

## POLITIK ÈD FINANSYE

### OBJEKTIF

Abjektif Politik sa a ("**Politik la**," oswa "**FAP**") se pou dekri Pwogram Èd Finansye a ("**Pwogram**") Lopital Stamford lan ("**Lopital la**"). Yo te adopte pwogram nan pou asire yo evalye ak trete san kanpe epi san patipri tout demann pou èd finansye yo nan sipò misyon Lopital la, sa vle di, bay yon pakèt sèvis sante ak byennèt ki gen kalite siperyè ki konsantre sou bezwen kominote nou an.

### AVI AK DIFIZYON POLITIK AK APLIKASYON AN

Y ap enfòm kominote a epi ba yo aksè ak règleman sa a jan sa a:

1. *Rezime yo bay Nan Moman Enskripsyon nan Sal Dijans lan.* Nan moman enskri an nan Sal Dijans lan, yo ofri tout pasyan yo yon kopi Rezime Politik Èd Finansye a nan Langaj ki Klè ("**Rezime a**"), ki dwe disponib tou sou demann. Rezime a bay enfòmasyon sou ki jan pasyan yo ka jwenn Politik konplè a, yon fòm aplikasyon FAP ("**Aplikasyon an**"), ak plis enfòmasyon sou Pwogram nan. Epitou yo dwe plase rezime a an piblik afiche nan divès kote nan Lopital la, ki gen ladan, nan yon minimòm, Depatman Ijans ak Admisyon ak sal datant yo.
2. *Difizyon nan kominote a.* Lopital la ap enfòm kominote a sou Politik ak Pwogram nan yon fason ki fèt pou rive jwenn moun ki gen plis chans pou mande Lopital la èd finansye yo (egzanp, nan distribye kopi Rezime a bay klinik afilye Lopital la). Jan sa note pi wo a, Lopital la ap fè Politik la, Aplikasyon an, ak Rezime a disponib sou sit entènèt li a. Dokiman sa yo dwe ale tou nan lapòs san okenn frè sou demann.
3. *Avi sou Deklarasyon Fakti.* Lopital la ap gen ladan fèy ak deklarasyon fakti yo, ki dwe gen ladan tou yon avi evidan pou enfòm benefisyè yo sou disponiblite èd finansye nan kad Pwogram lan. Yon avi konsa gen ladan nimewo telefòn Depatman Sèvis Biznis Pasyan Lopital la (ki pral bay enfòmasyon sou Pwogram lan ak pwosis aplikasyon FAP a), ak adrès sit entènèt dirèk la (oswa URL) kote yo ka jwenn kopi Politik, Aplikasyon, ak Rezime a.

## DIMANSYON AK JAN LI APLIKAB

### 1. *Kiyès ki Kalifye pou Èd Finansye (“Moun ki Kalifye yo”)?*

Yon fason pou kalifye pou patisipe nan Pwogram lan, yon moun dwe reponn ak toulede kritè sa yo:

- A. Moun nan dwe pa gen asirans oswa li pa gen ase asirans, epi li *pa kalifye* pou yon pwogram federal oswa leta oswa yon plan sante ki kalifye ki disponib atravè Lwa sou Swen Abòdab ("**Kritè Asirans yo**")<sup>1</sup>; ak
- B. Moun nan dwe gen yon revni brit anyèl nan kay la ki pa depase 400% Direktiv Federal sou Povrete aktyèl Depatman Sante ak Sèvis Imen Etazini an ("**Federal Poverty Guidelines, FPGs**") pou gwosè fanmi li ("**Kritè Revni**").

Moun ki reponn ak Kritè Asirans yo ak Kritè sou Revni yo, y ap deziyen yo aprè kòm "Moun ki Kalifye."

### 2. *Pou ki Sèvis Moun Ki Kalifye yo ka resevwa Èd Finansye Nan Kad Pwogram lan?*

- A. **Sèvis ki Kalifye.** Èd finansye ki disponib pou ede redwi fado finansye sou do Moun Ki Kalifye nan ijans ak sèvis medikal ki nesèsè ("**Sèvis ki Kalifye**"). Yo pa konsidere sèvis kosmetik, eksperimental, ak konvenyans yo kòm ijan oswa kòm nesèsite medikal nan kad Pwogram nan, epitou yo pa Sèvis ki Kalifye. Lopital la ap bay, san diskriminasyon, swen pou kondisyon medikal ijans pou moun kèlkeswa si yo se Moun ki Kalifye ou pa. Lopital la p ap angaje l nan aksyon k ap dekouraje moun chache swen medikal ki ijan.

