

Claxton Hepburn Medical Center  
Financial Assistance Policy

**POLICY:** Claxton Hepburn Medical Center (CHMC) will offer financial assistance to any patient, regardless of race, religion, creed, or national origin who has been determined, by NYS DOH guidelines, as having inadequate means to pay for the **Essential Healthcare Services** provided to them by Claxton Hepburn Medical Center.

Full or partial coverage is contingent upon income. Patient's gross income must not exceed 300% of the prior year Federal Poverty Guidelines.

Eligibility is based on the NYSDOH Federal Poverty Guidelines and Include:

- Size of family
- Household Income

**DEFINITIONS:**

**Essential Healthcare Services**

Those services and supplies deemed to be medically necessary to prevent, diagnose, or treat conditions in a patient that may cause acute suffering, endangering of life, or result in illness or infirmity.

Essential Healthcare services do NOT include, for example, medically unnecessary cosmetic surgery, or services primarily for the convenience of the patient, his/her family or the physician.

**PROCEDURE:**

Financial Assistance applications can be obtained via CHMC hospital website or by contacting the Patient Financial Services office at 315-393-3600

1. The Patient Financial Services counselor will attempt to determine if there are any other sources of payment such as:
  - a. Group Medical Medicare/Medicaid Third party Liability
  - b. Any other government agencies
2. If no method of coverage exists, the patient/guarantor will, upon their approval, be referred to a facilitated enroller for assistance in applying for a publicly sponsored program for future bills - This is not required but may benefit the patient for future service at CHMC as well as other facilities.
3. The patient/guarantor may apply for Financial Assistance within 90 days of date of service/discharge and must return the completed application and all requested supporting documentation within 30 days of receiving the application. Those outside of this range will be reviewed on a case to case basis.
4. A determination of Financial Assistance eligibility will be made within 30 working days of receiving the completed (Including supporting documentation) application. All patient bills/statements will be placed on hold and the patient/guarantor may disregard any bills/statements until a decision has been rendered on their pending application.

5. The Applicant will receive written notice of approval or denial. The approval will include the amount of a discount approved for, the new balance of their account(s), and a payment plan. The monthly payment plan will not exceed 10% of the applicant's gross income as per NYS DOH guidelines.
6. Applicants may request a review of denial or partial denial within thirty (30) days from the denial notice. Applicants wishing to appeal the denial may do so by requesting in writing with additional documentation or any financial or personal situation that they would like taken into consideration.
7. Collection Practices:
  - a. CHMC will not commence collections against any patient who was eligible for Medicaid (or its Managed Care groups) at the time services were provided.
  - b. CHMC requires any Contracted collection agencies to comply with the hospital financial assistance policies.
  - c. Contracted agencies must obtain the hospitals written consent before commencing legal action
  - d. CHMC will not force the sale of or foreclose on a patient's primary residence in an effort to collect on an outstanding bill(s)