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Owner Mathew Stein: Sr Dir, Crp Pt Access, Rev Int  
Area Corporate Revenue Cycle  
Applicability The Guthrie Clinic Locations (Excl. Lourdes)

## Financial Assistance (FY 2024)

### SCOPE:

Patient Financial/Business Services Finance Social Services

### I. PURPOSE

As part of its mission as a nonprofit charitable health organization described in Section 501c(3) of the Internal Revenue Code, The Guthrie Clinic, which includes Guthrie Medical Group, Robert Packer Hospital, Corning Hospital, Cortland Medical Center, Troy Community Hospital, Robert Packer Hospital at Towanda Campus, Guthrie Home Health, and Guthrie Hospice (collectively "The Guthrie Clinic") is committed to serving the medical needs in their service area, regardless of race, religion, color, sex, national origin, immigration status, sexual orientation or gender identity, disability, or age. In addition, The Guthrie Clinic is committed to minimizing the financial barriers to access medically necessary health care services for patients in its primary service area.

### II. POLICY

This Financial Assistance Policy ("FAP") will outline the financial assistance policies and practices for The Guthrie Clinic. In accordance with this FAP, and consistent with its nonprofit, charitable mission, The Guthrie Clinic shall provide emergency and other medically necessary health care services, at no charge or reduced charge, to certain low-income, uninsured and under-insured patients who apply and qualify for such financial assistance, in accordance with the eligibility criteria and the procedures set forth herein, as adopted by the Board of Directors.

It is the policy of The Guthrie Clinic that no person shall be denied emergency care, based on the

person's inability to pay. The Guthrie Clinic will provide, without discrimination, care for emergency medical conditions to individuals regardless of their financial assistance eligibility or inability to pay. It is the policy of The Guthrie Clinic to comply with the standards of the Federal Emergency Medical Treatment and Active Labor Transport Act of 1986 ("EMTALA") and the EMTALA regulations in providing a medical screening examination and such further treatment as may be necessary to stabilize an emergency medical condition for any individual coming to the emergency department seeking treatment. Additionally, The Guthrie Clinic will not engage in any actions that discourage individuals from seeking emergency medical care, such as by demanding the emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities in the emergency department or other areas where such activities could interfere with the provision of emergency care on a non-discriminatory basis. Guthrie also provides language assistance at 570-887-2600.

Financial Assistance is available to both new and established patients. The FAP applies only to emergency or other medically necessary services, including preventive services as recommended by 2010 Affordable Care Act (ACA), that are provided and billed by The Guthrie Clinic. Therefore, the following are not covered under this FAP:

- Patient convenience items and personal charges (e.g., telephone);
- Non-medically necessary services; and
- Long Term Care Skilled Nursing Facility and Personal Care Home
- Twin Tier services (Durable Medical Equipment and Guthrie Clinic Pharmacy).

In addition, not all services provided within The Guthrie Clinic hospital facilities are provided by Guthrie employees and therefore may not be covered under this FAP. Please refer to Appendix A for a list of providers that provide emergency or other medically necessary health care services within The Guthrie Clinic hospital facilities. This appendix specifies which providers are covered under this FAP and which are not. The provider listing will be reviewed quarterly and updated, if necessary.

### III. DEFINITIONS

For the purpose of this FAP, the terms below are defined as follows:

*Amounts Generally Billed ("AGB"):* Pursuant to Internal Revenue Code Section 501(r)(5), in the case of emergency or other medically necessary care, FAP-eligible patients will not be charged more than an individual who has insurance covering such care.

*AGB Percentage:* A percentage of gross charges that a hospital facility uses to determine the AGB for any emergency or other medically necessary care it provides to an individual who is eligible for assistance under the FAP.

*Application Period:* The time period in which an individual may apply for financial assistance. To satisfy the criteria outlined in IRC §501(r)(6), The Guthrie Clinic allows individuals up to 240 days from the date the individual is provided with the first post-discharge billing statement to apply for financial assistance.

*Eligibility Criteria:* The criteria set forth in this FAP (and supported by procedure) is used to determine

whether or not a patient qualifies for financial assistance.

*Emergency medical conditions*: Defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd).

