it difficult to manage the expenses incurred when receiving medical services at our facilities. The purpose of this policy is to define the CH Healthcare Assistance Program (HAP) and establish the necessary guidelines and criteria for eligibility.

APPLIES TO: CH extends discounts to uninsured and underinsured patients who receive medically necessary services. While CH primarily serves the five counties of Western New York, all patients who reside in New York State, contiguous states, or the state of Ohio, and whose household income is equal to or less than 400% of the most recent Federal Poverty Guidelines (as outlined in CHS-RMC-003 F3) are eligible to apply. In addition, patients who reside outside of NYS, and Catholic Health is not a Medicaid provider in the state the patient resides, may apply. All other patients will be reviewed at the discretion of CH.

POLICY: The CH HAP, implemented in accordance with all applicable New York State and Federal laws, rules and regulations, considers a patient's ability to contribute to their healthcare costs and places no undue burden on the patient or the patient's family. Patients will be provided information and counseling regarding alternative programs or services within their community, in conformance with all applicable New York State and federal laws such as EMTALA. CH will make reasonable efforts to explain the benefits of Medicaid and other available public and private coverage programs to patients and assist them with the application process. A patient may apply for Medicaid, other insurances, and/or financial assistance at the same time, and may also be screened for presumptive eligibility as described below. In order to be eligible for the CH HAP, uninsured patients must apply for/pursue other assistance programs for which they are eligible.

This policy covers all CH ministries and medically necessary services with the exception of the following: 1) non-medically necessary elective services, 2) provider services other than Catholic Health primary care provider services, CH employed providers, and others listed as Covered Providers (see CHS-RMC-003 F4) and 3) sub-acute and skilled nursing long term care services.

Only services performed by CH employed providers are covered by the CH HAP. Services performed by non-employed providers within a CH facility will not be covered by the program and will be billed separately by those respective providers. Instructions on how to obtain a list of both covered and non-covered providers can be found in CHS-RMC-003 F4

PROCEDURE:

1. General Procedure Expectations: all reimbursement and collection practices engaged in and observed by CH employees, contractors and agents will reflect CH's mission, values, and policies; patients on admission are given, and receive, prompt access to charge information for any item or services provided to them upon request; the program will be implemented in a manner consistent with all applicable New York State and Federal laws, rules, and regulations; and patients and their families are advised of CH's

policies, including the HAP and the availability of need-based financial assistance, in easily understood terms and any language commonly spoken by patients in the community.

