Via OHS Electronic CON Portal

March 21, 2019
Ms. Micheala Mitchell
Hearing Officer
Health Systems Planning Unit
Office of Health Strategy
450 Capital Avenue
P.O. Box 340308
MS# 51OHS
Hartford, CT 06134-0308

Re: Certificate of Need Application: **Docket Number 18-32231-CON**
Yale New Haven Hospital
Termination of Primary Care Services
Order Reopening Record

Dear Ms. Mitchell:

Attached please find the Yale New Haven Hospital ("Applicant" or "YNHH") response to the Health System Planning Unit ("HSP") Order Reopening Record dated March 18, 2019. The response is provided in both Word and PDF format, and will be uploaded to the OHS CON portal.

Please do not hesitate to contact me at 203-688-5721 or Jeryl.Topalian@ynhh.org if you have questions or need additional information.

Sincerely,

Jeryl Topalian
Director, Strategy & Regulatory Planning

cc: Cynthia Sparer, Sr. VP Operations, YNHHS
Jennifer Willcox, VP Legal Services, YNHHS

Via OHS Electronic CON Portal

IN THE MATTER OF:

A Certificate of Need Application filed by
Yale New Haven Hospital
Termination of a Hospital Service

Docket Number: 18-32231-CON
March 18, 2019

ORDER REOPENING THE PUBLIC HEARING FOR THE PRODUCTION OF EVIDENCE

The Office of Health Strategy ("OHS") hereby reopens the public hearing to receive additional evidence from the Applicant in the abovementioned Certificate of Need "(CON") application.

The Applicant shall provide the following to OHS via the CON electronic portal no later than **12:00 p.m. on March 21, 2019:**

1. An update regarding the timeline for implementation of the proposal, including the reason(s) for any delays, inclusive of supporting documentation.

2. A detailed discussion about how the recent revisions to 42 C.F.R. part 59 (the Title X Regulations) will affect the Cornell Scott Hill Health Center and the Fair Haven Community Health Center, inclusive of supporting documentation.

3. A detailed explanation regarding why the Applicant concluded that shuttle bus service is not a viable transportation option.

4. An explanation, inclusive of supporting documentation, that describes the billing process(es) at CSHHC and FHCHC when a patient is unable to pay for medical evaluation and treatment.

March 18, 2019
Date

Micheala L. Mitchell
Hearing Officer

ORDER REOPENING THE PUBLIC HEARING FOR THE PRODUCTION OF EVIDENCE

1. An update regarding the timeline for implementation of the proposal, including the reason(s) for any delays, inclusive of supporting documentation.

Response:
Yale New Haven Hospital (YNHH) and the health centers initially planned to have all required regulatory approvals in place to be able to effectuate the transition of services in or around September 2019. For a number of reasons, that timeline has been revised to an anticipated transition date in late summer 2020. A significant cause for the delay relates to the extent of the proposed renovations at 150 Sargent Drive, which require a full Site Plan Development Review by the City of New Haven. This review is in addition to the need for the submission of a Flood Plain Certificate/Permit Application, due to the siting of the building in a restricted flood plain, which also requires approval from the City. The City Plan applications are currently scheduled to be submitted on April 18, for the May 15th City Plan meeting.

In late October 2018, in connection with an engineering review of the original construction drawings, YNHH's engineers, Tighe & Bond, determined that elevation of the main floor of the site building is approximately 0.14 feet below the required flood-proofing elevation of 12 feet National American Vertical Datum (NAVD) (based on a base flood elevation in the area of 11.0 feet NAVD). Consequently, in order to move forward with the building improvements, YNHH needed to obtain a Floodplain Development Permit from the City, which would entail either raising the elevation of the main floor or flood-proofing certain parts of the building. In light of this, YNHH suspended the Phase I work on the radiology and blood draw upgrades.

Based on a structural evaluation of the building and various options to raise the main floor elevation, YNHH determined that it was not structurally feasible to raise the floor elevation to 12 feet NAVD. Accordingly, flood-proofing was determined to be the only viable compliance option. YNHH presented this information to the New Haven Building Department in a meeting on January 30, 2019. The building officials raised a number of questions on coastal zone delineation in the area of the site building, which required input from the National Flood Insurance Program (NFIP) Coordinator at the CT DEEP. On February 25, 2019, the CT DEEP NFIP Coordinator notified YNHH that the coastal zone delineation issues had been resolved with the City. In an effort to coordinate and advance the various regulatory approvals, YNHH scheduled a Site Plan Team Meeting with New Haven City Plan staff on February 26, 2019, during which the various regulatory approvals needed were reviewed with staff and an application schedule was presented.

To date, the City has permitted only the Radiology Phase 1 scope of work. That work experienced a two month delay, due to the initial Flood Plain review. The first floor will be completed by March 2020, but the second floor, which is dependent on the relocation of the Yale Medicine IVF program to the West Campus in December/January 2019, will not be complete until July 2020. Upon the IVF relocation, the second floor needs to be abated which will take about eight weeks.

Construction can not start until end of February/March 2020. Due to the needed abatement and construction, the NHPCC Steering Committee decided not to occupy the building until both floors were complete. Finally, any and all project dates are contingent upon the City Plan review and approval of the project documents. The current project timeline is attached as Exhibit 1.

2. A detailed discussion about how the recent revisions to 42 C.F.R. part 59 (the Title X Regulations) will affect the Cornell Scott Hill Health Center and the Fair Haven Community Health Center, inclusive of supporting documentation.

Response:
On March 4, 2019, the Department of Health and Human Services ("HHS") revised the Title X regulations through a notice of rulemaking published in the Federal Register entitled *Compliance with Statutory Program Integrity Requirements*[1].

The requirements imposed by the amended regulations apply equally to grantees and subrecipients of Title X funds, with limited exceptions specific to the obligation of grantees to submit certain documentation and information to HHS pursuant to grant applications and annually required reports.[2] Accordingly, both Cornell Scott Hill Health Center (CSHHC), as a Title X grantee, and Fair Haven Community Health Center (FHCHC), as a Title X subrecipient, must comply with the amended regulations. (CSHHC and FHCHC are referred to collectively as the "FQHCs.")

The specific anticipated impact of the amended Title X regulations is as of yet unknown. The provisions have not yet been tested or interpreted and are the subject of various lawsuits and litigation. A summary of the key provisions of the amended regulations and anticipated implications for the FQHCs is described below.

Abortion as a Method of Family Planning
In accordance with the amended regulations, the FQHCs' respective Title X projects "may not perform, promote, refer for, or support abortion as a method of family planning, nor take any other affirmative action to assist a patient to secure such an abortion."[3] The FQHCs' Title X providers may provide a pregnant patient with a list of licensed, qualified, comprehensive primary care providers (including providers of prenatal care); referral to social services or adoption agencies; and/or information about maintaining the health of the mother and unborn child during pregnancy.[4] The list may be limited to providers that do not provide abortion, or may include licensed, qualified, comprehensive primary care providers some, but not the majority, of which also provide abortion as part of their comprehensive health care services.[5] Neither the list nor the FQHCs' Title X project staff may identify which providers on the list perform abortion.[6] Referral for abortion because of an emergency medical situation (*e.g.*, an

[1] Federal Register, March 4, 2019: https://www.govinfo.gov/content/pkg/FR-2019-03-04/pdf/2019-03461.pdf; also provided as Exhibit 7 in a separate file.
[2] 42 C.F.R.§ 59.1(b).
[3] 42 C.F.R.§ 59.14(a).
[4] 42 C.F.R.§ 59.14(b)(1).
[5] 42 C.F.R.§ 59.14(c)(2).
[6] 42 C.F.R.§ 59.14(c)(2).

ectopic pregnancy) is not prohibited under the amended regulations, but rather is required, because such referral is medically necessary.[7]

Nondirective Pregnancy Counseling

Under the amended regulations, the FQHCs' Title X projects may provide pregnant patients with "nondirective pregnancy counseling."[8] Such counseling, if offered, must be furnished by a physician or an advanced practice provider (APP).[9] In order for the counseling to be nondirective, the options must be presented in a factual, objective, and unbiased manner.[10] Abortion may be included in the list of options discussed with the patient, although it may not be the only option presented.[11] According to the amended regulations, nondirective counseling is designed to assist the patient in making a free and informed decision.[12]

Financial and Physical Separation

The amended regulations establish that a Title X project must be physically and financially separate from abortion activities which are otherwise prohibited under the regulations (*i.e.*, performing, promoting, referring for, or supporting abortion as a method of family planning, or otherwise taking any affirmative action to assist a patient to secure such an abortion).[13] In order to be physically and financially separate, the Title X projects must have an objective integrity and independence from such prohibited abortion activities. Mere bookkeeping separation of Title X funds from other monies is not sufficient.