*Extraordinary Collection Actions ("ECAs")*: All legal or judicial processes, including, but not limited to, garnishing wages, placing liens on property and reporting to credit agencies. ECAs include sale of an individual's debt to another party, lawsuits, liens on residences, arrests, body attachments, or other similar collection processes. Guthrie allows only letters, text messages, emails, eGuthrie messages and phone calls as part of its collection actions. Legal actions, such as wage garnishment, liens and/or credit reporting are not permitted or invoked.

*Financial Assistance*: Official help given to a person or organization in the form of money, loans, reduction in taxes, etc. In accordance with this FAP, financial assistance provides a patient with free or discounted emergency or other medically necessary health care if they meet the established criteria and are determined to be eligible.

*Family*: Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. Family also includes dependents. Dependents must receive at least fifty (50%) percent of their support from the responsible party to be included in the family size calculation.

*FAP-eligible*: Individuals who are eligible for full or partial financial assistance under this policy.

*Federal Poverty Level ("FPL")*: A measure of income level issued annually by the Department of Health and Human Services. Federal poverty levels are used to determine eligibility for financial assistance. <https://aspe.hhs.gov/poverty-guidelines>

*Household (family) Income*: For purposes of the financial assistance program, household income includes all sources of income for all family members over the age of 18 (income from minors is not included). This includes employments income, unearned income, self-employment income and in-kind income. Please refer to Attachment I of the Financial Assistance Application for additional information describing sources of income.

*Gross Charges*: The hospital facility's full, established price for medical care that is consistently and uniformly charged to patients before applying any contractual allowances, discounts or deductions.

*Medically necessary services*: Health care services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are: (a) in accordance with the generally accepted standards of medical practice; (b) clinically appropriate; and (c) not primarily for the convenience of the patient.

*Notification Period*: 120-day period, which begins on the date of the 1st post-discharge billing statement, in which no ECAs may be initiated against the patient.

*Plain Language Summary ("PLS")*: A written statement which notifies an individual that The Guthrie Clinic offers financial assistance under this FAP and provides additional information in a clear, concise and easy to understand manner.

*Underinsured:* The patient has some level of insurance or third party assistance but still has out-of-pocket expenses that exceed their financial abilities.

*Uninsured:* The patient has no level of insurance or third party assistance to assist with meeting their payment obligations.

## **IV. FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA**

Eligibility for financial assistance will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon determination of financial need in accordance with this FAP. Individuals must meet all of the criteria described below in order to be eligible for financial assistance.

Eligibility will not be based on race, color, religion, national origin, immigration status, gender, sexual orientation or gender identity, disability, or age.

### **Temporary Charity Eligibility**

Retroactive to March 1, 2020, patients that are diagnosed with COVID-19 that are or become uninsured and retroactively meet Charity and Financial Assistance Program guidelines will be considered eligible and all policy conditions will apply. The Nationally Declared Emergency period will be determined by the Department of Health and Human Services. The Public Health Emergency ended May 11, 2023, which also ends this section.

### **Income Eligibility Criteria**

Patients with household income less than or equal to 200% of the Federal Poverty Level ("FPL") are eligible for 100% financial assistance coverage.

Patients with household income greater than 200% but less than or equal to 400% of FPL are eligible for discounted care.

Uninsured patients will automatically receive a 20% discount at time of bill which does not require any criteria to be met except an uninsured status and no application is required. This policies exclusions apply to the Uninsured Discount.

### **Residency Eligibility Criteria**

For non-emergent and medically necessary health care services, a patient has to be a resident in The Guthrie Clinic Service area, which consists of the following counties: Broome, Bradford, Sullivan, Susquehanna, Tioga, and Wyoming in Pennsylvania and Chemung, Cortland, Schuyler, Steuben, Tioga, and Tompkins, in New York. However, on a case-by-case basis, residents from outside The Guthrie Clinic service area will be considered and follow the same guidelines as this policy.

## Other Eligibility Criteria

Patients who have access to a Health Savings Account ("HSA") must utilize and exhaust their benefits for medical services which can be applied to open balances. The Guthrie Clinic reserves the right to review the patient or guarantor's HSA account balance in order to make financial assistance determination.

