

# FINANCIAL ASSISTANCE POLICY

## PURPOSE

The purpose of this Policy is to ensure that all requests for Financial Assistance are evaluated and processed consistently and fairly in support of the Hospital's Mission to provide a broad range of high quality health and wellness services focused on the needs of our community.

## SCOPE AND APPLICABILITY

### *1. Who is Eligible for Financial Assistance?*

In order to be eligible for Financial Assistance at Stamford Hospital, individuals must meet both the financial criteria and emergent/medically necessary criteria which are described below.

- A. US and Non-US residents (including students) who are uninsured, under-insured, ineligible for a Federal or State program or a qualified health plan available through the Affordable Care Act.
- B. US Residents whose gross annual household income does not exceed four times the current US Department of Health and Human Services Federal Poverty Guidelines for their family size.

### *2. What Services are covered by the Policy?*

- A. Financial Assistance is available to help reduce the financial burden of emergency and medically necessary services. Cosmetic, experimental and convenience services may not be considered emergent or medically necessary under this policy.
- B. This policy covers services provided by Stamford Health and its Covered Providers. Appendix C provides a list of providers (other than the Hospital itself) delivering emergency and other medically necessary care at the Hospital, specifying which of such providers (or groups of providers) are subject to this policy, and which are not subject to this Policy. Appendix C will be reviewed and revised periodically.

## NOTICE OF THE POLICY AND APPLICATION

### *1. Individuals and the community will be notified of the Financial Assistance Policy as follows:*

- A. Upon registration, all patients will be offered a copy of the Financial Assistance Plain Language Summary. In addition, the Summary will be made available upon request. The Summary will provide information on how patients can obtain the full Financial Assistance Policy (FAP), a FAP application form, and additional information about Financial Assistance programs.
- B. Stamford Hospital will make this Policy, a FAP application form and the plain language Summary of the FAP available on its web site, <http://www.stamhealth.org>., upon request without charge by mail and at various locations within the Hospital including at a minimum the emergency department and admissions department.

- C. Stamford Hospital will also notify members of the community served by the hospital facility about the Financial Assistance Program in a manner to be determined by leadership to reach those members who are most likely to require financial assistance from Stamford Hospital.
- D. Include a conspicuous written notice on billing statements that informs recipients about the availability of financial assistance under the Hospital's FAP and include the telephone number of the hospital facility office that can provide information about the FAP and FAP application process and the direct Web site address (or URL) where copies of the FAP, FAP application form and plain language summary of the FAP may be obtained.
- E. Setting up conspicuous public displays that notify and inform patients about the FAP in public in public locations in the hospital including at a minimum the emergency department and admissions area.

## *2. How to Apply for Financial Assistance.*

- A. Initial requests may be made in writing or by telephone, but the FAP application form needs to be completed and submitted before a final determination can be made. In addition to the steps taken to widely publicize the FAP, once an individual makes a request for Financial Assistance, the individual shall be advised of this Policy, and sent a copy of the application forms as well as the FAP Plain Language Summary. If the individual speaks limited or no English, these documents will be provided in Spanish or Creole if appropriate.
- B. Stamford Hospital may, under certain circumstances, provide Financial Assistance prior to, or without, any application being made for such assistance. These situations include but are not limited to:
  - 1) Patient's without a permanent address;
  - 2) Deceased patients where it has been determined that there is no open estate or that the estate is insolvent; and
  - 3) Other situations on a case by case basis at Stamford Hospital's discretion.
- C. A request for Financial Assistance may be made at any time. This means that an individual may make a request before, during or after services are received, including after commencement of a collection agency action against the individual.

## **COMPLETING THE APPLICATION**

An application can be completed by an individual or his or her legal guardian. If you have any questions regarding completing the Financial Assistance Application, please contact the Customer Service line at 203-276-7572.

### *1. The FAP application requests the following information:*

- a. Date of request
- b. Requested by (parent or guardian if patient is a minor)
- c. Patient's name
- d. Social Security number
- e. Patient's date of birth
- f. Patient's address
- g. Telephone number
- h. Number of persons in household

- i. Household income for the last twelve (12) months (most recently filed tax return) and the last month's (Pay Stubs).
- j. Available assets
- k. Signed and dated application

2. *The FAP application also requests the following information that Stamford Hospital may use to verify the applicant's household yearly gross income. Applicants need not provide each item below if the information is not available:*

- a. Pay stubs from the most current available one month period
- b. Proof of unemployment compensation
- c. Proof of any Federal or State benefits
- d. Bank account or investment statements
- e. Notarized Self-Attestation as proof of income

