



Classification: Administration	DENTAL DEPARTMENT Standard Operating Procedures (SOP)
Title: Financial Assistance	
Date Approved: 5/31/2015	Approved by: Diana Ellison and Derek Steinbacher, MD, DMD

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.

POLICY

YNHHS offers several opportunities for patients who either have no insurance, or whose insurance plan does not cover services the patient desires to have.

1. Free Care
2. Restricted Funds
3. Discounted Care
4. YNHHS Self Pay Discount

PROCEDURE

- **Free Care**-Patients with insurance can apply for free care and will be considered on a case-by-case basis. To meet eligibility criteria, patients must:
 - Complete Financial Assistance Program (FAP) application
 - Provide proof of income under 250% of Federal Poverty Level
 - Provide valid Medicaid determination from CT or patient’s home state

Dental procedures eligible for coverage under Free Care are limited to:

- ❖ Basic Dental exams
- ❖ Basic Hygiene/cleanings
- ❖ X-rays
- ❖ Biopsies
- ❖ Basic Extractions
- ❖ Basic Restorations
- ❖ Root canals, if medically necessary
- ❖ Periodontal procedures, if medically necessary



Dental procedures NOT eligible under Free Care include those considered to be cosmetic in nature, are not deemed medically necessary or require purchasing of services from outside laboratory. In these instances, patients may be offered the Self-Pay Discount (see below). Examples of such procedures include:

- ❖ Full/Partial/Over Dentures
- ❖ Teeth Whitening/Bleaching
- ❖ Braces or space maintainers
- ❖ Implants and restorations on implants
- ❖ Crowns/Bridges

Patients remain eligible for Free Care, once granted, for 6 months from their approval date and all prior hospital balances are adjusted to \$0. Applicants are notified of the FAP determination in writing within 30 days of receipt.

- **Discounted Care**- Patients with NO insurance can apply for YNHH discount from total hospital charges. To meet eligibility criteria, patients must
 - Complete Financial Assistance Program (FAP) application
 - Provide proof of income
 - Patients must be uninsured

Patients remain eligible for Discounted Care, once granted, for one year from their approval date and all previous balances are discounted at the current rate [69% discount]. Applicants are notified of the determination in writing within 30 days of receipt.

- **Self-Pay Discount**- Patients with NO insurance or patients with insurance that in specific instances is denied a claim for non-covered or benefit exhaust reasons can apply for the YNHH for this discounted payment. Patients who may be considered for this discount include:
 - Self-Pay patients who do NOT have insurance
 - Patients on Medicaid Spend down
 - HITECH
 - Patients whose insurance was billed and denial states member is ineligible or insurance was terminated
 - Insurance denials for non-covered services
 - Insurance denials for benefits exhausted/maxed
 - Insurance denials for not medically necessary that are billed to the patient (unless patient waiver was signed)
 - Medical Coverage only (not dental) :Patients with Medicare Part A who do not elect Medicare B coverage
 - For Outpatient Part B services only
 - Does not apply to non-covered Part A services



Excluded from eligibility for Self-Pay Discounts are:

- Balances billed to patients when Coordination of Benefit (COB) information is requested
- Cosmetic surgery
- Special program billing
- International patients scheduled for pre-planned services
- Patient convenience (non-medically necessary) services

YNHHS delivery networks implements a 55% self-pay discount effective February 2014. This discount from total charges is automatically applied to self-pay/no insurance patient visits at the time of billing.

- **Restricted Funds**- These funds have been donated to YNHH to provide free or discounted care that are restricted to patients that meet certain eligibility criteria, such as town residency, church membership, or specific medical conditions. Information about these specific eligibility requirements is included on each YNHHS Hospital's application.

Contact information for application status:

Yale-New Haven Health
SBO, Attn: Financial Assistance
P.O. Box 1403
New Haven, CT 06505

Phone: (855) 547-4584
Fax: (203) 688-1640

**YALE-NEW HAVEN HOSPITAL
NON-CLINICAL ADMINISTRATIVE POLICY & PROCEDURE MANUAL**

Administrative Policy Title:	Distribution of "Free Care" Funds	Manual Code:	NC:F-2
Reviewed:	9/20/00, 9/1/01, 6/1/05, 7/1/07, 7/1/10	Revised:	3/1/91, 9/11/01, 9/1/03, 3/28/12
Supersedes Manual Code:		Dated:	
Approved By:	James Staten – Senior Vice President of Finance		

I. PURPOSE:

To establish the policy for the use of funds that have been donated to Yale-New Haven Hospital (YNHH or the "Hospital") and other funds that have been designated by YNHH to provide free care. The Hospital also has other policies related to charity care.