Patients who have access to other medical care coverage (e.g., primary and secondary insurance coverage) must utilize and exhaust their benefits. The financial assistance program is available to assist these patients with co-insurance, deductibles and co-payments for services received as long as providing such assistance complies with third party payor contracts, applicable laws, and eligibility requirements.

If the Guthrie Clinic has a reasonable basis for believing that an applicant may be eligible for Medicaid or other affordable public insurance that may require the patient to cooperate in applying for such coverage. Applicants are not required to provide proof of Medicaid denial from his/her home state as a condition of applying for financial assistance. Financial assistance applications will be processed concurrently with any application for public funds. The Guthrie Clinic can accept an attestation or other evidence to support financial assistance application, if all information is not provided.

## **V. BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS**

To calculate a patient's financial assistance under this policy for qualifying individuals annual household income is to be divided by the applicable 100% FPL below for the patient's family size to arrive at income as a percentage of the FPL. A percentage of the qualifying patients' charges are to be written off as indicated by the ranges below. The financial assistance allowance calculation will be applied to the eligible gross charge amount when determining the remaining balance representing the patient's payment responsibility.

Income as % of FPL	% of Charges to be Written off Under the FAP
0-200%	100%
201-300%	80%
301-400%	60%

The discounts the hospital provides to eligible individuals are determined by applying the percentage discount indicated above to the lower of the hospital and professional charges for eligible services or the AGB amount for the eligible services, including co-insurance and deductibles.

Any reduction or waiver of cost-sharing amounts for Medicare beneficiaries shall be applied in accordance with applicable rules and regulations pertaining to the Medicare program.

For patients who have obtained an IRS exemption from Medicare and Social Security taxes that do not for religious reasons pursue Medicaid or other coverage would be eligible to be responsible for payment at the Medicare service rate. To qualify for this special discount, a patient must provide documentation for valid IRS – 4029 exemption form.

In accordance with IRC §501(r)(5) The Guthrie Clinic utilizes the Look-Back Method to calculate the AGB. The AGB % is calculated annually and is calculated by dividing the sum of the amount of all its claims for emergency or other medically necessary care that have been allowed by various health insurers over a 12-month period, by the gross charges associated with those claims. The applicable AGB % is applied to gross charges to determine the AGB. In calculating its AGB %, The Guthrie Clinic utilized the following methods:

Robert Packer Hospital – Look-Back Method based on claims allowed by Medicare and all Private Health Insurers

Robert Packer Hospital at Towanda Campus – Look-Back Method based on claims allowed by Medicare and all Private Health Insurers

Corning Hospital – Look-Back Method based on claims allowed by Medicare and all Private Health Insurers

Cortland Medical Center – Look-Back Method based on claims allowed by Medicare and all Private Health Insurers

Troy Community Hospital – Look-Back Method based on claims allowed by Medicare and all Private Health Insurers

Non-hospital entities covered under this Financial Assistance Policy – will follow the determination of the hospital AGB, where the majority of services were rendered or will utilize the sliding scale in the instances where a hospital balance does not exist and an AGB does not apply.

The calculated AGB percentages as well as an accompanying description of the calculations are available upon request and free of charge by calling the Financial Counselor at (570) 887-2051.

Any individual determined to be eligible for financial assistance under this FAP will not be charged more than AGB for any emergency or other medically necessary health care services. Any FAP-eligible individual will always be charged the lesser of AGB or any discount available under this policy. Any monthly payments will not be set at greater than 10% of the patient's total gross monthly income.

<b>The Guthrie Clinic</b>	
<b>Amounts Generally Billed % of Gross</b>	
<b>AGB Calculation Schedule per Prior Y</b>	
<b>FAP Effective Year</b>	<b>July 1, 2023</b>
<b>AGB Calculation Period</b>	<b>April 1, 2022 - March 31, 2023</b>
<b>Methodology</b>	<b><u>Medicare + Commercial</u></b>
	<b><u>Total</u></b>
Robert Packer Hospital	27.9%
Corning Hospital	24.2%
Troy Community Hospital	37.2%
RPH at Towanda Campus	29.0%
Cortland Reg. Med. Center	30.9%
<b>Consolidated Hospital Billing (HB)</b>	<b>27.7%</b>
Guthrie Medical Group	35.8%

## VI. APPLYING FOR FINANCIAL ASSISTANCE

The Guthrie Clinic Financial Counselors are available to assist patients that wish to apply for financial assistance or to set up payment arrangements. Financial Counselors will work with patients to ensure the patient has a complete understanding of all federal, state and hospital financial assistance programs and processes. Financial Counselors will assist with applying for financial assistance and provide advice on how to proceed throughout the process.