**Founisè Ki Kalifye yo.** Pwogram nan bay èd finansye pou dispozisyon Sèvis ki Kalifye pou Moun ki Kalifye nan Lopital la ak sèten lòt founisè Sèvis ki Kalifye nan Lopital la. Ou ka jwenn lis founisè sa yo Politik la kouvri ak sa ki pa kouvri yo sou sit entènèt Lopital la, <http://stamfordhealth.org/patients-visitors/fap/> ("**Afiche Founisè yo**"). Yo pral analize ak revize lis sa yo detanzantan.

## PWOSESIS APLIKASYON AN

Eksepte jan yo bay li nan fen Politik sa a, yon detèminasyon sou kalifikasyon pou, montan, nenpòt èd finansye yo pral fèt sèlman lè yo soumèt yon Aplikasyon ki ranpli akonpaye ak dokiman yo mande yo.

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<sup>1</sup> Pou klète, moun ki kalifye pou nenpòt fòm asirans men ki pa aplike oswa ki p ap aplike yo, yo pa kalifye nan kad Politik sa a, sepandan, konfòm avèk Lwa Piblik 03-266 Connecticut la, nenpòt moun ki pa gen asirans (jan sa defini nan Lwa a), moun ki pa Moun ki Kalifye, men ki gen revni (san yo pa konsidere byen ki disponib yo) ki pi piti pase 250% nan FPG yo, yo p ap chaje yo plis pase depans Lopital la nan bay pasyan an sèvis.

1. *Demann Aplikasyon an.* Ou ka fè yon demann pou èd finansye nenpòt ki lè. Sa vle di yon moun ka fè yon demann anvan, pandan, oswa apre yo fin resevwa sèvis yo, ki gen ladan apre kòmansman yon mezi ajans rekouvremant kont moun nan. Demann inisyal pou èd finansye ka fèt alekri oswa nan telefòn. Lè y ap fè yon demann pou èd finansye, yo dwe enfòmasyon moun nan sou Politik sa a epi voye yon kopi Aplikasyon an ak Rezime a ba li. Si moun nan pale yon ti angle oswa pa pale angle, y ap bay dokiman sa yo nan chak lang chak popilasyon enpòtan ki pa pale anpil angle nan kominote lopital la sèvi a.

2. *Sa ki nan Aplikasyon an.* Aplikasyon an mande enfòmasyon sa yo:

A. **Pou idantifye aplikan an:**

Dat Demann lan

Non

Adrès

Nimewo telefòn

Demann (paran oswa responsab legal la si pasyan se yon minè) fè

Dat nesans

Nimewo sekirite sosyal\*

\*Si li disponib

B. **Pou verifye si aplikan an se yon Moun Ki Kalifye:**

Peye souch chèk peryòd yon (1) mwa ki pi aktyèl ki disponib lan

Prèy konpansasyon chomaj

Prèy nenpòt avantaj Federal oswa Leta

Kont labank oswa deklarasyon envestisman

Atestasyon ou fè Poukont ou ki Notarye kòm prèy revni

3. *Ranpli Aplikasyon an* Yon Moun ki Kalifye oswa yon responsab legal ka ranpli yon Aplikasyon. Si ou gen nenpòt kesyon konsènan oswa ou bezwen èd pou ranpli Aplikasyon an, tanpri kontakte Depatman Sèvis Biznis Pasyan Lopital la nan nimewo telefòn ak adrès ki endike anba a.

4. *Soumèt Aplikasyon an.* Aplikasyon an dwe soumèt bay Asosye Èd Finansye nan Depatman Sèvis Biznis Pasyan an nan nimewo telefòn ak adrès ki endike anba a.

