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| Owner | Meghan Bowman |
| Policy Area | Hospital Policies |
| Applicability | University of Rochester - Highland Hospital |

Financial Assistance, 2.78

FINANCIAL ASSISTANCE POLICY

Highland Hospital seeks to meet our patients' health care needs consistent with our mission and values in a manner consistent with our responsibility to prudently steward limited resources. This Financial Assistance Policy, has been developed to help patients who are either uninsured or underinsured. It explains how Highland assists patients who cannot pay for part or all of their essential medical care because of economic conditions, or catastrophic illnesses.

Principles

1. Highland proactively conveys information about the Financial Assistance policy to patients and their families. We believe that fear of a hospital bill should never interfere with essential health services.
2. Highland never delays urgent or emergent healthcare pending a Financial Assistance (defined below) determination.
3. Highland's Financial Assistance application procedures are consumer-friendly, respectful and confidential.

Scope

Hospital services and professional services provided by Highland and the University of Rochester Medical Faculty Group ("URMFG") respectively, are eligible for financial assistance, which we define as help given to a patient in the form of reduced bills for hospital stays and services ("Financial Assistance").

Exclusions

This policy excludes services furnished by The Eastman Dental Center. In addition, Financial Assistance is not available for prescriptions filled at Highland's Outpatient Pharmacies.

This policy does not apply to sites that are approved by the National Health Services Corps or to sites applying for National Health Services Corps recognition (See Exhibit A). To review the financial assistance program offered for National Health Services Corps sites, please see Highland Hospital's Policy.

Eligible Individuals

As described more fully in this policy, Highland provides Financial Assistance to Eligible Individuals (defined below) who reside in New York State, receive emergency hospital services, including emergency transfers. Highland also provides Financial Assistance to patients, who reside in our primary service areas, including Genesee, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Wyoming and Yates counties, and receive medically necessary inpatient or outpatient services that a physician, exercising prudent clinical judgment, would order or provide for a patient.

Unless approved in advance by Senior Hospital Administrators, such Financial Assistance is not available to individuals who reside outside of New York State or the Hospital's primary service area, or to individuals who come to New York State or to the Hospital's primary service area for the purposes of seeking medical attention. Highland however, may in the discretion of Senior Hospital Administrators, grant Financial Assistance to individuals who reside outside of New York State or Highland's primary service area.

TEMPORARY CHARITY ELIGIBILITY: During the Nationally Declared Emergency (retroactively effective March 1, 2020) patients that are diagnosed as COVID-19 that are or become uninsured and retroactively meet the hospital charity care guidelines, and where the hospital received no other special COVID-19 funding, will be considered charity care eligible and all policy conditions will apply. The end of the emergency period will be determined by the Department of Health and Human Services.

Eligibility Criteria; Discounts

Financial Assistance is generally available to persons who do not have health plan coverage or who have exhausted their health plan coverage ("Eligible Individuals") whose annual gross household income is less than or equal to 400% of the Federal Poverty Guideline ("FPG") based on family size and income. Highland however, reserves the right to consider a patient's assets as well as income in determining their eligibility for Financial Assistance. Patients with income that would otherwise qualify them for the Financial Assistance who have sufficient resources (other than tax-deferred or comparable retirement savings or college savings accounts) will be expected to use those resources to pay all or part of their bills, as determined by the Highland in its sole discretion.

Highland may use publicly available demographic and financial information to determine whether a patient who has not submitted a Financial Assistance application is presumptively eligible, or to verify a patient's eligibility for Financial Assistance. Patients who exceed the income threshold may be considered for Financial Assistance approval in Highland's sole discretion if they are uninsured, have exhausted their insurance benefits, face extraordinary medical costs, have filed for bankruptcy, or have other unique or extenuating circumstances. Eligibility determinations in complex case circumstances will be made after consideration by the Financial Assistance Review Team that includes the Financial Assistance Manager, and Financial Case Manager, or may be made by Senior Hospital Administrators.