II. PROCEDURES:

A. General Statement of Need

The Hospital has received charitable contributions to endowment that are restricted by the donors to use to provide free care to patients (hereinafter referred to as "Free Bed Funds"). Some of the donated funds contain additional restrictions (home address of patient, church, nominator, etc.); other funds have no additional restrictions. The Hospital has established a spending policy on the distribution of these Free Bed Funds. In addition, YNHH provides additional free care to patients from Hospital operating funds (hereinafter referred to as "YNHH designated funds" or "free care funds").

B. Notice

The Hospital will provide notice and information to patients about Free Care Funds in a number of ways, including publishing notices in newspapers of general circulation; posting notices in appropriate locations throughout the Hospital; ensuring the availability of a one-page summary description of Free Bed Funds and how to apply for them; providing individual written notice to patients; making available written information in other forms that may be helpful to patients; and holding open houses.

The Hospital will provide notice and information in a manner that complies with the requirements of law, including the Connecticut law concerning hospital bed funds, and is designed to make information easily available and accessible to patients.

The Hospital may develop a more detailed policy and procedure specifically describing how notices and information will be provided.

C. Eligibility for Donated Free Bed Funds with No Specified Nominator

The Hospital has Free Bed Funds where the historical dollar value is restricted and the net appreciation and income are available to support free beds for patients unable to pay, but no specific nominator is named. The allocation of the availability of these funds is based on the Hospital's Endowment Spending Policy.

These Free Bed Funds will be available only to patients with no specified nominator after all possibilities of third party reimbursement have been exhausted. Patients must have applied for State assistance, and provide formal documentation showing legitimate denial.

Patients will be considered eligible for the use of Free Bed Funds if their income level does not exceed two and a half times (250%) the poverty level and in appropriate cases and circumstances, the Hospital has determined that they do not have liquid assets that can be used to pay all or some portion of the bill without financial hardship or distress. The Hospital will establish appropriate documentation requirements to verify eligibility.

In addition, the Hospital, at its discretion and on a case by case basis, may provide Free Bed Funds to patients with insurance, assuming they satisfy the other criteria outlined above and there are no other prohibitions on them receiving such assistance. If the patient is insured by a governmental program (Medicare, Medicaid or Tricare) or a private insurer, the Hospital will consider requests for Free Bed Funds for co-pays, deductibles, and/or spenddowns on a case by case basis. If granted, these amounts will be relieved at the amounts determined under the contract or program in question. In addition, the Hospital will consider requests for Free Bed Funds when a patient's insurance or maximum coverage benefits have been exhausted. In making these decisions, the Hospital will consider medical and financial hardship. It may also choose to provide Free Bed Funds for only a portion of the request, if in its judgment, awarding Free Bed Funds for the entire request would adversely affect other applicants who meet the qualifications, but are without insurance (and thus may carry a larger debt).

D. Eligibility for Donated Free Bed Funds with Geographic or other Additional Restrictions but no Specified Nominator

Patients must fulfill the above eligibility guidelines for "Donated Free Bed Funds with No Specific Nominator", and reside in the specific geographic location dictated by the original gift or meet the other additional eligibility restrictions contained in the original gift.

E. Eligibility for YNHH Designated Funds

Once Free Bed Funds with no nominator or other special restriction are exhausted up to the annual endowment spending policy limit, if there are patients eligible for Free Bed Funds who do not meet the restrictions for eligibility for any available restricted Free Bed Funds, YNHH will provide additional free care to patients from YNHH designated funds. Patients must fulfill the eligibility guidelines for "Donated Free Bed Funds with No Specified Nominator" to be eligible for free care designation from YNHH designated funds.

