

COMMUNITY MEMORIAL HOSPITAL	
Administrative	
SUBJECT: Financial Assistance Policy	PAGE 1 of 4
FORMULATED:	REVIEWED:
DATE ISSUED: 01/01/2007	REVISED: 4/2011, 12/2013, 1/2016, 3/2017, 9/2017, 4/2018, 3/2019, 7/2020

POLICY: Community Memorial Hospital provides emergency care and medically necessary health services without regard to a patient's ability to pay. Financial Assistance is available for eligible patients to help defray the cost of these services. Emergency Care means those services that are delivered in the Emergency Department. Medically Necessary Services are those services that are necessary to prevent, diagnose, or treat conditions that cause acute suffering, endanger life, or result in illness or infirmity. The primary service areas covered by our Financial Assistance Program are the counties of Chenango, Cortland, Madison, Oneida, Onondaga, Oswego and Otsego, in addition to all residence of New York State.

Financial Assistance is also available to eligible patients to decrease the cost of deductibles, coinsurance, and co-payments, with the exception of services provided in the hospital based physician primary care offices.

ELIGIBILITY REQUIREMENTS: Community Memorial Hospital offers Financial Assistance to uninsured and underinsured patients at a reduced rate or at no charge to residents of New York State who have individual or family income that does not exceed 375% of the HHS Poverty level. (Please see Attachment 1 for specific income levels) Services covered under this policy:

1. Admitted Acute Care patients
2. Emergency services, including emergency transfers pursuant to the Emergency Medical Treatment and Labor Act (EMTALA).
3. Ambulatory Surgery patients
4. Referred ambulatory patients
5. Observation patients
6. Hospital based physician office primary care patients (uninsured patients only) (Please see Attachment 2 for the list of covered providers)

Note: This program is not available for Swing bed services.

PROCEDURE: All patients are notified of our Financial Assistance Program (FAP) at the time of registration by posted signs throughout the registration area, with the policy, a summary and application available at time of registration, and with notification sent with all billing statements.

Upon request, the policy, a summary of our Financial Assistance Program and an application are furnished to the patient.

Upon receipt of a completed application the claim is placed on a statement hold; payment is not expected while the application is in review. Documentation requested with the application, for each member of the household, including dependents, is:

1. Last four (4) consecutive weeks of pay stubs (two (2) if paid bi-weekly).

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2. Confirmation of unemployment, social security, pension, worker's compensation, disability, etc.
3. For self-employed persons, a (3) month business ledger or self-attestation form (a tax return is optional).
4. Medicaid eligibility status (if available from having recently applied).
5. Where no type of income documentation is available the self-attestation form may be used.

Household size is the number of family members/persons occupying the same household who are identified as dependents. Income is defined as annual earnings and cash benefits from all sources before taxes for the patient and anyone in the patient's defined household.

Community Memorial Hospital limits charges for emergency medical care and other medically necessary services to patients eligible for financial assistance to "**Amounts Generally Billed**". "**Amounts Generally Billed**" or "**AGB**" means the amounts generally billed to insured individuals. The AGB percentage is calculated by Community Memorial Hospital based on all claims allowed by Medicare and private health insurers over a 12 month period, divided by the associated gross charges for those claims. The maximum amount a FAP-eligible individual will be charged for emergency medical care and other medically necessary services will be capped at the AGB percentage multiplied by gross charges, and patients will receive a sliding scale fee discount based on the percentage of the Federal Poverty Income Levels issued annually by the Department of Health and Human Services.

Community Memorial Hospital has established the following requirements for a reduction in charges for eligible individuals or families based on a retrospective review of claims paid as outlined by regulations and reviewed annually:

1. Individuals or families with income below 150% of the federal poverty level are eligible at 100% write off.
2. Individuals or families with income from 151 to 250% of the federal poverty level must pay on a sliding scale from 25% of, to a maximum of 75% of the hospital's established AGB.
3. Individuals or families with income from 251% to 375% of the federal poverty level, payments are capped at the hospital's established AGB.

For deductible, co-insurance and co-pay balances the following requirements for eligible individuals or families has been established:

1. Individuals or families with income below 150% of the federal poverty level are eligible at 100% write off.
2. Individuals or families with income from 151 to 250% of the federal poverty level must pay 50% of the deductible, co-insurance and co-pay balances.
3. Individuals or families with income from 251% to 375% of the federal poverty level must pay 75% of the deductible, co-insurance and co-pay balances.

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For balances due, Community Memorial Hospital offers a monthly payment plan that does not exceed 10% of gross monthly income.

Community Memorial Hospital offers a prompt payment discount for self-pay patients that do not qualify for financial assistance.

Patients are encouraged to submit their application for our Financial Assistance Program within 240 days from the date of the first billing statement after discharge; however patients may apply at any time, even after an account has gone into collection status. The patient will be given 30 days from receipt of the application to return the completed application for review. The patient is responsible for assuring the application is complete. A completed application shall include all the necessary documentation required to make an appropriate determination of the patient's eligibility for Financial Assistance. Patients submitting incomplete applications or whose information cannot be verified will be notified in writing of the missing information or verification problems and given an extra 10 days to provide that information.

