UR Medicine Finger Lakes Health
POLICY: FINANCIAL AID

PURPOSE:
UR Medicine Finger Lakes Health allows all patients, uninsured, underinsured, or individuals who do not otherwise have the ability to make full payment, the ability to apply for financial assistance. Patients applying for financial assistance will be evaluated using family size and income. The purpose of this policy is to document the guidelines for Financial Aid discounts available. In addition to financial assistance, an initial discount is provided to all self pay (uninsured) patients determined to have no source of payment through any Federal, State, or Third-party insurer. We are committed to treating all patients in an equitable manner, with dignity, respect and compassion. .

A. GENERAL GUIDELINES

UR Medicare Finger Lakes Health extends an overall initial discount to all self pay (uninsured) patients. An application or other qualifying criteria are not required of the uninsured patient to receive the initial reduction in their total charges.

The initial discount applied to uninsured patients is a calculation based on an "Amount Generally Billed" for emergency and other medically necessary care. The Amount Generally Billed is intended to represent the amount the hospital generally receives as payment for services furnished to individuals who have insurance. FL Health has elected to use Medicare Parts A and B allowed payments (including coinsurance, copayments and deductibles) as the Amount Generally Billed. Information about the Medicare allowed payment will be available upon request by our Patient Financial Services office by contacting us at (315) 787-4150. The representatives will be able to provide patients the amount the patient may be responsible for based on the reimbursement by Medicare Parts A and B.

Financial Aid is applicable to all UR Medicine Finger Lakes Health services rendered at Geneva General Hospital and Soldiers and Sailors Memorial Hospital to include all hospital services, inpatient and outpatient, associated physician practices, clinics, urgent cares, and FL Medical, PC. This program covers all medically necessary services regardless of where you live. Financial Aid is open to all patients, uninsured, underinsured, or who otherwise cannot afford their care. The provision of emergent healthcare is never delayed pending financial aid determination. The patient's medical condition is not a factor in financial aid determination. Services that are excluded from this program are those that are not medically necessary (e.g. cosmetic surgery) and charges from private doctors who provide services in the hospital. Specific questions about eligible services should be directed to the Patient Financial Services office by calling 315-787-4150.

If the patient feels they are unable to make full payment, financial aid may be requested. Applicants have twenty days from receipt of the application form to submit a completed application. The Hospital will refrain from referring an account to a collection agency during financial aid eligibility determination.

To ensure our patients' overall health as part of the financial aid program, we educate our patients about health insurance options. As part of the financial aid process, patients are provided with information about the criteria that must be met in order to obtain Medicaid, Medicare, or other health insurance. Patients are strongly encouraged to apply for such coverage and assistance. Financial aid applications are evaluated concurrently with any application for public funds.

Certain situations may result in an amount being classified as financial aid without a formal application, such as the patient being deceased, crisis intervention referrals, bankruptcy, and non-participating out of state Medicaid plans.

Patients who have exhausted their insurance benefits, who exceed financial eligibility criteria, but face extraordinary medical costs, or who have other unique circumstances may be considered for financial aid on a case-by-case basis.

The hospital may also use publicly available demographic and financial information to determine whether a patient who has not submitted a Financial Aid application is presumptively eligible for Financial Aid and the level of Financial Aid the patient may be eligible to receive. The hospital may utilize analytic services vendor to support such presumptive Financial Aid processing. Presumptive eligibility is applicable to hospital services and not applicable to those at physician practices.

B. FINANCIAL AID GUIDELINES

Financial aid is available to qualified patients who are at or below 400% of the Federal Poverty Level (See Federal Poverty Guidelines), based on the responsible party's annual household income and the number of people in the family. The financial guidelines will be updated in conjunction with the Federal Poverty Level updates published in the Federal Register. Patients may receive full or partial discount from the cost of care, depending on the percentage of the guidelines matched by the patient's household income.

Any balance remaining after application of the financial aid discount is the responsibility of the patient. The patient will be assisted by the Hospital in making arrangements to satisfy any remaining balance on the account(s) by use of a payment plan. Monthly payment plans are available and will not exceed 10% of the patient's gross monthly income. Interest is not charged on the unpaid balance.

Financial aid applications are processed on a timely basis and written determinations are communicated to the patients within 30 days of receipt of the completed application. The responsible party may request reconsideration of a financial aid determination by providing additional information (such as explanation of extenuating circumstances) within 20 business days of receiving the initial notification. Contact information on how to file as appeal is as follows.
Directly to the hospital at 315-787-4150
Directly to New York State complaint hotline 1-800-804-5447

Requests for application forms will be accepted before, during or after care. The hospital will strive to assist patients receiving high-cost services as they occur. Patients may be approved for financial aid on an account-by-account basis, or for a period of time (for a course of treatment) or a 6 month period of time. Patients may be asked to re-certify financial information when long term installment payment plans are being completed.

