Financial Assistance Programs Policy for University Hospital

Policy: University Hospital is a regional medical center dedicated to meeting the healthcare needs of the community within its 17-county service area. As part of our mission, University Hospital has a program to ensure that financial assistance is available for low income, uninsured patients, or patients with an inability to pay for the services they receive. We will also provide information and assist patients in accessing Medicaid, Family Health Plus, and Child Health Plus and Healthy New York. All processes involved in the provision of financial assistance to patients shall be consistent with Subdivision 9-a to Section 2807-k of the New York State Public Health Law.

Procedure:

1. Brochures and posters in multiple languages are available at all registration sites, including the Emergency Department, of University Hospital to inform patients of the Hospital’s Financial Resource Center, the availability of financial assistance programs, and the opportunity to meet with a representative from the Financial Resource Center and/or a Facilitated Enroller from one of various Medicaid HMO plans.

2. During the intake and registration process, all patients identified as Uninsured (Self Pay) upon presenting at registration will receive a letter notifying them of the availability of financial assistance programs, as well as other resources offered by the Hospital to assist patients with obtaining appropriate financial resources. This notice contains the income levels used to determine eligibility for assistance, the description of the Hospital’s primary service area, and instructions to the patient describing how to apply for assistance.

3. Upon consent by the patient, an initial screening for eligibility for Medicaid will be performed to identify which appropriate resources may be available. If eligibility is expected, patients may be required to apply for public health insurance before obtaining Hospital financial assistance.

4. All uninsured patients, as well as patients with self-pay balances after insurance, will receive a statement indicating that payment is due, but financial assistance is available and a contact number is provided.
5. Once the statement or bill is sent or provided to a patient, the patient will be given ninety (90) days to apply for financial assistance. Upon receipt of a request for financial assistance, the patient will receive the application form with instructions for its completion. The patient will be advised that upon submission of a completed application, including any information or documentation needed to determine eligibility, to disregard any further request for payment until the Hospital has rendered a decision on the application. The patient shall have twenty (20) days to return the completed application. Additionally no account shall be referred to an outside collection agency if the patient has submitted a completed application for financial assistance and a determination of eligibility is pending. Applications will be processed within thirty (30) days of receipt. If the application received is incomplete or lacks required documentation, the patient will be notified in writing of the missing or incomplete information/documentation and will be allowed twenty (20) additional days to provide further information required by the Hospital for processing the application for assistance. If the patient does not respond to the written request for additional information/documentation within twenty (20) days, normal collection activities will resume. Once completed applications are processed, a written determination regarding financial assistance will be provided to the patient and will include instructions on how to appeal a denial of the request. The applicant will receive a response to the appeal request within twenty (20) days stating the conclusion and justification for the decision. Appropriate Hospital staff throughout the facility will be trained and educated as to the proper treatment of inquiries from patients regarding financial assistance and will be provided reference materials to help them assist with patients’ questions.

6. Under the New York State Charity Care Laws, uninsured patients with incomes below three hundred percent of the federal poverty level are qualified for charity care and shall be deemed presumptively eligible. The Hospital will not seek sale or foreclosure of a patient’s primary residence as part of the financial assistance application. Consideration of financial assistance will be extended not only to the uninsured, but also to any patient who has exhausted their health insurance benefits or is unable to pay the patient responsibility determined by the insurer.

7. As a public teaching facility, University Hospital reserves the right to extend additional care to patients at no or reduced charge that qualify for consideration of financial assistance under its Teaching Case Policy and Gift of Life Policy.

8. All qualified patients receiving medically necessary care at University Hospital, regardless of their medical condition, and who reside within the primary service area shall be eligible to apply for financial assistance under the New York State Charity Care Laws. The primary service area includes the counties of Onondaga, Cayuga, Cortland, Madison, Oswego, Jefferson, Lewis and St. Lawrence. Residents of the following counties shall also be included for consideration as well: Broome, Chenango, Herkimer, Oneida, Tompkins, and Tioga. Financial assistance under the New York State Charity Care Laws will also be available to qualified New York State residents receiving services from the emergency department at the Hospital regardless of county of residence.
9. The levels of discounts offered to uninsured, low-income (below 300% of the Federal Poverty Level) applicants living within the primary service area shall be determined as follows: (this includes those who are insured, but have exhausted their benefits):

- Individuals with incomes at or below 100% of the federal poverty level shall pay no more than the nominal payment rate established by the New York State Department of Health.
- Individuals with incomes between 101% and 150% of the federal poverty level will receive a payment adjustment based on a sliding fee up to 20% of the amount paid by the Hospital's most competitive payor.
- Individuals with incomes between 151% and 250% of the federal poverty level will receive a payment adjustment based on the full amount paid by the Hospital’s most competitive payor.
- Individuals with incomes between 251% and 300% of the federal poverty level will receive a payment adjustment based on the full amount paid by the Hospital’s most competitive payor.
- Non-emergent medical necessary procedures require a deposit in advance of scheduling. However, any required deposit will be included as part of the financial consideration.

The income criteria under the New York State Charity Care Laws is established as follows:

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Annual Family Income</th>
<th>Monthly Family Income</th>
<th>Weekly Family Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Up to $33,510</td>
<td>Up to $2,793</td>
<td>Up to $644</td>
</tr>
<tr>
<td>2</td>
<td>Up to $45,390</td>
<td>Up to $3,783</td>
<td>Up to $873</td>
</tr>
<tr>
<td>3</td>
<td>Up to $57,270</td>
<td>Up to $4,773</td>
<td>Up to $1,101</td>
</tr>
<tr>
<td>4</td>
<td>Up to $69,150</td>
<td>Up to $5,763</td>
<td>Up to $1,330</td>
</tr>
<tr>
<td>5</td>
<td>Up to $81,030</td>
<td>Up to $6,753</td>
<td>Up to $1,558</td>
</tr>
<tr>
<td>6</td>
<td>Up to $92,910</td>
<td>Up to $7,743</td>
<td>Up to $1,787</td>
</tr>
</tbody>
</table>

10. All patients (applicants) receiving medically necessary care at University Hospital, regardless of their medical condition, who:

- Reside within the primary service area, but have incomes greater than 300% of the federal poverty level, or
- Live outside the primary service area shall be eligible to apply for financial assistance under University Hospital’s Financial Assistance Program. The levels of discounts shall be determined as follows:
  - Individuals with incomes up to 100% of the federal poverty level shall pay no more than 5% of the amount due.
  - Individuals with incomes between 101% and 400% of the federal poverty level will receive a payment adjustment based on a sliding fee up to 80% of the amount due.
  - Individuals with incomes greater than 400% of the federal poverty level will receive a payment adjustment based on a fee of 80% of the amount due.
11. Payment plans will be offered to patients as part of the financial assistance application. No installment plan shall require a monthly payment in excess of 10% of the gross monthly income of the patient. Installment plans are interest free and failure to make the required payment on time shall not result in the assessment of an interest penalty. However, should the payment become delinquent, the patient will receive a thirty day notice on the next statement advising that payment is due in order to avoid referral to a collection agency or Office of Attorney General.

12. If financial assistance is not requested within the required ninety 90-day notification period, the normal collection efforts will be pursued. However, the patient will always have the opportunity to request a payment plan. Any account referred to collections may be provided an opportunity to apply for financial assistance. Appropriate staff have received a copy of this policy and have been instructed how to direct any patient inquiries for assistance. However, financial reductions set forth above may not be applicable.