Whether such objective integrity and independence exists is assessed based on a review of facts and circumstances. Factors relevant to this determination include: (1) the existence of separate, accurate accounting records; (2) the degree of separation from facilities (*e.g.*, treatment, consultation, examination and waiting rooms, office entrances and exits, shared phone numbers, email addresses, educational services, and websites) in which prohibited activities occur and the extent of such prohibited activities; (3) the existence of separate personnel, electronic or paper-based health care records, and workstations; and (4) the extent to which signs and other forms of identification of the Title X project are present, and signs and material referencing or promoting abortion are absent.[14] As reflected in this list of factors, the concept of "physical" separation is very broad, extending beyond whether the Title X project and the prohibited activities are conducted in distinct and separate facilities. It is unclear as of yet how HHS will apply these concepts and whether there will be a process for confirming with HHS whether sufficient separation has been maintained.

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[7] 42 C.F.R.§ 59.14(b)(2).
[8] 42 C.F.R.§ 59.14(b)(1)(i).
[9] 42 C.F.R.§ 59.2. The amended regulations define an APP as including physician assistants and advanced practice registered nurses (APRN). Examples of APRNs that are an Advanced Practice Provider include certified nurse practitioner (CNP), clinical nurse specialist (CNS), certified registered nurse anesthetist (CRNA), and certified nurse-midwife (CNM).
[10] 84 Fed. Reg. 7714, 7747 (March 4, 2019)
[11] 84 Fed. Reg. 7714, 7747 (March 4, 2019)
[12] 84 Fed. Reg. 7714, 7747 (March 4, 2019)
[13] 42 C.F.R.§ 59.15.
[14] 42 C.F.R.§ 59.15.

Impact on 150 Sargent Drive Operations

Although neither FQHC intends to include the 150 Sargent Drive operations within its Title X project, there would arguably be some degree of "physical" overlap as between the Title X project and the 150 Sargent Drive operations (*e.g.,* shared websites, same medical record system, etc.). To ensure compliance with the amended Title X regulations, the operations of the FQHCs at 150 Sargent Drive must comply with the Title X regulatory prohibition on performing, promoting, referring for, or supporting abortion as a method of family planning, or otherwise taking any affirmative action to assist a patient to secure such an abortion. Accordingly, the FQHCs would not provide 150 Sargent Drive patients with a referral for an abortion for family planning purposes. Consistent with the amended regulations, the FQHCs will, however, be permitted to provide non-directive counseling and will be permitted to provide patients with the list referenced above of licensed, qualified, comprehensive primary care providers, some of which may provide abortions. The FQHCs will also continue to be permitted to refer for abortion in emergency medical situations (*e.g*., an ectopic pregnancy).The FQHCs will continue to closely analyze the Title X "physical separation" requirement to assess the extent to which such restrictions impact the 150 Sargent Drive operations.

Effective Date

The effective date of the final rule is May 3, 2019. However, compliance with the requirements applicable to referrals for abortion and nondirectional pregnancy counseling is mandatory as of July 2, 2019, and compliance with the requirements applicable to physical separation is mandatory as of March 3, 2020.[15]

3. A detailed explanation regarding why the Applicant concluded that shuttle bus service is not a viable transportation option.

Response:

After significant evaluation, including a review of results of patient surveys, the Applicant concluded that a shuttle bus service is not a viable transportation option to meet the needs of patients who require transportation to the proposed clinic location for the following reasons: 1) insufficient accommodation for most patients; and 2) added patient inconvenience.

Exhibit 2 shows the geographic distribution of YNHH's PCC patients by home address. Patients represented by a yellow dot live within 40 minutes by bus of 150 Sargent Drive, patients represented by a blue dot represent those who live more than 40 minutes away by bus from the proposed new location, and those represented by a red open circle live outside a 10 mile radius. For context, Exhibit 3 shows the neighborhood boundaries in New Haven. In total, New Haven residents comprised 59.7% of Saint Raphael Campus PCC patients and 54.6% of York Street Campus PCC patients in FY 2017. Further information on the distribution of patients by location of residence is shown in Exhibit 4.

The recent transportation survey conducted by the Applicant as part of the development of this proposal showed that 10% of YNHH PCC patients overall walked to their appointments. Even those who walk to these locations are scattered across their respective neighborhoods and, in order to take the shuttle to 150 Sargent Drive, they would need to walk or otherwise get to the

[15] 42 C.F.R.§ 59.19.

pick-up location at the hospital, wait for the shuttle, and then ride from the hospital to the clinic. For the significant portion of patients who live outside of walking distance, a shuttle service would be of very limited value. Further results from the survey on patient transportation patterns by clinic and neighborhood are shown in Exhibit 5.

In addition, several other elements of a shuttle bus service complicate access and convenience to patients. Utilizing a shuttle bus service requires multiple steps, complicating the process and increasing the time requirements for a group of patients who already face challenges in accessing needed healthcare services. Most significantly, patients using a shuttle bus service would need first to get to the pick-up point near the hospital, which is far from home for many of the PCC's patients.

In addition to the distance considerations detailed above, patients would be inconvenienced by the further need to allow time to wait for the shuttle in accordance with the preset schedule. Together these factors will also increase the total time required by these patients for transportation to and from the clinic site compared to other options. Also, inclement weather would further inconvenience and potentially delay patients who rely on a shuttle service.

Lastly, even ADA-compliant general purpose shuttle vans are not designed to most effectively meet the needs of wheelchair-bound or injured patients who require transportation to a medical facility. The specialized medical transportation equipment designed for this purpose must be operated by a specially trained driver, the necessary accommodations would limit seating capacity, and the transportation time of other patients riding at the same time as a wheelchair-bound or injured patient would increase. Additionally, as noted earlier, the patients requiring this type of transportation would still need to find a means to reach the shuttle pick-up points from their homes, and to return to their homes after being dropped off.

YNHH is committed to meeting the needs of patients facing transportation challenges to access the proposed services, including those who have mobility challenges. The applicant has concluded that a door-to-door ride service is the most patient-centered and effective option to meet the need for a majority of patients. For those requiring ADA-compliant transportation assistance, the Applicant is prepared to work with the State and existing State contractors, such as Veyo, who are experts in this area to find ways to support and enhance existing services.

4. An explanation, inclusive of supporting documentation, that describes the billing process(es) at CSHHC and FHCHC when a patient is unable to pay for medical evaluation and treatment.

Response:
The billing and collection policies for both CSHHC and FHCHC are attached as Exhibit 6.

