FINANCIAL ASSISTANCE POLICY & PROCEDURE SUMMARY

POLICY SUMMARY:
Our Upstate University Hospital mission is to help patients and families. We have a program to help you get financial assistance if you have a low income, are not insured, or cannot pay for service. The hospital assistance covers only medically necessary charges for services provided by the hospital. Services provided by any of the physicians you may have seen are not covered under this program. You are expected to pay the portions of the bill that are determined to be your responsibility. Assistance is based on Subdivision 9a of Section 2807 k of NYS Public Health Law. The following counties are included in the hospital’s financial assistance program: Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, and Tompkins. Financial assistance under the New York State Charity Care Law is also available to qualified New York State residents receiving services from the hospital’s emergency department regardless of county of residence. Patients with income below 300% of the Federal Poverty Level, (FPL), are generally eligible for financial assistance. The FPL is listed on the Medicaid website, www.medicaid.gov. Generally the government updates the amounts each year.

PROCEDURE SUMMARY:
1. Patients with balances due will receive a statement indicating that payment is due.
2. Patient will be given ninety (90) days to apply for financial assistance using the application made available.
3. Applications can be obtained by contacting the hospital financial customer service area at 315-464-5026, or by accessing: http://www.upstate.edu/hospital/patients/billing/assistance.php.
4. Applications will be processed within thirty (30) days of receipt. If the application received is incomplete or lacks required documentation, the patient will be notified in writing of the missing or incomplete information/documentation and will be allowed twenty (20) additional days to provide further information required by the Hospital for processing the application for assistance.
5. Under the New York State Charity Care Law (PHL 2807-k), uninsured patients with incomes below three hundred percent of the federal poverty level are generally eligible for charity care. Patients are eligible for discounts on a sliding scale based on the number of people in a household and household income. Consideration of financial assistance may also be extended to any patient who has exhausted his or her health insurance benefits or is unable to pay the patient responsibility amount determined by an insurer.
6. Payment plans will be offered to patients as part of the financial assistance process. No installment plan shall require a monthly payment in excess of 10% of the gross monthly income of the patient.
7. If financial assistance is not requested within the required ninety (90) day notification period, the normal collection efforts will be pursued. However, the patient will always have the opportunity to request a payment plan.
8. The patient (applicant) may appeal a previously processed application for financial assistance. The reconsideration shall include a review of any new or updated documentation regarding income and ability to pay. The decision on an appeal shall be made with the same guidelines as the initial application regarding percentage of the Federal Poverty Level and the appropriate sliding scale. Such appeal shall be processed within thirty (30) days of receipt. A letter will be sent to the patient (applicant) with the decision subsequent to the reconsideration to inform them of the outcome.
9. An approved Financial Assistance Program application is effective for dates of service up to one year from the approval date.