



Charity Care and Financial Assistance

POLICY STATEMENT

The Bassett Healthcare Network (BHN), a non-profit health care system, has five hospitals that render medical care to all persons in need of such care, regardless of their ability to pay. These five hospitals include The Mary Imogene Bassett Hospital, d/b/a/ Bassett Medical Center (Bassett), Ambulatory and Rural Health Clinics, Aurelia Osborn Fox Memorial Hospital Society d/b/a A.O. Fox Memorial Hospital (FOX), O’Connor Hospital, Bassett Hospital of Schoharie County d/b/a Cobleskill Regional Hospital, and Little Falls Hospital. Financial assistance is available through several different programs to support patients who have difficulty paying their medical bills.

For patients, or guarantors, who do not qualify for complete charity care assistance under The Financial Assistance Program (FAP), patients, or guarantors will be directed to work with BHN’s Financial Counseling department to determine other potentially available funding to assist in reducing medical debt incurred. If no funding is available, patients or guarantor will be directed to work with BHN’s third party self-pay vendor to discuss a manageable payment plan.

These FAP policies prohibit collections from a patient who is determined to be eligible for Medicaid pursuant to Title XIX of the Federal Social Security Act at the time services were rendered, as Medicaid is available to cover those services. Bassett Healthcare Network provides emergency and other medically necessary services at no charge or reduced charge for patients who apply and qualify for financial assistance. Bassett Healthcare Network will provide, without discrimination, care for emergency medical conditions to individuals regardless of their financial assistance eligibility or inability to pay.

SCOPE

This policy applies to medically necessary professional hospital, and home care services received through any of the five BHN hospitals and their clinics. An application must be filled out by the patient to qualify. BHN will assume patients are eligible for financial assistance for residents of New York State, if they reside within the hospital’s primary service area of Central New York (Little Falls, Delhi, Herkimer, Oneonta, Cobleskill, and Cooperstown, NY). This policy excludes Valley Health Services, Valley Residential Services, Skilled Nursing Facilities, and Long-Term Care. This policy also excludes patient convenience items, retail services, non-medical services such as eyewear, cosmetic surgery, dental services, bariatric, and elective oral surgery.

This policy does not pertain to services where another party is liable such as Workers Compensation, Motor Vehicle Accidents, or other injuries that are subject to third party liability or settlements.

Private external providers are not subject to this policy.

DEFINITIONS

Extraordinary Collection Actions (ECAs): Actions taken by the Hospital Facility to obtain payment for care covered under the Financial Assistance Policy (“FAP”) that include, but are not limited to, the sale of debt to another party, reporting adverse information to credit reporting agencies, deferring or denying medically necessary care due to nonpayment of prior balances, or initiating legal or judicial processes such as liens, wage garnishments, civil actions, property seizure,



arrests, writs of body attachment, foreclosure actions, or claims filed in bankruptcy proceedings. (see [Billing and collections - Section 501\(r\)\(6\) | Internal Revenue Service](#))

POLICY or PROCEDURE

A. The following guidelines will be used to determine eligibility for Financial Assistance in accordance to federal and state regulations.

1. Eligibility for Financial Assistance

- i. Low-income individuals without health insurance.
- ii. Underinsured individuals within federal poverty levels of 201-400% and with paid out-of-pocket medical expenses that are greater than ten (10) percent of their annual gross income for the prior twelve months.
 - i. Receipts for paid qualified medical expenses include any paid out-of-pocket costs for emergency or medically necessary care such as;
 - Payments for deductibles, copays, and coinsurance
 - Paid medical expenses that qualify for HSA/FSA such as medically necessary services and pharmacy expenses.
 - ii. Excludes payments for the cost of health insurance premiums, retail services, cosmetic surgery, and other non-medically necessary services.
 - iii. Patient’s assets (such as house, car, etc.) may not be considered. Eligibility for financial assistance is determined solely on household income.
 - iv. If care totaling more than 10% of a patient’s income was received at BHN, BHN may use a patient’s account to determine eligibility. Otherwise, patients must provide proof of paid bills or other documentation to indicate that medical expenses were paid.
 - v. Patients may qualify if they have exhausted their health insurance benefits, and who can demonstrate an inability to pay full charges.
 - vi. Individuals may be eligible for financial assistance up to 400% of the federal poverty level. The Federal Poverty Levels will be updated on an annual basis.