To assure that no patient will be denied health care services due to an individual's inability to pay, Cornell Scott-Hill Health Center (CSHHC) seeks to make its services more affordable for qualifying low-income patients. The policy outlines five discount levels, based on Federal Poverty Level Guidelines. Patients who are not able to pay the minimum fee due a demonstrated economic hardship, as outlined in the Waiver Policy (also submitted as Exhibit 6), complete a

Financial Hardship Application. When a hardship waiver is approved, the patient will not be subject to any additional invoices or collection activities.

Fair Haven Community Health Care (FHCHC) also has policies in place to ensure the financial accessibility of its services. FHCHC has established a sliding fee scale discount policy to assure that no patient will be denied health services due to an inability to pay. When a patient is unable to make full payment at the time of service, FHCHC has established procedures to waive fees due to extenuating clinical circumstances or for certain classes of patients. For patients who do not qualify for a waiver, FHCHC staff work with the patient to establish manageable payment terms through a Payment Agreement Form. Staff also provide guidance to patients about applying for government assistance programs when appropriate. FHCHC policy proscribes write offs for self-pay accounts after such patients have received at least one statement and, if needed, up to three follow up calls.

The billing and collection policies of both FHCHC and CSHHC are both intended to ensure that each FQHC complies with a central tenet of the health center program – that no patient is denied services due to his or her inability to pay. 42 CFR 51c.303(u). Under Chapter 16 of the Health Center Program Compliance Manual, FQHCs also are obligated to ensure that any fees or payments charged will be reduced or waived in order to assure that no patient will be denied services due to his or her inability to pay. The policies of each FQHC meet these requirements, and operate as an additional safeguard against any financial impact to PCC patients.

Additional Findings to Correct the Record

1. Table 1: Current and Proposed Service. This table shows current services provided by YNHH PCC, and Proposed Services at 150 Sargent Drive. The table has been updated to clarify that FHCHC also provides certain obstetrical, family planning and gynecological care services to adolescent girls. YNHH has modified the table in several places to clarify that outpatient obstetrical services will be transitioned to the health centers, but YNHH will provide a full spectrum of family planning services (including those that the health centers are restricted from providing), and will continue to provide hospital-based obstetrical services.

TABLE 1
CURRENT AND PROPOSED SERVICES

Current YNHH PCC Services	**Proposed Services at 150 Sargent Drive[1]**		
	YNHH[1]	**CSHHC**	**FHCHC**
Adult Medicine		X	
Adult Screening Services		X	
Adult Urgent Care Services		X	
Pediatric Primary Care			X
Pediatric Screening Services			X
Well Child Services			X
Women's Health		X	
Prenatal Care		X	X[3]
Obstetrical Care/Family Planning[2]		X	X[3]
Postpartum Care Services		X	
Gynecological Care Services		X	X[3]
Health Education		X	X
Women, Infant, Children's Clinic	X		
	Imaging Services[4]		
	Blood Draw[4]		
		Behavioral Health Services[5]	

[1]Patients will have access to YNHH services offered on site.
[2]YNHH will maintain family planning and hospital-based obstetrical services at the York Street Campus following the opening of 150 Sargent Drive. CSHHC and FHCHC will provide obstetrical care and family planning services at 150 Sargent Drive within the federal Health Resources and Services Administration ("HRSA") Guidelines.
[3]These services will be provided to adolescent girls seen at the FHCHC at 150 Sargent Drive.
[4]Currently available at 150 Sargent Drive.
[5]Behavioral health providers in each clinic will include individuals with different disciplinary backgrounds (e.g., psychologists, licensed clinical social workers and substance abuse counselors). There will be a minimum of one behavioral health provider for every three primary care providers within each clinic.

Ex. A, Main Application, p. 22; Ex. C, First Completeness Response, pp. 2,5; Ex. F, Second Completeness Response, pp. 4, 7; Ex. P, Transcript, Cynthia Sparer, Senior Vice President of Operations for YNHH, p. 30

2. YNHH stated (correctly) in both the Main Application and the First Completeness Response that there are no expected changes to the patient population or payer mix projected at 150 Sargent Drive. YNHH would like to provide a revised (corrected) table for YNHH's reponse to Question 12 in the First Completeness Response. The Champus/Tricare and Uninsured data in the table provided in response to that question were correct in the Main Application, but were inadvertently transposed in the First Completeness Response. The revised (corrected) table shown below corrects for this error so that the Uninsured is correctly reported as 6% in the actual FY 2017, as it was in the Main Application, and the projected FY 2019 – 2021 at CSHHC and FHCHC at the 150 Sargent Drive Location.

Table for Question 12, First Completeness Response

CSHHC'S and FHCHC'S PROJECTED PAYER MIX - 150 SARGENT DRIVE, NEW HAVEN

Payer	FY 2017 (actuals)		FY 2019		FY 2020		FY 2021	
	Visits	%	Visits	%	Visits	%	Visits	%
Medicare	10,048	12%	10,131	12%	10,172	12%	10,214	12%
Medicaid	61,272	75%	61,776	75%	62,030	75%	62,286	75%
CHAMPUS & TriCare	31	*	31	*	31	*	32	*
Total Government	**71,351**	**87%**	**71,938**	**87%**	**72,233**	**87%**	**72,532**	**87%**
Commercial Insurers	5,792	7%	5,840	7%	5,864	7%	5,888	7%
Uninsured	4,917	6%	4,957	6%	4,978	6%	4,998	6%
Workers Compensation	15	*	15	*	15	*	15	*
Total Non-Government	**10,724**	**13%**	**10,812**	**13%**	**10,857**	**13%**	**10,901**	**13%**
Total Payer Mix	**82,075**	**100%**	**82,750**	**100%**	**83,091**	**100%**	**83,433**	**100%**

*Less than half of one percent.

Totals may not add up to 100% due to rounding.

Fiscal Year ("FY") is October 1 – September 30.

Question 12, First Completeness Response, p. 10

Exhibit 1

FIP CONSTRUCTION

YALE NEW HAVEN HEALTH
FIP CONSTRUCTION

150 SARGENT DRIVE OVERVIEW SCHEDULE

March 20, 2019

Yale NewHaven Health

ID	Task Name	Duration	Start	Finish
1	**150 Sargent Drive**	**397 days**	**Fri 2/1/19**	**Fri 8/7/20**
2	Flood Plain Resolution and Phase 1 Permitting	6 wks	Fri 2/1/19	Wed 3/13/19
3	Phase 1 Abatement and Demolition	3 wks	Fri 2/1/19	Thu 2/21/19
4	**Phase 1 Radiology Construction**	**16 wks**	**Mon 4/1/19**	**Fri 7/19/19**
5	Phase 2 Pediatrics Design Drawings	6 wks	Fri 2/1/19	Wed 3/13/19
6	Phase 2 Pediatrics Bidding/GMP	5 wks	Thu 3/14/19	Wed 4/17/19
7	**Phase 2 Pediatrics Construction**	**22 wks**	**Tue 10/1/19**	**Mon 3/2/20**
8	Phase 3 Women's Health Design Drawings	6 wks	Fri 2/1/19	Wed 3/13/19
9	Exterior Design Drawings	7 wks	Fri 2/1/19	Wed 3/20/19
10	P&Z Submission and Approval for Exterior Work	15 wks	Fri 2/1/19	Wed 5/15/19
11	Phase 3 Women's Health Bidding/Permit/GMP	5 wks	Thu 3/14/19	Wed 4/17/19
12	Exterior Bid/Award/Permit	5 wks	Thu 5/16/19	Wed 6/19/19
13	**Exterior/Skin Construcion**	**36 wks**	**Tue 10/1/19**	**Mon 6/8/20**
14	Vacate Existing Radiology	2 wks	Mon 7/22/19	Fri 8/2/19
15	Phase 3 Abatement and Demolition	6 wks	Mon 8/5/19	Fri 9/13/19
16	**Phase 3A Women's Health Construction- Phase 1 (No Elevator Area Core)**	**16 wks**	**Tue 10/1/19**	**Mon 1/20/20**
17	IVF Vacates 2nd Floor	2 wks	Mon 12/16/19	Fri 12/27/19
18	**Phase 3B Women's Health Construction- Phase 2 (Elevator and Core Area)**	**12 wks**	**Mon 12/30/19**	**Fri 3/20/20**
19	Phase 4 2nd Floor Demo and Abatement	8 wks	Mon 12/30/19	Fri 2/21/20
20	**Phase 4 2nd Floor Fit-Out**	**24 wks**	**Mon 2/24/20**	**Fri 8/7/20**