5. *Randevou ak Asosye Èd Finansye a.* Swa pandan y ap ranpli oswa apre yo fin ranpli ak soumèt aplikasyon an, aplikan an dwe planifye yon randevou triyaj swa nan telefòn oswa an pèsòn avèk Depatman Sèvis Biznis Pasyan nan nimewo telefòn ki endike anba a pou planifye yon randevou triyaj. Nan moman triyaj la, y ap bay chak aplikan yon Asosye Èd Finansye ki pral responsab pou trete

aplikasyon an.

6. *Si Aplikasyon an pa Konplè.* Si Lopital la resevwa yon Aplikasyon ki pa konplè, li dwe, nan lespas trant (30) jou apre li resevwa l, enfòmè aplikan an alekri nan lapòs regilye, nan adrès Lopital la gen nan dosye pou aplikan an. Avi a dwe presize enfòmasyon ki nesèsè ki manke yo. Yo dwe bay aplikan an omwen trant (30) jou anplis pou soumèt enfòmasyon ki manke yo, oswa li ka rele Sèvis Biznis Pasyan yo pou diskite sou nenpòt enfòmasyon ki manke avèk Asosye Èd Finansye yo asiye an.

## **DETÈMINASYON KALIFIKASYON AK MONTAN ÈD FINANSYA A**

Lopital la ap swiv pwosedi ki nan lis anba a lè l ap revize yon Aplikasyon. Yo pral trete detèminasyon yo sou yon baz ka pa ka, epi yo dwe trete yo an akò ak sa ki annapre yo:

1. *Kalifikasyon.* Lopital la ap detèmine si wi oswa non moun nan satisfè kritè asirans lan ak kritè revni yo jan sa dekri anwo a, epi kidonk li sse yon Moun ki Kalifye, dapre sa ki nan aplikasyon an.
2. *Montan Èd Finansye a.* Si nou sipoze aplikan an detèmine pou li yon Moun ki Kalifye (kalifye pou resevwa èd finansye), lopital la pral detèmine montan èd yo dwe bay la.

A. **Echèl Mobil pou Detèmine Obligasyon Moun ki Kalifye a.** Premyèman, Lopital la dwe detèmine montan moun ki kalifye a ta dwe responsab anvan yo aplike èd finansye a. Yo rele sa "**Obligasyon Moun ki Kalifye a**" jan sa a:

- i. Pou Moun ki Kalifye ki pa gen Asirans, Obligasyon Moun ki Kalifye a se frè brit kont yo.
- ii. Pou Moun ki Kalifye ki pa Gen Asirans, Obligasyon Moun ki Kalifye a se sòm nenpòt franchiz, kopeman, ak obligasyon ko-asirans Moun ki Kalifye a.

B. **Detèminasyon Rabè sou Obligasyon Moun ki Kalifye a.** Rabè yo dwe bay sou Obligasyon Moun ki Kalifye a dwe detèmine selon echèl mobil sa a; rabè yo endike a pral aplike nan Obligasyon Moun ki Kalifye a, tou depann de nivo revni a:

250% nan FPG ak mwens pase	100% rabè
251% nan FPG jiska 300% nan FPG	90% rabè
301% nan FPG jiska 350% nan FPG	80% rabè
351% nan FPG jiska 399% nan FPG	70% rabè
400% nan FPG	60% rabè

C. **Limit sou Montan y ap Chaje a - Yo P ap Chaje Moun ki Kalifye yo Plis Pase Montan yo Faktire Jeneralman yo ("Amounts Generally Billed, AGB").** Kèlkeswa nivo rabè ki detèmine pi wo a, nan okenn ka yo p ap chaje yon Moun ki Kalifye plis pase montan yo faktire jeneralman yo ("Amounts Generally Billed, AGB") pou sèvis ki kalifye yo. Lopital la kalkile AGB li yo sou yon baz anyèl lè l sèvi avèk "Metòd reTwospeksyon an" ki baze sou pousantaj asirans sante komèsyal ak Medicare. Yo pral detèmine montan nèt yo dwe faktire yon Moun ki Kalifye nan (i) kalkile chaj brit pou sèvis yo bay pasyan an, ak (ii) aplike rabè ki apwopriye a jan sa endike pi wo a. Yon dokiman ak kalkil AGB aktyèl yo disponib sou sit entènèt Lopital la <https://stamfordhealth.org/patients-visitors/fap/> epi li disponib gratis nan lapòs. Ou ka mande yon kopi kalkil AGB aktyèl yo lè w voye yon imèl bay Depatman Sèvis Kliyan nou an nan [CustomerServiceR@stamhealth.org](mailto:CustomerServiceR@stamhealth.org), lè w rele Sèvis Kliyan an nan (203) 276-7572, nan faks nan (203) 276-7093 oswa an pèsòn nan: Sèvis Biznis Pasyan an, 1351 Washington Blvd, 7èm Etaj, Stamford CT, 06902. Kalkil AGB a disponib nan chak lang chak popilasyon enpòtan pale ak konpetans limite nan lang angle nan kominote Lopital la desèvi a.