Patient statements will be put on hold during the application consideration process. Payment will not be expected until after the financial aid determination is made.

Once a Financial Aid determination is made, a discount will be applied to the patient account and any remaining balance will be billed to the patient.

Further collection action will be taken on unpaid balances. Information regarding the billing and collection practices of FL Health is included in the Procedure for Hospital Billing and Collection. A copy of this policy may be obtained by contacting our Patient Financial Service Office by phone at 315-787-4150 or in writing to 196 North St, Geneva, NY 14456 and will be provided free of charge.

C. DEFINITIONS

Income: Income includes: gross wages, salaries, tips, income from business and self-employment, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veteran's payments, survivor benefits, pension or retirement income, interest and dividend royalties, income from rental properties, estates, trusts, alimony,

child support, assistance from outside the household, and other miscellaneous sources.

Family Size: A group of two people or more related by birth, marriage, or adoption and residing together; all such people are considered as members of one family. UR Medicine Finger Lakes Health will also accept non-related household members when calculating family size.

Uninsured: Individuals with no private health insurance, Medicare, Medicaid, State Children's Health Insurance Program, state-sponsored, other government, or military health insurance coverage.

Underinsured: Individuals with public or private insurance policies that do not cover all necessary medical services, resulting in out-of-pocket expenses that exceed their ability to pay.

D. SPECIFIC PROCEDURES

The following procedures describe the Hospital's implementation and management of its Financial Aid Program:

1. Training and Communication

a. The Hospital provides training to all staff members about its Financial Aid Program to ensure institution-wide awareness of its provisions, and enable staff to assist patients who may benefit from financial aid. There are three levels of training:

i. ***General** training* - all staff are informed about the Financial Aid Program through orientation as new hires

*ii. Public access staff- (*ambulatory, emergency, pre-admission, and admissions staff) these staff members are provided with more in-depth knowledge of the program so that they may explain its general intent to patients and direct them to an appropriate Financial Counselor for further assistance.

iii. Financial Counselors - these staff members receive detailed training about all aspects of the Hospital's Financial Aid Program in order to prepare them to describe and implement the program in the course of their daily tasks.

b. The Hospital provides information about its Financial Aid Program in the following five distinct ways:

i. *Public Notices* – Notices and signage about the Financial Aid Program are available throughout the Hospital and all outpatient/affiliated practice sites in key public access areas and patient waiting room. Notices include instructions on how patients can access hospital staff to learn more about the program and/or apply. The Financial Aid policy, application, and brochure are available in any Patient Access area and in addition on the Hospital's web site www.flhealth.org or by using the following link https://www.flhealth.org/patients-visitors/patient-financial-services/financial-aid-program. This information is available free of charge.

ii. *Hospital Publications* - Information about the Hospital's Financial Aid Program is included in the Hospital's Admission Booklet that is available to all patients admitted to an inpatient care unit.

iii. *Patient Interviews* – reasonable efforts are made to have Financial Counselors interview all inpatients and assist them in securing Medicaid, Medicare, or other insurance benefits through the NYS exchange to cover the cost

of their care. Financial Counselors will explain the Financial Aid Program to the uninsured or underinsured patients who do not qualify for benefits, and assist them in making application for discounted care.

iv. *Patient Billing Statements* - A brief summary of the Financial Aid Program and general income guidelines are provided on the patient billing statements.

v. *Translation Services* – Copies of the policy are available in Spanish. Multi-lingual interpretive services are available through the ATT Language Line Services.

2. Access to Financial Aid Program

a. Any patient may self-refer to a Financial Counselor to learn more about the Financial Aid Program. The procedure for contacting the Financial Counselors is outlined in all published material; in addition, all staff in key access areas are trained on how to refer the Patient to the Financial Counselors. Financial Counselors make every effort to contact all patients admitted to the Hospital that may have a balance due. The Financial Counselor assesses the patient's current insurance, confirms existing coverage, and determines if the patient will require additional financial aid in order to pay for their health care service. Patients with insufficient insurance are told about the Hospital's services designed to assist them in making application for insurance and the Hospital's Financial Aid Program and are referred to the Financial Counselors . Patients unwilling to apply for insurance or pursue financial aid are informed that they will be responsible for full payment of their hospital bill (amount generally billed).

b. Any patient who appears to qualify for Medicaid insurance is assisted in making application for this public insurance program. It is not required to apply for and be denied benefits from Medicaid or any other public insurance plan prior to the hospital accepting and processing an application for financial aid. In most cases these processes would be expected to run concurrently.