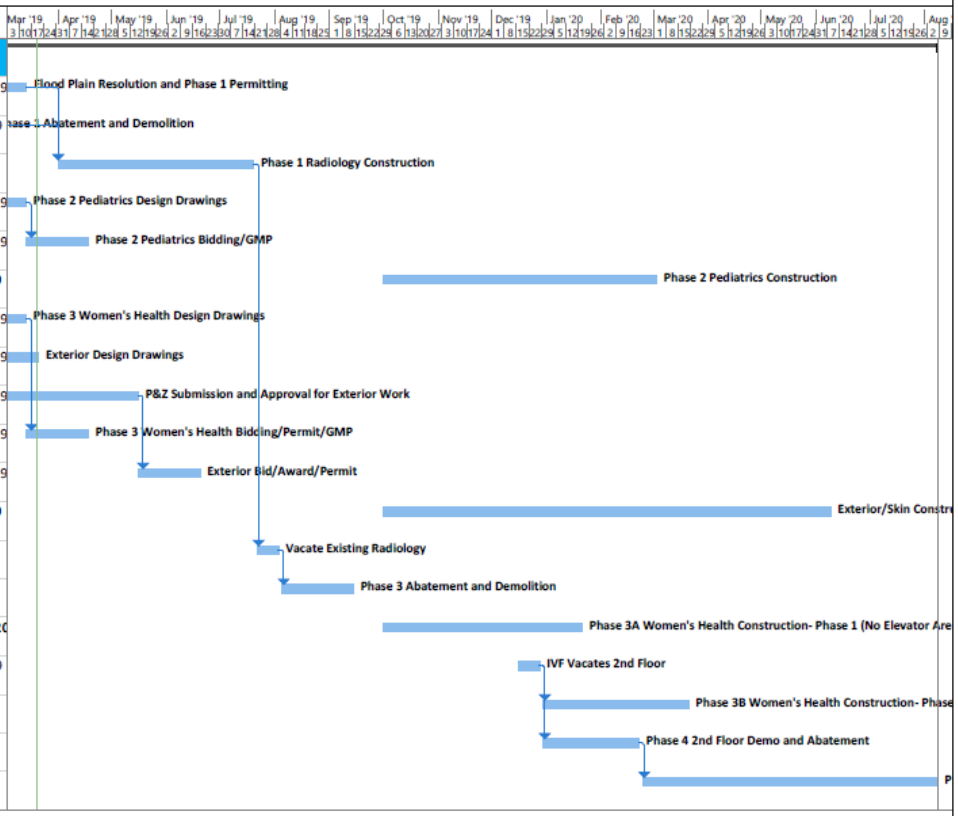

Exhibit 2

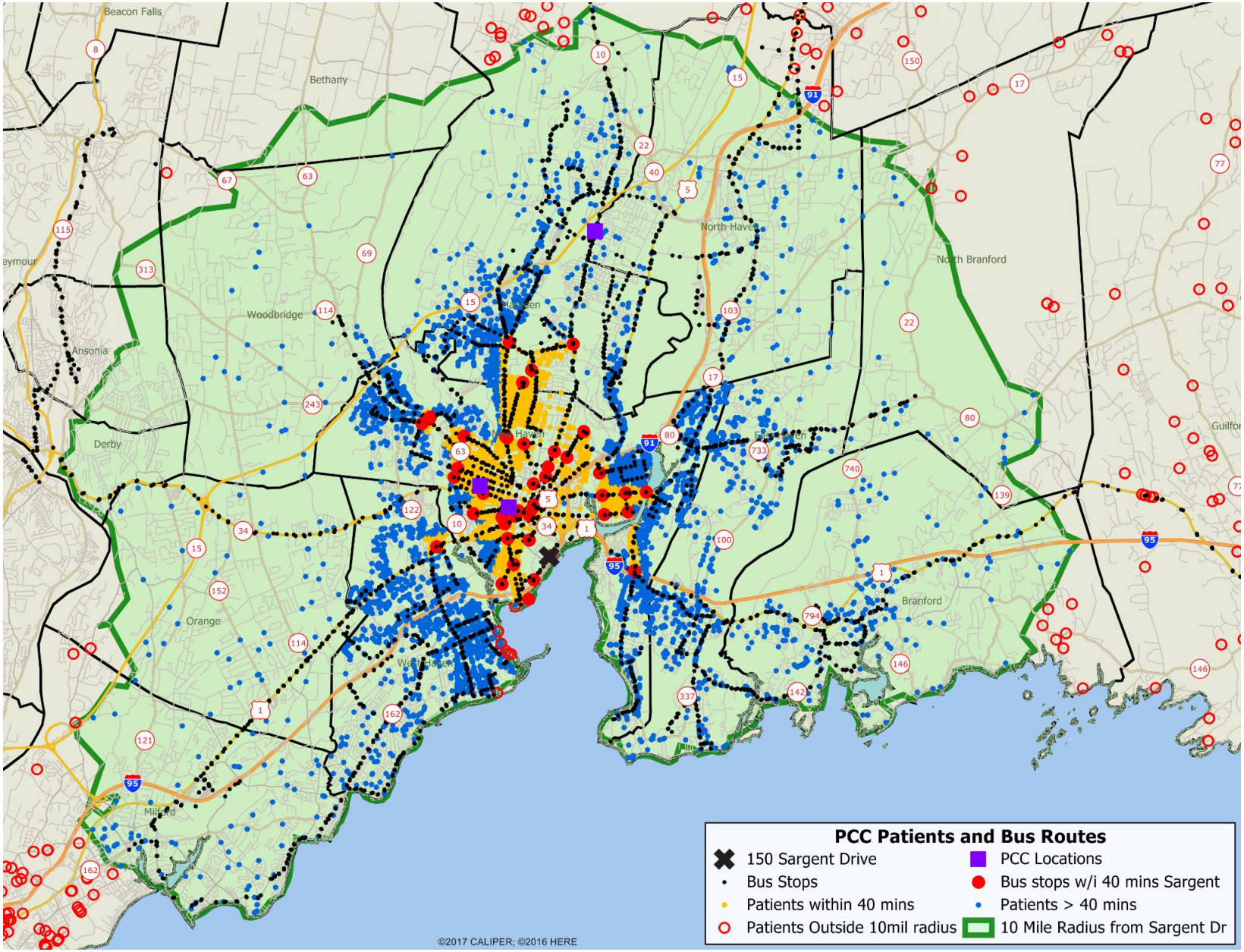
Beacon Falls
Bethany
Woodbridge
Ansonia
Derby
Orange
Milford
North Haven
North Branford
Branford
PCC Patients and Bus Routes
150 Sargent Drive
Bus Stops
Patients within 40 mins
Patients Outside 10mil radius
PCC Locations
Bus stops w/i 40 mins Sargent
Patients > 40 mins
10 Mile Radius from Sargent Dr
©2017 CALIPER; ©2016 HERE