Applicants who falsify information on their FAP Application will no longer be eligible for financial assistance and will be held responsible for all charges incurred while enrolled in the program retroactive to the first day that charges were incurred under the FAP.

### ***Application Process***

Requests for assistance under the FAP may be received from:

- The patient or guarantor;
- Physicians or other caregivers;
- Admitting and registration desks of The Guthrie Clinic hospitals and clinics;
- Administration;

- Social Workers; or
- Other approved programs that provide for primary care of indigent patients.

In order to be considered for financial assistance, patients who believe they are eligible (or a member of the patient's family) must complete a Financial Assistance Application ("Application") and provide all required supporting documentation to verify eligibility.

Please refer to Attachment I of the Application for additional information regarding the documents required to be submitted with the Application.

## ***Where to Obtain an Application***

Patients who wish to apply for the financial assistance offered under this FAP can obtain an Application on our website: <https://www.guthrie.org/patients-visitors/pay-my-bill/financial-assistance>

Applications may be requested by calling the Financial Counselor at (570) 887-2051.

Paper copies of the Application are also available at the Financial Counseling Office located at:

The Guthrie Clinic

Patient Financial Services Department

One Guthrie Square

Sayre, PA 18840

Financial Representatives are on-site to assist you Monday - Friday from 8:00 AM – 5:00 PM.

All completed Applications may be mailed to:

Attention: Financial Counselors

The Guthrie Clinic

Patient Financial Services Department

One Guthrie Square

Sayre, PA 18840

Financial assistance Applications shall be reviewed by a Patient Financial Services representative within ten (10) working days of receipt to determine if additional documentation is required.

## **VII. PRESUMPTIVE ELIGIBILITY**

Under certain circumstances, The Guthrie Clinic may use presumptive eligibility to determine if an individual is eligible for financial assistance. Guthrie may utilize analytical software or an analytical service vendor to support presumptive Financial Assistance processing. Patients may also be considered presumptively eligible for 100% financial assistance:

- if they have current eligibility under a Medicaid type program and have outstanding balances prior to that coverage



- patient indicates they are homeless
- patient is mentally incapacitated with no one to act on patient's behalf or is not willing to assist the patient
- patient has a mental health admission that is not covered by an insurance plan due to a carve out exclusion or no insurance coverage
- patient is incarcerated with charges prior to incarceration and not to be paid by the detention facility
- patient is deceased with no estate and no family able or willing to assist in applying for the FAP program

Once determined, due to the inherent nature of the presumptive circumstances, the patient may be eligible for up to 100% write-off of the account balance.

If the patient is presumptively determined to be eligible for less than the most generous assistance available, The Guthrie Clinic will provide the individual with a PLS which will assist in notifying the individual regarding the basis for the presumptive eligibility determination and provide information on how the patient can apply for more generous assistance available under the FAP. The Guthrie Clinic will also give the individual a reasonable period of time to apply for more generous assistance before initiating any ECAs to obtain the discounted amount owed for the care.

Guthrie may utilize a presumptive tool to predict likelihood of financial assistance eligibility on account balances in order to identify patients that may qualify for presumptive eligibility. In the absence of additional information from the patient, it may result in a determination for patients who may qualify for financial assistance in accordance to this policy.

