
Policy Number: **FIN 004**

Original Date: 01/01/07

Revised: 08/31/07, 06/30/09, 07/14/15, 12/21/15, 01/19/16, 01/22/19,
06/01/2, 02/21, 02/22, 04/23, 02/24, 10/24, 3/25, 7/25, 04/26

Reviewed:

Subject/Title: Financial Assistance Policy

Policy: It is the policy of Oneida Health to provide discounted services, based upon financial need, as a community benefit for New York residents who are Uninsured, Underinsured, ineligible for government programs or other third-party coverage, or otherwise unable to pay for Medically Necessary Care in compliance with the Hospital Financial Aid Law and IRC Section 501(r). OH prohibits the denial of admission or denial of treatment for services that are reasonably anticipated to be medically necessary because a patient has any unpaid medical bills.

Purpose: OH offers Financial Assistance to uninsured and underinsured patients at a reduced rate or at no charge to patients who have individual or family income, which does not exceed 400% of the HHS Poverty level regardless of the patient's immigration status.

This Policy is intended to comply with the Financial Assistance policy requirements of Internal Revenue Code Section 501(r) and Section 2807-k(9-a) of the New York Public Health Law. This Policy shall take effect immediately upon the later to occur of (a) October 20, 2024, and (b) the date upon which Chap. 57, Part Y, Subpart C, Section 1 of the 2023 N.Y. Laws takes effect.

Services covered under this policy: All medically necessary services including but not limited to

1. Admitted acute care patients
2. Emergency services, including emergency transfers pursuant to the Emergency Medical Treatment and Labor Act (EMTALA)
3. Ambulatory surgery patients
4. Referred ambulatory patients
5. Observation patients

Please note: Services deemed not medically necessary are not eligible for financial assistance.

Financial Assistance is not to be considered a substitute for personal financial responsibility. Financial Assistance is available only for persons who meet the eligibility criteria described in this Policy. Patients are expected to comply with OH's procedures for obtaining Financial Assistance or other forms of payment and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services for their overall personal health.

OH does not, through this Policy, assist any patient in paying for services provided by a provider or practitioner that is not employed by OH, even if those services are provided in OH hospital facilities. A listing of independent providers or practitioners who may deliver medically necessary services whose services are not covered under this policy can be found here:

Scope: This policy applies to all Board members, officers, managers, and other workforce members including, employees, trainees, volunteers, providers, consultants, independent contractors, students and temporary workers (“Affected Persons”) of Oneida Health Hospital (OHH) including the hospital and all of its departments and health centers, the Extended Care Facility, OHH’s affiliated physician practices (Oneida Medical Services, PLLC, Oneida Medical Practice, PC), and any other department or entity which is part of OHH as appropriate.

Procedure:

In order to manage resources responsibly and to allow OH to provide the appropriate level of Financial Assistance to persons in need, the following procedures and guidelines are established for the provision of Financial Assistance. Accordingly, the Policy includes the following information regarding Financial Assistance.

- A. Eligibility for Financial Assistance
- B. Patient Financial Assistance guidelines
- C. Applicable medical services under this Policy
- D. Methods for applying for Financial Assistance and determinations
- E. Documentation for Financial Assistance
- F. Presumptive Financial Assistance Eligibility
- G. Communication of this Policy to patients and the public
- H. Billing and collection policies
- I. Regulatory requirements
- J. Contact information to reach the Oneida Health financial counseling offices

A. Eligibility for Financial Assistance

New York State residents are eligible for Financial Assistance if they: (a) receive Emergency Medical Care or other Medically Necessary Services at any OH facility; and (b) are Uninsured, Underinsured, ineligible for government programs or other third-party coverage, or otherwise unable to pay for Emergency Medical Care or other Medically Necessary Services; and (c) meet the patient financial assistance guidelines stated in this policy. Eligibility for Financial Assistance for non-residents of New York State for Emergency Medical Care or other Medically Necessary Services will be determined on a case-by-case basis and requires senior leadership approval. The granting of Financial Assistance will be based on an individualized determination of financial need in accordance with this Policy, and shall not take into account age, gender, race, color, national origin, religion, social or immigrant status, sexual orientation, gender identity, spousal affiliation, physical handicap, or mental handicap.

The granting of Financial Assistance (a) may be contingent upon a patient’s willingness to apply for Medicaid or other public insurance programs for which the patient may be eligible based upon Oneida Health’s assessment, and (b) requires the patient to fully cooperate with OH’s Application requirements, including the disclosure of personal, financial, or other information necessary for determination of financial need.