YNHH will also make available additional free care funds from operations for other types of requests where the patient demonstrates a compelling hardship or personal circumstance which warrants providing financial assistance. These requests will be identified and recommended for free care funds by a committee comprised by Management.

F. Eligibility for Donated Funds Restricted to Use by an Outside Nominator

The Hospital has Free Bed Funds where the historic dollar value is restricted and the net appreciation and income are available to support free beds for patients unable to pay and a nominator is named. The allocation of the available funds is based on the Hospital's Endowment spending policy.

The Hospital will notify nominators semi-annually of the status of Free Bed Funds for which they have a nomination role. The nominator may request the use of Free Bed Funds for any eligible patient who meets the guidelines for a given fund. Each nominator will receive an annual report of Free Bed Funds utilized by patient (subject to privacy restrictions). Nominators may request to rollover unused funds to the subsequent year for their purposes or designate remaining funds to be used by YNHH for general free care purposes. In addition, YNHH may award funds in cases in which the donor provided that the Hospital has the power to award the funds if the nominator did not.

G. Accounting of Free Funds

1. For donated Free Bed Funds with no specified nominator and donated Free Bed Funds with geographic or other additional restrictions but no specified nominator:

The Free Bed Funds available on an annual basis will be based on the Endowment Spending Policy and will be applied to the patient requests up to 90 days after the close of the Funds' fiscal year. During this 90-day period, accounts will be identified and recommended for Free Bed Funds by a committee comprised by Management. The funds will be relieved at cost.

2. For YNHH Designated Funds:

For patients whose income level does not exceed two and a half times (250%) the poverty level and deemed eligible for the use of free funds, YNHH designated funds will be available subsequent to the exhaustion of the Free Bed Funds available according to the Endowment Spending Policy for "donated Free Bed Funds with no specified nominator." The funds will be relieved at cost.

3. For donated Free Bed Funds restricted to Use by an Outside Nominator:

The Free Bed Funds available on an annual basis will be based on the Endowment Spending Policy and will be applied to the nominator requests up to 90 days after the close of the Free Funds' fiscal year. If the total amount available to be spent in a year is not applied based on nominator request, the remaining amounts can be carried forward and made available for use in the following year or may, depending on the nominator's wishes and/or the terms of the original gift, be awarded by the Hospital to eligible patients. Funds utilized for patients who meet the financial criteria for other Free Bed Funds will be relieved at cost.

Classification:	YALE NEW HAVEN HEALTH SYSTEM POLICIES & PROCEDURES	
Title: Billing and Collection		
Date Approved: 09/20/2013	Approved by: Board of Directors	
Date Effective: 09/20/2013	Date Reviewed/Revised: N/A	
Distribution: MCN Policy Manager	Policy Type (I or II): Type I	
Supersedes: YNHH Administrative Policy for Credit and Collections BH Credit and Collection Policy (9-4) GH Billing and Collection Bad Debt Policy (A-J:2)		

PURPOSE

To ensure that outstanding balances on patient accounts are pursued fairly and consistently by the Hospital and its agents in a manner consistent with its charitable mission

DEFINITIONS

“*Collection agent*” means any person, either employed by or under contract to, the Hospital, who is engaged in the business of collecting payment from consumers for medical services provided by the Hospital, and includes, but is not limited to, attorneys performing debt collection activities.

“*FAP*” means the Hospital’s Financial Assistance Policy.

“*FAP-eligible individual*” means an individual eligible for financial assistance under the hospital’s FAP, without regard to whether the individual has applied for assistance under the FAP.

“*Hospital bed fund*” or “*free bed fund*” means a special donation received by the Hospital to subsidize, in whole or in part, the cost of medical care, including inpatient or outpatient care, incurred by patients at the hospital, whose financial circumstances render them unable to pay their hospital bills.

“*Patient*” means those persons who receive care at the Hospital and the person who is financially responsible for the care of the patient.

