

<b>Service Area:</b> Corporate Business Services	<b>YALE NEW HAVEN HEALTH SYSTEM POLICIES &amp; PROCEDURES</b>	
<b>Title:</b> Financial Assistance Programs Policy		
<b>Date Approved:</b> 09/20/2013	<b>Approved by:</b> Boards of Trustees Senior Vice President, Finance	
<b>Date Effective:</b> 09/20/2013 1/1/2017 Lawrence + Memorial Hospital and Westerly Hospital	<b>Date Reviewed/Revised:</b> 01/21//2015, 09/30/2016, 12/16/2016, 6/1/2017, 7/15/2018, 1/1/2020	
<b>Distribution:</b> MCN Policy Manager	<b>Policy Type (I or II):</b> Type I	
<b>Supersedes:</b> Yale New Haven Hospital Financial Assistance Programs for Hospital Services (NC:F-4) Bridgeport Hospital Financial Assistance Programs for Hospital Services (9-13) Greenwich Hospital Overview of Financial Assistance Programs for Hospital Services Lawrence + Memorial Hospital and Westerly Hospital Charity Care, Financial Assistance, Free Bed Fund Policy		

## PURPOSE

Yale New Haven Health System (“YNHHS”) recognizes that patients may not be able to pay for medically necessary health care without financial assistance. Consistent with its mission, YNHHS is committed to assuring that the ability to pay will be considered carefully when setting amounts due for emergency and other medically necessary hospital services.

In furtherance of its mission, YNHHS has established the Financial Assistance Programs (“FAP”) to assist individuals with paying for emergency and other medically necessary care. The objectives of the FAP are to:

- (i) Specify all financial assistance available under the FAP;
- (ii) Provide clear information regarding eligibility criteria, application requirements and the method for applying for financial assistance;
- (iii) Describe the basis for calculating amounts charged to FAP-eligible patients for emergency or other medically necessary care; and
- (iv) Describe the steps YNHHS hospitals take to widely publicize this FAP within the communities served by YNHHS.

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### APPLICABILITY

This policy applies to each licensed hospital affiliated with YNHHS, including Bridgeport Hospital (“BH”), Greenwich Hospital (“GH”), Lawrence + Memorial Hospital (“LMH”), Yale New Haven Hospital (“YNHH”) and Westerly Hospital (“WH”) (each a “Hospital”).

### POLICY

#### I. Scope and Provider List

- A. **Emergency and Other Medically Necessary Care.** The FAP apply to emergency and other medically necessary care, including inpatient and outpatient services, billed by a Hospital. The FAP exclude: (a) private room or private duty nurses; (b) services that are not medically necessary, such as elective cosmetic surgery; (c) other elective convenience fees, such as television or telephone charges, and (d) other discounts or reductions in charges not expressly described in this policy.
- B. **Provider List.** A list of providers who provide emergency and other medically necessary care at a Hospital can be found here:  
[https://www.ynhh.org/~media/files/ynhhs/forms/financial/011117/ynhh\\_fap\\_policy\\_list\\_2017.pdf](https://www.ynhh.org/~media/files/ynhhs/forms/financial/011117/ynhh_fap_policy_list_2017.pdf)  
The list indicates if the provider is covered under the FAP. If the provider is not covered under this FAP, patients should contact the provider’s office to determine if the provider offers financial assistance and if so what the provider’s financial assistance policy covers.
- C. **Compliance with EMTALA.** Hospitals are required to comply with the Emergency Medical Treatment and Active Labor Act (EMTALA) in accordance with their policies and are also prohibited from engaging in activities that would discourage an individual from seeking emergency medical care.

#### II. Financial Assistance Programs and Eligibility

Financial assistance is available to U.S. citizens and residents who complete the required financial assistance application and meet the additional eligibility requirements described below.

- A. **Free Care.** The Free Care program provides care at no cost to Hospital patients with gross annual family income less than or equal to 250% of the Federal Poverty Guidelines (*see Attachment 1*). Any patient that may in the Hospital’s discretion qualify for State medical assistance will be required to have a determination by the State, within the last six months.