When considering Applications, OH reserves the right to:

1. Consider eligibility for Financial Assistance at any point before or after service(s) are rendered and/or any time during the billing and collection cycle.
2. Request Financial Assistance applications or confirmation of previously supplied information at each medical visit or admission to a OH hospital facility;
3. Make hardship modifications to any aspect of the Policy on a case-by-case basis; and
4. Utilize information from available external resources to verify family size and/or Family Income verification.

B. Patient Financial Assistance Guidelines

Eligibility for Financial Assistance is based on current Family Income and is available to individuals with Family Incomes that are no more than 400% of the current Federal Poverty Guidelines (“FPG”). The current maximum Family Income for Financial Assistance is set forth in the table below for illustrative purposes.

Household / Family Size	Maximum Family Income (400% of 2026 Federal Poverty Guidelines) *
1	\$63,840
2	\$86,560
3	\$109,280
4	\$132,000
5	\$154,720
6	\$177,440
7	\$200,160

* 2026 shown for illustrative purposes. Amounts updated annually as necessary.

Patients whose Family Income is at or below 200% of the FPG are eligible to receive Emergency Medical Care or Medically Necessary Services at no charge; and

Oneida Health uses the FPG in effect at the time the application is reviewed, do determine eligibility for Financial Assistance (see table above). Oneida Health will update the FPG income guidelines based on the FPG with is published annually by the U.S. Department of Health and Human Services, effective each year as of March 1 or thirty (30) days from the date of publication, whichever is later.

Subject to the availability of other resources as described in this Policy or allowed by state law, patients with Family Income at and below 400% of the FPG may qualify for Financial Assistance:

1. Patients whose Family Income is at or below 200% of the FPG are eligible to receive Emergency Medical Care or Medically Necessary Services at no charge; and
2. Patients whose Family Income is above 200% but not more than 400% of the FPG are eligible to receive a discount for Emergency Medical Care or Medically Necessary Services as outlined in the table below. Patients eligible for Financial Assistance will not be charged more than the AGB:

Family Income as % of FPG	Uninsured Patient Responsibility (% of AGB)	Underinsured Patient Responsibility (% of Patient’s Cost Sharing)
200% or less	\$0	\$0
201% to 250%	5%	5%
251% to 300%	10%	10%
301% to 350%	15%	15%
351% to 400%	20%	20%
401% to 500%	100%	100%

AGB is calculated by Oneida Health utilizing Medicaid rates on a “Look-Back” basis, as defined by Section 1.501(r)-5 of the Department of Treasury regulations, for all its tax-exempt hospital facilities. AGB for services provided by physicians employed by Oneida Health at Oneida Health hospital facilities is calculated based on a “Look-Back” basis utilizing Medicare rates.

Additional information pertaining to the current AGB percentages used by Oneida Health, as well as information as to how Oneida Health calculated these percentages is available upon request, free of charge by contacting a customer service representative using the phone numbers and addresses listed below in Section J of this Policy.

Percent Income to Poverty Level 2026							
Household Size	100%	133%	150%	200%	250%	300%	400%
1	\$15,960	\$21,227	\$23,940	\$31,920	\$39,900	\$47,880	\$63,840
2	\$21,640	\$28,781	\$32,460	\$43,280	\$54,100	\$64,920	\$86,560
3	\$27,320	\$36,336	\$40,980	\$54,640	\$68,300	\$81,960	\$109,280
4	\$33,000	\$43,890	\$49,500	\$66,000	\$82,500	\$99,000	\$132,000
5	\$38,680	\$51,444	\$58,020	\$77,360	\$96,700	\$116,040	\$154,720
6	\$44,360	\$58,999	\$66,540	\$88,720	\$110,900	\$133,080	\$177,440
7	\$50,040	\$66,553	\$75,060	\$100,080	\$125,100	\$150,120	\$200,160

C. Applicable Medical Services under OH’s Financial Assistance Policy

1. Emergency Medical Care, including patients who present at any OH location (including transfers under EMTALA), provided in an emergency room setting; and
2. Medically Necessary Services.

Determinations regarding medical necessity are the responsibility of the health care professional providing the care, without regard to the ability to pay by the patient. OH will not engage in any actions that discourage individuals from seeking Emergency Medical Care.