“*Uninsured patient*” means any person who is liable for one or more hospital charges whose income is at or below two hundred fifty percent (250%) of the poverty income guidelines who: (1) has applied and been denied eligibility for any medical or health care coverage provided

under the state-administered general assistance program or the Medicaid program due to failure to satisfy income or other eligibility requirements, and (2) is not eligible for coverage for hospital services under the Medicare or CHAMPUS programs, or under any Medicaid or health insurance program of any other nation, state, territory or commonwealth, or under any other governmental or privately sponsored health or accident insurance or benefit program including, but not limited to, workers' compensation and awards, settlements or judgments arising from claims, suits or proceedings involving motor vehicle accidents or alleged negligence.

APPLICABILITY

This policy applies to each licensed hospital affiliated with Yale New Haven Health System (YNHHS), including Bridgeport Hospital, Greenwich Hospital, Yale-New Haven Hospital and any other hospital that may affiliate with YNHHS from time to time, Northeast Medical Group and its subsidiaries, Yale-New Haven Care Continuum (d/b/a Grimes), and any other providers of health care services owned by or under common control with YNHHS.

POLICY

It is the Hospital's policy to treat all patients equitably with respect and compassion, from the bedside to the billing office. The Hospital will pursue patient accounts, directly and through its collection agents, fairly and consistently taking into consideration demonstrated financial need. As part of its collection process, the Hospital will make reasonable efforts to determine if an individual is eligible for financial assistance under its FAP. In the event of nonpayment, where based on information in its possession a person is not FAP-eligible individual, the Hospital (and any collection agency or other party to which it has referred debt) may engage in extraordinary collection actions as defined on Attachment I.

PROCEDURES

A. General & Limitation on Billing

1. In accordance with Connecticut law, before a bill is sent to a patient the Hospital will:
 - a. determine (based on information in its possession) (i) if the patient is an uninsured patient as defined herein; and (ii) eligibility for free bed funds; and
 - b. notify the patient in writing of this insurance determination and the reasons for the determination.
 - c. If a patient is determined to be an uninsured patient as defined herein, the patient will be eligible for free care under the Hospital's FAP.
2. Following a determination of eligibility for financial assistance under the Hospital's FAP, the Hospital will charge all FAP-eligible individuals: (a) for emergency or other medically necessary care, the costs of such care (which the Hospital ensures is no more

than amounts generally billed (AGB) to persons who have insurance covering emergency or other medically necessary care), and (b) no more than gross charges for all other care.

3. Each bill and all collection notice from the Hospital, or any collection agent acting on behalf of the Hospital, must include the YNHHS Summary of Financial Assistance Programs. In addition, at Greenwich Hospital the Availability of Hospital Funds notice must be disseminated in accordance with the Greenwich Hospital Bed Fund Agreement.
4. Throughout the billing and collections cycle, the Hospital will provide financial counseling to patients about their Hospital bills and respond promptly to patient's questions about their bills and to requests for financial assistance.

B. Reasonable efforts – Accounts Receivable (“A/R”) Collections

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 posting signs throughout the Hospital, distributing a plain language summary of its FAP in all billing statements, and discussing the FAP with eligible patients.

C. Outside Collections

1. The Hospital will seek to maintain written contractual relationships with one or more collection agents and attorneys for collection of past due accounts that will require compliance with the standards and scope of collection practices set out in this Policy.
2. At the end of the Hospital's internal (pre-collection) billing cycle, outstanding balances may be referred to an approved outside collection agent under the following guidelines:
 - (i) Hospital has billed all third-party payers that may, based on hospital's records, be responsible for paying the claim;
 - (ii) Hospital has provided patient information on how to arrange for a payment plan if the patient cannot afford to pay the entire bill at once and patient has not qualified for, arranged for, or complied with a payment plan;
 - (iii) Hospital has notified patient that it has free bed funds and other free or discounted care for which the patient may be eligible;
 - (iv)(a) No financial assistance application has been completed that establishes the patient's eligibility for hospital bed funds or other financial assistance nor is an application in process, or (b) patient has applied and qualified for partial financial assistance, but has not paid his/her responsible part then the ineligible portion of the account may be referred for collection;
 - (v) A representative of the Hospital's Finance Department or a Turnover Expeditor

concludes, based on the results of an internal review and in accordance with the Hospital's eligibility criteria for its financial assistance programs, that the patient has the financial ability to pay for all or a portion of his or her bill; and