In addition, YNHHS on behalf of BH, GH, and YNHH uses a third party screening tool to assist in identifying individuals with self-pay balances who have not applied for financial assistance, but whose income is less than or equal to 250% of the Federal Poverty Level (*i.e.*, eligible for free care). If a patient is identified through this process outstanding hospital balances may be adjusted to charity (free) care.

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- B. **Discounted Care.** If a Hospital patient does not have insurance and his or her gross annual family income is between 251% - 550% of the Federal Poverty Level the Hospital will discount care to the Hospital's AGB (as defined in Section III below and on Attachment 1).
- C. **Hospital Bed Funds.** You may be eligible to receive financial assistance from hospital bed funds, which are funds that have been donated to the Hospital to provide medical care to patients at a hospital. There are no specific income limits for receipt of hospital bed funds. Eligibility is determined on a case-by-case basis by the fund nominators based on financial hardship. All patients who fill out the requisite financial assistance application will automatically be considered for hospital bed funds.
- D. **Other Hospital-Specific Financial Assistance programs.**
- (i) **Yale New Haven Hospital Me & My Baby Program.** This program is available to Yale New Haven Hospital patients. It provides prenatal, labor and delivery services, and some post-partum care free of charge. You may be eligible if you live in New Haven County, do not have any type of health insurance and your family earns less than 2 ½ times the Federal Poverty Level. For more information or to request an application see our representatives at the Yale New Haven Hospital Women's Center or call 203-688-5470.
  - (ii) **Greenwich Hospital Outpatient Clinic** serves patients insured by Medicare, Medicaid, or insurances offered through Access Health CT and whose family income is less than 4 times the Federal Poverty Level. Further, the clinic provides discounted care to individuals who are not eligible for insurance and who reside in Greenwich and have family income less than 4 times the Federal Poverty Level. For more information or to obtain an application please call 203-863-3334.

### III. Limitation on Charges - Amounts Billed to FAP-Eligible Patients

Where there is an award of financial assistance that does not cover 100% of YNHHS charges for the service, the amounts charged to patients eligible for financial assistance under this Policy will not be more than the amount a Hospital generally bills patients who have insurance coverage for such care ("AGB"). YNHHS calculates AGB annually by Hospital using the "look back method" and based on Medicare fee-for-service rates, including Medicare beneficiary cost-sharing amounts and all private health insurers that pay claims to each Hospital facility for the prior fiscal year. YNHHS may apply the percentage discount by Hospital, or may elect to use the percentage discount most favorable to YNHHS patients. AGB is set forth on Attachment 1 hereto.

As used herein, the "amount generally billed" and "look back method" have the meanings set forth in Internal Revenue Code §501(r)(5) and 1.501(r)-5.

### IV. Method of Applying for Assistance

To be eligible for financial assistance, the patient must complete the requisite application for financial

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assistance (“Application”). The Application sets forth (i) FAP available programs and eligibility requirements, (ii) the documentation requirements for determinations of eligibility, and (iii) the contact information for FAP assistance. The Application also specifies that (i) the Hospital will respond to each Application in writing, (ii) patients may re-apply for financial assistance under the FAP at any time, and (iii) additional free bed funds become available every year. Hospitals may not deny financial assistance under the FAP based on failure to provide information or documents that the FAP or the Application do not require as part of the Application.

YNHHS Hospitals will make reasonable efforts to determine eligibility and document any determinations of financial assistance eligibility in the applicable patient accounts. Once Hospital identifies a patient is FAP-eligible, Hospital shall:

- (i) Provide a billing statement indicating amount the individual owes as a FAP-eligible patient, including how the amount was determined and states, or describes, how the individual can get information regarding the AGB for the care;
- (ii) Refund to the individual any amount he or she has paid for the care that exceeds the amount he or she is determined to be personally responsible for paying as a FAP-eligible individual, unless such excess amount is less than \$5, or such other amount set by the IRS; and
- (iii) Take reasonable measures to reverse any extraordinary collection actions.

