UR MEDICINE | JONES MEMORIAL HOSPITAL

MEDICINE of THE HIGHEST ORDER

FINANCIAL ASSISTANCE POLICY

The Memorial Hospital of William F and Gertrude F Jones ("Jones") an affiliate of the University of Rochester seeks to meet our patients' health care needs in a manner consistent with our mission and values, including our responsibility to prudently steward limited resources. This Financial Assistance Policy has been developed to help patients who are either uninsured or underinsured, after exhausting all efforts to apply for and/or obtain insurance coverage. It explains how Jones assists patients who cannot pay for part or all of their emergency medical care or other medically necessary services and meet the eligibility criteria set forth in this Policy.

Principles

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

Scope

Hospital services and professional services provided by Jones and Jones employed providers 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

Financial Assistance applies only to medically necessary services that are provided by Jones, its clinics, and physician practices. The Program does not cover the following:

- Services provided by providers, clinics, or group medical practice not employed or owned by Jones
- Patient convenience items and personal charges (e.g., telephone).
- Non-medically necessary services (i.e. Cosmetic Surgery, self-referred therapies)
- Nursing Home / Residential services
- Home Health Services
- Outpatient Pharmacies
- Market priced/packaged screening and testing clinics.
- Corporate/Business billed services.

Eligible Individuals

As described more fully in this policy, Jones provides Financial Assistance to Eligible Individuals (defined below) who reside in New York State, receive emergency hospital services, including emergency transfers. Jones also provides Financial Assistance to patients, who reside in our primary service areas, including Allegany, Cattaraugus and Stueben 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 the Hospital Executive Team, 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. Jones, however, may in the discretion of the Hospital Executive Team, grant Financial Assistance to

individuals who reside outside of New York State or Jones's primary service area.

Eligibility Criteria; Discounts

Financial Assistance is generally available to persons who do not have health plan coverage or adequate health plan coverage whose annual gross household income is less than or equal to 400% of the Federal Poverty Guideline ("FPG") based on family size and income ("Eligible Individuals").

Jones 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 Jones'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 Regional Customer Service Collections Manager, CBO Director, or may be made by the Hospital Executive Team.

Jones 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:

Discount	***Gross Income as % of Federal Poverty Level***
100%	UP TO 200%
90%	BETWEEN 201 – 300%
80%	BETWEEN 301 - 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.

Self-Pay (No Insurance) Patients: The discounts Jones provides to Eligible Individuals for outpatient services are calculated by applying the percentage discount indicated above to the average amounts generally paid by NYS Medicaid. The discounts for inpatient care are calculated by applying the percentage discount indicated above to the NYS Medicaid inpatient DRG or total charges, whichever amount is less.

Patients who wish to obtain Financial Assistance are expected to cooperate with Jones'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 Jones'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 public health benefits such as Medicaid, Child Health Plus and enrollment into Medicare, or other health insurance programs. We will further assist patients with completing the application process for

insurance and discounted fee programs. Patients can call (585)596-4040 or (585)596-4039 with questions or to schedule a free confidential appointment to obtain additional information, including guidance and discussions related to qualifying for public health benefits such as Medicaid, Child Health Plus or other Health Insurance Programs.

Patient Balances After Insurance: The amount eligible for Financial Assistance discount shall be the balance after payments and contractual adjustments are posted to the account.

The discounts Jones provides to Eligible Individuals on services with balances after insurance are calculated by applying the percentage discounts indicated in the table above.

Faith–Based Patients: For those 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, shall not be required to apply for such coverage as set forth above so long as a duly executed copy of Form 4029 is provided to Jones.

The discounts for Faith-based patients are calculated the same as referenced above for Self-Pay (No Insurance) Patients.

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 health care services or supplies that are not deemed to be medically necessary, including cosmetic procedures, surgeries and alterations, cosmetic alteration, or care provided to a patient who fails to cooperate with Jones's Financial Assistance Counselors or comply with insurance policy requirements. Financial Assistance is not available for the following services unless approved in advance in writing by Jones '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.
- Drugs not administered in the hospital.
- Transportation or other services furnished by third parties.