## **VIII. BILLING PROCEDURES**

The Patient Financial/Business Services staff shall administer financial assistance and shall evaluate each Application in accordance with the eligibility criteria and procedures set forth herein, and in accordance with all applicable legal requirements, including, without limitation, those established by the Emergency Medical Treatment and Active Labor Act, Section 501(c)(3) of the Internal Revenue Code, the Pennsylvania Institutions of Purely Public Charity Act (Act 55), Pennsylvania Act 77 of 2001 (the Tobacco Settlement Fund Act), the Health Insurance Portability and Accountability Act of 1996, NYDOH Section 2807-k(9-1), known as the Financial Aid Law (FAL), Internal Revenue Code Section 501(r) as mandated by the Affordable Care Act, and the rules pertaining to billing and reimbursement under all applicable Federal health programs. Such criteria and procedures shall be uniformly and objectively applied. The Guthrie Clinic retains the right in its sole discretion to determine a person's inability to pay.

The patient Financial Services representative will explore with the patient or patient's family whether the patient qualifies for any other available assistance programs, such as COBRA, Medicaid or Medicare. The patient or family is encouraged to assist The Guthrie Clinic in trying to obtain other coverage and/or allow enrollment in other programs to occur that may coverage patient's balances.

When a patient has indicated or demonstrated an inability to pay for emergency or other medically necessary health care services, the Patient Financial Services representative will assist the patient or family in completing a Financial Assistance Application. Identification of patients who are potentially

eligible for financial assistance can take place at any time prior to the rendering of services through the end of the Application Period.

## **Procedures for Processing Applications**

The Guthrie Clinic shall ensure that the confidentiality of all information provided to Patient Financial Services in connection with the processing of an application under the FAP. All information received shall be maintained in accordance with all applicable Guthrie Clinic policies and procedures, as well as applicable state and federal laws governing such information.

Patient Financial Services shall maintain a record, paper or electronic, documenting all review and approval of assistance under the FAP, including copies of all application and worksheet forms.

Upon completion of the application and submission of appropriate documentation, the Patient Financial Service representative will complete the FAP Worksheet and thereafter forwarded for approval.

If an individual is determined to be eligible for financial assistance, Patient Financial Services will review gross charges for the last 240 days from date of completed application and apply the financial assistance discount retroactively and for 240 day in the future. A financial assistance Application must be completed after the expiration date for any subsequent care provided.

Financial assistance approvals for amounts less than \$50,000 will be processed by the Director, Financial Clearance. Amounts of \$50,000 will be reviewed and approved by the AVP, Corporate Patient Access.

Financial assistance approvals shall be made in accordance with the applicable program guidelines and documented as required.

## **Process for Incomplete Applications**

In the event an immediate determination of FAP-eligibility cannot be made, the Financial Representatives will request additional information from the applicant. The Guthrie Clinic will provide the applicant with both verbal and written notice which describes the additional information/documentation required to make a FAP-eligibility determination and provide the patient with a reasonable amount of time (30 days) to provide the requested documentation. During this time The Guthrie Clinic, or any third parties acting on their behalf, will suspend any ECAs previously taken to obtain payment until a FAP-eligibility determination is made.

## **Process for Completed Applications**

Once a completed Application is received, The Guthrie Clinic will:

- Suspend any ECAs against the individual (any third parties acting on The Guthrie Clinic's behalf will also suspend ECAs undertaken);
- Make and document a FAP-eligibility determination in a timely manner; and
- Notify the responsible party or individual in writing of the determination and basis for determination.

An individual deemed eligible for financial assistance will be notified in writing of a favorable determination. In accordance with IRC §501(r) The Guthrie Clinic will also:

- Provide a billing statement indicating the amount the FAP-eligible individual owes, how that amount was determined and how information pertaining to AGB may be obtained, if applicable;
- Refund any excess payments made by the individual; and
- Work with third parties acting on The Guthrie Clinic's behalf to take all reasonable available measures to reverse any ECAs previously taken against the patient to collect the debt.

## **Notification of Eligibility Determination**

The Guthrie Clinic will accept and process all Applications for financial assistance available under this FAP submitted during the "Application Period". The Application Period begins on the date the care is provided and ends on the 240<sup>th</sup> day after the date of the first post-discharge billing statement.

The applicant should be provided a written decision within thirty (30) days of receipt of a completed application.

The responsible party may request reconsideration of a financial assistance determination by providing additional information (such as an explanation of extenuating circumstances) within thirty (30) days of receiving the initial decision. Patients may appeal The Guthrie Clinic's financial assistance decisions if they are denied financial aid or deemed a decision to be unfavorable. Patients have thirty (30) days to complete appeals applications and will be notified of decisions via mail within thirty (30) days of the submission of the appeals application. Based on the information provided, patients may be evaluated for further reductions or extended interest free payment plans.