3. ***Avi sou Detèminasyon/Apèl Refi.*** Detèminasyon kalifikasyon lopital la epi nivo èd finansye a, si genyen, dwe fèt nan lespas trant (30) jou apre yo fin resevwa yon Aplikasyon konplè. Yon ka voye nan lapòs elektwonik oswa lòt fòm kominikasyon elektwonik tout avi alekri oswa kominikasyon Lopital la fè nan kad Politik sa a si moun nan endike li prefere resevwa avi ak kominikasyon yo pa mwayen elektwonik.

A. **Avi sou Apwobasyon.** Apre li fin revize yon Aplikasyon ki ranpli epi pran yon detèminasyon pou bay èd finansye, Lopital la dwe voye oswa bay Moun ki Kalifye a oswa responsab legal li a yon Lèt Apwobasyon pou Èd Finansye, ansanm ak yon kat Idantifikasyon FAP ki endike enfòmasyon sa yo:

Dat Detèminasyon an

Non Pasyan an

Nimewo dosye medikal pasyan an

Dat li Antre An Vigè

Detèminasyon kalifikasyon reprezantan ki apwopriye a (Apwouve/Refize)  
Montan yo apwouve pou rabè

**B. Avi sou Refi a.** Apre li fin revize yon Aplikasyon ki ranpli epi pran yon detèminasyon pou refize èd finansye, Lopital la ap voye bay oswa bay aplikan an oswa responsab legal li a yon Lèt Refi Èd Finansye ki presize rezon refi a.

Lopital la pral depoze kopi avi yo (refi oswa apwobasyon) avèk aplikasyon ki ranpli a.

4. **Pwosesis Apèl.** Pasyan yo ka fè apèl kont refi èd finansye a oswa nivo èd finansye yo ofri a. Pasyan yo ka kòmanse yon apèl lè yo rele, voye yon imèl, oswa ekri bay Asosye Èd Finansye yo asiyen an, oswa planifye yon randevou an pèsòn nan Depatman Sèvis Biznis Pasyan an. Si pasyan an depoze yon apèl, anplwaye Depatman Sèvis Biznis Pasyan an pral revize dokiman moun nan ankò, ki gen ladan nenpòt ki materyèl ki fèk soumèt, epi yo pral dokimante apwobasyon li oswa refi a ankò epi enfòmasyon pasyan an an akò avèk seksyon sa a, nan lespas trant (30) jou aprè yo soumèt yon apèl.

## YON FWA YO TE BAY YON APWOBASYON FINAL

1. ***Dire Èd Finansye a.*** Moun ki kalifye yo dwe rete kalifye (san yo pa bezwen okenn lòt aksyon) nan nivo èd yo detèmine konsa, pou yon (1) lane apre dat detèminasyon inisyal la, oswa dat detèminasyon an apre yon apèl fini si yo te fè yon apèl.

Malgre sa ki ekri la a:

A. **Chanjman Negatif nan Sikonstans yo.** nan ka kote gen yon chanjman sikonstans akòz Moun ki Kalifye a kwè èd siplemantè finansye nesesè, Moun ki Kalifye a ka aplike pou èd finansye ankò pandan peryòd yon (1) lane epi yo ka ba yo èd finansye siplemantè nan kad Politik la, Si li aplikab.