Exhibit 3

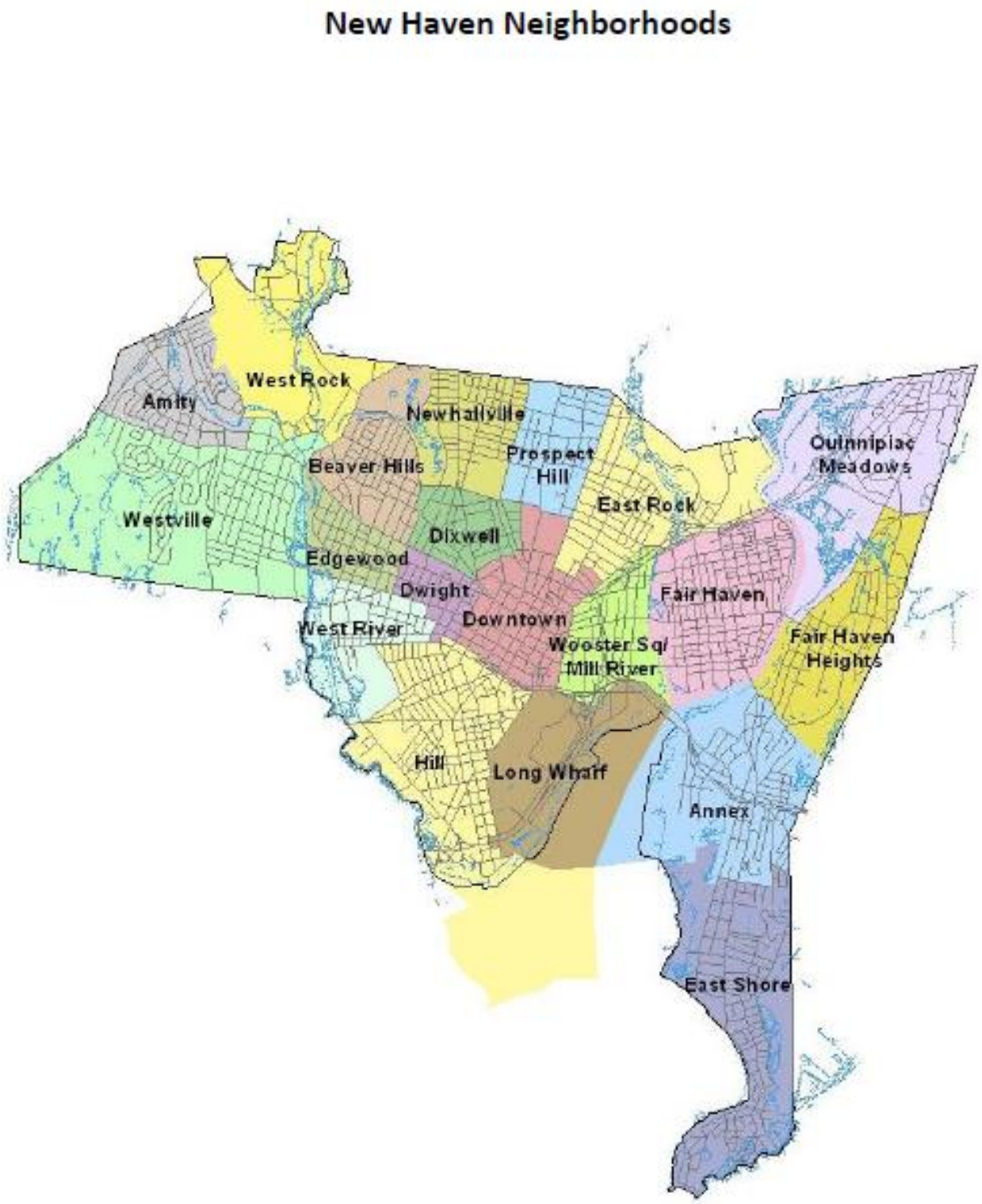
New Haven Neighborhoods
West Rock
Amity
Newhallville
Prospect Hill
Beaver Hills
Quinnipiac Meadows
East Rock
Westville
Dixwell
Edgewood
Dwight
Fair Haven
Downtown
West River
Wooster Sq/ Mill River
Fair Haven Heights
Hill
Long Wharf
Annex
East Shore

Exhibit 4

YNHH PCC Patients and Visits by Residence

Saint Raphael Campus PCC Patient Residence	FY 2017 Unique Patients	FY 2017 Total Visits	FY 2017 % of Total
New Haven	3,397	11,141	**59.7%**
All Other Towns	2,292	7,240	**40.3%**
Total	**5,689**	**18,381**	

Saint Raphael Campus PCC Patient Residence	FY 2017 Unique Patients	FY 2017 % of Total
1450 Chapel Street		
1/4 Mile Distance*	373	**6.6%**
1/2 Mile Distance*	1,095	**19.2%**
All Other New Haven	2,302	**40.5%**
All Other Towns	2,292	**40.3%**
Total	**5,689**	**100.0%**

York Street Campus PCC Patient Residence	FY 2017 Unique Patients	FY 2017 Total Visits	FY 2017 % of Total
789 Howard Ave.			
New Haven	10,889	39,760	**54.6%**
All Other Towns	9,067	27,497	**45.4%**
Total	**19,956**	**67,257**	**100.0%**

***Unique Patients within 1/4 mile are also included in unique patients within 1/2 mile**

Source: Epic
Data include all ages

Exhibit 5

YNHH PCC Transportation Survey Responses

Transportation Survey Respondents By Clinic										
Transportation Method	Clinic									Transportation Method as a % of Total
	Chapel Pediatrics	SRC Adult	SRC Pediatrics	SRC WIC	YSC Adult	YSC Pediatrics	YSC WIC	YSC Women's	Total All Clinics	
Car - Drove Myself	291	123	197	59	113	153	118	127	1,181	47%
Car - Dropped Off	24	71	48	19	81	70	67	91	471	19%
Bus	9	61	40	9	62	48	65	70	364	15%
Walked	2	48	33	17	51	48	27	30	256	10%
Medical Taxi	2	29	3	1	30	31		16	112	4%
Taxi/Uber/Lyft	6	8	5	2	20	11	11	19	82	3%
Other (1)	3	14	1	2	6	2	2	4	34	1%
Total All Methods	337	354	327	109	363	363	290	357	2,500	100%
% By Bus	3%	14%			18%				15%	
% Walked	1%	12%			11%				10%	
Campus	Chapel Pediatrics	Saint Raphael Campus			York Street Campus				Total All Clinics	

(1) Other method of transportation (n=20) or no response (n= 14)

Transportation Survey Respondents By Neighborhood (Part 1)										
Transportation Method	Neighborhood									
	Fair Haven	Dixwell	Hill	Edgewood	Newhall-ville	Westville	Fair Haven Heights	Amity	Quinnipiac Meadows	Down-town
Car - Drove Myself	111	107	70	45	52	48	45	36	40	14
Car - Dropped Off	55	50	37	20	19	21	20	8	15	10
Bus	62	42	12	13	22	17	14	25	12	19
Walked	8	13	72	27	4	2	1	1		18
Medical Taxi	9	14	18	2	3	2	6		2	7
Taxi/Uber/Lyft	3	9	7	2	3	3	9	1	2	3
Other (1)	3		3		1	2		1	1	
Total All Methods	251	235	219	109	104	95	95	72	72	71
% By Bus	25%	18%	5%	12%	21%	18%	15%	35%	17%	27%
% Walked	3%	6%	33%	25%	4%	2%	1%	1%	0%	25%