A Financial Counselor assists the patient as needed throughout the Medicaid application process until a determination is made with respect to eligibility for Medicaid. Medicaid denials considered inappropriate by the Financial Counselor are discussed with the patient. The Financial Counselor may recommend that the patient request a Medicaid Fair Hearing and assist him/her in arranging the hearing, if the patient expresses a willingness to pursue this appeal process.

3. Financial Aid Application

a. The Financial Counselor contacts patients seeking financial aid as soon as possible, but typically within two business days of receipt of the application if indicated. A financial aid interview is then conducted (via personal or telephone interview, or via correspondence).

b. At the beginning of the interview, the patient is informed about: (a) the services covered by the Hospital's Financial Aid Program; (b) steps in the application process; (c) the patient/family requirement to provide proof of current income as a basis for financial aid determinations (examples: pay stubs, rent income, Social Security payments, unemployment payments, disability payments, workers' compensation payments, alimony / child support, etc.) Self declaration can also be used as a mean of income verification.(d) the rules used in determining eligibility for financial aid; (e) the schedule used to determine fee discounts for eligible patients; (f) the process for patient request for reconsideration of a financial aid determination in light of additional information or change in circumstance; (g) patient responsibility for payment of charges remaining after a discount is applied; and (h) the hospital's billing and collection processes. At this point in the interview, patients are given the opportunity to decide

if they wish to continue in the financial aid application process.

Patients or their representatives who are unwilling to provide required documentation or comply with other aspects of the process are informed that they will not be eligible for financial aid and that they become immediately responsible for all hospital charges related to their care after the initial discount has been applied. Patients who elect to continue with the process participate in the financial assessment component of the interview.

In this segment of the interview, the Financial Counselor obtains additional information about the patient's household income and size. The patient is asked to provide documentation to submit verification of information provided during the interview within 20 days of the application.

c. Within 30 days of receiving the completed Financial Aid Application and all required documentation, the Financial Counselor shall determine: (a) the patient's eligibility for financial aid and (b) the discount percentage to which the patient is entitled. The Financial Counselor communicates this information to the patient in writing, and informs the patient of the specific amount that remains due after application of the indicated financial aid discount.

d. All submitted applications, approved or denied will be maintained and preserved in a secured electronic storage system. Applicants who have been approved for Financial Aid will be logged in the patient's electronic billing record. A weekly listing of all patients approved for Financial Aid will be sent to all outsourced billing companies and physician practices.

e. A patient or responsible party may request reconsideration of a financial aid determination if additional information is available that would change their status with regard to the financial aid eligibility guidelines. The request for reconsideration can be made by telephone or in writing to the Hospital's Financial Counselor. The reconsideration will be completed as soon as possible, and the patient/family will be informed of the review determination in writing within **30** business days of the request for reconsideration.

f. After the Financial Counselor's initial determination or the determination rendered after an appeal review, the patient's hospital account is adjusted to reflect the amount of any financial aid deduction to be applied to it. The patient is billed for any remaining amount due, and is offered the telephone number of an individual within Patient Financial Services who is available to assist the person in creating a self-payment plan that outlines patient re-payment steps over a specified period of time should the patient require such assistance. Monthly payments under a self-payment plan will not exceed 10% of the patient's gross monthly income.

g. Refusal to pay – Patients or their representatives who do not fulfill their payment obligations or refuse to pay (express verbally or otherwise) within specific time periods are informed of the delinquency status of their account and that failure to remit payment will result in their account being referred to a collection agency. Patients are notified on all subsequent statements that Financial Aid is available. Written Notification of referral to a collection agency, including notification on a patient bill, is made not less than thirty days prior to referral.

h. Only those hospital employees, who have specifically been delegated authority to do so, may release an account to a collection agency for processing. The Hospital maintains a written agreement with each collection agency it retains in which it defines the standards to be followed in pursuing payment of referred hospital accounts. Should the patient/family ask

the collection agent about the possibility of pursuing financial aid at any point during the collection process, the agent is instructed to refer the patient to a Financial Counselor for an updated eligibility determination.

i. The Hospital's Chief Financial Officer and the Financial Aid Committee ensure that the Hospital's Financial Aid Program is audited at periodic intervals to assess the adequacy and fairness of its financial aid process and determinations. Changes are made in the process when audits indicate ways that it should be improved. The Financial Aid Committee consists of the CFO, Senior Director of Revenue Cycle, and the Director of Patient Financial Services.

j. Any exceptions to the above policy will be made on a case by case basis and will require the approval of the Senior Director of Revenue Cycle.

Aproved By: Kathi Finizio Title Director Patient Financial Services

Printed Name Kathi Finizio

Date: 4/25/24

Approved By: Trisha Koczent Title Treasurer & CFO

Printed Name Trisha Koczent

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