Patients with questions about Eligible Services can call UR Medicine Affiliate billing office at (585) 396-6515 or to schedule an in-person appointment located at 73 Buffalo St, Canandaigua, NY 14424.

Publication

We publicize our Financial Assistance program in the following ways:

- On our websites, including at https://www.urmc.rochester.edu/pay-a-bill/financial-assistance/jones-memorial-hospital-financial-assistance. Posters are displayed and applications are available in our Emergency Departments and other admission sites. Applications and policy summarize in plain language our Financial Assistance policy and direct patients to our websites where applications for Financial Assistance are available.
- A plain language summary of the Financial Assistance Program, which includes information on how to obtain assistance with the application process, is provided in our admission packets and at discharge for Emergency and Inpatient Admissions. A plain language summary is also given during outpatient registration. Patients are notified in writing of the Financial Assistance Program in after-visit summaries for outpatient services.
- Information on the Financial Assistance Program is included on all billing statements sent to patients.

Note: Our Financial Assistance Application as well as the Financial Assistance Policy and supporting documentation will be translated into the language for any population that reaches over 5% of total population visits per year. A language assistance line is available for additional languages needed to be translated.

Amounts Generally Billed

New York State law requires Jones to base its discount schedule on a percentage of Medicaid rates for uninsured patients. The Amount Generally Billed varies based on type of service. The Amount Generally Billed for outpatient services is determined by multiplying the gross charges for the care by the AGB Percentage. AGB Percentage for outpatient services is the amount calculated by Jones, utilizing Medicaid rates on a look-back basis, as defined by Section 1.501(r)-5 of the Department of Treasury regulations. The Amount Generally Billed for inpatient services is based on current Medicaid DRG methodology.

Under this Financial Assistance Policy, no Eligible Individual will pay more than the Amount Generally Billed for an Eligible Service. Additional information pertaining to the AGB Percentages, as well as how Jones calculates the percentages, is available to patients upon request, free of charge. Patients can call UR Medicine Affiliate Billing Office at (585)396-6515.

Applying for Financial Assistance

Patients may contact UR Medicine Affiliate Billing Office at (585)396-6515 or 1(833)978-8325, Monday through Friday from 8:00 a.m. until 4:30 p.m. Applications will be accepted immediately before, during or after care is provided. NYS Uniform Hospital Financial Assistance Applications must be completed and returned to UR Medicine Affiliate Billing Office with the requested documentation (e.g., paystub, 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. If a patient is deemed eligible for Financial Assistance, an updated billing statement will be provided which will indicate the amount owed. Any amounts paid in excess of the amount determined to be owed by a patient will be refunded accordingly.

Patients are encouraged to apply for Financial Assistance within ninety (90) days from the date noted on the first post-discharge billing statement; however, Jones will accept Financial Assistance Applications at any time a patient has an outstanding balance for Emergency Medical Care or other Medically Necessary Services. A billing statement is considered “post-discharge” if it is provided after the patient received care, whether inpatient or outpatient.

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 UR Medicine Affiliate Billing Office at (585)396-6515 or visiting our office located at 73 Buffalo St, Canandaigua NY 14424 or by contacting the New York State Centralized Complaint Hotline: (800) 804-5447. Appeals submitted directly to Hospital will be reviewed by the UR Medicine Affiliate Billing Office Regional Customer Service Collections Manager or their designee. The Regional Customer Service Collections 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 Jones'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. Payment plans will not exceed 5% of the patient's gross income unless the patient chooses to pay more than the minimum amount required.

Quality Assurance:

The Memorial Hospital of William F and Gertrude F Jones reviews this Financial Assistance Policy annually for clarity, applicability, and legal compliance. Jones also audits to ensure that information on Financial Assistance is communicated to patients.

Other Policies:

Jones's Billing and Collections policy is available on request. A free copy of this policy may be obtained at any registration area, online, or by contacting the UR Medicine Affiliate Billing office by phone at (585)396-6515 or 1(833)978-8325. Patients can also request a copy of the policy by writing to Attn: UR Medicine Affiliate Billing Office, 73 Buffalo St, Suite 100, Canandaigua, NY 14424.

References:

Internal Revenue Code, Section 501(r)

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

New York State Public Health Law, Section 2807-k