*If a FAP application is submitted and is not complete, the Hospital shall, within thirty (30) days of submission notify the applicant in writing, by regular mail sent to the address the Hospital has for the applicant, that the application is not complete, and notify the applicant of the missing information needed. The applicant shall be given a reasonable period of time (not less than thirty (30) additional days) to submit the missing information.*

## **DETERMINING ELIGIBILITY FOR AND AMOUNT OF, FINANCIAL ASSISTANCE**

A determination of eligibility for, and amount of, Financial Assistance will be made only upon submission of a completed Financial Assistance application form accompanied by required documentation. The form must be submitted to the Financial Assistance Counselor in the Patient Business Services Department which can be reached by calling the Customer Service department 203-276-7572.

Stamford Hospital will follow the procedures listed below when reviewing an application for Financial Assistance. Determinations will be handled on a case-by-case basis, but shall be processed in accordance with the Policy:

1. A determination of eligibility and the level of Financial Assistance shall be made within 30 days after the receipt of a complete application. An application will be processed when all of the requested information and materials have been received and reviewed by the assigned Financial Assistance Counselor.
2. Stamford Hospital will determine if the applicant is eligible for Financial Assistance under the Policy in accordance with the following:
  - Stamford Hospital will compare the patient's household income and family size to the Federal Poverty Guideline (FPG) in effect.
  - Stamford Hospital will calculate net assets in accordance with the following: The applicant's primary residence and primary vehicle will be exempt from inclusion of assets.
  - Any additional real and personal property may be used in the evaluation in determining financial assistance.
  - The amount of cash in combined savings and checking accounts will also be used in determining financial assistance.
  - It is the responsibility of the applicant to provide, upon request, adequate documentation of checking/savings accounts.
  - Acceptable documentation will consist of current bankbooks or statements.
3. The Amount Generally Billed ("AGB") will be calculated by applying the Look Back method to the amount charged. (Individuals may obtain the specific AGB percentages and a description of the

calculations upon request.)

4. Assuming the individual is eligible to receive Financial Assistance, Stamford Hospital will then determine the amount of assistance to be applied.

For an individual whose income is between 200% and 400% of the FPG, Stamford Hospital shall determine the level of discount for the service if the patient's household gross yearly income meets or does not exceed four times the most recent FPG, according to Stamford Hospital's Financial Assistance calculation table. The discount will be applied to the patient's obligation, which, for uninsured patients, is the AGB based on the look-back method. Or, for insured patients, the deductible, copayment or coinsurance obligation will be determined using the FPG for the patient's gross household yearly income and the Stamford Hospital Financial Assistance calculation table.

The sliding scale chart shall provide discounts off of the patient's obligations as follows:

200% of FPL to 250% of FPL	100% discount
251% of FPL to 300% of FPL	90% discount
301% of FPL to 350% of FPL	80% discount
351% of FPL to 399% of FPL	70% discount
400%	60% discount

5. Use of payment plans is permitted for the payment of outstanding balances. The monthly payment under such plan shall be limited to a maximum duration of 1 year; exceptions may be evaluated on a case by case basis. No interest shall be charged under the payment plan.
6. If a patient is referred to the Hospital through a recognized third party charitable outreach program that offers terms and conditions that differ from the foregoing, Stamford Hospital may participate in the program and this Policy will be amended as necessary in order to comply.
7. Any patient who is determined to be eligible for Financial Assistance under this Policy based on the review of a completed application shall remain eligible (without the need for any further action) at the level of assistance so determined, for one (1) year from the date of determination, except as specified below in this paragraph. The date of determination is the date of initial determination, or the date of determination following the completion of an appeal, if an appeal was made. Notwithstanding the foregoing, in a change of circumstances in which the patient feels that additional Financial Assistance is needed, patients may apply again during the one (1) year period, and may receive additional Financial Assistance under the Policy, if applicable.
8. It is expected that if a patient who receives Financial Assistance under the Policy subsequently has a substantial change in circumstances (such as changing from uninsured to insured status); the patient will notify the Stamford Hospital Financial Counselors (203) 276-7572 so that this may be taken into account in the future. Such positive changes in circumstances will not be applied to reduce any Financial Assistance already given. In addition, it is not desired that a patient report minor changes in circumstances, rather only if it is obvious that the change would likely make a difference in the Financial Assistance determination.

If Stamford Hospital learns that an applicant for Financial Assistance provided material false information in the application process, such information may be taken into account by Stamford Hospital in its review of the application, or continued eligibility for Financial Assistance.

