Policy:
As a not-for-profit hospital, St. Luke’s Cornwall Hospital is dedicated to the mission of providing quality health care to our community, while remaining compliant with all 501R regulations. Providing care is at the core of our philosophy, and financial assistance is available to low-income, uninsured, and underinsured patients, to ensure their health-care needs are met. We strive to uphold and communicate these practices throughout our organization.

The Financial Assistance program is administered by the Patient Financial Services Department and their departmental policy details how the program is executed. This program applies to all medically necessary procedures.

Procedure:

- The opportunity to receive information and apply for financial assistance will be made available to all patients, and financial assistance will be provided to all eligible patients who qualify, regardless of race, sex, age, immigration status, language, or any other discriminating factors.

- With the exception of Emergency Services, patients must reside in SLCH’s primary service area to be eligible for financial aid consideration. SLCH’s primary service area is New York State. Eligibility for financial aid for non-residents of New York State will be determined on a case-by-case basis.

- Written information describing the financial assistance policies for SLCH shall be made available in both English and Spanish to any party seeking such information. Financial Assistance Applications may be obtained/completed/submitted as follows:
  - At the hospital’s main registration desk or Emergency Room desk/registrars
  - Request that documents be mailed to you, by calling the Patient Accounts Department at 845-458-4900
  - Visiting in person at 70 Dubois Street Newburgh, NY, 12550, admitting office; or 19 Laurel Avenue Cornwall NY, 12550 Credit & Collections Department located in Patient Accounts
  - Download the documents from the St. Luke’s Cornwall Hospital Website: www.stlukescornwallhospital.org
  - Mail or deliver completed applications (with all documentation specified in the application instructions) to: St. Luke’s Cornwall Hospital Credit & Collections Department, 19 Laurel Avenue Cornwall, NY 12518

- Signs are posted at entranceways in English and Spanish advising patients of the opportunity to apply and availability of financial assistance

- A financial assistance package, with instructions and application, is available to all self-pay patients at the time of registration or financial counseling, and all intake, registration, patient account staff and all affiliated agencies are trained on SLCH’s financial assistance policies.

- A patient requesting such assistance has 240 days to request an application during the notification process, and 30 days to submit a completed application. The application requires the patient to provide SLCH with personal income and expense documentation. Gross income tied to yearly published federal poverty guidelines, adjusted for family size will be used to determine eligibility for financial assistance.
• Patients with a demonstrated family income at or below 200% of the published Federal Poverty lines are eligible for 100% discount on any qualifying balances. Patients with a demonstrated family income between 201% and 300% of the federal poverty line are eligible for 50% discount on qualifying balances.

• St. Luke’s Cornwall Hospital will not engage in extraordinary collection actions against any individual before making reasonable efforts to determine whether the individual is eligible for Financial Assistance. Although extraordinary collection actions may take place on any unpaid accounts after 120 days, any applications may be accepted for an additional 120 days if it has not yet been determined whether an individual is eligible for Financial Assistance. All efforts to reverse additional collection efforts will take place for accounts that qualify for Financial Assistance within a 240 day period from the date of service. All applications are handled on a case by case basis.

• Patient’s can auto qualify for a full or partial charity care discount if the hospital’s credit assessment tool or one of our collection agencies determines that the guarantor has a “low likelihood” of payment.

• Patients may not be denied access to emergent or medically necessary care based on ability to pay, and individuals may not be charged more than the facility’s amounts generally billed (“AGB”) for such services. For those patients who are uninsured, these amounts are equal to 100% of the current Medicare rates.

• Patients who are denied full financial assistance will receive written correspondence with instructions regarding how to appeal their decision, along with a modified payment plan, not to exceed 10% of their monthly income, as required under New York State Charity Care guidelines. The denial letter will include the phone number to the Department of Health.

Policy To Be Reviewed: 12/18