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POLICY

Nicholas Noyes Memorial Hospital improves health through caring, discovery, teaching and learning. We provide excellent and compassionate care and responsive service. As we seek to understand and fully meet our patients' current and future needs and expectations, we recognize our responsibility to prudently use the scarce resources entrusted to us.

Economic conditions, catastrophic illnesses and the rising costs of new health care technology have created a category of patients who are either uninsured or underinsured. The Financial Assistance program has been developed to help the hospital meet the needs of these patients and, concurrently, maintain the financial viability of the hospital for future generations. The Financial Assistance policy explains how the hospital assists patients who cannot pay for part or all of the essential medical care they receive.

Principles

Nicholas Noyes Memorial Hospital 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. The provision of urgent or emergent healthcare shall never be delayed pending a financial assistance determination.
- We maintain financial aid policies that are consistent with the mission, values and capacity of the hospital and that take into account each individual's ability to contribute to the cost of their care.
- We implement financial aid procedures that are consumer-friendly, respectful and confidential, as well as debt collection policies that reflect the mission and values of the hospital.
- We work with government, payers, business, consumer groups and others to address the underlying problem that too many New Yorkers lack health insurance.

Eligible Individuals

Financial Assistance is available for individuals who reside in New York State and receive emergency hospital services, including emergency transfers and meet the Eligibility Criteria below. It is also available to patients who reside in Nicholas Noyes Memorial Hospital's primary service area (Livingston, Steuben, Wyoming and Allegany counties) in New York State who receive medically necessary inpatient or outpatient services in designated Nicholas Noyes Memorial Hospital programs and meet the Eligibility Criteria. Unless approved in advance by Senior Hospital Administrators, Financial Assistance is not available to non-resident aliens 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. However, the hospital may, at the discretion of Senior Hospital Administrators, grant Financial Assistance to individuals who reside outside of New York State or the hospital's primary service area.

Eligible Services

Financial Assistance covers all emergency and other medically necessary hospital care provided by Nicholas Noyes Memorial Hospital. It does not cover medically unnecessary care, cosmetic alteration, telephone, television or private room charges or care provided to a patient who fails to comply with insurance policy requirements (e.g., unauthorized services). Nor does it cover the following services unless approved in advance in writing by Chief Financial Clerk of the hospital or his 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
- Drugs not administered in the hospital
- Transportation or other services furnished by third parties.
- Professional charges for physician services not employed by Noyes Hospital. (List on Noyes Website)

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Specific questions about Eligible Services should be directed to the Financial Assistance Clerk by calling (585) 335-6778. The Financial Assistance Clerk will review and provide that information.

Providers Covered under the Financial Assistance Policy

Hospital services rendered at Nicholas Noyes Memorial Hospital and its employed providers are included in the Financial Assistance Program. The Nicholas Noyes Financial Assistance Program does not apply to services furnished by UR Med or private physicians affiliated with the hospital.

Publication of Financial Assistance Information

Nicholas Noyes Memorial Hospital widely publicizes the financial assistance program in the following ways:

- Our website includes the current Financial Assistance Policy, brochures, applications, and contact information for our patient to receive assistance with the financial assistance application process. Our website address is www.noyes-health.org.
- Posters and brochures in our Emergency Department as well as all other admission sites inform patients of the existence of the Financial Assistance Program, explain how to obtain this Financial Assistance Policy, an application for Financial Assistance of this policy, and provide contact information for questions and assistance with applying for the program.
- Our admission packets include an application and copy of the Financial Assistance policy, which includes information on how to obtain assistance with the application process.
- Information regarding the Financial Assistance Program is included on all billing statements sent to patients from Nicholas Noyes Memorial Hospital. It includes the phone number where anyone can call to receive information regarding our program, a copy of the Financial Assistance application, and a copy of our Financial Assistance Policy, as well as the website address where copies of the Financial Assistance Policy, the Financial Assistance application may be obtained.
- Materials regarding the Financial Assistance Program are available in the top ten languages as defined by our Interpreter Services Program based on the usage of the interpreter services program. This includes the Financial Assistance Policy, frequently asked questions, and application.
- Our Case Management Team at Nicholas Noyes Memorial Hospital provides guidance, advice and outreach services to assist inpatients with qualifying for public benefits such as Medicaid, or Child Health Plus. Information regarding our Financial Assistance Program is communicated to all patients through registration and the Financial Assistance Clerk.