B. **Chanjman Pozitif nan Sikonstans yo.** Li espere si yon Moun ki Kalifye k ap resevwa èd finansye gen yon chanjman sibstansyèl nan sikonstans yo (tankou chanje soti nan estati pa gen asirans pou ale nan estati gen asirans); Moun ki Kalifye a ap enfòmasyon Depatman Sèvis Biznis Pasyan an nan nimewo telefòn ki endike anba a, pou yo ka panche sou sa demen. Chanjman pozitif nan sikonstans sa yo p ap aplike pou diminye nenpòt èd finansyè yo te deja akòde. Pou klète, Moun ki Kalifye yo pa bezwen rapòte ti chanjman nan sikonstans yo, men pito yo dwe rapòte sèlman chanjman sa yo ki ta klèman gen enpak sou detèminasyon èd finansye a sou yon baz potansyèl.



2. *Founi Enfòmasyon Ki Fo Oswa Ki Twonpe Moun.* Si Lopital la aprann yon aplikan pou èd finansye bay enfòmasyon materyèl ki fo oswa ki twonpe moun nan pwosesis aplikasyon an, Lopital la ka pran an konsiderasyon enfòmasyon sa yo nan revizyon Aplikasyon an oswa kalifikasyon kontinyèl pou èd finansye.
3. *Plan Peman.* Yo dakò pou sèvi ak plan peman yo pou peman obligasyon Moun ki Kalifye. Plan sa yo dwe limite pou yon dire maksimòm 1 lane, depi yo ka evalye eksepsyon yo sou yon baz ka pa ka. Yo pa dwe chaje okenn enterè naan kad yon plan peman.
4. *Lòt Pwogram Charitab.* Si yo refere yon Moun ki Kalifye nan Lopital la atravè yon lòt pwogram sansibilizasyon charitab yo rekonèt ki ofri tèm ak kondisyon ki diferan de sa ki endike anwo a, Lopital la ka patisipe nan pwogram sa a epi yo pral jije Politik sa a kòm modifiye jan sa nesèsè.

## **AKTIVITE REKOUVREMAN**

**Yo dekri ak eksplike tout aktivite rekouvremant Lopital yo nan Politik sou Faktirasyon ak Rekouvremant an. Politik sou Faktirasyon ak Rekouvremant an disponib tou sou sit entènèt Lopital la <https://stamfordhealth.org/patients-visitors/fap/> epi li disponib gratis nan lapòs. Si moun nan pale yon ti angle oswa pa pale angle, y ap bay dokiman sa yo nan chak lang chak popilasyon enpòtan ki pa pale anpil angle nan kominote lopital la sèvi a.**

## **RAPÒ AK KONFÒMITE**

Lopital la pral soumèt rapò obligatwa yo bay Eta Connecticut konsènan Pwogram lan.

Yon anplwaye Lopital la yo otorize fè revizyon detanzantan sou detèminasyon Pwogram yo pou asire konfòmite yo avèk Politik sa a ak Politik sou Faktirasyon ak Rekouvremant an.

## **ENFÒMASYON KONTAK**

Pou jwenn plis enfòmasyon sou Pwogram Èd Finansye a oswa pou mande yon Aplikasyon Èd Finansye, kontakte Depatman Sèvis Biznis Pasyan an nan adrès ak nimewo telefòn ki parèt anba a pou pale avèk yon Asosye Èd Finansye. Y ap bay tradiksyon nan lang etranje nan chak lang chak popilasyon enpòtan ki pa pale anpil angle nan kominote lopital la sèvi a si yo mande l.

## DEPATMAN SÈVIS BIZNIS PASYAN AN

Depatman Sèvis Biznis Pasyan Lopital Stamford la  
1351 Washington Boulevard, 7èm Ètaj  
Stamford, Connecticut 06902

Telefòn: (203) 276-7572

Faks: (203) 276-7093

Adrès imèl: [CustomerServiceR@stamhealth.org](mailto:CustomerServiceR@stamhealth.org)



## **FINANCIAL ASSISTANCE POLICY**

### **PURPOSE**

The purpose of this Policy (the “**Policy**,” or “**FAP**”) is to describe the Financial Assistance Program (the “**Program**”) of The Stamford Hospital (the “**Hospital**”). The Program has been adopted to ensure that all requests for financial assistance are evaluated and processed consistently and fairly in support of the Hospital’s mission, i.e., to provide a broad range of high quality health and wellness services focused on the needs of our community.

