

NHSC Site Application Addendum

The following information will be used to clarify sections within our procedure that meet the NHSC requirements. Please note that this is a System Wide policy for global use and the below information should be used to identify those sites within St. Joseph's that are part of the NHSC program only.

Procedure: RHMs operating in states that have established additional state-specific financial assistance requirements will incorporate such additional requirements in their local procedures.

Exception: This statement shall remain within the global procedure as it pertains to any State requirements. It does not however pertain to St. Josephs located in NYS.

I. **Non-Discrimination**

NHSC Sites must not discriminate in the provision of services based on an individual's:

- a. Inability to pay;
- b. Medicare, Medicaid, or Childrens Health Insurance Program coverage;
- c. Race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.

II. **Quality Criteria for Financial Assistance**

b. Services not eligible for Financial Support

- ii. Services not provided and billed by the RHM (*e.g.*, independent physician services, private duty nursing, ambulance transport, etc.).
- iii. SJHHC may deny Financial Support to those individuals who do not cooperate in applying for programs that may pay for their health care services.
- iv. SJHHC may exclude services that are covered by an insurance program at another provider location but are not covered at SJHHC hospitals after efforts are made to educate the patients on insurance program coverage limitations and provided that federal Emergency Medical Treatment and Active Labor Act (EMTALA) obligations are satisfied.

Exception: Within the NHSC approved sites and sites seeking NHSC-approval for St. Joseph's there are no independent physicians practicing. This pertains to the global procedure for inpatient/outpatient services within the hospital setting. No one will be denied access to services due to inability to pay, a discounted/sliding fee schedule is available based on family size and income and not on insurance application status. It is not required for uninsured applicants to apply for Medicaid or any other type of insurance before applying for financial assistance. A condition of Eligibility is not based on the outcome of application for Medicaid or any other program. No services will be excluded that may be covered by any insurance program outside SJHHC.

c. Residency Requirements:

- i. ii. RHMs may identify Service Areas in their FAP and include Service Area information in procedure design and training RHMs with a Service Area residency requirement will start with the list of zip codes provided by System Office Strategic Planning that define the RHMs service areas. RHMs will verify service areas in consultation with their local Community Benefit department. The St. Joseph's Hospital Health Center service area is defined as Onondaga, Cayuga, Cortland, Madison, Oswego, Jefferson, Lewis and St. Lawrence counties

Exception: services are provided to any patient no matter where they are located. Service area will not take into consideration when applying for Financial Assistance at St. Josephs Heath.

d. Documentation for Establishing Income:

- i. Information provided to the RHM by the patient and/or Family should include earned income, including monthly gross wages, salary and self-employment income; unearned income including alimony, retirement

benefits, dividends, interest and Income from any other source; number of dependents in household; and other information requested on the FAP application.

Exception: This language will remain as it is not used to deny FA but assist in identifying patient income.

- i. RHMs will list the supporting documentation such as payroll stubs, tax returns, and credit history required to apply for financial assistance in the FAP or FAP application. RHMs may not deny Financial Support based on the omission of information or documentation that is not specifically required by the FAP or FAP application form.

Exception: Credit history will **NOT** be used to **QUALIFY** patients for Financial Assistance.

f. Presumptive Support

- iv. For the purpose of helping financially needy patients, a third-party may be utilized to conduct a review of patient information to assess financial need. This review utilizes a health care industry-recognized, predictive model that is based on public record databases. These public records enable the RHM to assess whether the patient is characteristic of other patients who have historically qualified for financial assistance under the traditional application process. In cases where there is an absence of information provided directly by the patient, and after efforts to confirm coverage availability are exhausted, the predictive model provides a systematic method to grant presumptive eligibility to financially needy patients

Exception: IRS section 501r regulations state presumptive charity methods may be used to identify financial need to qualify patients for assistance. Presumptive is used for patients who are not compliant with the financial assistance forms and adding this discount is an extra benefit to the patients. Not intended to deny patients assistance.

h. Level of Financial Support:

- i. However, other factors should also be considered such as the patient’s financial status and/or ability to pay as determined through the assessment process.

Exception: No other financial factors will be considered to establish financial support. Eligibility for discounts is based on income and family size and no other factors (e.g., assets, insurance status, participation in the health insurance marketplace, citizenship, and population type).

Family Size:

Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.

A 100 percent discount for medically necessary services is available to patients who earn 200 percent or less of the Federal Poverty Level guidelines.

2024 Federal Poverty Levels

Percentage of Poverty Guidelines

Family Size	100%	200%	250%	400%
1	15,060	30,120	37,650	60,240
2	20,440	40,880	51,100	81,760
3	25,820	51,640	64,550	103,280
4	31,200	62,400	78,000	124,800
5	36,580	73,160	91,450	146,320
6	41,960	83,920	104,900	167,840
7	47,340	94,680	118,350	189,360
8	52,720	105,440	131,800	210,880

For Families/Households with more than 8 persons, add \$5380.00 for each additional person

IV. Fair Billing and Collection Practices.

d. iv. Place liens on property of individuals who have the means to pay, but do not pay, or who are unwilling to pay. Liens may be placed for the portion of the unpaid amount after application of the RHM's FAP. Placement of a lien requires approval by the Trinity Health or RHM CEO/CFO, or the functional leader for Patient Financial Services for those RHM's utilizing the Trinity Health shared service center. Liens on primary residence can only be exercised upon the sale of property and will protect certain asset value in the property as documented in each RHM's Procedure. Trinity Health recommends protecting 50% of the equity up to \$50,000

Exception: Liens are placed on only accounts which reach a specific threshold. NHSC sites do not fall into this category and therefore would not be impacted by this section.

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