Eligibility Criteria

Financial Assistance is intended to assist those individuals who cannot afford to pay, in part or in full, for their care. It should take into account each individual's ability to contribute to the cost of his or her care. Hospital financial aid should not be viewed as a substitute for employer-sponsored or individually purchased insurance.

Financial Assistance is generally available to Eligible Individuals whose annual gross household income is less than or equal to 300% of the Federal Poverty Level. Patients with income that would otherwise qualify them for the Financial Assistance program 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 hospital in its sole discretion.

Patients seeking Financial Assistance are required to participate fully in all efforts to obtain coverage from every available source of payment. They are expected to apply for and pursue available assistance and coverage from victims' assistance, workers compensation, general liability, no-fault and health insurance programs and plans, including Medicare, Medicaid, and health benefit plans offered on the New York State of Health Exchange. They are also expected to comply with all prerequisites and requirements to secure coverage.

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To assist patients in meeting these requirements, we provide information about the criteria that must be met in order to obtain Medicaid, Medicare, or other health insurance. Patients can call (585) 335-6778 or visit our office located at Nicholas Noyes Memorial Hospital, 111 Clara Barton Street, Dansville, NY 14437.

Patients will not receive Financial Assistance if they (a) do not complete the application process for Medicaid or other insurance for which they may qualify, (b) elect not to make application for Financial Assistance, or (c) have adequate resources or income to pay privately for their care. In these situations, they will remain financially responsible for full payment of their hospital bills.

Under limited circumstances, as determined by the Financial Assistance Clerk or Senior Hospital Directors, we may excuse a patient from applying for Medicaid, Medicare or other insurance programs. This may occur, for example, when the patient is found to be ineligible or unlikely to meet the financial eligibility requirements for coverage. We may also excuse a patient from submitting an application or claim for coverage when submission would pose a threat to the health or safety of the patient or some other identified person.

The hospital may also use publicly available demographic and financial information to determine whether a patient who has not submitted a Financial Assistance application is presumptively eligible for Financial Assistance and the level of Financial Assistance the patient may be eligible to receive. The hospital may utilize analytic software or an analytic services vendor to support such presumptive Financial Assistance processing. Patients may also be considered presumptively eligible for 100% financial assistance if they have current eligibility under a Medicaid type program and have outstanding balances prior to that coverage.

Patients who exceed the income threshold may be considered for Financial Assistance approval in the hospital's sole discretion if they have exhausted their insurance benefits, face extraordinary medical costs, have filed for bankruptcy or have other unique or extenuating circumstances. The Financial Assistance Committee, that includes the Financial Assistance Clerk, Patient Financial Services Manager or may be made by Senior Hospital Directors, will make eligibility determinations in complex case circumstances after consideration.

Discounts Available

The discount afforded to Eligible Individuals who meet the Eligibility Criteria will be determined through assessment of the responsible party's annual gross household income and the number of people in the home, as a percentage of the current CMS-issued Federal Poverty Guideline amounts for same size households. Patients may receive full or partial discounts from the cost of care, depending on the patient's household income level as set forth below:

Discount	Gross Income as % of Federal Poverty Level
100%	UP TO 100%
90%	BETWEEN 101 – 150%
80%	BETWEEN 151 – 200%
70%	BETWEEN 201 – 250%
60%	BETWEEN 251 – 300%
0%	OVER 301%

The discounts the hospital 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 or (b) the Medicare Part A or Part B allowed payment for the Eligible Service (including coinsurance and deductibles).

