



Financial Assistance Policy (FAP)

Helen Hayes Hospital (HHH) is committed to providing several forms of financial assistance to qualified uninsured or underinsured patients who receive medical services at HHH and reside in the HHH primary service area, which includes New York State counties of Rockland, Orange, Putnam and Westchester. Financial assistance includes a range of benefits from free/charity care, stratified discounted care, payment plans, to assistance with insurance obligations. Consistent with our mission and State and Federal requirements, HHH strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. This policy helps to:

1. Define how patients are determined to be eligible for charity funds and how financial assistance can be applied in accordance with HHH's Non-Discrimination of Patients policy and IRS regulations.
2. Standardize the process to assess a patient/family's eligibility for financial assistance.
3. Standardize collection and billing procedures based on eligibility qualifications consistent with Federal/State guidelines.

SCOPE/PERSONNEL:

All HHH staff and HHH Patients and Families.

DEFINITIONS:

Account Receivables (AR): Reimbursements owed to Helen Hayes Hospital in exchange for care and services that have been delivered or used, but not yet paid.

Application: The Financial Assistance program application whether submitted in hard copy or electronically.

Bad Debt: The amount contractually obligated but uncollected after all reasonable collection efforts have been exhausted. Bad debt is recognized when: (1) there is documented evidence of payment agreement, authorization, rate sheet or contract; (2) services have been rendered; (3) the price is fixed and determinable; and (4) collectability is reasonably assured.

Charity Care: A HHH discount program for medically necessary services not eligible for any other coverage (e.g. Medicaid or New York's Hospital Indigent Care Program, commercial insurance)

Extraordinary Collection Act (ECA): Actions taken by the hospital facility. Hospital facility will report to the onsite Attorney General unit to collect against an individual and initiate collection efforts for a bill for care covered under the hospital's FAP that requires a legal or judicial process (except certain liens or bankruptcy claims). The Attorney General shall not sell an individual's debt to another party, or report adverse information about an individual to consumer credit agencies. NY CPLR § 5201(b) prohibits the forced sale or foreclosure of a patient's primary residence to collect an outstanding medical debt.

The hospital policy prohibits any form of acceleration prohibited by Public Health Law 2807-k (9-a) FAL Statute paragraph h0 New York Public Health Law, specifically Section 2807-k, subdivision 9-a, paragraph (h). "No plan shall include an accelerator or similar clause under which a higher rate of interest is triggered upon a missed payment."

Financial Assistance: The discount offered by HHH to patients who cannot afford to pay for the medically necessary services, pursuant to HHH Financial Assistance Policy (“FAP”).

Financial Assistance Policy (FAP): The hospital policy that outlines:

- Eligibility rules for financial assistance and whether assistance includes free or discounted care.
- Financial assistance options and discounts available to qualified individuals.
- The basis for calculating the amounts patient owes.
- The method for requesting financial assistance, including the appeal and denial process.
- List of any providers delivering care in the hospital and which, if any, are covered by the facility’s FAP and which are not.

Federal Poverty Level (FPL): A measure of income level issued annually by the Department of Health and Human Services. Federal poverty levels are used to determine eligibility for certain programs and benefits. Federal Poverty Guidelines are published annually by the Federal Government.

Foreign National: Non-US citizens who are residing in or visiting the US and are in need of medical services.

Guarantor: The third party responsible for paying the patient’s bill.

Guarantor Statement: A bill for care rendered. It is a summary of billing and payment information about patient accounts linked to one guarantor.

Income: Includes all earnings reported on the most recently filed FORM 1040 federal income tax return.

Liquid Assets: Assets that can be converted into cash in a relatively short period of time, generally within 30 days. This includes, but is not limited to, checking accounts, saving accounts, trust accounts (if funds are available immediately), and cash value of life insurance, short-term Certificates of Deposits (CDs), and partnership earnings kept in reserve. Retirement accounts and Tax Sheltered Annuities are liquid resources if applicant can draw funds out of the account without penalty. This would also include funds raised through philanthropy or external fund raising sources in support of the patient’s care.

Medical Emergency: An injury or illness that is acute and poses an immediate risk to a person’s life or long term health.

Medical Necessity: A covered service will be deemed medically necessary if, in a manner consistent with accepted standards of medical practice provided at Helen Hayes Hospital, it is found to an equally effective treatment among other less conservative or more costly options, and meet at least one of the following criteria:

- The service will, or is reasonably expected to prevent or diagnose the onset of an illness, condition, primary disability, or secondary disability;
- The service will, or is reasonably expected to cure, correct, reduce, or ameliorate the physical, mental, cognitive, or developmental effects of an illness, injury, or disability;
- The service will, or is reasonably expected to, reduce or alleviate the pain or suffering caused by an illness, injury, or disability.
- The service will, or is reasonably expected to assist the individual to achieve or maintain maximum functional capacity in performing activities of daily living.

Non-covered Charge: Incurred charges that are deemed not a covered benefit per the patient’s/ guarantor’s insurer.