Patient will be sent written determination within 30 days of Community Memorial Hospital's receipt of the completed application as to his or her eligibility for Financial Assistance. Approved applications for Financial Assistance will be honored for a period of one year in the event a patient returns needing additional medical services and the patient's financial status has not changed. Patients may contact Financial Counseling to notify them that an approved application is on file. Additional documentation may be required to determine if income levels have changed. A new application will be required yearly.

Patients who disagree with the determination have the right to appeal by contacting the Chief Executive Officer by phone at 315-824-6080 or by sending a written request for a review of the application.

In the event of non-payment of a Community Memorial Hospital bill, Community Memorial Hospital reserves the right to consider extraordinary collection actions such as reporting adverse information to the credit bureaus or actions that require legal process such as wage garnishments or placing a lien on individual property.

In some cases, a patient eligible for assistance under the Financial Assistance Program may not have been identified prior to initiation of external collection efforts. Patients whose accounts have been sent to Community Memorial Hospital's outside collection agency may still apply for Financial Assistance, so long as the patient had not previously requested an application for the program, had not failed to complete a previous application, and/or had not had a completed application previously rejected.

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COLLECTION POLICIES:

1. Patients will be notified of our Financial Assistance Program upon registration/discharge from our facility and on a hospital billing statement.
2. Patients will be notified at least 30 days prior of our intent to forward the account to our collection agency and of any extraordinary collection actions, and will be provided a copy of the Financial Assistance Program Summary at that time.
3. Claims will not be forwarded to a collection agency while a completed application is in review.
4. The hospital will not force a sale or foreclose on a primary residence.
5. Any collection agency used by the hospital must obtain written consent from the Chief Financial Officer before they may begin legal action on an account.
6. Any collection agency used by the hospital is required to follow the hospital's financial assistance policies and procedures, including how to apply for Financial Assistance.
7. The hospital will not pursue collection efforts from patients eligible for Medicaid at the time of service.
8. This policy prohibits the use of accelerated clauses.

REPORTING: The Chief Executive or Chief Financial Officer of Community Memorial Hospital will attest that their policies and procedures comply with the conditions of participation for receipt of bad debt/charity care. The hospital will maintain logs which are designed to satisfy the following reporting requirements:

1. Costs incurred and Uncompensated Service amounts for services to eligible patients without insurance, including nominal payments received.
2. Costs incurred and uncollectible amounts for deductibles, coinsurance, and co-payments.
3. Number of patients who applied for aid, approvals, denials, incomplete by ZIP code.
4. Amount of bad debt/charity care received.
5. Losses resulting from services provided under Medicaid.
6. Number of judgements filed.

The Chief Financial Officer will be responsible for measuring compliance with the hospital's policies and procedures.

Approved by:



Sean M. Fadale, FACHE
President and Chief Executive Officer



Community Memorial

Quality Healthcare Close to Home

A CROUSE HEALTH PARTNER

EMPLOYED PROVIDERS – COVERED UNDER FINANCIAL ASSISTANCE

Community Memorial Hospital
150 Broad Street
Hamilton, NY 13346
Ph: 315-824-1100

MID-LEVEL PROVIDERS

Lyn Champagne, NP, Hospitalist
April LaMunion, NP, Hospitalist

Family Health Center of CMH
164 Broad Street
Hamilton, NY 13346
Ph: 315-824-4600

PHYSICIANS

Niambi Brown, MD, Family Medicine
Robert Delorme, MD, Family Medicine
Jennifer Meyers, MD, Pediatrics
Raymond Carlson, MD, Cardiology
Martin Ernits, MD, General Surgery
Matas Morkevicius, MD, Pulmonology
Dennis Blom, MD, Gastroenterology
Kenneth Beasley, MD, Urologist

MID-LEVEL PROVIDERS

Cindy Marshall, NP, Family Med & Peds
David Grover, PA, Cardiology
Paula Welsh, NP, Family Medicine
Travis Hall, PhD, Psychology
Shannon Tilbe, NP, Family Medicine
Amy Dennis, NP, Family Medicine

Family Health Center of CMH
3460 South Street, PO Box 1133
Morrisville, NY 13408
Ph: 315-684-3117

PHYSICIANS

Sunny Nelson, MD, Family Medicine
Hao Lam, DO, Family Medicine

MID-LEVEL PROVIDERS

Marla Smith, NP, Family Medicine
Melanie Angell, PA, Family Medicine

Family Health Center of CMH
3045 John Trush Jr. Blvd, Suite 1 PO Box 301
Cazenovia, NY 13035
Ph: 315-815-1430

PHYSICIAN

Jocelyn Morin, MD, Family Medicine

Family Health Center of CMH
5180 South Main Street, Route 46
Munnsville, NY 13409
Ph: 315-495-2690