OH provides Emergency Medical Care regardless of a patient’s eligibility under this Policy. OH does not require emergency department patients to pay before receiving treatment for Emergency Medical Conditions nor does OH permit debt collection activities in the emergency department or other areas when such activities could interfere with the provision of Emergency Medical Care on a non-discriminatory basis.

D. Methods for Applying for Financial Assistance and Determinations

1. Patients are encouraged to apply for Financial Assistance within ninety (90) days from the date noted on the first post-discharge billing statement; however, OH will accept Financial Assistance Applications at any time a patient has an outstanding balance for Emergency Medical Care or other Medically Necessary Services received at a OH hospital facility. A billing statement is considered “post-discharge” if it is provided after the patient received care, whether inpatient or outpatient, and the patient has left the hospital facility.
2. Patients may apply for Financial Assistance by submitting an application or through an interactive process with a financial counselor. Patients must complete the Application and provide all required documentation. Applications may be obtained:
 - a. Online at the OH web address: <https://www.oneidahealth.org/financial-assistance/>
 - b. At each OH Location main registration desk or Emergency Room desk; or
 - c. By contacting OH, Financial Assistance at (315)361-2230 and asking to speak with a financial counselor.
3. Patients are asked to submit their application via mail or in person at any of our OH Locations main registration desk. Or call our Financial Assistance office to make arrangements (315)361-2230.

Once the Application has been submitted, the patient may disregard any bills/statement until a written notification has been received regarding the status of the application. Patients will receive a written notification of eligibility for Financial Assistance within thirty (30) days of submission of an application. Upon receipt of an Application for Financial Assistance, any and all applicable ECAs will be suspended.

If a patient is deemed eligible for Financial Assistance, an updated billing statement will be provided which will indicate the amount owed, how the amount was determined, and the applicable percentage. Any amounts paid in excess of the amount determined to be owed by a patient will be refunded accordingly.

All decisions on Financial Assistance eligibility will be communicated in writing. The notification of denial of Financial Assistance will explain the reason for the denial and how denials can be appealed.

4. If an incomplete Application is received, OH will send a written notice that describes the additional information or documentation required to make an eligibility determination for Financial Assistance. Patients should submit the additional information or documentation within thirty (30) days of notification. The patient should expect to receive routine follow-up notices for any unpaid bills.
5. Appeals may be filed within thirty (30) days of the determination notice. A decision regarding the appeal will be made within thirty (30) days of receiving an appeal. Patients will be notified in writing of the outcome of their appeal.

E. Documentation for Financial Assistance

To help the patient qualify for Financial Assistance, the patient or the patient's Guarantor may be asked to provide some or all the following documentation:

1. An Application;
2. Proof of address;
3. Prior year's tax return(s);
4. Minimum of two most recent pay stubs;
5. Minimum of three most recent bank statements for savings and checking accounts; and
6. For Underinsured patients, proof of paid out-of-pocket medical expenses accumulated in connection with the provision of Emergency Medical Care or other Medically Necessary Services in the prior 12 months.
 - a. For any OH out-of-pocket medical expenses: Provide documentation of such expenses.
 - b. If you cannot provide such documentation, provide OH with the name of the location where you received services, your date of birth, the approximate date(s) of such service(s), and any other information you may have; and
7. Other documentation of Family Income.

If an applicant does not have any of the listed documents to prove Family Income, the applicant may call the hospital facility's financial counseling office at (315)361-2230 to determine whether other evidence may be provided to demonstrate eligibility.

OH may also:

1. Take into account other patient income raised specifically for the purpose of paying medical bills, to the extent permitted by applicable federal and state law; and
2. Include a review of the patient's outstanding bill(s) for prior services to assure that all applicable balances are assessed for Financial Assistance.

OH will not request documentation beyond what is listed in this Policy and the application. Non-emergent services may be scheduled prior to making a request for Financial Assistance; however, a Financial Assistance eligibility determination is generally required prior to obtaining services.

Approved Financial Assistance Applications for Uninsured patients (other than those patients who have exhausted their health insurance benefits) will remain valid for twelve months and may be used to determine eligibility for subsequent services. Financial Assistance determinations may be re-evaluated at any time

information relevant to the eligibility of the patient for Financial Assistance changes during those twelve months.