Self-Pay: Patient does not have any means of third party coverage for a service offered by HHH.

FINANCIAL ASSISTANCE POLICY (FAP):

1. Helen Hayes Hospital offers financial assistance for medically necessary medical services. The hospital is committed to fair and consistent collection of unpaid patient balances from those with the ability to pay. All collection efforts will comply with applicable laws and support the hospital's mission of providing compassionate care. For patients unable to pay in full, reasonable efforts will be made to determine eligibility for Financial Assistance under the hospital's Financial Assistance Policy (FAP).
2. Eligibility for Financial Assistance:
 - The applicant(s)' income must be below 400% of federal poverty guidelines. Information provided here was updated in 2026 and is updated yearly. The applicant(s) must provide the appropriate documentation in accordance with the New York State Uniform Financial Assistance Application: most recent pay stubs, social security payment detail/letter, unemployment compensation, etc.
 - Financial Assistance funding for non-emergency care may be available to U.S. resident patients who reside in the HHH primary service area, which includes New York State counties of Rockland, Orange, Putnam, and Westchester. Non-New York residents and undocumented New York residents may be eligible but require further approval from the Hospital Chief Executive Officer.
 - Financial Assistance may act as a secondary payor if the patient has commercial coverage. The secondary coverage may provide for a reduction in the amount of co-payments, deductibles, and co-insurance. In addition, financial assistance may also be used in cases when insurance benefits have been exhausted, and services are deemed medically necessary.
 - In determining eligibility, submission of the required information is mandatory:
 - The information that may be required to determine financial assistance eligibility is listed in the application.
 - If financial assistance will be used to cover past dates of service, the patient/family must indicate the request for assistance on the application.
 - Application Period:
 - Patients may apply for financial assistance at any point – before or after the commencement of the collection process.
 - The application must be completed within 120 days from the date that the first post-discharge billing statement for the care is provided.
 - Any services prior to 120 days from the application date will not be considered.
3. Patients eligible for Financial Assistance must complete an application and:
 - Notify HHH if there is a change in financial and/or medical coverage status; failure to do so may result in termination from the financial assistance program;
 - Provide the Financial Assistance determination document issued to every visit when applicable.
4. Financial Assistance Ineligibility Criteria: Patients are not eligible for financial assistance when the following scenarios arise:
 - HHH determines or identifies that the patient/family provided falsified information.
 - The patient/family fails to make the request and provide the required information within the specified periods noted above.
 - When services are for certain specialty services and specialties that are normally not covered:
 - Transplant patients, who may require a clinical assessment form and specialized care to ensure they can adhere to post-transplant medical requirements.

- Services denied by payers for non-compliance by the member (e.g., coordination of benefits not submitted).
- Services under research.

5. If a denial is received the patient has the right to submit a written appeal with reason for reconsideration and supporting documentation. The denial letter will explain the appeal process. The hospital will send a response to an appeal within 30 days.

6. The Chief Executive Officer (CEO)/Chief Operating Officer (COO)/Chief Financial Officer (CFO)/Chief Administrative Officer (CAO) has the final authority for determining that the hospital facility has made reasonable efforts to determine whether an individual is eligible for Financial Assistance.

BILLING AND COLLECTION POLICY:

1. This Collection Policy (“Policy”), together with Helen Hayes Hospital’s Financial Assistance Policy (“FAP”), outlines procedures for managing patient account collections. It aims to balance financial responsibility with support for patients unable or unwilling to pay. The Policy details steps HHH must follow before and during collection efforts and complies with IRS Code Section 501(r), Treasury regulations, and NY Public Health Law § 2807-k(9-a). It takes effect on the later of October 20, 2024, or the effective date of Chap. 57, Part Y, Subpart C, Section 1 of the 2023 N.Y. Laws. To ensure responsible resource management and broad assistance, patients are expected to contribute to their care costs based on insurance coverage or ability to pay.

2. HHH will seek payment on accounts with balances in self-pay (i.e. patient liability). HHH does not take part in extraordinary collection actions (ECA) before making reasonable efforts to decide whether financial assistance is available and/or collection efforts have been pursued. Any itemized statement requested by the guarantor will be provided within ten (10) days of request, in compliance with New York State regulation. HHH does not provide financial assistance to patients that do not meet the Federal Poverty Levels.

3. HHH will make reasonable efforts to notify patients and families about the FAP through the following methods:

- Signage at admissions, registration, in elevator, and on patient education communication boards.
- Written educational information will be included in all patient handout folders, and verbal mention will take place during registration intakes.
- Clear specific details can also be found on the Hospital’s website which includes a full explanation of the financial assistance program, the hospital’s policy on the program, the application, and the full details on what and how to complete the application and where to reach out for assistance if needed.
- HHH will refrain from initiating ECAs unless authorized by CEO/COO/CFO/CAO. HHH will not initiate ECAs until one-hundred eighty (180) days have elapsed from the date of HHH’s first bill transmitted to the patient. NY Public Health Law § 2807-k(9-a)(l).

