Classification: XXXX	ADMINISTRATIVE POLICIES & PROCEDURES
Yale New Haven Health System:	Yale-New Haven Hospital/ Bridgeport Hospital/ Greenwich Hospital
Title: Financial Assistance Programs	**Policy Number:**
Date Approved: 09-20-2013	**Approved by:** Boards of Trustees
Date Reviewed: n/a	**Date Revised:** 2-1-2014
Distribution: XXXX	**Policy 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:

(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 under the FAP;
(iii) The basis for calculating amounts charged to patients for emergency or other medically necessary care; and
(iv) The YNHHS measures to widely publicize this FAP within the communities served by YNHHS.

POLICY

I. Scope of FAP

The FAP apply to emergency and medically necessary inpatient and outpatient services billed by Bridgeport Hospital, Greenwich Hospital, or Yale-New Haven Hospital (each, a "Hospital") to patients without insurance. The FAP exclude (a) routine waivers of deductibles, co-payments and coinsurance imposed by third party payers; (b) private room or private duty nurses; (c)

services that are not medically necessary, such as elective cosmetic surgery; (d) other elective convenience fees, such as television or telephone charges, and (e) other discounts or reductions in charges not expressly described in this Policy.

I. Eligibility for Financial Assistance

Individuals who are uninsured and who have applied, but do not qualify for, State medical assistance, may be eligible for financial assistance under YNHHS FAP as more specifically described in Section IV below. The award of financial assistance shall be based on an individual determination of financial need. In addition, YNHHS has Bed Funds available.

II. Amounts Billed to FAP-Eligible Patients

Federal law requires that amounts billed by a hospital to an approved FAP-eligible patient must be less than the amounts generally billed ("AGB") by that hospital for any emergency or medically necessary care it provides, and less than the gross charges for any medical care. Under this FAP, YNHHS bills FAP-eligible patients no more than the costs of care, and ensures that the cost of care billed to FAP-eligible patients is less than the AGB for each Hospital. YNHHS calculates AGB prospectively, based on current Medicare fee-for-service rates, including Medicare beneficiary cost-sharing amounts.

III. Notice/Access to FAP

Each Hospital provides notice and information to patients about its FAP in a number of ways, including publishing notices in newspapers of general circulation; posting notices and FAP applications on the Hospital website; posting notices throughout the Hospital and at all points of patient registration; ensuring the availability of a one-page summary description of FAP and applications at all points of registration, billing and collection; 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. Each Hospital will provide notice and information in a manner that complies with the requirements of all applicable laws, including IRC Section 501(r) and Connecticut law concerning hospital bed funds.

Patients may ask Patient Registration, Patient Financial Services and Social Work/Case Management about initiating the Application process. Information about applying for financial assistance is also available on YNHHS Hospitals' websites.

IV. Application and Eligibility Determinations

To be eligible for financial assistance, the patient must complete an application for financial assistance ("Application"). Each Hospital has its own Application that sets forth (i) its 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 must make reasonable efforts to determine eligibility and document any determinations of financial assistance eligibility in the applicable patient accounts. 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. Hospitals may not engage in any extraordinary collection action, as defined in Hospital's Billing and Collection Policy, before making reasonable efforts to determine if a patient is eligible for financial assistance, within any legally required time-frames.

Once Hospital identifies a patient is FAP-eligible, Hospital shall:

(i) Provide a billing statement indicating amount owed as FAP-eligible patient, including the AGB for care provided and the Hospital's calculation of amounts owed or instructions how to obtain such information;

(ii) Refund any excess payments made by patients on FAP eligible accounts, as required by law; and

(iii) Take reasonable measures to reverse any extraordinary collection actions.

V. Programs

YNHHS Hospitals offer the financial assistance programs described below to uninsured patients and each program must be managed by YNHHS Hospitals in accordance with this Policy. The eligibility criteria and specific documentation requirements for each program must appear in each Hospital's Summary of Financial Assistance Programs and Application. YNHHS Hospitals may have different eligibility criteria and application processes for the different financial assistance programs.

A. Free Care. The Free Care program provides care at no cost to YNHHS Hospital patients with gross annual family income less than 250% of the Federal Poverty Level, and who have applied for, and been denied, State medical assistance.

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

C. Discounted Care. If a patient's gross annual family income is 251% or above the Federal Poverty Level, the Hospital will discount care to the lessor of (a) its cost of care, or (b) the Hospital's AGB.

VI. 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 the System Business Office, patient financial services, patient relations, finance, and the medical staff, as necessary. This committee

will meet on a bi-monthly basis to discuss specific cases of patient financial hardship, collection matters, and the status of the FAP.