(1) Other method of transportation (n=20) or no response (n= 14)

Transportation Survey Respondents By Neighborhood (Part 2)										
Transportation Method	Neighborhood									Total All Neighbor-hoods
	Yale	Beaver Hills	Dwight	West River	East Rock	Long Wharf	Prospect Hill	West Rock	Other (2)	
Car - Drove Myself	17	23	7	10	14	11	11	14	506	1,181
Car - Dropped Off	11	2	4	6	5	3	6	4	175	471
Bus	4	10	2	2	4	2	2	4	96	364
Walked	26	3	17	11	1	1	1		50	256
Medical Taxi	4	1	2	2	1	4	2		33	112
Taxi/Uber/Lyft			2		3	5	1	1	28	82
Other (1)				2		1			20	34
Total All Methods	62	39	34	33	28	27	23	23	908	2,500
% By Bus	6%	26%	6%	6%	14%	7%	9%	17%	11%	15%
% Walked	42%	8%	50%	33%	4%	4%	4%	0%	6%	10%

(1) Other method of transportation (n=20) or no response (n= 14)

(2) Other New Haven neighborhoods (n=14), town/neighborhood not specified (n=724), or no response (n= 171)

Exhibit 5

TITLE Fee Discounts for Low Income Patients (Sliding Fee Schedule)

SECTION Finance

POLICY NUMBER FIN 404

RESPONSIBLE PERSON Chief Financial Officer

STATEMENT OF POLICY

To assure that no patient will be denied health care services due to an individual's inability to pay, the Cornell Scott-Hill Health Center (CS-HHC), seeks to make its services more affordable for qualifying low-income patients. See Patient Rights policy, RI 804. Accordingly, patients can apply for one of five discount levels, based on their annual income and family size, using the guidelines noted in Tables 1 and 2. The discount from CS-HHC's standard charges will remain valid for one year after the date of each patient's application or their income exceeds the parameters set forth below in the interim. CS-HHC will notify patients, in writing, if they qualify. Thereafter, patients who received/qualified for a discount must report any change in their family size or their insurance status or a change in income that is greater than ±10%.

Table 1
2019 Federal Poverty Level Guidelines[1]

Family Size	**Category A** 0-100%	**Category B** >100%-125%	**Category C** >125%-150%	**Category D** >150%-175%	**Category E** >175%-200%
I person	$0-$12,490	$12,491-$15,613	$15,614-$18,735	$18,736-$21,858	$21,859-$24,980
2 people	$0-$16,910	$16,911-$21,138	$21,139-$25,365	$25,366-$29,593	$29,594-$33,820
3 people	$0-$21,330	$21,331-$26,663	$26,664-$31,995	$31,996-$37,328	$37,329-$42,660
4 people	$0-$25,750	$25,751-$32,188	$28,189-$38,625	$38,626-$45,062	$45,063-$51,500
5 people	$0-$30,170	$30,171-$37,713	$37,714-$45,255	$45,256-$52,798	$52,799-$60,340
6 people	$0-$34,590	$34,591-$43,238	$43,239-$51,885	$51,886-$60,533	$60,534-$69,180
7 people	$0-$39,010	$39,011-$48,763	$48,764-$58,515	$58,516-$68,268	$68,269-$78,020
8 people	$0-$43,430	$43,431-$54,288	$54,289-$65,145	$65,146-$76,003	$76,004 -$86.860

Each additional person add	$4,320	$4,320	$4,320	$4,320	$4,320

	Category A 0-100%	**Category B** >100%-125%	**Category C** >125%-150%	**Category D** >150%-175%	**Category E** >175%-200%	**Category F** >200%-225%	**Category G** >225%-250%	**Category H** **250% +**
Medical Visit	$20.00	$40.00	$60.00	$80.00	$100.00			
Title X Family Planning Visit	-0-	$40.00	$60.00	$80.00	$100.00	$120.00	$140.00	Full Charge
OB/GYN Office Visit	$20.00	$40.00	$60.00	$80.00	$100.00			
OB-GYN Procedures[2]	25%	40%	60%	80%	90%			
Entry into Prenatal Care: **1st Trimester** **2nd Trimester** **3rd Trimester**	$360.00 $300.00 $240.00	$400.00 $350.00 $300.00	$450.00 $400.00 $350.00	$500.00 $450.00 $400.00	$550.00 $500.00 $450.00			
Dental Visit*	$50.00	70%	75%	80%	90%			
Dental Procedures	$45.00	70%	75%	80%	90%			
Dental Prosthetic	$650/ea.	70%	75%	80%	90%			
Behavioral Health (BH) Visit	$20.00	$40.00	$60.00	$80.00	$100.00			
BH Group Visit	$20.00	$30.00	$40.00	$50.00	$55.00			
IOP/PHP	$50.00	$100.00	$150.00	$200.00	$250.00			
Methadone Maintenance	$20.00	$25.00	$30.00	$40.00	$50.00			
Residential Detoxification Program (daily/per service)	$300.00	$350.00	$400.00	$450.00	$500.00			
340B Pharmacy Prescriptions (filled at in-house pharmacy)	Cost + $4.50	Cost + $7.00	Cost + $10.00	Cost + $15.00	Cost + $18.00			

Note: CS-HHC is prohibited by law from giving discounts on fees to patients whose income is greater than 200% of the Federal Poverty Level, except that patients who qualify under Ryan White Title II Program and Healthcare for the Homeless grant can receive discounts on incomes above 200% of the Federal Poverty Level. CS-HHC cannot charge any fees to Ryan White patients whose income is less than 100% of the Federal Poverty Level. CS-HHC will apply the appropriate schedule based on guidance from the granting agency

Sliding Fee Co-payment Amounts/Percentages Table 2

**Exams and x-rays*

PROCEDURES

1. Discount Application Process: To apply, patients *must* provide:
   a. Photo identification (e.g., Driver's License, Passport, Visa, Green Card, School ID) and one recently postmarked (i.e., within previous 30 days) piece of mail (e.g., utility bill, bank statement) as proof of identity; and

   b. Proof of household income and family size (Note: The patient's federal tax return from the previous year and a month's worth of paystubs (4 if paid weekly, 2 if paid bi-weekly), or a

notarized letter that documents support from the patient's source of support constitute acceptable proof. Individuals who report that they do not have required income information because they are homeless are verified by Access to Care through the CS-HHC's Homeless Department, and directed as needed for assistance and further processing.

3. Other

c. Apply for Medicaid - Patients who wish to apply for Medicaid coverage will be referred to or can contact CS-HHC's Access to Care Department to schedule an appointment (Note: Access to Care staff are located at many CS-HHC care sites), or apply at a DSS office.

d. Conditional Discount – If a patient needs to be seen on an urgent basis, and a CS-HHC Access to Care staff member is not available to meet with the patient, the registration staff will complete a preliminary application with the patient. The patient will be placed on a conditional Sliding Fee discount with the understanding that they have 3 days to contact the CS-HHC Access to Care Department and complete the Sliding Fee Application process. If the required documentation is not provided within 3 days, CS-HHC will revoke the conditional discount and bill the patient retroactively for all services rendered at CS-HHC's standard charge. The patient then owes CS-HHC that amount and is expected to pay within 30 days of the bill date. Conditional discount levels are subject to change after CS-HHC Access to Care staff receive a patient's documentation and completes their discount application. CS-HHC must receive all required documentation before we will process an application.

e. Payment - Payment, either at CS-HHC's standard charge or each patient's determined discounted level, is due and will be requested during registration on each occasion of service. Dental patients receiving prosthetics (e.g., dentures, partials) are required to pay 50% of the determined treatment co-payment amount before CS-HHC will order the prosthetic and the balance before CS-HHC will deliver the prosthetic. Cash, credit cards (i.e., MasterCard, Visa), debit cards, traveler's checks, and personal checks are accepted forms of payment. CS-HHC will assess a $25.00 processing fee each time a personal check is returned unpaid. Any patient whose personal check is returned unpaid forfeits his/her privilege to pay future CS-HHC bills using a personal check.

f.