## **Monitoring and Reporting**

Patient Financial Services will retain all financial records relating to an application for seven years.

A financial assistance log which periodically reports on the amount and number of patients by county and by The Guthrie Clinic entity will be maintained.

The cost of financial assistance will be reported annually to The Guthrie Clinic Board of Directors and included in our annual financial reports.

Annually management will re-evaluate the Financial Assistance Program and make any necessary changes.

## **IX. WIDELY PUBLICIZING**

The FAP, Application and PLS are all available on-line at the following website: <https://www.guthrie.org/patients-visitors/pay-my-bill/financial-assistance>

Paper copies of the FAP, Application and the PLS are available upon request without charge by mail and are available within various areas throughout The Guthrie Clinic facilities. This includes, but is not limited to, emergency rooms, admission areas, patient registration check-in areas within each hospital facility.

All patients of Robert Packer Hospital, Corning Hospital, Cortland Medical Center, Troy Community

Hospital and RPH at Towanda Campus will be offered a copy of the PLS as part of the intake process. In the event of an emergent situation, the patient will be offered the PLS during the registration process, after the patient receives the required medical attention. The PLS will be made available at all Guthrie Medical Group office location annually during intake and as requested.

Signs or displays informing patients about the availability of financial assistance will be conspicuously posted in public locations including emergency rooms, admission areas, patient registration check-in areas within each hospital facility and Guthrie Medical Group location.

The Guthrie Clinic makes reasonable efforts to inform members of the community about the availability of financial assistance by speaking to community members about the availability of financial assistance at various community events held throughout the year.

The Guthrie Clinic's FAP, Application and PLS are available in English and in the primary language of populations with limited proficiency in English that constitutes the lesser of 1,000 individuals or 5% of the community served within the organization's primary service area.

Additionally, billing statements will include information about the availability of financial assistance, as well as contact information for individuals who believe they may qualify.

## **BILLING & COLLECTION POLICY**

### **A. PURPOSE:**

To ensure that all billing, credit and collection practices comply with all Federal and State laws, regulations guidelines and policies.

### **B. POLICY:**

It is the policy of The Guthrie Clinic to be compliant and accurate with billing and collection activities. The goal of meeting all the criteria in this policy can be accomplished by following the procedures set forth in this document.

### **C. PROCEDURES:**

1. Once a patient's claim is processed by their insurance, The Guthrie Clinic will send the patient a bill indicating the patient responsibility. Additionally, if a patient has no third party coverage they will receive a bill indicating their patient responsibility. This will be the patients first post discharge billing statement. The date on this statement will begin the Application and Notification Periods (defined above).
2. After the patient receives their first post discharge billing statement, The Guthrie Clinic will send out three (3) additional statements (4 billing statements in total) at 30 days intervals. The 4<sup>th</sup> billing statement will discount amount owed to the AGB amount based on presumptive information received from third-party service and inform the patient in writing that the account will be sent to an outside collection agency if payment is not received within 30 days. The written notice will also include a copy of the PLS. If payment has not been received after 4 billing statements, patient accounts will be sent to a collection agency who will attempt collection of outstanding amount.
3. Although bills will continue to be generated and mailed during the Application Period, payments will not be expected for individuals applying for financial

assistance until after a FAP-eligibility determination is made.

4. Collection activity will be suspended during the consideration of an application FAP-eligibility. If the patient is eligible for discounted care under the FAP, payment terms will be established based on disposable income, by Patient Financial Services. Monthly payments cannot exceed more than 10% of family gross income and will be expected to be paid in a twelve-month period and in no instance shall payment terms extend beyond twenty four months for the self-pay balance due. Arrangements for final self-pay balances should be made within ten (10) days after receiving written decision.
5. Interest charges will not be applied based on missed payments.