### **NOTICE AND DISSEMINATION OF THE POLICY AND APPLICATION**

The community will be notified of and provided with access to this Policy as follows:

1. *Summary Provided Upon Registration in the Emergency Room.* Upon registration in the Emergency Room, all patients are offered a copy of the Financial Assistance Plain Language Summary of the Policy (the “**Summary**”), which shall also be made available upon request. The Summary provides information on how patients may obtain the full Policy, a FAP application form (the “**Application**”), and additional information about the Program. The Summary shall also be located in public displays in various locations within the Hospital, including, at a minimum, the Emergency and Admissions Departments and waiting rooms.
2. *Dissemination to the Community.* The Hospital will notify the community about the Policy and Program in a manner designed to reach those who are most likely to require financial assistance from the Hospital (e.g., by distributing copies of the Summary to the Hospital’s affiliated clinics). As noted above, the Hospital will make the Policy, the Application, and the Summary available on its web site. Such documents shall also be provided by mail at no charge upon request.
3. *Notice on Billing Statements.* The Hospital shall include inserts with billing statements, which shall also contain a conspicuous notice informing recipients about the availability of financial assistance under the Program. Such notice includes the telephone number of the Hospital’s Patient Business Services Department (which will provide information about the Program and the FAP application process), and the direct web site address (or URL) where copies of the Policy, Application, and Summary may be obtained.

## SCOPE AND APPLICABILITY

### 1. *Who is Eligible for Financial Assistance (“Eligible Individuals”)?*

In order to be eligible to participate in the Program, an individual must meet both of the following criteria:

- A. The individual must be uninsured or under-insured, and *ineligible* for a Federal or State program or a qualified health plan available through the Affordable Care Act (the “**Insurance Criteria**”)<sup>1</sup>; and
- B. The individual must have a gross annual household income that does not exceed 400% of the current US Department of Health and Human Services Federal Poverty Guidelines (“**FPGs**”) for his/her family size (the “**Income Criteria**”).

Individuals who meet the Insurance Criteria and the Income Criteria shall be referred to herein as “Eligible Individuals.”

### 2. *What are the Services for which Eligible Individuals may Receive Financial Assistance Under the Program?*

- A. **Eligible Services.** Financial assistance is available to help reduce the financial burden on Eligible Individuals of emergency and medically necessary services (“**Eligible Services**”). Cosmetic, experimental, and convenience services are not considered emergent or medically necessary under the Program, and are therefore not Eligible Services. The Hospital will provide, without discrimination, care for emergency medical conditions to individuals regardless of whether they are Eligible Individuals. The Hospital will not engage in actions that discourage individuals from seeking emergency medical care.

**Eligible Providers.** The Program provides financial assistance for the provision of Eligible Services to Eligible Individuals by the Hospital and certain other providers of Eligible Services in the Hospital. Lists of those providers who are and those who are not covered by this Policy can be found on the Hospital’s website, <http://stamfordhealth.org/patients-visitors/fap/> (“**View Providers**”). These lists will be reviewed and revised periodically.

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<sup>1</sup> For clarity, individuals who are eligible for any form of insurance but do not or will not apply are not Eligible Individuals under this Policy, provided, however, that consistent with Connecticut Public Act 03-266, any Uninsured (as defined by the Act), individuals who are not Eligible Individuals but have incomes (without regard to available assets) below 250% of the FPGs will not be charged more than the Hospital’s cost of providing services to the patient.

## THE APPLICATION PROCESS

Except as provided at the end of this Policy, a determination of eligibility for, and amount of, any financial assistance will be made only upon submission of a completed Application accompanied by required documentation.

1. *Requesting the Application.* 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. Initial requests for financial assistance may be made in writing or by telephone. Upon a request for financial assistance, the individual shall be advised of this Policy and sent a copy of the Application and Summary. If the individual speaks limited or no English, these documents will be provided in each language spoken by each significant population with limited English proficiency in the community served by the hospital.