- (vi) The referral is reviewed and approved by the Credit & Collections staff under the direction of the Manager, Credit & Collections and using criteria & procedures permitted by the Director of Patient Accounts, the VP, Corporate Business Services and/or the Sr. VP, Finance.
3. If at any point in the debt collection process, the Hospital, including any employee or agent of the Hospital, or a collection agent acting on behalf of the Hospital, receives information that a patient is eligible for hospital bed funds, free or reduced price hospital services, or any other program which would result in the elimination of liability for the debt or reduction in the amount of such liability, the Hospital or collection agent will promptly discontinue collection efforts and, if a collection agent, refer the account back to the Hospital for determination of eligibility. The collection effort will not resume until such determination is made.
 4. The Hospital will annually file a debt collection report with the Office of Health Care Access as required by Connecticut law.

RESPONSIBILITY

Sr. VP, Finance, VP, Corporate Business Services, Director of Patient Accounts, and Manager, Credit & Collections

REFERENCES

Conn. Gen. Statutes §19a-673 and §19a-673(a) – (d)
Internal Revenue Code §501(r)(6)
Fair Debt Collection Practices Act
Connecticut Not-For-Profit Acute Care Hospital Voluntary Guidelines for Debt Collection
AHA – Statement of Principles and Guidelines - Hospital Billing & Collection Practices

RELATED POLICIES

YNHHS Financial Assistance Programs

Attachment I

STANDARDS & SCOPE OF COLLECTION PRACTICES

1. Prior approval of extraordinary collection action and reasonable efforts to determine if FAP-eligible individual.

The Hospital (and any collection agency or other party to which it has referred debt) shall not engage in any extraordinary collection action (“ECA”) before making reasonable efforts to determine if a patient is an FAP-eligible individual, and further must obtain written approval from the Manager of Credit/Collections, prior to the initiation of any ECA, including as set forth below.

2. ECA Defined:

- (a) Commencement of a legal action concerning a referred account

- (b) Property Liens & Foreclosures.

Liens on personal residences are permitted only if:

- (i) 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;
- (ii) The patient has not applied or qualified for other financial assistance under the Hospital’s Financial Assistance Policy, including sliding scale discounts to assist in the payment of his/her debt, or has qualified, in part, but has not paid his/her responsible part;
- (iii) 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;
- (iv) The aggregate of account balances is over \$1000 and the property(ies) to be made subject to the lien are at least \$125,000 in assessed value; and
- (v) The lien will not result in a foreclosure on a personal residence. Except in unusual circumstances (*e.g.* where there is evidence of an ability to pay, multiple homes or properties, or the existence of significant assets), the Hospital will not pursue foreclosures for property liens.

- (c) Wage Garnishments.

Garnishments of wages are permitted only if:

- (i) The patient is not an uninsured patient;
- (ii) The criteria in (i) – (iii) above under Property Liens are met;
- (iii) A court determines that the patient’s wages are sufficient for garnishment and enters a judgment against the patient; and
- (iv) The Hospital has notified the patient in writing of the foregoing.

- (v) Wage garnishments, if approved, will only apply to account balances over \$500. Additionally, any State Marshall fee for administering the wage garnishment will be absorbed by the Hospital as a cost of collection. No interest will accrue on wage garnishments.

(d) Bank Executions.

All bank executions, in addition to pre-approval, require special review by the Hospital for verification that the execution will not cause undue financial hardship on the patient. If this cannot be determined, no bank execution will be ordered.

(e) Writs of Capias.

The Hospital will not pursue and will not initiate a writ of capias (*i.e.*, a petition to have a debtor arrested as a result of a debt collection activity). The Hospital may ask for examinations of patients but the Hospital itself will specifically indicate that the Hospital does not request any writ of capias.

(f) Interest and Court Costs.

Interest will be allowed to accrue on accounts after legal court judgment is received. Interest will accrue at the current statutory rate. The Hospital will not allow interest to accrue greater than 50% of the account balance. If the principal is paid in full, the Hospital will waive payment of interest. Court costs will be assumed by the Hospital as a cost of collections and not charged to the patient.

(g) Credit Reports.

No accounts or account activity will be directly reported to Credit Bureaus or rating agencies. Credit Bureaus may obtain information from court records.