Federal Poverty Levels (2026)			
Household Size	200%	300%	400%
1 Person	\$31,920	\$ 47,880	\$ 63,840
2 Persons	\$43,280	\$ 64,920	\$ 86,560
3 Persons	\$54,640	\$ 81,960	\$ 109,280
4 Persons	\$66,000	\$ 99,000	\$ 132,000
5 Persons	\$77,360	\$ 116,040	\$ 154,720
6 Persons	\$88,720	\$ 133,080	\$ 177,440

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7 Persons	\$100,080	\$ 150,120	\$ 200,160
8 Persons	\$111,440	\$ 167,160	\$ 222,880

vii. Uninsured patients ineligible for financial assistance will receive a 56% discount off charges. This is excluding pharmacy (outpatient), eyewear/contacts, hearing aids & DME, routine dental care (first dentures post extraction are covered), oral surgery, cosmetic surgery, nursing home, and balance after insurance.

2. Discounted Rates for eligible charges will be reduced according to gross annual income based on the following sliding scale:

Uninsured	
Income Level	Charity Eligibility
Below 200% FPL	Waive all charges
200-300% FPL	Sliding scale up to 10% of the amount that would have been paid for the service(s) by Medicaid
301-400% FPL	Sliding scale up to 20% of the amount that would have been paid for the service(s) by Medicaid

Underinsured	
Income Level	Charity Eligibility
Below 200% FPL	Waive all charges
200-300% FPL	Up to a maximum of 10% of the amount that would have been paid pursuant to such patient's insurance cost sharing, provided that the patient has already paid expenses amounting to at least 10% of their gross annual income.
301-400% FPL	Up to a maximum of 20% of the amount that would have been paid pursuant to such patient's insurance cost sharing, provided that the patient has already paid expenses amounting to at least 10% of their gross annual income.

3. Financial Assistance Procedure & Guidelines

- i. Patients cannot be required to pay a bill while their application for financial assistance is being considered. Patients may apply for financial assistance at any point, including during the collections process.
- ii. Patients may reapply every three months or if there has been a significant change to their income.
- iii. Patients will be informed they do not have to make any payments until a determination is made on their financial assistance application.
- iv. Accounts will not be forwarded to collections while the application is pending.
- v. Patients can appeal a denial or the amount of financial assistance granted. Information on this process will be included in the determination letter.
- vi. Accounts may be referred to a collection agency no earlier than 180 days the first post discharge billing statement.
- vii. BHN does not engage in extraordinary collection actions (ECAs)



- viii. BHN will not sell patient debt regardless of eligibility for financial assistance to a third party unless the third party will relieve the debt or does not intend to pursue collections.
- ix. BHN will not pursue legal action to recover unpaid medical bills for patients below 400% of the federal poverty level.
- x. Any information provided in the financial assistance application will only be used to determine eligibility for financial assistance and will remain confidential to the extent permitted by law.
- xi. Medically necessary services will not be denied because of an outstanding medical bill.
- xii. Applicants below 155% of the Federal Poverty Level (FPL) deemed potentially eligible for Medicaid, an Essential Plan, or other public insurance programs are required to apply for coverage.
- xiii. Immigration status shall not be considered when determining eligibility.
- xiv. Monthly payment plans for patient medical bills may not exceed 5% of a patient's gross monthly income.
- xv. Translation assistance for financial assistance policies and applications are available upon request by contacting our financial assistance office at (607) 547-3093. Interpretive services are available upon request.
- xvi. BHN will widely publicize the FAP
 - a. FAP documents (i.e. FAP, FAP application, and plain language summary of the FAP) will be available on the BHN website.
 - b. Paper copies of the FAP application form will be available upon request at no charge, both by mail and in public locations (at a minimum in the emergency department and registration areas).
 - c. BHN will inform members of the community served by the hospital facility about the FAP in a manner reasonably calculated to reach those members who are most likely to require financial assistance. BHN will notify and inform their patients about FAP through the following ways:
 - Offering a paper copy of the FAP plain language summary to patients as a part of the intake or discharge process.
 - Including a written notice on billing statements that notifies and informs patients about the availability of financial assistance and includes the telephone number of the hospital facility office or department that can provide information about the FAP and FAP application process, and the direct Web site address (or URL) where copies of the FAP documents may be obtained. In all areas where BHN has a 24-hour Emergency Department, language



appropriate policies and procedure information will be posted in public areas such as the registration desk.