PHYSICIAN

Kerri Taylor, DO, Family Medicine

MID-LEVEL PROVIDER

Melanie Angell, PA, Family Medicine

Family Health Center of CMH
117 Main Street West Waterville, NY 13480
Ph: 315-841-4184

PHYSICIAN

Michael Walsh, DO, Family Medicine
Niambi Brown, MD, Family Medicine

MID-LEVEL PROVIDERS

Marla Smith, NP, Family Medicine
Shelby Sharp, NP, Family Medicine
Cheryl Palmer, NP, Family Medicine

CMH Urgent Care
164 Broad Street
Hamilton, NY 13346
Ph: 315-648-6411

MID-LEVEL PROVIDERS

Stephen Jackowski, PA
Linda Keever, NP
Mary Lou Stanton, NP
Maureen Gallagher, NP
Paula Welsh, NP
Melanie Angell, PA



Community Memorial

Quality Healthcare Close to Home

 A CROUSE HEALTH PARTNER

CONTRACTED PROVIDERS – NOT COVERED UNDER FINANCIAL ASSISTANCE POLICY

Crouse Radiology Associates
5000 Brittonfield Parkway, Suite A112
PO Box 2004
East Syracuse, NY 13057
Ph: 315-362-5264

Virtual Radiologic
11995 Singletree Lane, Suite 500
Eden Prairie, MN 55344

Schumacher Clinical Partners/EMBCC
4075 Copper Ridge Drive
Traverse City, MI 49684
Ph: 888 632-1085 6#

Crouse ED/Hospitalists
Crouse Hospital
736 Irving Avenue
Syracuse, NY 13210
Ph: 315-472-1488

Syracuse Gastroenterological Associates
739 Irving Avenue
Syracuse, NY 13210
Ph: 315-234-6677

Merrill Miller, MD or Ellen Larsen, MD
Colgate Student Health Center
Colgate University
Hamilton, NY 13346
Ph: 315-228-7750

Hamilton Orthopedics & Sports Medicine
85 College Street
Hamilton, NY 13346
Ph: 315-824-1250

MedNax
American Anesthesiology of New York
13621 NW 12th St, Suite 300
Sunrise, FL 33323
Ph: 866-507-5244

Robert Coffin, MD
Centrex Laboratory
1656 Champlin Avenue
Utica, NY 13502
Ph: 315-624-8242

CNY Gynecology Associates
4857 State Route 5
Vernon, NY 13476
Ph: 315-363-9995

CNY Women's Health
4939 Brittonfield Pkwy
Suite 211, Building B
East Syracuse, NY 13057
Ph: 315-446-4400

John Costello, DO
578 Seneca Street
Oneida, NY 13421
Ph: 315-363-1110

Hamilton Obstetrics & Gynecology, LLC
1055 Madison Market Pl
Hamilton, NY 13346
Ph: 315-825-3111

Nathan Keever, DO
194 North Main Street
Oriskany Falls, NY 13425
Ph: 315-821-7278

Chenango Eye Associates
194 Grandview Lane
Norwich, NY 13815
Ph: 607-334-3225

Community Memorial Hospital
150 Broad Street
Hamilton NY 13346
2020 Financial Assistance Income Levels

The following chart is based on the number of persons
in the family and individual or family income of 100% to 300% of the Federal
Poverty Level (FPL)

Uninsured (No Insurance) <i>% discount of AGB</i>	100%	75%	50%	25%	AGB*
Underinsured (After Insurance) <i>% discount on deductibles, copay, or coinsurance balances</i> *Hospital accounts only	100%				25%

Persons in Family Unit	100 - 150% FPL	151 - 175% FPL	176 - 200% FPL	201 - 250% FPL	251 - 375% FPL
1	12,760 - 19,140	19,141 - 22,330	22,331 - 25,520	25,521 - 31,900	31,901 - 47,850
2	17,240 - 25,860	25,861 - 30,170	30,171 - 34,480	34,481 - 43,100	43,101 - 64,650
3	21,720 - 32,580	32,581 - 38,010	38,011 - 43,440	43,441 - 54,300	54,301 - 81,450
4	26,200 - 39,300	39,301 - 45,850	45,851 - 52,400	52,401 - 65,500	65,501 - 98,250
5	30,680 - 46,020	46,021 - 53,690	53,691 - 61,360	61,361 - 76,700	76,701 - 115,050
6	35,160 - 52,740	52,741 - 61,530	61,531 - 70,320	70,321 - 87,900	87,901 - 131,850
7	39,640 - 59,460	59,461 - 69,370	69,371 - 79,280	79,281 - 99,100	99,101 - 148,650
8	44,120 - 66,180	66,181 - 77,210	77,211 - 88,240	88,241 - 110,300	110,301 - 165,450
Add for each additional person	4,480 - 6,720	6,721 - 7,840	7,841 - 8,960	8,961 - 11,200	11,201 - 16,800

* **"Amounts Generally Billed"** or **"AGB"** means the amounts generally billed to insured individuals. The AGB percentage is calculated by Community Memorial Hospital based on all claims allowed by Medicare and private health insurers over a 12 month period, divided by the associated gross charges for those claims.