### **V. Non-Payment – Legal Action**

A Hospital (and any collection agency or other party to which it has referred debt) will not engage in any extraordinary collection action (“ECA”) prior to 120 days after the issuance of the first post-discharge billing statement for the care and before making reasonable efforts to determine if a patient or any other individual having financial responsibility for a self-pay account (Responsible Individual(s)) is eligible for financial assistance under this FAP. Any ECA must be approved by the Vice President of Corporate Business Services or his designee(s) who shall confirm prior to approval that the reasonable efforts requirements in this FAP have been met.

The Hospital will follow its A/R billing cycle in accordance with internal operational processes and practices. As part of such processes and practices, the Hospital will, at a minimum, notify patients about its FAP from the date care is provided and throughout the A/R billing cycle (or during such period as is required by law, whichever is longer) by:

1. All patients will be offered a plain language summary and an application form for financial assistance under the FAP as part of the discharge or intake process from a Hospital.
2. At least three separate statements for collection of self-pay accounts will be mailed or emailed to the last known address of the patient and any other Responsible Individual(s); provided, however, that no additional statements need be sent after a Responsible Individual(s) submits a complete application for financial assistance under the FAP or has paid in-full. At least 60 days shall have elapsed between the first and last of the required three mailings. It is the Responsible Individual(s) obligation to provide a correct mailing address at the time of service

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or upon moving. If an account does not have a valid address, the determination for "Reasonable Effort" will have been made. All single patient account statements of self-pay accounts will include but not limited to:

- a. An accurate summary of the hospital services covered by the statement;
  - b. The charges for such services;
  - c. The amount required to be paid by the Responsible Individual(s) (or, if such amount is not known, a good faith estimate of such amount as of the date of the initial statement); and
  - d. A conspicuous written notice that notifies and informs the Responsible Individual(s) about the availability of financial assistance under the FAP including the telephone number of the department and direct website address where copies of documents may be obtained.
3. At least one of the statements mailed or emailed will include written notice that informs the Responsible Individual(s) about the ECAs that are intended to be taken if the Responsible Individual(s) does not apply for financial assistance under the FAP or pay the amount due by the billing deadline. Such statement must be provided to the Responsible Individual(s) at least 30 days before the deadline specified in the statement. A plain language summary will accompany this statement. It is the Responsible Individual(s) obligation to provide a correct mailing address at the time of service or upon moving. If an account does not have a valid address, the determination for "Reasonable Effort" will have been made.
  4. Prior to initiation of any ECA, an oral attempt will be made to contact Responsible Individual(s) by telephone at the last known telephone number, if any, at least once during the series of mailed or emailed statements if the account remains unpaid. During all conversations, the patient or Responsible Individual(s) will be informed about the financial assistance that may be available under the FAP.
  5. Subject to compliance with the provisions of this policy, a YNHHS Hospital may take the ECA listed on Attachment 2 of this Policy to obtain payment for medical services provided.

### **VI. Policy Availability**

Copies of the FAP, a plain language summary of the FAP and FAP application are available at <https://www.ynhhs.org/billing-insurance.aspx>.

Each Hospital makes available copies of the FAP, a plain language summary of the FAP and FAP application on request, free of charge, by mail or in the Hospital Emergency Department and at all points of registration in paper form in English and the primary language of any population with limited English proficiency that constitutes the lesser of 1,000 individuals or 5% or more of the population the Hospital serves. See Attachment 3 for a list of languages.

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Contact Corporate Business Services toll free at (855) 547-4584 for information regarding eligibility or the programs that may be available to you, to request a copy of the FAP, plain language summary of the FAP, FAP application form, or Billing and Collection Policy to be mailed to you, or if you need a copy of the FAP, plain language summary, or FAP application form translated to a language other than English. Further, patients may ask Patient Registration, Patient Financial Services and Social Work/Case Management about initiating the FAP application process.