2. In compliance with Section 501(r) of the Internal Revenue Code, eligible uninsured patients will not be charged more than “amounts generally billed” (AGB) to insured individuals. Catholic Health defines AGB as the average amount Catholic Health would receive from Medicaid for emergency or other medically necessary care. This amount will be approximated as a percentage of annual NY Medicaid payments divided by the total charges of the services those payments reimburse. Insured or uninsured patients who are concerned they cannot afford the self-pay balances they owe are encouraged to apply for the CH HAP.
3. Patients interested in the CH HAP must complete, sign, and date a State of New York Uniform Application (CHS-RMC-003 F 1) In addition, the following proofs of income are required: signed copy of the patients most recent federal tax return; copies of their last three (3) pay stubs; copies of their last three (3) unemployment payment stubs; copies of their last two (2) Social Security payment statements; self-employment business records of earnings and expenses; a signed and notarized verifying no income sources; or a letter from the person providing support.
4. Patients have until the 240th day after the first billing statement to submit an application, regardless of whether or not an account has been transferred to a collection agency. CH will make determinations within 30 days of the receipt of a complete application and supporting documentation as outlined above. Awards will be granted for a period of six months prior and six months after the date of service requested on the Financial Healthcare Assistance Application. Retro-eligibility may be extended back to 12 months at the discretion of CH. Patients will be notified of determinations in writing and any payments made in excess of the approved discount will be refunded in a timely manner. If applicable, collection agencies will be notified to cease collection efforts.
5. Billing and collection efforts, as outlined in the Billing and Collections Policy CHS-RMC-08, will be suspended once a completed Healthcare Assistance Application has been received. A patient may disregard any bill from CH while the pending application is under review. If at any time during the application process it is determined a patient is eligible for Medicaid or other programs, collection efforts will cease and the appropriate program will be billed.
6. If an application is incomplete, CH will provide notice in writing of what additional information is needed. Patients will have 30 days from the date of the letter to comply with the request. If information is not received within the allowed time the case will be considered closed and regular collection efforts will begin or restart if they have been paused.
7. If approved for the CH HAP, the self pay balances will be discounted as follows:
 - a. Patients with verified incomes of 200% of the Federal Poverty Level (FPL) or lower will receive a 100% discount.
 - b. Patients with verified incomes between 201% and 300% of the FPL will receive a discount of 90%.
 - c. Patients with verified incomes between 301% and 400% of the FPL will receive a discount of 80%.
8. CH understands that patients may be reluctant or unable to make a formal application under the CH HAP and will not complete a formal application. Therefore, CH uses third-party vendor eligibility tools to assist in determining a patient’s qualification for a presumptive discount under the HAP. This eligibility assessment of a patient’s ability to pay is based upon FPL estimates determined by this process and is applied to all patients in the same manner. Discounts based on this presumptive determination will follow the same discount parameters as stated in paragraph 7 above.
9. Patients with balances remaining after a HAP award will be eligible for extended payment terms. Installment payments will be capped at 5% of gross monthly income of the patient’s defined household in accordance with New York State Public Health Law.
10. Any and all determinations made under this policy may be appealed by phone or in writing as detailed in CHS-RMC-003 F2. All reconsiderations will be made within 30 days of the date of appeal.
11. Information on the HAP is posted in key public access areas such as registration areas and Emergency Departments. In addition, the CH website contains information on how to apply as well as a plain language summary of this entire policy. Information is available in the primary languages spoken

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throughout the community. Patients are also offered the opportunity to have the material translated by a multilingual telephone translation service. All materials and information will be available to patients upon request and found on the website www.chsbuffalo.org/billing-insurance/financial-assistance.

12. CH associates engaged in making financial assistance determinations will be trained no less than annually and be kept abreast of procedural and, or regulatory changes.

APPROVAL AUTHORITY

The following charge delineates the various approval authority limits.

Guarantor Balance	Required Approval
\$0-\$49,999	Manager, Financial Clearance & Guarantor Receivables
\$50,000 - \$149,999	Director, Patient Financial Services
\$150,000 - \$299,999	Vice President, Patient & Resident Financial Services
> \$299,999	CFO CHS

REVIEW LEVEL:

This policy will be reviewed annually to ensure compliance with related state and federal regulations and any changes in Catholic Health's operational methodology or process.

FORMS:
CHS-RMC-003 F1 – NYS Uniform Hospital Assistance Application
CHS-RMC-003 F2 – Appeal of Healthcare Assistance Determinations
CHS-RMC-003 F3 – 2025 Federal Poverty Level Guidelines
CHS-RMC-003 F4 – Providers Covered and Not Covered by the Healthcare Assistance Program

ORIGINATION DATE: 1/1/2014								
REPLACES (If applicable): NA								
	Date/ Initials	Date/ Initials	Date/ Initials	Date/ Initials	Date/ Initials	Date/ Initials	Date/ Initials	Date/ Initials
REVIEWED:	2/4/2014 SRK	1/29/2015 SRK	12/01/15 LS				02/14/18 BB	
REVISED:	2/4/2014 SRK	1/29/15 SRK	12/01/15 SRK	2/02/16 BB	03/24/16 BB	02/03/17 BB	02/14/18 SL	02/22/19 BB
REVISED:	6/13/19 SL	3/10/22 SL	4/28/2022 SL	2/21/24 SS	7/5/24 SS	1/01/25 SS		
CSC/OPC APPROVAL: 12/14/15, 3/30/16, 2/6/18, 6/26/19, 2/26/25								
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