Financial Assistance will be applied at approved levels to any outstanding unpaid account the patient may have for Emergency Medical Care or other Medically Necessary Services

F. Presumptive Financial Assistance Eligibility

There are instances when a patient may receive Financial Assistance discounts if the patient or patient's Guarantor does not establish contact with Oneida Health during the billing and collection cycle despite the usual and customary efforts of Oneida Health. In these cases, Oneida Health may utilize soft credit inquiries that have no impact on the patient's credit status or ability to obtain future credit to determine eligibility for Financial Assistance on a presumptive basis. Once a patient has been determined eligible for presumptive Financial Assistance, the patient may be eligible for a discount on the account balance.

If a patient is presumptively determined to be eligible for Financial Assistance Oneida Health will notify the patient, in writing, regarding the basis for the Financial Assistance discount, and how to submit an application to be assessed for further Financial Assistance. A copy of the PLS will also be provided to the patient.

G. Communication of the Financial Assistance Program to Patients and the Public

OH provides public notice regarding the availability of Financial Assistance by various means, including, as applicable, notices in patient bills, emergency rooms, admitting and registration departments, hospital business offices, clinics, and patient financial counseling office. Information is also included on OH hospital facility websites. Additionally, OH provides summaries of the Financial Assistance program to local public agencies and non-profit organizations who serve the health needs of the community's low-income populations. OH will notify patients in writing with plain and conspicuous language that OH provides services at a reduced cost to patients who are determined to be eligible based on financial need, whether or not they have insurance, and provide a link to the Application, along with a toll-free phone number they may call for further assistance.

Referral of patients for Financial Assistance may be made by any member of OH staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for Financial Assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws. OH will endeavor to contact Uninsured patients, while they are in the hospital facility, prior to discharge in order to provide financial counseling, including information about payment programs and Financial Assistance.

The Application and the PLS are available in English and the Preferred Languages. OH shall ensure the accuracy of all translations.

OH shall additionally provide free interpretation services for anyone who requires such, including individuals who speak languages to which the Application and PLS are not translated, who have difficulty reading, or who have visual and/or hearing impairments. OH shall ensure that patients are informed of this service whenever a staff person becomes aware that the patient may benefit from it.

Patients will be notified in writing regarding the availability of Financial Assistance during the registration, discharge and financial counseling process in their identified language of preference. The PLS will be offered to all patients as part of the intake process.

H. Billing and Collection Policies

The actions OH may take in the event of nonpayment are described in a separate Collection Policy. That Collection Policy also includes information on the actions, processes and timeframes OH uses to obtain payment, including the reasonable efforts it will make to determine whether an individual is eligible under this Financial Assistance Policy before initiating any ECA. The Collection Policy also includes information on the office or persons that have the final responsibility for determining that OH has made reasonable efforts to

determine whether an individual is eligible for Financial Assistance and may therefore initiate an ECAs against an individual. This Collection Policy is displayed on OH's website, which is accessible at <https://www.oneidahealth.org/patients-visitors/> or available in paper copy upon request in person or via mail by contacting the applicable OH Business Office (315) 361-2087.

I. Regulatory Requirements

Oneida Health will comply with all federal, state, and local laws, rules, and regulations that apply to activities conducted pursuant to this Policy.

J. Oneida Health Financial Counseling Offices

For additional information about Financial Assistance offered by Oneida Health, or to obtain assistance with applying for Financial Assistance, patients can contact us at the addresses or phone numbers listed below.

- **Oneida Health**
- Financial Assistance Unit
- 315-361-2230
- 7840 Oxbow Road, Canastota, NY 13202

[Oneida Health Financial Assistance Policy](#)

Other related Policies/Procedures:

Previous Policy #:

References: Section 501(r) of the IRS code, effective 2016, NYS Public Health Section 2807-k; Public Health Law Section 180-c; General Business Law Sections 359-g and 519-a.

Standards:

Forms: [Financial Assist Plain Language Summary \(01242\)](#)
[Financial Assistance Application \(01913\)](#)
[Paying for Care – Contracted Services \(01519\)](#)

Approval:

OH Corporate Compliance Committee, OH Policy Committee, Finance Committee of the Board of Trustees

Appendix 1

DEFINITIONS

Amount Generally Billed (“AGB”): The amounts generally billed for Emergency Medical Care or other Medically Necessary Services to individuals who have insurance covering such care, determined by multiplying the Gross Charges for the care by the AGB Percentage.

AGB Percentage(s): The amount obtained using the “Look-Back” method, as defined by Section 1.501(r)-5 of the Department of Treasury regulations, for any Emergency Medical Care or other Medically Necessary Services.

Application: The Financial Assistance or Clinic Sliding Fee Scale Discount program application, as applicable, whether submitted in hard copy, electronically, or via telephone interview.