Credit Ceilings:

	Sliding Fee Scale	**Self-Pay**
Medical / Dental / Methadone Maintenance	$200/service	$600/service
Outpatient Behavioral Health	$200	$600
IOP, PHP or Detox	$2,000	$2,000

For Sliding Fee Patients

i. Patients who qualify for the Sliding Fee discount may have a stacked credit ceiling. The total credit ceiling will be based upon the services the patient is receiving. Medical and dental patients who qualified for a CS-HHC discount (i.e., Sliding Fee Patients) may not maintain an account balance that exceeds $200 per service. Behavioral health patients who qualified for a CS-HHC discount may not maintain an account balance that exceeds $200 for Methadone Maintenance, $200 for outpatient counseling, $2,000 for IOP,PHP or detoxification services. The concluded amounts represent CS-HHC's credit ceilings for Sliding Fee Patients.
ii. Sliding Fee Patients whose account balance exceeds the applicable credit ceiling will be required to make full restitution of the amount that exceeds the ceiling within 30 days.
iii. CS-HHC can, at its sole discretion and only with the site or program manager's approval, offer a payment arrangement that allows Sliding Fee Patients to extend payment over a maximum of six months.
iv. CS-HHC will consider entering an extended payment plan only when a Sliding Fee Patient's account balance is less than CS-HHC's credit ceiling for Sliding Fee Patients.
v. Each patient can have only one extended payment plan at any given time in each of CS-HHC's major service divisions (i.e., medical, dental and behavioral health).
vi. Patients who state that they are not able to pay the minimum fee due to a demonstrated economic hardship as outlined in the CS-HHC Hardship Waivers Policy (FIN 413), will complete a Financial Hardship Application. All applications need to be approved by the Director of Patient Accounts and the Corporate Compliance Officer. A separate application needs to be completed each time the patient presents for a visit they cannot pay for.
vii. When a hardship waiver is approved, the patient will not be subject to any additional invoices or further collection activities related to the approved visit.
viii. If a patient fails to pay or CS-HHC concludes that a patient has breached the terms of an extended payment plan, CS-HHC reserves the right to refer the account to a collections agency and consider the patient for discharge (see Termination or Denial of Care, LD 107).

<u>For Full Charge Patients</u>

ix. Patients who did not apply or qualify for a CS-HHC discount (i.e., Full Charge Patients) may have a stacked credit ceiling. The credit ceiling will be based upon the services the patient is receiving. Patients receiving services in medical and dental may not maintain an account balance that exceeds $600 per service. Behavioral health patients who did not apply or qualify for a CS-HHC discount may not maintain an account balance that exceeds $600 for Methadone Maintenance, $600 for outpatient counseling, $2,000 for IOP, PHP, or detoxification services. The concluded amounts represent CS-HHC's credit ceilings for Full Charge Patients.
x. Full Charge Patients whose account balance exceeds the applicable credit ceiling will be required to make full restitution of the amount that exceeds the ceiling within 30 days.
xi. CS-HHC can, at its sole discretion and only with the site or program manager's approval, offer a payment arrangement that allows Full Charge Patients to extend payment over a maximum of six months.

iv. CS-HHC will consider entering an extended payment plan only when a Full Charge Patient's account balance is less than CS-HHC's credit ceiling for Full Charge Patients.
i. Each patient can have only one extended payment plan at any given time in each of CS-HHC's major service divisions (i.e., medical, dental behavioral health).
ii. If a patient fails to pay or CS-HHC concludes that a patient has breached the terms of an extended payment plan or has exceeded the credit ceiling, CS-HHC reserves the right to refer the account to a collections agency and consider the patient for discharge.

d. Patient Identification

iii. All patients must provide at least two forms of identification during registration on each occasion of service (Note: Patients who report that they do not have required forms of identification because they are homeless will be referred to CS-HHC's Homeless Department for assistance and further processing).
iv. Photo identification (e.g., Driver's License, Passport, Visa, New Haven Resident ID Card, Green Card, School ID) is required of all patients.
v. Insured patients must provide proof of coverage as their second form of identification.
vi. Uninsured patients must provide a recently postmarked piece of mail (e.g., utility bill, bank statement) as their second form of identification.
vii. Sliding fee patients forfeit their discount for that visit/service if they do not provide required forms of identification, except that certain behavioral health sites and sites that treat homeless clients may waive these requirements and substitute appropriate steps to follow for clients in emergency situations or where client identification is temporarily unavailable.

e. Excluded Services - CS-HHC's sliding fee program covers most services. However, the following services are examples of services that are excluded from a CS-HHC discount and, thus, will be billed at CS-HHC's standard charge.

    i. Inpatient detoxification

f. For Ryan White HIV/AIDS Program (RWHAP) Patients

viii. CS-HHC will ensure that reimbursable services are billed to insurance and payer sources, including Medicaid and Medicare as available for eligible clients. RWHAP funds are expected to be used when payment cannot be reasonably expected to be made, i.e., after billing Medicaid, Medicare, Children's Health Insurance Program (CHIP), other public/private health insurance resources, and after billing clients for allowable costs using a sliding fee scale as required by statute. Providers of RWHAP cannot use the grant to supplement maximum cost allowances for services reimbursed by Medicaid, Medicare, or other insurance programs.
ix. Patients will be screened for RWHAP eligibility and will include verification of patients' financial status, implementation of a sliding fee scale, and ensuring a cap on patient charges for HIV-related services

Sliding Fee Scale: Patients cannot be denied primary care if they are not able to pay for services. RWHAP must provide a system to discount patient payment for charges by developing and utilizing a sliding discounted fee schedule that is published and made readily

available. While the fee schedule may be based on the patient's income or household size and income, CS-HHC must track the patient's income and charges imposed. The law prohibits imposing a first-party charge on individuals whose income is at or below 100 percent of the Federal Poverty Level and requires that individuals with incomes above the official poverty level be charged for services. The CS-HHC sliding fee scale will be used in those instances in accordance with the most recent Federal Poverty Level guidelines. Federal Poverty Guidelines are updated each year in early spring, and are available on the web at http://aspe.hhs.gov/poverty/index.shtml#latest . (See Page 1 of this policy for current levels)

Patient Cap on Charges: The law limits the annual cumulative charges to an individual for HIV-related services to:

Individual Income	Maximum Charge
At or below 100% of Poverty	$0
101% to 200% of Poverty	No more than 5% of gross annual income
201% to 300% of Poverty	No more than 7% of gross annual income
Over 300% of Poverty	No more than 10% of gross annual income

TRAINING

CS-HHC trains front office staff members, including scheduling, registration and eligibility staff members, and patient accounts staff members at least annually in the application of this policy and whenever the federal government adjusts the FPL guidelines or whenever CS-HHC revised the policy and procedures.

The Health Center will make notice of the sliding fee discount with posted signs in patient waiting areas as well as include information in the Patient Welcome Packet distributed to all new Health Center patients. Patients will also be educated during the new patient intake of the availability of the sliding fee discount based on the patient's family size and income.

EVALUATION AND REVIEW

Annually, the sliding fee discount schedule (SFDS) will be reviewed and/or updated along with applicable policies and procedures by the Chief Financial Officer and the Chief Operations Officer. This review will also be used to ensure amounts owed for health center services are adjusted based on the eligible patient's ability to pay. This will coincide with the annual release of the Federal Poverty Guidelines (FPG).