2. *Contents of the Application.* The Application requests the following information:

A. **To identify the applicant:**

Date of Request

Name

Address

Telephone number

Requested by (parent or guardian if patient is a minor)

Date of birth

Social Security number\*

\*If available

B. **To verify that the applicant is an Eligible Individual:**

Pay stubs from the most current available one-month period

Proof of unemployment compensation

Proof of any Federal or State benefits

Bank account or investment statements

Notarized Self-Attestation as proof of income

3. *Completing the Application.* An Application may be completed by an Eligible Individual or his or her legal guardian. If you have any questions regarding or need assistance with completing the Application, please contact the Hospital's Patient Business Services Department at the telephone number and address set forth below.

4. *Submission of the Application.* The Application must be submitted to the Financial Assistance Associate in the Patient Business Services Department at the telephone

number and address set forth below.

5. *Appointment with Financial Assistance Associate.* Either while completing or after completion and submission of the Application, the applicant must set up either a phone screening or an in-person screening appointment with the Patient Business Services Department at the telephone number set forth below to set up a screening appointment. At the time of the screening, each applicant will be assigned a Financial Assistance Associate who will be responsible for processing the Application.
6. *If the Application is Incomplete.* If the Hospital receives an incomplete Application, it shall, within thirty (30) days of receipt, notify the applicant of such fact in writing by regular mail, sent to the address the Hospital has on file for the applicant. The notice shall specify the missing information needed. The applicant shall be given at least thirty (30) additional days to submit the missing information, or may call Patient Business Services to discuss any missing information with the assigned Financial Assistant Associate.

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

The Hospital will follow the procedures listed below when reviewing an Application. Determinations will be handled on a case-by-case basis, and shall be processed in accordance with the following:

1. *Eligibility.* The Hospital will determine whether the individual meets the Insurance Criteria and the Income Criteria as described above, and is therefore an Eligible Individual, based on the contents of the Application.
2. *Amount of Financial Assistance.* Assuming the applicant is determined to be an Eligible Individual (eligible to receive financial assistance), the Hospital will then determine the amount of assistance to be provided.
  - A. **Sliding Scale to Determine Eligible Individual Obligation.** First, the Hospital shall determine the amount for which the Eligible Individual would be responsible before financial assistance is applied. This is referred to as the “**Eligible Individual Obligation**” as follows:
    - i. For uninsured Eligible Individuals, the Eligible Individual Obligation is the gross account charges.
    - ii. For under-insured Eligible Individuals, the Eligible Individual Obligation is the sum of any deductible, copayment, and coinsurance obligation of the

Eligible Individual.

- B. **Determination of Discount Off Eligible Individual Obligation.** The discount to be provided to the Eligible Individual Obligation shall be determined according to the following sliding scale; the discounts indicated will applied to the Eligible Individual Obligation, dependent upon income level:

250% of FPG and below	100% discount
251% of FPG to 300% of FPG	90% discount
301% of FPG to 350% of FPG	80% discount
351% of FPG to 399% of FPG	70% discount
400% of FPG	60% discount

C. **Limit on Amounts to be Charged - No Eligible Individual to be Charged More than Amounts Generally Billed (“AGB”).** Regardless of the discount level determined above, in no event will an Eligible Individual be charged more than the amounts generally billed (“AGB”) for Eligible Services. The Hospital calculates its AGB on an annual basis using the “Look Back Method” based on commercial health insurance and Medicare rates. The net amount to be billed to an Eligible Individual will be determined by (i) calculating the gross charges for services rendered to the patient, and (ii) applying the appropriate discount as referenced above. A document with the current AGB calculations is available on the Hospital’s website <https://stamfordhealth.org/patients-visitors/fap/> and is available free of charge by mail. You may also request a copy of the current AGB calculations by emailing our Customer Service Department at [CustomerServiceR@stamhealth.org](mailto:CustomerServiceR@stamhealth.org), by calling Customer Service at (203) 276-7572, by fax at (203) 276-7093 or in person at: Patient Business Services, 1351 Washington Blvd, 7<sup>th</sup> Floor, Stamford CT, 06902. The AGB calculation is available in each language spoken by each significant population with limited English proficiency in the community serviced by the Hospital.

3. *Notice of Determination/Appeal of Denial.* The Hospital’s determination of eligibility and the level of financial assistance, if any, shall be made within thirty (30) days after the receipt of a complete Application. 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.