- xvii. If assistance is needed with this application, please contact BHN’s financial counseling office at (607-547-3093).

4. Reporting

- i. BHN must report to the Department of Health the number of people that have applied for financial assistance annually, including their age, gender, race, ethnicity, and insurance status. The financial counseling office will track and report this information on an on-going basis.
- ii. BHN will report this data on the Institutional Cost Report (ICR), in the updates to Exhibit 50. This reporting will begin for the 2024 ICR.
- iii. Monthly reports will be sent to the CFO of BHN.

5. Medical Financial Product Applications are products that helps people pay for healthcare expenses. The Medical Financial Product Applications are issued under an open-end or closed-end plan offered specifically for the payment of health care services, products, or devices provided to a person.

- i. It is prohibited for Hospital personnel to complete or initiate medical financial product applications for patients. Hospital personnel may assist and answer questions, but the patient must complete the application independently.

6. Credit card pre-authorization

- i. It is prohibited to require a patient to have a credit card pre-authorization or a credit card on file prior to rendering emergency or necessary medical services. However, patients can choose to keep a credit card on file within Epic.

7. Credit card risk notification- Patients will be informed and must affirmatively acknowledge the risks of using a credit card for medical payments each time it is used. Risks include:

- i. Medical bills paid by credit card are no longer considered medical debt.
- ii. By paying with a credit card, patients are forgoing federal and state protections around medical debt. This includes prohibitions against wage garnishment, property liens, reporting medical, and debt to credit bureaus. This also includes imitations on interest rates.

B. Financial Assistance Policy Roles and Responsibilities:

a) All Hospital Personnel:

- b) Refer all patients or guarantors who express an inability to pay their outstanding balances, or a need for charity care to the Financial Counseling department. All clinics may offer applications for FAP to patients or their guarantor.



- c) Patients not requiring or qualifying for FAP, but who are still in need of assistance paying their medical debt will have their request referred to the Friends of Bassett for further review to determine if other potential funding opportunities are available.
- d) Patients, or guarantors who need assistance with payment plans, will be referred to BHN’s third party, self-pay billing agency to speak to a customer service representative.
- e) Patients with questions regarding outstanding balances will be directed to Patient Financial Services, Customer Service Representatives.
- f) Financial Counseling Supervisor or Financial Counseling Representative (Financial Advocate):
 - a. Reviews completed applications for FAP, with the corresponding patient account information, to:
 - i. Determine that all available insurance and entitlements have been identified.
 - ii. Apply income guidelines for the Financial Assistance Program, applicable to the Federal Poverty Guidelines published annually, to determine if applicant meets all eligibility criteria.
 - iii. Review all other pertinent information available and necessary to make final determination.
- g) Financial Counseling Supervisor:
 - a. Approves and adjusts all applicable account balances across BHN. Approval of balances after insurance are routed through Epic adjustment work queues to the Manager of Financial Clearance for second level approval. All high dollar accounts (over \$5000.00), will be reviewed by the Manager of Financial Clearance for final approval.
 - b. Refers patients not eligible for FAP to the Manager of Financial Clearance, for determination of appropriateness for Charity Care Funds through the Friends of Bassett (FOB).
- h) Manager of Financial Clearance:
 - a. Reviews and approves or denies any Financial Assistance Program application greater than \$5,000.00.
 - b. Reviews and approves or denies any balance after insurance adjustment requests in Epic adjustment work queue.
 - c. Refers accounts not otherwise eligible for the Financial Assistance Program to FOB for assistance through Charity Care Funds.
- i) Network Director, Pre-Arrival Services:

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- a. Provides oversight and direct supervisory support to the Manager of Financial Clearance
 - b. Refers any questionable or complex requests, not otherwise approved for the Financial Assistance Program, to the FOB appeals of any denial, for review and final decision.
- j) Network VP, Revenue Cycle:
- a. Provides highest level of accountability and direction for all charity care programs and approves any exceptions to the financial assistance policy.

REFERENCES

NYS Senate Bill S8307C Part O, October 2024

RC Section 501(r)(4)—Financial assistance policy

Treas. Regulation Section 1.501(r)-1 -- Definitions

Treas. Regulation Section 1.501(r)-4-- Financial assistance policy and emergency medical care policy

[Billing and collections - Section 501\(r\)\(6\) | Internal Revenue Service](#)