Every three years, the Health Center will evaluate the SFDS program. This evaluation will identify whether the SFDS effectively creates financial barriers that reduce patient access to care. The evaluation will determine whether the nominal fee is nominal from a patient perspective.

The Health Center fee schedule will be updated annually. The fee schedule must be based on the center's costs to ensure that charges will cover the cost of operations. Upon completion of the fee schedule, the Health Center will conduct an analysis to verify that the fees are consistent with local prevailing rates.

All fee schedules, SFDS, updated policies and procedures and updated FPG will be presented to the board of directors for approval at the first board meeting that takes place after the FPG are released.

REFERENCES

42 CFR 51c.303(f), 303(g)
45 CFR 1060.2 (HHS Poverty Income Guidelines)
42 USC 300ff (Ryan White grant program)

Related CS-HHC policies:

- Termination or Denial of Care, LD 107
- Patient Rights Policy, RI 804
- Hardship Waiver, FIN 413

TITLE Hardship Waivers

SECTION Finance

POLICY NUMBER FIN 413

RESPONSIBLE PERSON Chief Financial Officer & Director of Finance

STATEMENT OF POLICY

Co-payments, deductibles, sliding fees, and/or self-pay amounts determined to be a patient responsibility may not be waived, except on a case by case basis upon a determination of a hardship event. Hardship waivers are available in a limited number of circumstances as outlined in this policy, including certain life events and/or financial status changes. Routine waiver of the patient responsibility is a violation of Cornell Scott Hill Health Center policy.

1. Procedure: The process for consideration of a hardship waiver is as follows:

    a. Hardship waivers and discounts shall not be advertised. All patients shall be informed of their obligation to pay. In the event the patient indicates their inability to pay, the patient shall be directed to staff permitted to accept hardship waiver applications.
    b. Staff who provide the hardship waiver application to patients shall inform the patient that they may or may not qualify for a hardship waiver. Staff shall inform the patient that the application includes the circumstances and required documentation for a hardship waiver consideration. Staff shall inform the patient that the hardship waiver will only apply to a specific visit or a specific point in time patient balance.
    c. Staff permitted to accept the hardship waiver applications will include Access to Care staff, Patient Account Representatives, Patient Advocate, and any billing staff member. The staff will collect the application and required documentation, and will review for completeness. The staff will forward these items to the Director of Patient Accounts for review.
    d. The Director of Patient Accounts and the Corporate Compliance Officer shall review all applications to determine whether the applicant qualifies for the hardship waiver. The Director of Patient Accounts and the Corporate Compliance Officer will determine the specific encounter and/or patient balance covered under the waiver application. The decision to approve or reject the hardship waiver will be communicated to the patient within five (5) business days. When a hardship waiver is approved, the patient will not be subject to any additional invoices or further collection activities related to the approved visit.

2. Record Keeping: The patient bill adjustments granted under this policy shall be recorded to the write off summary sheet, in accordance with our write off policy. The write-off summary sheet will be kept on file in the Patient Accounts files and in the Finance Department files for a minimum of seven (7) years.

3. Criteria for Hardship Waivers: The determination of the hardship waiver will be based on the facts reported on the hardship waiver application, the supporting documentation, and a good faith effort to assess their validity.

Hardship Number	Category
1	Patient is currently homeless.
2	Patient is being evicted or facing foreclosure.
3	Patient received a shut-off notice from a utility company.
4	Patient recently experienced domestic violence.
5	Patient experienced the death of a close family member.
6	Patient experienced a fire, flood, or other natural or human-caused disaster that caused substantial damage to property.
7	Patient filed for bankruptcy.
8	Patient had medical expenses they couldn't pay.
9	Patient experienced unexpected increases in necessary expenses due to caring for an ill, disabled, or aging family member.
10	A hardship NOT listed in categories 1-9

EVALUATION/REVIEW

The overall performance of the organization in meeting the objectives of this policy is assessed annually by the Chief Financial Officer. The evaluation consists of review of this policy annually, revising and updating as needed.

REFERENCES

Generally Accepted Accounting Principles (GAAP) as promulgated by the Financial Accounting Standards Board (FASB).

Related Policies:

- Fee Discounts for CS-HHC Patients, FIN 404
- Write-Off Policy, FIN 412

Fair Haven Community Health Care

Title:	Waiving Patient Charges
Classification:	Patient Access
Date Effective:	05/27/2017
Date Reviewed:	04/2017
Date Revised:	N/A
Board Approved Date:	06/2017
Monitoring Responsibility	VP of Finance/Annually

Purpose

To outline the conditions under which charges may be waived for individual patients or groups of patients who meet specific categorical criteria at Fair Haven Community Health Center, Inc. (Fair Haven).

Policy

Fair Haven Community Health Center, a Federally Qualified Health Center (FQHC) and patient-centered medical home, is committed to ensuring patients' access to high quality care and has established a sliding fee scale discount policy to assure that no patient will be denied health services due to an inability to pay. The following procedure outlines when charges may be waived on a date of service for an individual patient due to extenuating clinical circumstances or for certain classes of patients as defined below.

Procedure

- If a patient is determined to have no income, the nominal fee will be waived, with approval of Patient Access Supervisor (or his/her designee).
- If a significant social or economic change has occurred, such as homelessness or a shut-off of utilities, the Fair Haven's Social Services can recommend waiving of a visit fee, with approval of VP of Clinical Affairs (or his/her designee).
- During the course of a clinical encounter, a patient may inform the clinician of extenuating circumstances that would lead to a clinician's recommendation for waiving the charges on the date of service. For example, an adolescent who presents for pregnancy testing may verbalize her inability to pay out of pocket for the visit, in order to avoid the head of household's receipt of a statement or an explanation of benefits. To authorize a waiver of charges on the date of services, approval must be given by the VP of Clinical Affairs (or his/her designee).

In the above situations, the billing department is immediately notified of the decision to waiver a fee.

Additional circumstances in which a waiver of charges occurs:
Uninsured patients enrolled in the Breast and Cervical Cancer program – Although charges are posted, they are subsequently written off/waived due to the funding requirements/agreements.

Family Planning Visits (Slide A only) – Although charges are posted, they are subsequently written off/waived due to the funding requirements/agreements. Due to privacy issues for the adolescent visits, private insurances are not billed to avoid an EOB being delivered to the home.

Ryan White Patients - Although charges are posted, any balances not covered by insurance are subsequently written off/waived due to the funding requirements/agreements.

School Based Health Centers – Due to the inability for school children to provide income verification upon their visit, charges are posted, any balances not covered by insurance are subsequently written off/waived.

Fair Haven Community Health Care

Title:	Patient Payment Agreement
Classification:	Billing
Date Revised:	07/18/2018
Date Effective:	10/15/2015; 07/18/2018
Board Approved date:	10/15/2015; 07/18/2018
Monitoring Responsibility:	VP of Finance/Bi-annually

Purpose

To ensure that all patient payment agreements are processed in a timely manner.

Policy

It is the policy of Fair Haven Community Health Clinic, Inc. (FHCHC) to offer patient payment agreements to any patient that cannot pay for services provided.

Procedure

1. When the patient is financially unable to make full payment at the time of service, they will be requested to make a payment agreement with Patient Access staff.

2. Payment terms are established once the patient signs the Payment Agreement Form. A witness must also sign the Payment Agreement Form. The patient now has the obligation to meet the payment terms agreed to.

1. FHCHC's Billing staff will monitor monthly whether or not payments are being made on the account per the terms of the agreement.

3. The Billing staff will refer the patient to apply for any government assistance programs available to help them with on-going medical expenses.