- A. **Notice of Approval.** After reviewing a completed Application and making a determination to provide financial assistance, the Hospital shall send or give the Eligible Individual or his/her legal guardian a Financial Assistance Approval Letter, along with a FAP ID card indicating the following information:

Date of determination

Patient's name

Patient's medical record number

Effective Date

Eligibility Determination (Approve/Denied) by appropriate designee

Amount approved for discount

**B. Notice of Denial.** After reviewing a completed Application and making a determination to deny financial assistance, the Hospital will send or give the applicant or his/her legal guardian a Financial Assistance Denial Letter specifying the reason for the denial.

The Hospital will file copies of the notices (denial or approval) with the completed Application.

4. ***Appeal Process.*** Patients may appeal the denial of financial assistance or the level of financial assistance offered. Patients may initiate an appeal by calling, emailing, or writing to their assigned Financial Assistance Associate, or setting up an in-person appointment at the Patient Business Services Department. If the patient files an appeal, the Patient Business Services Department staff will re-review the individual'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.

## **ONCE A FINAL APPROVAL HAS BEEN ISSUED**

1. ***Duration of Financial Assistance.*** Eligible Individuals shall remain eligible (without the need for any further action) at the level of assistance so determined, for one (1) year from the later of the date of initial determination, or the date of determination following the completion of an appeal if an appeal was made.

Notwithstanding the foregoing:

A. **Negative Change in Circumstances.** in the event of a change of circumstances due to which the Eligible Individual believes that additional financial assistance is needed, the Eligible Individual may apply for financial assistance again during the one (1) year period and may be provided with additional financial assistance under the Policy, if applicable.

B. **Positive Change in Circumstances.** It is expected that if an Eligible Individual receiving financial assistance has a substantial change in circumstances (such as changing from uninsured to insured status); the Eligible



Individual will notify the Patient Business Services Department at the telephone number set forth below, 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 awarded. For clarity, Eligible Individuals need not report minor changes in circumstances, but rather must report only those changes that would clearly impact the financial assistance determination on a prospective basis.

2. *Provision of False or Misleading Information.* If the Hospital learns that an applicant for financial assistance provided materially false or misleading information in the Application process, such information may be taken into account by the Hospital in its review of the Application or the continued eligibility for financial assistance.
3. *Payment Plans.* Use of payment plans is permitted for the payment of Eligible Individual Obligations. Such plans shall be limited to a maximum duration of 1 year, provided that exceptions may be evaluated on a case-by-case basis. No interest shall be charged under a payment plan.
4. *Third Party Charitable Programs.* If an Eligible Individual is referred to the Hospital through a recognized third-party charitable outreach program that offers terms and conditions that differ from the foregoing, the Hospital may participate in such program and this Policy will be deemed amended as necessary.

## **COLLECTION ACTIVITIES**

**All Hospital collection activities are described and explained in the Billing and Collection Policy. The Billing and Collection Policy is also available on the Hospital's website <https://stamfordhealth.org/patients-visitors/fap/> and is available free of charge by mail. If the individual speaks limited or no English, these documents will be provided in each language spoken by each significant population with limited English proficiency in the community served by the hospital.**

## **REPORTING AND COMPLIANCE**

The Hospital will submit required reports to the State of Connecticut with regard to the Program.

An authorized Hospital employee conducts periodic reviews of Program determinations to ensure compliance with this Policy and the Billing and Collection Policy.



## **CONTACT INFORMATION**

For more information about the Financial Assistance Program or to request a Financial Assistance Application, contact the Patient Business Services Department at the address and telephone number set forth below to speak with a Financial Assistance Associate. Foreign language translation in each language spoken by each significant population with limited English proficiency in the community served by the hospital will be provided if requested.

### **PATIENT BUSINESS SERVICES DEPARTMENT**

Stamford Hospital Patient Business Services Department  
1351 Washington Boulevard, 7th Floor  
Stamford, Connecticut 06902

Telephone: (203) 276-7572

Fax: (203) 276-7093

Email address: [CustomerServiceR@stamhealth.org](mailto:CustomerServiceR@stamhealth.org)