

Questionnaire

Policies and Procedures

A.1. Has the hospital established clear and understandable HFAL policies and procedures?

- ☐ Yes, the hospital has developed HFAL policies and procedures. (Please provide application, HFAL policy and policy summary)
- ☐ No, the hospital has not developed HFAL policies and procedures, and the reason is detailed below.

| |
|--------------------------|
| Reason for noncompliance |
| |

A.2. Does the summary of policies and procedures contain the following required data elements?

| Required element | Included in summary | Not included in summary |
|--|--------------------------|--------------------------|
| Information as to income levels used to determine eligibility for assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| A description of the primary service area of the hospital for emergency and non-emergency services | <input type="checkbox"/> | <input type="checkbox"/> |
| Means of applying for assistance | <input type="checkbox"/> | <input type="checkbox"/> |

A.3. Do the detailed policies and procedures include the following required data elements:

| Required element | Included in policy | Not included in policy |
|--|--------------------------|--------------------------|
| Clear, objective criteria for: <ul style="list-style-type: none"> – Determining a patient's ability to pay – Providing adjustments to payment requirements such as sliding fee schedules and discounts to fixed standards | <input type="checkbox"/> | <input type="checkbox"/> |
| Clear, objective criteria for: <ul style="list-style-type: none"> – Determining the use of installment plans for the payment of outstanding balances by patients pursuant to the provisions of the hospital's financial assistance policy | <input type="checkbox"/> | <input type="checkbox"/> |
| An outline of the appeals process under which the hospital will evaluate the denial of an application | <input type="checkbox"/> | <input type="checkbox"/> |

A.4. Does the hospital require as a condition of receiving financial assistance, or deny financial assistance, based on any of the following items as part of its application process? Answer "Yes" if the information is required; answer "No" if patient is given the option, but is not required, to provide the information.

| Requested Item | Yes | No |
|---|--------------------------|--------------------------|
| – Tax Returns | <input type="checkbox"/> | <input type="checkbox"/> |
| – Medicaid Denials | <input type="checkbox"/> | <input type="checkbox"/> |
| – Information regarding patients monthly bills or financial obligations | <input type="checkbox"/> | <input type="checkbox"/> |
| – Social Security Numbers | <input type="checkbox"/> | <input type="checkbox"/> |

A.5. Are policies and procedures available to a patient upon request?

☐ Yes

☐ No

A.6. Are the policy summary and financial aid applications present on the hospital's Web site? (For informational purposes at this time. This will be a requirement as of July 1, 2014)

☐ Yes

☐ No

☐ N/A; Hospital does not have website

A.7. Has the hospital trained all general staff who interact with patients or have responsibility for billing and collections in the HFAL policies and procedures?

☐ Yes

☐ No

A.8. Has the hospital developed an internal procedure to measure compliance with HFAL policies and procedures?

☐ Yes, and it is described below.

☐ No

| Description |
|-------------|
| |

A.9. Please confirm that the fee scale and schedule match with the requirements set forth in paragraph 2807-k(9-a) (b) and (d) of the HFAL.

| Requirement | Yes | No |
|---|--------------------------|--------------------------|
| Charges for patients whose income is at or below 300% of the FPL shall not exceed the "maximum payment amount" as defined in the HFAL. | <input type="checkbox"/> | <input type="checkbox"/> |
| Financial Aid Fee schedules are determined in accordance with the income and maximum fee guidelines specified in section 9-a (b) of the HFAL (see the FAQ section of the ICR tool for Section 9-a (b) text). | <input type="checkbox"/> | <input type="checkbox"/> |
| Installment plan payments are set in accordance with section 9-a (d) of the HFAL (see the FAQ section of the tool for a copy of Section 9-a (d)). | <input type="checkbox"/> | <input type="checkbox"/> |
| Payment deposits are permitted but must be based on the patient's ability to pay, must not be an undue obstacle to obtaining financial aid or needed healthcare, and the amount must be included in the maximum charges allowed. If you do not require payment deposits, please answer 'Yes'. | <input type="checkbox"/> | <input type="checkbox"/> |

A.10. Are patients notified of potential financial assistance during the intake and registration process?

☐ Yes

☐ No

A.11. For general hospitals with 24-hour emergency departments, does the hospital post language-appropriate information that financial aid may be available to qualified patients and how to obtain further information?

☐ Yes

☐ No

☐ Not a general hospital with a 24-hour emergency department

A.12. Does the hospital post signs about financial assistance in the public areas such as waiting rooms, outpatient clinics, and billing and Medicaid offices? These signs must be posted in English and other primary languages of the community as defined in paragraph (e) of Section 2807-k 9-a.