Further efforts to widely publicize the FAP include publishing notices in newspapers of general circulation; providing written notice of FAP in billing statements; providing notice of FAP in oral communications with patients regarding the amount due; and holding open houses and other informational sessions.

### **VII. Management Oversight Committee**

The FAP will be overseen by a management oversight committee chaired by a Senior Vice President, YNHHS and comprised of representatives from Corporate Business Services, patient financial services, patient relations, finance, and the medical staff, as necessary. This committee will meet at least quarterly.

### **VIII. Compliance with State Law**

Each Hospital shall comply with relevant State laws, including, without limitation, Connecticut General Statutes governing Collections by Hospitals from Uninsured Patients and Rhode Island *Statewide Standard for the Provision of Charity Care* set forth in Section 11.3 of the Rhode Island Department of Health Rules and Regulations Pertaining to Hospital Conversions (the “RI Regulations”) and the *Statewide Standard for the Provision of Uncompensated Care* set forth in Section 11.4 of the RI Regulations.

### **REFERENCES**

Internal Revenue Code 501(c)(3)  
Internal Revenue Code 501(r)  
Conn. Gen. Stat. § 19a-673 et seq.  
RI Regulations 11.3 and 11.4

### **RELATED POLICIES**

YNHHS Billing and Collections Policy  
YNHHS EMTALA Policy: Medical Screening/Stabilization, On-Call and Transfer  
Yale New Haven Hospital Policy – Distribution of Free Care Funds NC:F-2  
Greenwich Hospital Outpatient Center Policies and Procedures

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**Attachment 1**

**250% & 550% of the Federal Poverty Guidelines (FPG)**

	<b><u>Family Size</u></b>	<b><u>100%</u></b>	<b><u>250%</u></b>	<b><u>550%</u></b>	
	1	\$ 12,760	\$ 31,900	\$ 70,180	
	2	\$ 17,240	\$ 43,100	\$ 94,820	
	3	\$ 21,720	\$ 54,300	\$119,460	
	4	\$ 26,200	\$ 65,500	\$144,100	
	5	\$ 30,680	\$ 76,700	\$168,740	
	6	\$ 35,160	\$ 87,900	\$193,380	
Free Care: Add \$11,200 for each additional family member					
Discounted Care: Add \$24,640 for each additional family member					

**Amounts Generally Billed (AGB)**

Patients eligible for financial assistance under this Policy will receive assistance according to the following:

**All YNHHS Hospitals:**

<b>Annual Family Income</b>	<b>Amount of Discount % of Charges</b>	<b>Patient Pays % of Charges</b>
< or = 250% FPG	100%	0
> 250% -550% FPG	69%	31%

*\*For calendar year 2020, AGB (% of charges): BH 32.4%, GH 31.9%, LMH 39.9%, YNHHS 33.3% and WH 32.6%*

Revised 01/24/2020

**Attachment 2**

**EXTRAORDINARY COLLECTION ACTIONS**

**Property Liens**

Liens on personal residences are permitted only if:

- a) The patient has had an opportunity to apply for free bed funds and has either failed to respond, refused, or been found ineligible for such funds;
- b) The patient has not applied or qualified for other financial assistance under the Hospital's Financial Assistance Policy, to assist in the payment of his/her debt, or has qualified, in part, but has not paid his/her responsible part;
- c) The patient has not attempted to make or agreed to a payment arrangement, or is not complying with payment arrangements that have been agreed to by the Hospital and patient;
- d) The aggregate of account balances is over \$10,000 and the property(ies) to be made subject to the lien are at least \$300,000 in assessed value; and
- e) The lien will not result in a foreclosure on a personal residence.



**Attachment 3**

**Limited English Proficiency Languages**

Albanian
Arabic
Simplified Chinese
French
French Creole (Haitian Creole)
German
Greek
Hindi
Italian
Japanese
Korean
Pashto
Persian Dari
Persian Farsi
Polish
Portuguese
Portuguese Creole (Cape Verdean)
Russian
Spanish
Swahili
Tagalog
Tigrinya
Turkish
Vietnamese