We have 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, pursue Medicaid or other coverage that they would be eligible to receive. Under this program, if we deem the patient to be Medicaid eligible, the patient will be responsible for payment at the Medicaid fee for service rates. If we do not deem the patient to be Medicaid eligible, the patient will be responsible for the lower of the amount that the hospital would have 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.

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As part of the Financial Assistance program, Federal law requires the hospital to calculate 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. Nicholas Noyes Memorial Hospital has elected to use Medicare Parts A and B allowed payments (including coinsurance, copayments and deductibles) as the Amount Generally Billed. Under this Financial Assistance Policy, no Eligible Individual who meets the Eligibility Criteria will pay more for an Eligible Service than the Amount Generally Billed.

Information about the Medicare allowed payment would be available upon request to our credit department by contacting us at (585) 335-6778. The representatives will be able to give patients the amount the patient may be responsible for based on the reimbursement by Medicare Parts A and B. In addition, common inpatient and outpatient Amounts Generally Billed are posted on the www.noyes-health.org/ website under the NYS Surprise Bill Disclosure and under Financial Assistance in the “About Noyes” tab.

Applying for Financial Assistance

Patients may contact our office by phone (585) 335-6778. Our Financial Assistance Office is available Monday through Friday from 9:00 a.m. until 4:30 p.m. for any assistance with this program. The office is located at Nicholas Noyes Memorial Hospital, 111 Clara Barton Street, Dansville, NY 14437

Applications will be accepted immediately before, during or after care is provided. The hospital will strive to assist patients receiving high-cost services as they occur. Financial Assistance applications must be completed and returned to the hospital with the requested income documentation, which includes but is not limited to three (3) current consecutive paystubs, Social Security statement of benefits, or other documentation that explains current or most recent household gross income. Patients may be approved for Financial Assistance on an account-by-account basis or for a period of time (for a course of treatment). While a patient’s completed Financial Assistance application is being considered, 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 thirty (30) days after the hospital Financial Assistance Clerk receives them. When an Eligible Individual who 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 bills 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 asked to recertify for the financial assistance program on an annual basis. The patient or responsible party may request reconsideration of a Financial Assistance determination by providing additional information (such as an explanation of extenuating circumstances) within thirty (30) days after receiving the initial notification. Contact information on how to initiate an appeal is on all notifications as follows:

Directly with Nicholas Noyes Memorial Hospital by calling: 585-335-6778 and asking for the Financial Assistance Clerk.

Appeals submitted directly to Nicholas Noyes Memorial Hospital will be reviewed by the Patient Financial Services Manager or their delegate. The Patient Financial Services Manager or their delegate will work with the Financial Assistance Clerks in their review of the application and documentation. Appeal decisions will be made within 21 days of receipt and decisions will be sent in writing to the applicant. 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 at 1-800-804-5447.

Presumptive Eligibility

When an account (with no financial assistance application) is determined to be eligible for outside collection service, it is flagged and sent for presumptive financial assistance scoring. Nicholas Noyes Memorial Hospital uses a rank-ordering process that predicts the likelihood of financial assistance eligibility on Self-Pay and Balance after Insurance accounts. The process utilizes public record data and returns information to identify patients likely to qualify for financial assistance based on a predictive model and other financial and asset estimates. In the absence of additional information from the patient, this rule set is applied to all patients to determine which patients would have likely qualified for 100% financial assistance.

Patients may be asked to recertify financial information when long-term installment payment plans are being completed. Accounts sent to a collection agency related to a patient who did not submit a completed Financial Assistance application,

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will be considered under the program if a completed financial assistance application is received within 12 months (365 days) from the date of collection referral. Upon financial assistance approval, any patient payments received on those services within the prior 12 months (365 days) that exceed the approved discount, will be refunded.

The hospital reserves the right (a) to reevaluate a patient's eligibility for Financial Assistance in the event of a change in the patient's financial circumstances or for other appropriate reasons, and (b) to request that a patient reapply for Medicaid, Medicare or other health insurances that have previously been denied.

