

Administrative Policy: Financial Assistance

Policy Statement:

Nathan Littauer Hospital Association(Hospital and outpatient primary/specialty care) 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 association 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. Eligibility is based upon a sliding fee scale and reviewed annually to align with the current 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 Medicaid. Balances after insurance will qualify for a straight discount. The discount is a sliding scale, depending on family size and income. Those patients that are at or below 200% of the Federal Poverty Guidelines will only be evaluated for financial assistance based on income and family size. 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 Medicaid.
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)

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- Copies of last 4 pay stubs
 - Copies of last two bank statements(Not required for patients at or below 200% of the Federal Poverty Guidelines.
 - Application to Medicaid and provide copy of denial(only if income guidelines suggest possible eligibility)
 - Patients who are uninsured and at or below 200% of the Federal Poverty Guidelines will be encouraged to apply for Medicaid, but it is not a requirement to apply for financial assistance.
3. "Household income," as used in the application, refers to income before deductions (taxes, social security insurance premiums, payroll deductions, etc.). Income includes: gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security Income; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support ; assistance from outside the household; and other miscellaneous sources.

House hold includes the following people living in the same home:

Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family. Our facility will also accept non-related household members when calculating family size.

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. While this is encouraged for the patient class at or below 200% of the Federal Poverty Guidelines, it is not a requirement for this patient class in order to apply for financial assistance they will only be evaluated using family size and income. 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 or clinic 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. Approved applications are effective for 1 year from the approval date. Those found to be at or below 100% of the Federal Poverty Guidelines will receive a 100% discount.

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 for patients above 200% of the Federal Poverty Guidelines 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 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
 - All Patients, regardless of residency of the city, state, or country is not a determining factor for financial assistance for those patients at or below 200% of the Federal Poverty Guidelines

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 and the Primary/Specialty Care Centers 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 hospital's 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 and Primary/Specialty Care sites 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

2025 Financial Assistance Income Guidelines

Family Size	Federal Poverty Level					Discount Amount %
	100% FPL	0-200% FPL	201%-300% FPL	301%-400%	Over	
1	\$ 15,650.00	\$ 31,300.00	\$ 46,950.00	\$ 62,600.00	Over	0
2	\$ 21,150.00	\$ 42,300.00	\$ 63,450.00	\$ 84,600.00	Over	0
3	\$ 26,650.00	\$ 53,300.00	\$ 79,950.00	\$ 106,600.00	Over	0
4	\$ 32,150.00	\$ 64,300.00	\$ 96,450.00	\$ 128,600.00	Over	0
5	\$ 37,650.00	\$ 75,300.00	\$ 112,950.00	\$ 150,600.00	Over	0
6	\$ 43,150.00	\$ 86,300.00	\$ 129,450.00	\$ 172,600.00	Over	0
7	\$ 48,650.00	\$ 97,300.00	\$ 145,950.00	\$ 194,600.00	Over	0
8	\$ 54,150.00	\$ 108,300.00	\$ 162,450.00	\$ 216,600.00	Over	0

* For family units of more than 8 members, add \$5,500 for each additional member.

<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

Effective 01/01/2025