☐ Yes

☐ No

A.13. What are the hospital's primary languages as defined in section (e) of the PHL? (For informational purposes only)

| Description |
|-------------|
| |

A.14. For general hospitals without 24-hour emergency departments, does the hospital notify the patients of financial aid through written materials provided during the intake and registration process prior to the provision of any healthcare services or procedures?

☐ Yes

☐ No

☐ N/A (General Hospital with 24-hour emergency department)

A.15. Does the hospital include information on bills and statements sent to patients that financial aid may be available to qualified patients and how to obtain further information?

☐ Yes

☐ No

A.16. Do the policies and procedures require written notification on a patient bill or letter at least 30 days prior to the referral of debts for collection?

☐ Yes

☐ No

A.17. Do the policies and procedures require that a collection agency must obtain the hospital's written consent prior to commencing legal action?

☐ Yes

☐ No

Application

A.18. Does the hospital comply with the application process requirements as set forth below?

| Required element | Yes | No |
|---|--------------------------|--------------------------|
| Application must be readily available, simple to understand and easy to complete. | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospital must provide assistance to those who ask for help in completing the application. | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospital must allow a minimum of 90 days, starting from the date of discharge or service, for the patient to file an application. | <input type="checkbox"/> | <input type="checkbox"/> |
| Decisions on these applications must be in writing and be made within 30 days after the complete application is submitted. | <input type="checkbox"/> | <input type="checkbox"/> |
| Patients must be told about the right to appeal an unfavorable decision. | <input type="checkbox"/> | <input type="checkbox"/> |
| Application materials include a notice to patients that upon submission of a completed application, including any information or documentation needed to determine the patient's eligibility pursuant to the hospital's financial assistance policy, the patient may disregard any bills until the hospital has rendered a decision on the application. | <input type="checkbox"/> | <input type="checkbox"/> |

Denial Form

A.19. Does the hospital issue denials in writing which include information on how to appeal if a patient is denied financial aid? (For informational purposes at this time. This will be a requirement as of 7/1/14)

☐ Yes

☐ No

A.20. Does the denial form include DOH contact information? (For informational purposes at this time. This will be a requirement as of July 1, 2014)

☐ Yes

☐ No

Eligibility Criteria

A.21. Is assistance available to the following:

| | Yes | No |
|--|--------------------------|--------------------------|
| Individuals who have NO health insurance coverage for the medical services they seek and have incomes at or below 300% of the FPL. (See the FAQ section of the questionnaire for the current federal poverty chart). | <input type="checkbox"/> | <input type="checkbox"/> |
| Is financial assistance made available to eligible patients, regardless of their immigration status, race, or language? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the hospital voluntarily extend discount policies to people who do have health insurance, but are unable to fully pay copay, coinsurance and/or deductible amounts? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the hospital voluntarily make discounts available to patients with incomes above 300% of the FPL? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the eligibility criteria updated to reflect periodic adjustments to the FPL? | <input type="checkbox"/> | <input type="checkbox"/> |

A.22. Does the hospital only apply an asset test to patients who are below 150% of the FPL and only if they have received explicit permission from the N.Y. State Department of Health to do so?

☐ Yes

☐ No

A.23. Does the hospital consider the following to be part of a patient's assets when determining payment adjustments? If you do not consider each listed asset, please answer 'No'.

| Considered as patient's asset | Yes | No |
|--|--------------------------|--------------------------|
| Primary residence | <input type="checkbox"/> | <input type="checkbox"/> |
| Assets held in a tax-deferred or comparable retirement savings account | <input type="checkbox"/> | <input type="checkbox"/> |
| College savings accounts | <input type="checkbox"/> | <input type="checkbox"/> |
| Cars used regularly by a patient or immediate family members | <input type="checkbox"/> | <input type="checkbox"/> |

A.24. Does the hospital provide assistance to all eligible NYS residents for emergency services and all eligible residents of its primary service area for medically necessary nonemergency services?

☐ Yes

☐ No

Billing and Collections

A.25. Has the hospital set up a process to ensure that payment has not been required or collection notices sent while an application for financial assistance is pending?

☐ Yes

☐ No

A.26. Has the hospital set up a process to ensure that actions by collection agencies are compliant with the financial assistance law, including providing information to patients on how to apply for financial assistance where appropriate?

☐ Yes

☐ No

A.27. Do the hospital's policies prohibit the forced sale or foreclosure of a patient's primary residence in order to collect an outstanding medical bill?

☐ Yes

☐ No

A.28. Do the policies and procedures prohibit collections from a patient who is determined to be eligible for Medicaid at the time services are rendered?

☐ Yes

☐ No

A.29. Do the policies and procedures prohibit acceleration clauses?

☐ Yes

☐ No

Reporting

A.30. Does the hospital report all the all the data elements as required by Exhibit 50 of the Institutional Cost Report and have all the necessary documentation?

☐ Yes

☐ No