Any bill amount remaining, over ten (\$10) dollars, after application of a partial Financial Assistance discount is the responsibility of the patient. The patient will be assisted by the hospital in arranging to satisfy any balance remaining on the account(s) after the application of the appropriate Financial Assistance discount by use of a payment plan. The monthly payments under such plans shall not exceed ten percent (10%) of the eligible patient's gross monthly income.

Collection agencies that contract with the hospital will follow the hospital's Financial Assistance policies and procedures. Agencies will have information available to patients on how to apply for Financial Assistance.

A copy of the Financial Assistance policy may be obtained by contacting the hospital at 585-335-6778 or 585-335-6001 and referencing our Business Office or in writing, 111 Clara Barton Street, Dansville, NY 14437.

Other Circumstances:

Deceased patients' accounts with no estates will be considered indigent and eligible for 100% Financial Assistance.

Bankruptcies:

Patients, who are bankrupt, through Chapter 13, will be deemed eligible for 100% Financial Assistance. Based on unique circumstances the committee may use their discretion to adjust financial assistance.

Service Specific Application Requirements

Noyes First Steps:

All First Steps patients are at or below the 300% federal poverty level and therefore will automatically qualify for the Noyes Financial Assistance Program and will receive a full discount when denied or not applying for Government Medical Assistance.

OB Patients:

All Parents and anticipated caregivers who are uninsured and want to receive the Tdap vaccination will receive a Noyes Financial Assistance discount to cover cost for the immunization.

EARS Lifeline:

1. Lifeline staff will inform self-pay subscribers of sliding scale with Noyes financial assistance (FA) program options when completing enrollment forms and/or during installation visit. During enrollment process, installation fee may be waived if subscriber is low income and fee is a barrier to obtaining needed medical alert service, based on Coordinator or Director approval.
2. All subscribers who state their income is at or below 125% FPG eligibility will be told that they will need to provide proof of income (generally current Social Security Statement or Bank Statement) upon installation and sign a FA or CSBG Subscriber Registration. These documents will be kept in subscriber file.
3. Monthly fee for self-pay subscribers will be based on the subscriber's monthly income.
4. If a self-pay FA subscriber passes away with an account balance due and there is no estate, the account balance will be written off to FA program, after Director review and approval.

Diabetes Center of Excellence:

1. The Diabetes educators will inform the guarantor of the Noyes financial assistance program for diabetes education when scheduling their appointment. The normal Financial Assistance process is then followed.

Emergency Room:

Due to the unscheduled and unusual circumstances surrounding an emergency room visit, Noyes Hospital tries to facilitate a more flexible Financial Assistance process. For Self-Pay or uninsured patients / family accessing emergency services, the normal financial assistance process is followed with the following changes:

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1. A Noyes Financial Assistance information sheet is handed out to all uninsured outpatients at the time of service. Each patient is asked if he/she would like a call from a Financial Assistance Clerk to help explain the Noyes Financial Assistance Program and the other low-cost insurance options.
2. During the registration process, at the time of service, income information and the number of people in the household is requested and recorded for preliminary financial assistance determination. FA packet will be given and contact may be made by the Financial Assistance Clerk; any patient falling at or below 300% of the poverty level upon screening will be given an estimated discount amount to be finalized upon proof of income.

Quality Assurance:

To provide patients with a quality Financial Assistance Program, Noyes Hospital reviews this Financial Assistance Policy annually for clarity, applicability, and legal compliance. Random audits of applicable patient accounts will be completed to ensure that financial assistance is communicated and administered in compliance with the terms of this policy.

The hospital reserves the right to change its Financial Assistance policy at any time and to reevaluate patients using any revised criteria.

References

Public Health Law 2807-k (9-a)
Internal Revenue Code Sections 1402(g) and 3127
Internal Revenue Code Section 501R
26 CFR Part 1

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