

Administrative Policy: Financial Assistance

Policy Statement:

Nathan Littauer Hospital & Nursing Home is committed to minimizing the financial barriers to health care that exist for certain members of our community, in particular, those not adequately covered by health insurance or governmental payment programs. As such, financial aid to assist low income, uninsured or underinsured individuals with their hospital claims is available to all who qualify.

Accordingly, Nathan Littauer Hospital & Nursing Home shall offer Financial Assistance in accordance with this Financial Assistance Program (FAP). This FAP was developed to comply with all federal and state rules and regulations, including IRS regulations §1.501r and NYS Public Health Law §2807-k.9-a.

Procedure:

A. Eligibility Criteria

1. A patient is eligible for financial assistance if his or her income is less than 300% of federal poverty guidelines. Attachment A includes those guidelines.
2. Homeless patients are automatically eligible for financial assistance.

B. Basis for Calculating Financial Assistance

1. Financial Assistance is in the form of a discount off the expected reimbursement from the Hospitals highest volume commercial payer for services. The discount is a sliding scale, depending on income. Attachment A sets for the discount percent available in the various income categories.
2. No person who is found eligible for financial assistance will be charged more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance coverage.

C. Method for Applying for Financial Assistance

1. Applications and/or confidential assistance with completion of the application is available from any registrar or from our Patient Financial Services office by calling 773-5551.
2. Applicants may be asked to provide the following information in connection with their application for financial assistance:
 - Complete Application
 - Most recent Federal Tax Return(optional)
 - Copies of last 4 pay stubs
 - Copies of last two bank statements
 - Application to Medicaid and provide copy of denial(only if income guidelines suggest possible eligibility)
3. "Household income," as used in the application, refers to income before deductions (taxes, social security insurance premiums, payroll deductions, etc.). Total Household Income is income from all members of a household(defined below)from the following sources: wages, unemployment income, Workers' Compensation, Veterans benefits, Social Security Income, Disability Insurance, public assistance, alimony child support and other cash income.

House hold includes the following people living in the same home:

- Guarantor
- Guarantor's spouse
- Guarantor's children/minor dependents and step-children (i.e. children living with grandparents that are legal guardian).
- Guarantor's unmarried partner, if they have child(ren) from previous relationships also qualify if living in the home.

4. Prior to or when appropriate, subsequent to approval for financial aid patients may be asked to apply for Medicaid or other publicly sponsored programs. Resources will be available to assist patients in that process. Medicaid may require the patient to make a payment to the hospital as a condition for Medicaid approval. This is known as a spend down amount. Any payments the patient is required to make to the hospital including, but not limited to, the "spend down" amount and co-pay and/or deductible amounts are eligible for consideration in our financial aid program. Failure to apply or comply with the Medicaid application requirements may result in denial of Financial Assistance.

5. For efficient processing NLH requests application submission within 30 days of the first billing statement, however a Financial Assistance application may be submitted at any time within 240 days after the first billing statement. Extraordinary collection efforts may be commenced after 120 days from the first billing statement, if no application has been submitted. (See Policy: Billing and Collection Policy). Applications deemed to be incomplete will be returned to the applicant with notification that failure to provide all required data within 30 days of receipt of the returned application will result in a denial for financial aid. Determination of need for Financial Assistance will be made based upon the information provided on the Financial Assistance application along with data obtained by NLH or such other firm retained to assist the hospital in processing such applications. The hospital may also utilize internal criteria which may include review of previous account history and a credit check(s). The hospital reserves the right to request additional information to support the application process.

6. Upon filing a completed application, you may disregard any Nathan Littauer Hospital bills until you receive notification of determination of your application. A determination of whether a patient is qualified will be made within 30 days of receipt of a completed application. Recommendation for final approval will be made by the Patient Accounts Counselor.

7. A financial counselor will be available to arrange affordable monthly payment plans. For those balances after the Financial Assistance award the hospital will request no more than 10% of the household gross monthly income as the monthly payment.

8. A separate policy, NLH Policy for Billing and Collections, addresses the actions that the hospital may take in the event of nonpayment.

9. Service Area: What Services are covered:

All emergency services will be considered for New York State residents. All other medically necessary services will be considered for all patients residing within our defined primary service area. The primary service area consists of the following counties:

- Fulton
- Hamilton

- Herkimer
- Montgomery
- Saratoga

E. Informing and Notifying Patients about the Financial Assistance Policy.

1. A summary of the Financial Assistance Plan (the “FAP Summary”) is attached to this policy (Attachment B)
2. The hospital will inform and notify patients about this financial assistance plan (FAP) by:
 - a) Including the FAP Summary in admissions materials.
 - b) Maintaining a conspicuous link to the FAP Summary on the hospitals website's home page.
 - c) Including with every hospital bill information about the availability of the Financial Assistance Program, and about accessing the FAP Summary.
 - d) Making paper copies of the FAP Summary and the application form available upon request and without charge, both in public locations in the hospital facility and by mail, in English and in the primary language of any population with limited proficiency in English that constitute more than 10% of the residents of the community service by the hospital;
 - e) Placing posters about the FAP in areas in the hospital that are likely to be noticed by patients and visitors.

F. Appeals:

Patients have the right to a written appeal of decision within 45 days of denial. Appeals must be submitted in writing with any additional information to Patient Financial Services.

If you have any concerns or issues you are unable to resolve with the Hospital you may call the New York State Department of Health at 1-800-804-5447.

2015 Income Guidelines

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* For family units of more than 8 members, add \$4,160 for each additional member.