Highland offers a sliding fee discount; the amount owed for services by Eligible Individuals is adjusted based on their ability to pay. A 100% discount is available to individuals and families with annual incomes at or below 200% of the FPG. The sliding fee discount is stated below:

| <i>Discount</i> | <i>Gross Income as % of Federal Poverty Level</i> |
|-----------------|---|
| 100% | UP TO 200% |
| 80% | BETWEEN 201 – 250% |
| 60% | BETWEEN 251 – 300% |
| 40% | BETWEEN 301 – 350% |
| 20% | BETWEEN 351 – 400% |
| 0% | OVER 401% |

Note: Patients are also considered presumptively eligible for 100% financial assistance if they are eligible for Medicaid and have outstanding balances prior to being covered by Medicaid.

The discounts Highland provides to Eligible Individuals who meet the Eligibility Criteria are determined by applying the percentage discount indicated above to the lower of (a) the hospital and professional charges for the Eligible Service (defined below) or (b) the Medicare Part A or Part B allowed payment for the Eligible Service (including coinsurance and deductibles).

Highland has also created special fee schedules for patients who have obtained an IRS exemption from Medicare and Social Security Taxes under Section 3127 of the Internal Revenue Code, who do not, for religious reasons, seek Medicaid or other coverage. Here, if we deem the patient to be Medicaid eligible, the patient will be responsible for payment at the Medicaid fee for service rates. If a patient is not Medicaid eligible, the patient will be responsible for the lower of the amount Highland received for the same service under Medicare Parts A and B, (including coinsurance, copayments and deductibles) or the hospital's usual and customary charges. To qualify for these special fee schedules, a patient must provide satisfactory written proof that he or she holds a current and valid Section 3127 exemption from Medicare and Social Security taxes.

Patients who are not exempt from Medicare and Social Security Taxes under Section 3127, are expected to cooperate with Highland's Financial Counselors to: a) identify and pursue available assistance and coverage including Medicaid, Child Health Plus, HARP, victims' assistance, workers compensation, general liability, no-fault, Medicare, plans offered on the New York State of Health Exchange and any other available coverage; b) satisfy the prerequisites and requirements to secure such coverage; and c) cooperate in Highland's efforts to secure payment through such coverage. However, the Financial Assistance Review Team may waive a patient's obligation to pursue some or all third party coverage based upon a determination that the patient would be unlikely to qualify for it or in other appropriate circumstances.

To assist patients in their efforts to secure coverage, we provide information about the criteria that must be met to obtain Medicaid, Medicare, or other health insurance. We also will assist patients in making applications for insurance or discounted fee plans. Patients can call (585) 784-8889 or visit our office located in the Social Work Office on the main floor, RM S213, 1000 South Ave, Rochester, NY 14620 for

additional information, including guidance and advice with qualifying for public benefits such as Medicaid or Child Health Plus

Eligible Services

Financial Assistance is available for all emergency and other medically necessary care to diagnose or treat an illness, injury, condition, disease or its symptoms ("Eligible Services"). It does not cover optional health care services or supplies, including cosmetic procedures, surgeries and alterations, cosmetic alteration, private room charges, or care provided to a patient who fails to cooperate with Highland's Financial Assistance Counselors or comply with insurance policy requirements. Nor does it cover the following services unless approved in advance in writing by Highland 's Chief Financial Officer or their designee:

- Care, items or services excluded from New York State Medicaid coverage;
- Care, items or services provided to an insured patient who chooses to receive care at an out-of-network hospital in non-emergency circumstances or who chooses not to use available coverage to pay for in-network covered services;¹
- Drugs not administered in the hospital
- Transportation or other services furnished by third parties.

Patients with questions about Eligible Services can call Patient Services at (585) 784-8889 or visit our office located at Highland Hospital, Social Work Office, on the main floor, RM S213, 1000 South Ave, Rochester, NY 14620.

Publication

We publicize our Financial Assistance program in the following ways:

- On our websites including at <https://www.urmc.rochester.edu/pay-bill/financial-assistance.aspx>
- With posters and brochures available in our Emergency Departments and other admission sites. Poster and brochures summarize in plain language our Financial Assistance policy, and direct patients to our websites where applications for Financial Assistance are available.
- In a plain language summary of the Financial Assistance Program in our admission packets which includes information on how to obtain assistance with the application process.
- With billing statements. Information on the Financial Assistance Program is included on all billing statements sent to patients.