Financial Assistance Programs Policies and Procedures

Service Area: Corporate Business Services	YALE NEW HAVEN HEALTH SYSTEM POLICIES & PROCEDURES	
Title: Financial Assistance Programs Policy		
Date Approved: 09/20/2013	Approved by: Boards of Trustees Senior Vice President, Finance	
Date Effective: 09/20/2013	Date Reviewed/Revised: 01/21//2015, 09/30/2016	
Distribution: MCN Policy Manager	Policy Type (I or II): Type I	
Supersedes: 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		

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 recognition of its role to help those in need of financial assistance, YNHHS has established the Financial Assistance Programs (“FAP”) to assist with emergency and other medically necessary care. The objectives of the FAP are to:

- Specify all financial assistance available under the FAP;
- Provide clear information regarding eligibility criteria, application requirements and the method for applying for financial assistance under the FAP;
- The basis for calculating amounts charged to FAP-eligible patients for emergency or other medically necessary care; and
- The YNHHS measures to widely publicize this FAP within the communities served by YNHHS.

Applicability

This policy applies to each licensed hospital affiliated with YNHHS, including Bridgeport Hospital, Greenwich Hospital, and Yale-New Haven Hospital (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.ynhhs.org/patient-care/billing-insurance/financial-assistance.aspx>. The list indicates if the provider is covered under the FAP. If the provider is not covered under this policy, 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.

II. Financial Assistance Programs and Eligibility

Financial assistance is available to individuals who are residents of the United States of America, or citizens of the United States residing abroad, who complete a 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), and who have applied for, and been approved or receive a valid denial within the last six months, for State medical assistance.

In addition, YNHHS employs a third party screening tool to assist in identifying individuals with self-pay balances who have not applied for financial assistance, but who have incomes 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.

- B. **Discounted Care.** If a patient's gross annual family income is over 250% of the Federal Poverty Level, and the patient is uninsured, the Hospital will discount care to the Hospital's AGB (as defined in Section III below and on Attachment 1 hereto).
- C. **Restricted Bed Funds.** You may be eligible to receive restricted bed funds, which are funds that have been donated to the Hospital to provide free or discounted care to individuals who meet the individual fund criteria. There are no specific income limits for receipt of restricted 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 YNHHS financial assistance application will automatically be considered for restricted bed funds.
- D. **Other Hospital-Specific Financial Assistance programs:**
- **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.

- **Greenwich Hospital Outpatient Clinic** provides free or discounted care to individuals who apply for and are approved for clinic membership. You may be eligible for clinic membership if you do not have insurance, are not eligible for State Assistance (Medicaid), are a Greenwich resident 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 I 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 an application for financial 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 (i) that the Hospital will respond to each Application in writing, (ii) that patients may re-apply for FAP at any time, and (iii) that 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 make reasonable efforts to determine eligibility and document any determinations of financial assistance eligibility in the applicable patient accounts. Reasonable efforts include suspending any extraordinary collection action to obtain payment for the care, making a determination as to whether the individual is FAP-eligible for the care and notifying him/her in writing of the eligibility determination, including, if applicable, the assistance for which the individual is eligible, and the basis for this determination.

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) shall not engage in any extraordinary collection action ("ECA") before making reasonable efforts to determine if a patient or any other individual having financial responsibility for a self-pay account (Responsible Individual(s)) eligible for financial assistance under this FAP. Any ECA must be approved by the Vice President of Corporate Business Services or his designee(s), prior to the initiation of any ECA.

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 shall 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 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 Extraordinary Collection Actions as set forth in Attachment I of this Policy, to obtain payment for medical services provided.

VI. Policy Availability

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, 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.

Copies of the FAP, a plain language summary of the FAP and FAP application is 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 5% or more of the population the Hospital serves. See Attachment 3 for a list of languages.

Further efforts to widely publicize the FAP include publishing notices in newspapers of general circulation; providing written notice of FAP in all billing statements; providing notice of FAP in all 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 on a monthly basis.