RELATED POLICIES

YNHHS Billing and Collections Policy (xx)
Yale-New Haven Hospital Policy – Distribution of Free Care Funds NC:F-2
Yale-New Haven Hospital Policy – Sliding Scale Discounting Program NC:F-5
Greenwich Hospital Policy for Free Care Funds
Greenwich Hospital Clinic Sliding Scale-Discounting Program
Greenwich Hospital Alternative Payment Arrangement Policy
Greenwich Hospital Waiver of Co-Pays/Deductibles or Spend Down Requirements Policy
Bridgeport Hospital Policy for Free Care Funds (9-14)
Bridgeport Hospital Sliding Scale Discounting Program (9-15)

REFERENCES

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

Classification: XXXX	ADMINISTRATIVE POLICY AND PROCEURE
Yale New Haven Health System:	**Yale-New Haven Hospital/ Bridgeport Hospital/ Greenwich Hospital**
Title: Billing and Collection	**Policy Number:**
Date Approved: 09-20-2013	**Approved by:** Board of Directors
Date Reviewed: n/a	**Date Revised: n/a**
Distribution: XXXX	Policy Type: I
Supersedes: YNHH Administrative Policy for Credit and Collections, Bridgeport Hospital Credit and Collection Policy (9-4), Greenwich Hospital 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.

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.

PROCEDURE:

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.

GREENWICH HOSPITAL
YALE NEW HAVEN HEALTH

GREENWICH HOSPITAL

2014 OUTPATIENT CENTER FEE SCALE

Family Size	Federal Poverty Level	Clinic Eligibility 200% of FPL	Clinic Eligibility 201-250% of FPL	Clinic Eligibility 251-400% of FPL
	(Annual)	**Level A**	**Level B**	**Level C**
1	$11,670	$23,340	$23,341-29,175	$29,176-46,680
2	15,730	31,460	31,461-39,325	39,326-62,920
3	19,790	39,580	39,581-49,475	49,476-79,160
4	23,850	47,700	47,701-59,625	59,626-95,400
5	27,910	55,820	55,821-69,775	69,776-111,640
6	31,970	63,940	63,941-79,925	79,926-127,880
7	36,030	72,060	72,061-90,075	90,076-144,120
8	40,090	80,180	80,180-100,225	100,226-160,360
For families/households with more than 8 persons, add $4,060 for each additional person.				

**Effective April 1, 2007, we stopped collecting any co-pays from those patients whose financial status is categorized up to 200% of the Federal Poverty Level (Level A).

No fees will be collected for most services at Greenwich Hospital (Level A).
In order for patients to get the benefit of this free care
all services must be ordered or arranged through the Outpatient Center.

Medicare patients who meet Federal guidelines may be eligible for a reduction in co-payment and deductible amounts. These patients must schedule a financial evaluation to determine eligibility.

Patients who have insurances provided through the CT health exchange must schedule a financial evaluation and meet clinic eligibility requirements however, they <u>will not</u> be eligible for a reduction in co-payment or deductible amounts.

Outpatient Center Membership must be renewed on an **Annual** Basis.
Please call 863-3409 to schedule an appointment.

Contacts: Outpatient Center – Clinic Registration & Renewal Fee Questions - 863-3334
Credit Specialist – Payment Arrangements, Hospital Fund Applications - 863-3013

Please see reverse side for Fees

Updated April 1, 2014

FEES			
	Level A	**Level B**	**Level C**
Outpatient Center Fee	$0	$25.00 per visit	$25.00 per visit
Behavioral Health Fee	$0	$15.00 per visit	$15.00 per visit
Off-site MDs Fee (includes ENT, Ophthalmology, Cardiology, etc.)	$0	$25.00 per visit	$25.00 per visit
Emergency Room	$0	$35 per visit	$35 per visit
OB Observation	$0	$25	$25
Radiology	$0	$20 per exam	$20 per exam
Nutrition Consult	$0	$20 per visit	$20 per visit
Nutrition Psychology consult	$0	$15 per visit	$15 per visit
Geriatric Assessment	$0	$20 per visit	$20 per visit
Stress Test	$0	$20	$20
Sleep Study	$0	$20	$20
PT/OT/ST	$0	$10 per visit	$10 per visit
Gero-Psychiatry	$0	$10 per visit	$10 per visit
ARC- Outpatient	$0	$10 per visit	$10 per visit
ARC-Detox	$0	$750 per inpatient stay	$750 per inpatient stay
Radiation Therapy	$0	$10 per visit	$10 per visit
Chemotherapy	$0	$10 per visit	$10 per visit
Lab	$0	No Fee	No Fee
Acupuncture	$0	Self-Pay	Self-Pay
IDAP	$0	$10 per visit	$10 per visit
Hyperbaric	$0	$25 per exam $35 per treatment	$25 per exam $35 per treatment
Influenza Vaccine	$15	$15	$15
Pneumococcal Vaccine	$25	$25	$25
For questions on any additional fees please contact the Outpatient Center			

Inpatient Services & Ambulatory Procedures			
Clinic patients are eligible for a reduction on their inpatient and ambulatory services as long as they are medically necessary and are referred by a physician through the Outpatient Center. **Elective procedures or services referred by private physicians cannot be reduced.** The current discounted rates are:			
	Level A	**Level B**	**Level C**
Ambulatory Services	$0	$250.00 per procedure	$250.00 per procedure
Inpatient Services	$0	$750.00 per admission per patient	$750.00 per admission per patient
Inpatient Services - Maternity	$0	$750.00 per admission (regular delivery)	$750.00 per admission (regular delivery)
		$850.00 per admission (C-section)	$850.00 per admission (C-section)