4. HHH will send at least 4 notices to the guarantor of an account informing of a balance due.

- First Notice informs the guarantor there is an unpaid balance;
- Second Notice reminds the guarantor of continued unpaid balance;
- Tertiary/Final Notice may notify the guarantor they have thirty (30) days to resolve the debt, or ECAs may be taken on the debt and will specify what action HHH intends to take.

5. After four (4) billing notices have been sent and no payment has been received within thirty (30) days of the Final Notice, the account may be considered Bad Debt and ECAs may be taken by the Attorney General's office.
- Accounts qualify for Bad Debt when patient balances (i.e. self-pay) have not been paid and the hospital made reasonable efforts, that include but not limited to phone calls, statements, or letters, to decide whether the individual is eligible for Financial Assistance.
 - If all other options to collect payment have been taken and an account in Bad Debt has aged more than sixty (60) days without contact from the guarantor or the guarantor refuses to resolve the debt, the Attorney General's office may pursue any legal remedies available.
6. All parties engaged in collection actions for HHH will adhere to this policy.

BALANCE RESOLUTION POLICY

Helen Hayes Hospital is dedicated to helping patients resolve self-pay balances fairly and equitably, whether or not they qualify for Financial Assistance.

1. **Financial Assistance and Hardship Adjustments:** Patients with limited income may be eligible for Financial Assistance or hardship adjustments, even if full payment is not possible within a reasonable time. Assistance will apply to any unpaid balance for medically necessary services, contingent upon the aforementioned dates of service. Patients who apply will be notified in writing of their eligibility and the reasons for the determination.
2. **Fair and Respectful Collections:** Hospital staff and the Attorney General's office will follow all policies and take reasonable steps to resolve patient balances fairly.
3. **Flexible Payment Options:** Multiple options are available to help patients manage their self-pay balances. These include:
 - Cash, check, debit, or credit card payments
 - Payment plans
 - Case-by-case modified payment terms
4. **Support for Patients Not Eligible for Financial Assistance:** Staff will work with patients to identify the best available payment option that meets both patient needs and the hospital's collection goals.
5. **Affordable Payment Plans:** Approved payment plans will not include interest, and total monthly payments may not exceed 20% of a patient's gross monthly income.
6. **Transparency in Payment Plan Communication:** All documents and online platforms that offer payment plans must clearly inform patients about the availability of Financial Assistance.
7. **Efforts to Avoid Outside Collections:** The hospital will make multiple attempts to work directly with patients to resolve balances before referring accounts to the Attorney General's office.
8. **Patient-Initiated Reviews:** Patients may request a Financial Assistance review at any stage of the process, including during collections. Once approved, the Financial Assistance Policy (FAP) will guide how the account is handled.

GENERAL INFORMATION:

1. In order to preserve HHH's ability to serve the health care needs of the community, uninsured or underinsured persons seeking scheduled, medically necessary services will be financially evaluated prior to services being rendered. HHH does not offer emergency medical services.
2. HHH will not participate in or support any activities (including media access) related to fundraising efforts intended to pay for a specific patient's care.
3. HHH's Financial Assistance Program is not responsible for housing, food, transportation, immigration status, or continuity of care.
4. HHH is available to assist in applying for Financial Assistance. Contact the **Patient Financial Services Department** at **845-786-4786**.
5. HHH is not obligated to provide Financial Assistance for medical services outside its scope of clinical services.
6. HHH acts in accordance with 26 CFR 1.501(r)-0 through 26 CFR 1.501(r)-7.

AMOUNTS GENERALLY BILLED (AGB):

HHH limits the amount charged for care it provides to any individual who is eligible for assistance under its Financial Assistance Policy (FAP). The amounts billed for medically necessary services to patients eligible for Financial Assistance are calculated based on the prospective method and will not be more than the amounts generally billed to individuals with insurance covering such care. HHH will use the latest posted Medicaid rate in effect at the time the services were delivered related to the service period.

PROVIDER INFORMATION:

Completed financial assessments may apply to the professional charges, providers covered under HHH, FAP includes all-inclusive of Part A (HHH) and Part B (Physician) services. HHH does not contract nor bill with any outside physician groups.

ASSISTANCE AND METHODS FOR APPLYING:

1. Application and assistance in completing applications are available for free:
 - At the HHH Campus located at 51-55 North Route 9W West Haverstraw, NY 10993
 - By calling **Patient Financial Services/Patient Accounts** at **(845) 786-4786**
 - By visiting The Helen Hayes Hospital website at **www.helenhayeshospital.org**

RELATED DOCUMENTS/REFERENCE:

1. 26 CFR 1.501 (r)-0 through 26 CFR 1.501 (r)-7
2. https://apps.irs.gov/app/vita/content/globalmedia/teacher/Poverty_guidelines_aca_4012.pdf
3. HHH website for:
 - A. The New York State Uniform Financial Assistance Application
 - B. The Common Read policy from website of the Charity Care Program at HHH with Federal Poverty Level yearly updated amounts