References

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

Related Policies

- YNHHS Billing and Collections Policy (xx)
- Yale-New Haven Hospital Policy – Distribution of Free Care Funds NC:F-2
- Bridgeport Hospital Policy for Free Care Funds (9-14)

Attachment I

250% of the Federal Poverty Guidelines (FPG):

Family size:	Maximum Income:
1	\$29,700
2	\$40,050
3	\$50,400
4	\$60,750
5	\$71,100
6	\$81,450

**Add \$10,400 for each additional family member*

Amounts Generally Billed (AGB):

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

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

**For calendar year 2016, AGB (% of charges: BH 68%, GH 68%, YNHH 67%. Financial assistance under the discounted care program across all Hospitals is 69%..*

Attachment II

Extraordinary Collection Actions:

Property Liens.

Liens on personal residences are permitted only if:

- (i) 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;
- (ii) 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;
- (iii) 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;
- (iv) 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
- (v) The lien will not result in a foreclosure on a personal residence.

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

YALE-NEW HAVEN HOSPITAL
ADDENDUM TO
FINANCIAL ASSISTANCE POLICIES
March, 2006

1. Yale New Haven Health System hospitals will begin to employ in early 2006 a financial screening tool in conjunction with the major credit reporting agencies. Such screening tool will allow member hospitals to triage self-pay accounts as well as potential accounts with underinsurance for ability to pay. Threshold criteria will be established to triage accounts for further collection.
2. Policies will be modified to allow Yale-New Haven and Bridgeport Hospital to consider a patient's financial assets when determining an ability to pay. (Greenwich Hospital currently has the ability to review assets)
3. The current policies at Yale-New Haven and Bridgeport Hospitals require a Medicaid denial prior to approval for free care. We have been asked to review the wisdom of this policy in light of the high certainty of denials for undocumented residents. After careful review and discussion, we believe that this requirement should stand. There are many examples of coverage by Medicaid for services that were originally thought ineligible. We also do not want to set up special consideration for undocumented residents when we require documented residents to obtain a Medicaid denial. Greenwich Hospital currently does not require a Medicaid denial.
4. The sliding scale program should be made available to as many patients as possible. Currently, patients are required to submit proof of income prior to obtaining the sliding scale discount. We recommend that this process continue to be considered, but all patient denials for sliding scale should be reviewed by a manager prior to rejection to confirm that any and all attempts have been made to obtain the required information.
5. Currently, patients who present for non-emergency services and who have no ability to pay, are denied access to services without full or partial payment. In all cases, the physician is notified and asked to determine the emergent or non-emergent condition. Patients may complete a financial assistance application for coverage and when approved, are granted access to services. We propose that this policy be modified to restrict access to services only until a patient has completed our financial assistance application and provided proof of income. Patients who are ultimately denied financial assistance will be noted in the records and upon the patient's next visit, must comply with the non-emergent payment policy.

6. Patients who complete a financial assistance application, provide proof of income, but do not provide a Medicaid denial (50% of cases) will be screened for income eligibility. If the patient meets the income criteria, the account would be referred to Century, even if the patient is employed or owns property. No accounts will be referred to a collection attorney if income is below 400% of FPL.
7. Any patient may avail themselves of a payment plan for their portion of the hospital bill. Such payment plans shall be limited to balances of greater than \$50. Greenwich Hospital currently uses and may continue to use a \$10 threshold. Depending upon the balance due, payment plans may be established for up to 12 months interest free. Larger balance payment plans for an extended period may be established upon the approval of the Vice President, Corporate Business Services, or an SVP of the health system (including hospital CFOs). In 2006, the health system will establish credit arrangements with one or more health care credit card companies to assist patients with a periodic payment plan. This plan will be initially rolled out at Yale-New Haven and Bridgeport Hospitals.
8. Any care provided to patients that do not complete the appropriate financial assistance applications and are deemed to be unable to pay their health care bill will be classified as charity care. This includes international patients for whom the hospital agrees to provide services at no cost, either prospectively or retrospectively due to the patient's financial circumstances. These will no longer be classified as administrative allowances.
9. The policy will be modified to automatically write off small balances of under \$50 after the full cycle of bills have been provided to a patient. The previous ceiling was \$100. As a note, any balance of under \$1000 is always referred to Century collections as only balances over \$1000 are referred to collection attorneys. Greenwich Hospital currently has established a write off threshold of \$10 and will continue to use this amount.