

covered service written-off to Financial Assistance/Sliding Fee unless financial hardship can be proven thru the application process.

Financial Assistance applies only to medically necessary services that are provided by **Jones Memorial Hospital**, 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 Memorial Hospital**
- 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
- Market priced/package screening and testing clinics
- Corporate/Business billed services

Essential urgent and emergent health services shall not be delayed pending investigation of or promotion of Financial Assistance and referral to Financial Assistance shall be embedded into associate conversations with all patients/ guarantors at scheduling, registration, and all efforts to collect amounts during post-service collections. Program information and applications will be available at all registration and check-in points, cashiers, and online in facility and corporate web sites. Financial Case Managers, Certified Application Consultants or other associates with special training, will help the guarantor find and enroll in a government or commercial insurance program, or obtain another funding source. Billing may be held to allow the guarantor to obtain coverage. Customer Service Representatives will process the individual into the Financial Assistance program.

Income based: Applicant's total household income must be at or below 400% of the Federal Poverty Income Guidelines.

Residency Restrictions: Guarantor Residency at time of service will constrain the types of services where Financial Assistance can be applied:

Resident of	Scope of Financial Assistance
New York counties of, or immediately adjoining, the Primary Service Areas of the UR Medicine and Affiliate facilities	All medically necessary services, including emergency, urgent, and elective services.
New York counties outside and not adjoining the Primary Service Areas of the UR Medicine and Affiliate facilities	Emergency and urgent medically necessary services. Elective services as approved by UR Medicine Affiliate Billing Office Director or Jones Memorial Hospital CFO .
States not New York	Emergency and urgent medically necessary services. Elective services as approved by UR Medicine Affiliate Billing Office Director or Jones Memorial Hospital CFO . Per encounter basis (no window for future eligibility approved).

Outside of United States	All applications require review and approval by UR Medicine Affiliate Billing Office Director or Jones Memorial Hospital CFO . Per encounter basis (no window for future eligibility approved).
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Timelines for Application and Determination: Generally, the guarantor or patient must voluntarily ask for financial assistance, and supply information needed to determine eligibility on a timely basis:

- For self-pay (no insurance), within 90 days of the date of service or discharge from the hospital.
- For patient balances after insurance (below), within 90 days from the date of the first statement.

An application will be reviewed and determination made within 30 days from the receipt of the fully completed application.

Patients who are applying for Financial Assistance for the first time and their income meets the program guidelines for a sliding fee scale, all services rendered within the prior 12 months (1 year) from the date of the application will be eligible for the financial assistance. Any balances previously paid by the patient will be refunded on these accounts in the (365 days) look-back.

Self-Pay (No Insurance) Patients: Once approved, where the patient is self-pay, enrollment in Financial Assistance is good for a year from the initial approval date. Accounts placed with outside collections in the same period may be returned and eligible for a financial assistance discount. The patient is asked to supply new information if conditions change that might change the initial eligibility and discount determination and to re-apply before the end of the year. At the end of the year, letters shall be sent out to the approved recipients to alert them of this expiration, and to provide information on re-application to obtain ongoing coverage.

Patient Balances After Insurance: The amount eligible for Financial Assistance shall be the balance after payments and contractual adjustments are posted to the account. No Self-Pay discount or New York Surcharge are also added. Any approved discount after insurance (based on income, family size and residence) are also subject to the following:

- Once approved, where the patient is self-pay, enrollment in Financial Assistance is good for a year from the initial approval date.
- All patients who have insurance coverage (i.e., Federal Insurers, State Insurers, HMO, PPO, Commercial, No Fault or Workers Compensation) and are denied coverage by their insurance company will allow **Jones Memorial Hospital** to consider appeal/legal action against the insurer before the

The Financial Assistance Discount is determined from a sliding fee table consisting of 5 gradations or tiers of discount granted relative to the adjusted household income compared to the Federal Poverty Level. This is based on the gross income adjusted for the number of household residents.

The 1-person income threshold and per person incremental values are published annually (generally around February) by US Dept of Health & Human Services (HHS) in the Federal Register. **Jones Memorial Hospital** use the same table, which is the 48-contiguous state table published by HHS.

The Financial Assistance Discount is determined from a sliding fee table consisting of 5 gradations or multiples of discount granted, based on where the defined gross income compares to the FPL cell that is applicable. A common and consistent scale shall be used at **Jones Memorial Hospital**, as shown in Table 2.

Changes to the number of tiers and the associated discount in Table 2 may be revisited annually by UR Medicine Affiliate Billing Office leadership to incorporate New York or Federal regulatory requirements or to address changes in market and the economy.

Table 2: Financial Assistance Brackets and Discount	
Total Household Income As % of Federal Poverty Level [=(Income/FPL Value)x100%]	Financial Assistance Discount To Balance
Up to 200%	Eligible for Medicaid Rates
201-250%	80%
251-300%	60%
301-351%	40%
351-400%	20%
Over 400%	0%

The UR Medicine Affiliate Billing Office Director or designee, when updating the FPL table (Table 1), shall compute and publish the amount of income that corresponds to the brackets to be eligible for the discount shown in Table 2. For 2022 this table is shown in Table 3

The CBO shall utilize automated processing to the greatest degree processing to collect and track applications, approval status, and the determined bracket and associated discount, but where such automation clearly presents the associated calculations.

Special Circumstances:

The Financial Assistance Program discount may be extended in selected circumstances, including:

- A. Deceased patients without an estate or third-party coverage are eligible for Financial Assistance. Appropriate documentation to support proof of death is required.
- B. Homeless persons are classified to be eligible for the Financial Assistance (as Self PayI J S356.09 Tm0 g

Total Household Income As % of Federal Poverty Level [=(Income/FPL Value)x100%]	Financial Assistance Discount To Balance
Up to 200%	Eligible for Medicaid Rates
201-250%	Standard self-pay rate plus 80%
251-300%	Standard self-pay rate plus 60%
301-351%	Standard self-pay rate plus 40%
351-400%	Standard self-pay rate plus 20%
Over 400%	Eligible for standard self-pay rate

D. Consideration must also be given to classifying patients who do not provide adequate information as to their financial status after attempts to find the information have failed:

- a. With no insurance (Self Pay), these accounts will receive the Self Pay Discount but Financial Assistance discounts may also be applied without receiving a full application (e.g. without supporting documentation), as recommended by **Jones Memorial Hospital**, UR Medicine Affiliate Billing Office staff or collection and approved by the UR Medicine Affiliate Billing Office Director or above.
- b. **Jones Memorial Hospital** may utilize third party assessment and screening tools eligibility apply Financial Assistance without a full application if the guarantor.

E. Patients who are in liquidation or reorganization bankruptcy or recently completed bankruptcy are considered for Financial Assistance Discount. Appropriate documentation to support bankruptcy proceedings is required. For any accounts that have been sent to a collection agency for further collections, the appropriate documentation to support bankruptcy proceedings is sent to the collection agency in order for all collection activity to stop.

This policy will be reviewed annually by the UR Medicine Affiliate Billing Office Director, to incorporate the annually published Federal Poverty Level tables by US HHS/CMS in the Federal Register, and as needed for any changes with the publication of any related State or Federal regulations or legislation.

Jones Memorial Hospital and UR Medicine Affiliate Billing Office will comply with NYCRR Part 86-1.11(g) (ii), section IX and other applicable regulations. This compliance will be the **Jones Memorial Hospital** or system level as needed. The UR Medicine Affiliate Billing Office Director shall coordinate cross-reviews and audits, and develop policy updates with their