Note: Our Financial Assistance Policy is available in the top ten languages used by our patients, based on usage of our Interpreter Services Program. This includes the Financial Assistance Policy, plain language summary, brochures, and application.

Amounts Generally Billed

Federal law requires Highland to calculate an "Amount Generally Billed" –the amount the hospital generally receives as payment for services furnished to individuals who have insurance for emergency and other medically necessary care. Highland has elected to use Medicare Parts A and B allowed

payments (including coinsurance and deductibles) as the Amount Generally Billed. Under this Financial Assistance Policy, no Eligible Individual who meets the Eligibility Criteria pays more than the Amount Generally Billed for an Eligible Service. Additional information about Amounts Generally Billed and coinsurance, copayments and deductibles is available to patients upon request. Patients can call Patient Services at (585) 784-8889 or visit our office located at Highland Hospital, Social Work Office, on the main floor, RM S213, 1000 South Ave, Rochester, NY 14620.

Applying for Financial Assistance

Patients may contact Patient Services at (585) 784-8889 or (800) 257-7049, Monday through Friday from 8:00 a.m. until 5:00 p.m. Applications will be accepted immediately before, during or after care is provided. Financial Assistance applications must be completed and returned to Highland with the requested documentation (e.g. which three current consecutive paystubs, Social Security statement of benefits, or other documentation of current household gross income). While a patient's completed Financial Assistance application is being reviewed, hospital bills for the accounts under consideration that are sent to the patient do not need to be paid and the accounts under consideration for Financial Assistance will not be sent to a collection agency.

Fully completed Financial Assistance applications are processed timely and determinations are communicated to the patients within 30 days. When an Eligible Individual applies and is approved for Financial Assistance for the first time, the discount he or she is eligible to receive will be applied to all services rendered within the prior 12 months (1 year) from the date of the application. The patient's amount due will be adjusted accordingly. Upon approval of Financial Assistance, any patient payments in excess of the discounted amount owed on those services, within the look back period of 12 months (365 days), will be refunded.

Patients will be required to recertify for the Financial Assistance program on an annual basis. The patient or a responsible party may request reconsideration of a Financial Assistance determination by providing additional information (such as an explanation of extenuating circumstances) within 30 days after receiving the notification. Patients can initiate an appeal either by calling Patient Services at (585) 784-8889 or visiting our office located at Highland Hospital's Social Work Office, on the main floor, RM S213, 1000 South Ave, Rochester, NY 14620.

or by contacting the New York State Centralized Complaint Hotline: (800) 804-5447

Appeals submitted directly to Highland Hospital will be reviewed by the Patient Services Manager or their designee. The Patient Services Manager or their designee will work with the Financial Assistance Officers in their review of the application and documentation. Appeal decisions must be made within 14 days of receiving an initial determination. For appeals that are upheld after review, applicants will be advised of their right to file a complaint with the NYS Departments' Centralized Complaint Hotline.

Any bill amount remaining after application of a partial Financial Assistance discount is the responsibility of the patient. Patients who are unable to pay the balance due may apply for a monthly payment plan under Highland's Billing and Collections policy. Payment plans do not include an accelerator or similar clause under which a penalty would be assessed for a missed payment.

Quality Assurance:

Highland Hospital reviews this Financial Assistance Policy annually for clarity, applicability, and legal compliance. Highland also audits to ensure that information on Financial Assistance is communicated to patients.

Other Policies:

Highland 's Billing and Collections policy is available on request. A free copy of this policy may be obtained by contacting our Patient Services team by phone at 585-758-7650. Patients can also request a copy of the policy by writing to Attn: Patient Services, 601 Elmwood Ave, Box 888, Rochester, NY 14642.

References:

Highland Memorial Hospital - Patient Collection Policy

Highland Memorial Hospital - National Health Service Corps Locations -Financial Assistance Policy

Internal Revenue Code, Section 501(r)

26 C.F.R. 1.501(r)-4

New York State Public Health Law, Section 2807-k(9-a)

Approval Signatures

| Step Description | Approver | Date |
|-----------------------------|-----------------|---------|
| Clinical Council | Myrta Fernandez | 09/2023 |
| Policy Management Committee | Myrta Fernandez | 08/2023 |
| Finance | Meghan Bowman | 07/2023 |