## **COMPLIANCE WITH INTERNAL REVENUE CODE §501(r)(6)**

In accordance with IRC §501(r)(6), The Guthrie Clinic does not engage in any ECAs prior to the expiration of the Notification Period. The Guthrie Clinic will demonstrate a reasonable effort to determine whether an individual is eligible for assistance prior to initiating ECA's for at least 120 days after the first post-discharge billing statement. The Guthrie Clinic will send a minimum of three (3) statements as well as a written notice of action before ECAs can begin.

Subsequent to the Notification Period, The Guthrie Clinic, or any third parties acting on its behalf, may initiate the following ECAs against a patient for an unpaid balance if a FAP-eligibility determination has not been made or if an individual is ineligible for financial assistance.

- Notification by mail of delinquent balance due
- Phone calls, letters, emails, eGuthrie messages and text messages requesting payment or payment arrangements for delinquent balance due

The Guthrie Clinic may authorize third parties to initiate ECAs on delinquent patient accounts after the Notification Period. They will ensure reasonable efforts have been taken to determine whether or not an individual is eligible for financial assistance under this FAP and will take the following actions at least 30 days prior to initiating any ECA:

- A. The patient will be provided with written notice which:
  1. Indicates that financial assistance is available for eligible patients;
  2. Identifies the ECA(s) that The Guthrie Clinic intends to initiate to obtain payment for the care; and
  3. States a deadline after which such ECAs may be initiated.
- B. The patient has received a copy of the PLS with this written notification; and
- C. Reasonable efforts have been made to orally notify the individual about the FAP and how the individual may obtain assistance with the financial assistance Application process.

The Guthrie Clinic, and third party vendors acting on their behalf, will accept and process all Applications for financial assistance available under this policy submitted during the Application Period.

Contracted collection agencies must comply with The Guthrie Clinic financial assistance and billing policies, provide information to patients on how to apply for financial assistance. The Guthrie Clinic does not allow wage garnishment, property liens or credit reporting, which is consider a legal action. Any legal action that is taken would be on items excluded from this policy.

## Appendix A: The Guthrie Clinic Provider Listing

The Guthrie Clinic Financial Assistance Policy applies to Guthrie Medical Group, Robert Packer Hospital, Corning Hospital, Cortland Medical Center, Troy Community Hospital, RPH at Towanda Campus and Guthrie Home Health/Hospice. Certain physicians and other health care providers delivering services within the various Guthrie Clinic hospital facilities are not otherwise required to follow this Financial Assistance Policy.

The following is list of providers, by hospital facility, that provide emergency or other medically necessary health care services within the hospital facilities.

### List of Providers who are not covered under this Financial Assistance Policy:

- Quest Diagnostics Laboratory
- Robert Packer Hospital
  - Bio-Medical Application of Pennsylvania, Inc.
  - Skilled Nursing Facility
- Corning Hospital
  - Healogics Wound Care & Hyperbaric Services, Inc. New York, P.C.
- Cortland Medical Center
  - US Acute Care Solutions
  - Skilled Nursing Facility
  - Home Health Agency
- Troy Community Hospital
  - Gulfstream Anesthesia Consultants, P.A.
- RPH at Towanda Campus
  - Gulfstream Anesthesia Consultants, P.A.
  - Joseph Cama, MD – Family Medicine
  - James Ferenzi, MD – Surgery/General Surgery
  - Jenny Ferris, PA-C – Guthrie Towanda Skilled Nursing Unit Only
  - Karen Hoffman, DO – Guthrie Towanda Skilled Nursing Unit Only
  - Timothy Hoffman, DO – Guthrie Towanda Skilled Nursing Unit Only

*There are currently no other physicians or other healthcare providers delivering services within the hospital facilities which are currently covered under this Financial Assistance Policy.*

## All Revision Dates

3/19/2024, 10/30/2023, 7/7/2022, 10/11/2021

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## Attachments

[Financial Assistance Application FY2023.pdf](#)

[Financial Assistance Application Instructions FY2023.pdf](#)

## Approval Signatures

Step Description	Approver	Date
CRC Senior Leader	Lucia Saggiomo: VP, Corporate Revenue Cycle	3/19/2024
CRC Policy Committee	Carrie Root: Administrative Asst II	1/22/2024
Owner	Tami Miller: AVP, Corp. Patient Access	1/19/2024