### **Notice of Determination**

Stamford Hospital shall complete the following information on the Financial Assistance approval letter along with a FAP ID card after reviewing each complete request for Financial Assistance Application and making a determination:

- a. Date of determination
- b. Patient's name
- c. Patient's medical record number
- d. Effective Date
- e. Eligibility Determination (Approve/Denied) by appropriate designee
- f. Amount approved for discount

If the request for Financial Assistance has been DENIED, Stamford Hospital will document the reason for denying the request on the Financial Assistance Determination form and give or mail a letter of denial to the patient or legal guardian.

Stamford Hospital will file copies of the notices (denial or approval) with the completed Request for Financial Assistance Application.

**PATIENTS MAY APPEAL THE DENIAL** of Financial Assistance and may also appeal the level of assistance. **Patients may initiate an appeal by calling their assigned financial counselor, emailing Customer Service, in writing to a financial counselor or in-person at the PBS department.** If the patient files an appeal, Stamford Hospital financial counselors, Team Leader or Manager of Patient Business Services will re-review the patient's documentation, including any newly submitted material and will again document its approval or denial and notify the patient in accordance with this section, within thirty (30) days of the submission of an appeal.

All written notices or communications by the Hospital under this Policy may be provided by electronic mail or other forms of electronic communication, if the individual has indicated that he or she prefers to receive notices and communications electronically.

## **DISSEMINATION OF FINANCIAL ASSISTANCE POLICY**

Hospital registration staff is responsible for ensuring that the Plain Language Summary is distributed at no cost at the time of patient registration. Stamford Hospital will inform individuals who inquire about the costs of Stamford Hospital's services about the Hospital's Financial Assistance Policy and signs will be conspicuously posted regarding Stamford Hospital Financial Assistance Policy at hospital emergency department and registration locations, and other appropriate public locations, including waiting rooms and clinics. As required, Stamford Hospital will periodically update this Policy and Schedule C as posted on the Hospital's web site.

## **COLLECTION ACTIVITIES**

Stamford Hospital will obtain written agreement from collection agencies acting on the Hospital's behalf to follow this Policy, including an agreement to provide patients with information on how to apply for Financial Assistance where appropriate. Any collection agency used by Stamford Hospital must obtain the written consent of Stamford Hospital prior to commencing a legal action to collect sums owed to Stamford Hospital by a patient.

Stamford Hospital will refrain from taking an ECA (defined below) if the patient has submitted a completed Financial Assistance Application, including any required supporting documentation, while the Hospital determines the patient's eligibility for assistance.

No debt will be referred for collection unless the patient is provided with a notice that the debt will be referred for collection, at least fifteen (15) days prior to referring the debt for collection.

The Hospital will not engage in Extraordinary Collection Actions (“ECAs”) except in accordance with its Billing and Collection Policy. (The Billing and Collection Policy is available upon request from the Finance Department contact provided below.) ECAs include the following:

- (i) commencing any legal action to collect a bill from a patient (but this does not include filing of a claim in a pending bankruptcy proceeding)
- (ii) reporting to a credit reporting agency or credit bureau
- (iii) placing a lien on the individual's property (except liens permitted under state law upon judgments or settlements for personal injury related to the care provided)
- (iv) attaching or seizing any individual bank account or other personal property
- (v) Garnishing wages.

The hospital will not engage in the following ECA's

- (i) Foreclosing on real property
- (ii) Causing an individual to be subject to a writ of body attachment  
Causing an individual's arrest
- (iii) Selling an individual's debt to another party unless certain conditions are met
- (iv) Deferring or denying medically necessary care or requiring payment before providing care because of non-payment of a prior bill.

Filing a bankruptcy claim is not considered to be an ECA.

## **REPORTING AND COMPLIANCE**

Stamford Hospital will submit required reports to the State of Connecticut with regards to the Financial Assistance Program.

Periodic reviews of the FAP determinations are conducted by an authorized internal employee to ensure compliance with the Hospital's policies.

## **CONTACT INFORMATION**

For more information about the Financial Assistance Program or to request a Financial Assistance Application, call (203) 276-7572 to speak with a Financial Assistance Associate. Foreign language, including Spanish and Creole, translation can be provided if requested.

Please contact your assigned Financial Assistance Counselor to schedule an appointment once you have completed your financial assistance application. Please provide copies of all the documents requested in order to process the application.

Stamford Health  
1351 Washington Boulevard, 7th Floor  
Stamford, Connecticut 06902

Or

Fax to: 203-276-7093