Cost Sharing: The total amount owed by an Underinsured patient following the application of such patient’s insurance coverage, including, but not limited to, deductibles, copayments, coinsurance, and balance after insurance.

Emergency Medical Care: Health care services that a hospital or a physician exercising prudent clinical judgment, would provide to a patient exhibiting an Emergency Medical Condition.

Emergency Medical Conditions: As defined by Section 1867 of the Social Security Act (42 U.S.C. 1395dd), also known as the Emergency Medical Treatment and Active Labor Act (“EMTALA”), a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in: (i) placing the health of the individual in serious jeopardy; (ii) serious impairment to bodily functions; or (iii) serious dysfunction of any bodily organ part. EMTALA also defines an emergency medical condition to include a pregnant woman who is having contractions.

Extraordinary Collection Action (“ECA”): Collections actions requiring a legal or judicial process that Oneida Health may take pursuant to Section 1.501(r)-6 of the Department of Treasury regulations to obtain payment of a bill for care, including (1) commencing a civil action against an individual, (2) placing a lien on an individual’s property other than a primary residence, and (3) attaching or seizing an individual’s bank account or any other personal property.

Family: A group of two or more people who reside together and who are related by birth, marriage (including legal common law spouse), or adoption. If the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of this Policy. Oneida Health reserves the right to validate the financial responsibility for any listed family member.

Family Income: Family Income includes wages, salaries, unemployment compensation, workers’ compensation, Social Security, Supplemental Security Income, public assistance, veterans’ payments, survivor benefits, pension or retirement income, rents from property, profits and fees from their own business, interest, dividends, rents, royalties, income from estates, trusts, alimony, child support and other miscellaneous sources. Family Income is determined on a before-tax basis and excludes capital gains or losses. If a person lives with a Family, income of all family members may be considered (unrelated house-hold members do not count). Noncash benefits, such as food stamps and housing subsidies, are not considered income.

Financial Assistance: The discount offered by Oneida Health to persons who cannot afford to pay for the care they received for Emergency Medical Care or other Medically Necessary Services pursuant to this Policy.

Gross Charges: The total charge for providing patient care and other services at a Oneida Health entity based upon established rates before any deductions from the total charge are applied.

Guarantor: The person responsible for paying a bill. The Guarantor is always the patient unless the patient is an incapacitated adult or an unemancipated minor (under age 18), in which case, the Guarantor is the patient’s parent or legal guardian.

Medically Necessary Services: Health care services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are: (a) in accordance with the generally accepted standards of medical practice; (b) clinically appropriate; and (c) not primarily for the convenience of the patient.

Plain Language Summary of the Policy (“PLS”): A written statement that notifies an individual that the hospital facility offers Financial Assistance and the Clinic Sliding Fee Scale Discount and provides the following information in language that is clear, concise, and easy to understand with the aim that as much of it as practicable (given the topic and substance of the document) be drafted at a fifth-grade reading level:

1. A brief description of the eligibility requirements and assistance offered under the Policy;
2. A brief summary of how to apply for assistance under the Policy;
3. The direct website address (or URL) and physical locations where the individual can obtain copies of the Policy and the Application form;
4. Instructions on how the individual can obtain a free copy of the Policy and the applicable Application by mail;
5. The contact information, including telephone number and physical location, of the hospital facility office or department that can provide information about the Policy and assistance with the application process;
6. A statement of the availability of translations of the Policy, Application and Plain Language Summary (“PLS”) in other languages, if applicable; and,
7. A statement that an individual eligible for Financial Assistance may not be charged more than the AGB for Emergency Medical Care or other Medically Necessary Services.

Preferred Languages: Languages (a) used to communicate, during at least five percent of patient visits in a year, by patients who cannot speak, read, write or understand the English language at the level of proficiency necessary for effective communication with health care providers, or (b) spoken by non-English speaking individuals comprising the lesser of (i) 1,000 residents or (ii) more than one percent of the primary hospital service area population.

Underinsured: The patient is not Uninsured and has out-of-pocket medical costs accumulated in the past 12 months for Emergency Medical Care or other Medically Necessary Services that amount to more than 10% of the individual’s annual gross income.

Uninsured: The patient has no level of health insurance or third-party assistance to assist with meeting their health care related payment obligations or the patient has exhausted their health insurance benefits and can demonstrate an inability to pay full charges based on the eligibility criteria in this Policy.