

**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. Uninsured individuals are those with no private health insurance, Medicare, Medicaid, state Children's Health Insurance Program, state-sponsored, other government, or military health insurance coverage. Underinsured individuals are those with public or private insurance policies that do not cover all necessary medical services, resulting in out-of-pocket expenses that exceed their ability to pay.

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, for those without insurance, is in the form of a discount off the amounts generally billed to Medicare. Balances after insurance will qualify for a straight discount. The discount is a sliding scale, depending on family size and income. Attachment A sets for the discount percent available in the various income categories. Any patient who is determined to be eligible for financial assistance may not be charged more than the amount generally billed to Medicare.
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 (518) 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 Financial Assistance application has been submitted.

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 pay stub(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. In the event of non-payment, All Commercial, governmental and self- pay accounts completing the 120 day dunning cycle or the wait days as described in the NLH Financial Assistance policy will be

referred to an outside collection agency for further dunning and review and for possible legal action. These extraordinary collection efforts could include the following:

- Liens
- Attaching or seizing bank accounts or personal property
- Garnishing wages

No extraordinary collection efforts will be taken prior to 120 days from or initial billing statement date. Medicare accounts will not be considered for legal action and will be reported as Medicare bad debt after return from external collection agency.

9. Service Area:

- Fulton
- Hamilton
- Herkimer
- Montgomery
- Saratoga

10. Services that 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.

See our website or any registration staff for a complete list of our employed medical staff or contracted physicians with privileges that render care at NLH whose services may or may not be covered under the financial assistance program.

**D. Informing and Notifying Patients about the Financial Assistance Policy.**

1. 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.

**E. 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.

**F. Interpreter Services:**

Interpreter services are available upon request.

Attachment A

2023 Financial Assistance Income Guidelines

Family Size	Annual Income					Discount Amount %
	100% FPL	150% FPL	200% FPL	250% FPL	300% FPL	
1	\$ 14,580.00	\$ 21,870.00	\$ 29,160.00	\$ 36,450.00	\$ 43,740.00	Over
2	\$ 19,720.00	\$ 29,580.00	\$ 39,440.00	\$ 49,300.00	\$ 59,160.00	Over
3	\$ 24,860.00	\$ 37,290.00	\$ 49,720.00	\$ 62,150.00	\$ 74,580.00	Over
4	\$ 30,000.00	\$ 45,000.00	\$ 60,000.00	\$ 75,000.00	\$ 90,000.00	Over
5	\$ 35,140.00	\$ 52,710.00	\$ 70,280.00	\$ 87,850.00	\$ 105,420.00	Over
6	\$ 40,280.00	\$ 60,420.00	\$ 80,560.00	\$ 100,700.00	\$ 120,840.00	Over
7	\$ 45,420.00	\$ 68,130.00	\$ 90,840.00	\$ 113,550.00	\$ 136,260.00	Over
8	\$ 50,560.00	\$ 75,840.00	\$ 101,120.00	\$ 126,400.00	\$ 151,680.00	Over
	100%	80%	60%	40%	20%	0

\* For family units of more than 8 members, add \$5,140 for each additional member.