

<b>Responsible Department:</b> Corporate Business Services	<b>YALE NEW HAVEN HEALTH POLICY &amp; PROCEDURES</b>
<b>Title:</b> Financial Assistance Programs	
<b>Date Effective:</b> 5/1/2025	
<b>Approved by:</b> YNHHS Board of Trustees	
<b>System Policy Type (I or II):</b> Type I	

## PURPOSE

Yale New Haven Health (“Yale New Haven Health” or “YNHHS”) is committed to providing financial assistance to qualifying individuals in need of help paying for emergency or medically necessary care. The purpose of this Financial Assistance Policy (“FAP”) is to:

- A. Explain what financial assistance is available under the FAP;
- B. Describe who is eligible for financial assistance and how to apply;
- C. Describe how patient charges are calculated for emergency or other medically necessary care for FAP-eligible patients;
- D. Identify providers who are and are not covered by the FAP;
- E. Describe the steps YNHHS hospitals take to widely publicize this FAP within the communities served by YNHHS; and
- F. Explain what collection actions may be taken for non-payment of Yale New Haven Health bills.

## APPLICABILITY

This policy applies to each licensed hospital affiliated with YNHHS, including Bridgeport Hospital, Greenwich Hospital, Lawrence + Memorial Hospital, Yale New Haven Hospital and Westerly Hospital (each a “Hospital”). In addition, the financial assistance programs are followed by Northeast Medical Group, Yale New Haven Health Urgent Care, Visiting Nurse Association of Southeastern Connecticut, and Home Care Plus (each a “YNHHS Non-Hospital Provider”).

## POLICY

- A. **Responsible Officer.** The YNHHS Senior Vice President, Revenue Cycle or their designee will oversee the YNHHS FAP.
- B. **Scope and Provider List**
  1. **Emergency and Other Medically Necessary Care.** This FAP applies to emergency and other medically necessary care, including inpatient and outpatient services, billed by a Hospital or YNHHS Non-Hospital Provider. The FAP excludes: (a) private room or private duty nurses; (b) services that are not medically necessary, such as elective cosmetic surgery; (c) other

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elective convenience fees, such as television or telephone charges, and (d) other discounts or reductions in charges not expressly described in this policy.

2. **Provider List.** A list of providers who provide emergency and other medically necessary care at a Hospital can be found here:

<https://www.ynhh.org/patients-visitors/billing-insurance/Financial-assistance>

The list indicates if the provider is covered under the FAP. If the provider is not covered under this FAP, patients should contact the provider's office to determine if the provider offers financial assistance and if so, what the provider's financial assistance policy covers.

3. **Compliance with EMTALA.** Hospitals are required to comply with the Emergency Medical Treatment and Active Labor Act (EMTALA) in accordance with their policies and are also prohibited from engaging in activities that would discourage an individual from seeking emergency medical care. Nothing in this FAP limits a Hospital's obligations under EMTALA to treat patients with emergency medical conditions.

### C. Financial Assistance Program

1. **General Eligibility Requirements.** Patients will qualify for a financial assistance adjustment of amounts owed for emergency and/or other medically necessary care by the individual patient (but not on amounts owed by a third-party payor) if they satisfy the following criteria:

- Are (i) uninsured and not eligible for any government health care benefit program or a qualified health plan available through the Affordable Care Act, or (ii) underinsured;
- Live in the United States;
- Meet the income criteria described below;
- Submit a completed application with required documentation, or otherwise meet established criteria for presumptive eligibility as described below; and
- Cooperate in applying for Medicaid or any other third-party payment programs that may be available.

#### 2. Income Criteria

- a. **Free Care.** If gross annual family income is verified to be at or below 250% of the Federal Poverty Level Guidelines (*see Attachment 1*), a patient may qualify for free care (a 100% discount against the patient's account balance).
- b. **Discounted Care.** If gross annual family income is verified to be between 251% and 550% of the Federal Poverty Level Guidelines, a patient may qualify for a discount as shown in *Attachment 1*. For patients who have insurance, the discount will be applied to the patient's account balance that remains after payments from insurance or third-party payers are applied.

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- c. **Medically Indigent.** Consideration for financial assistance also may be given to patients who do not meet the income criteria above, but whose medical bills exceed a certain percentage of the family's income or assets.
3. **Hospital Bed Funds.** A patient may be eligible to receive financial assistance from free bed funds donated to a Hospital to provide medical care to patients who may be unable to afford hospital care. These funds make up a small portion of the overall funding for financial assistance with eligibility taking into account donor-restrictions and, if applicable, nominations made by fund nominators. All patients who fill out the requisite financial assistance application will automatically be considered for hospital bed funds.
4. **Other Hospital-Specific Financial Assistance Programs.** Greenwich Hospital provides financial assistance to certain individuals who were patients of the former Greenwich Hospital outpatient primary care clinic for inpatient and ambulatory services at Greenwich Hospital.

It is the policy of Yale New Haven Health to make decisions about financial assistance without discrimination. Decisions do not consider age, gender, race, color, national origin, marital status, social or immigrant status, sexual orientation, gender identity or expression, religious affiliation, disability, veteran or military status or any other basis prohibited by law. YNHHS may, in its discretion, approve financial assistance outside of the scope of this Policy.

### D. Limitation on Charges for Hospital Services

When a patient qualifies under this policy for discounted care, but not free care for eligible Hospital services the patient will not be charged more than the amount generally billed ("AGB") to individuals who have insurance covering such care.

1. **How AGB is Calculated.** YNHHS calculates AGB annually for each Hospital using the "look back method" under federal tax regulations and based on Medicare fee-for-service rates, including Medicare beneficiary cost-sharing amounts and all private health insurers that pay claims to each Hospital facility for the prior fiscal year. YNHHS may apply the percentage discount by Hospital or may elect to use the percentage discount most favorable to YNHHS patients. AGB discounts are shown in Attachment 1.

### E. Financial Assistance Application

1. **How to apply.** To apply for financial assistance, a patient must complete the YNHHS application for financial assistance ("Application"), except as provided below. The Application is available:
  - a. Online at [www.ynhhs.org/financialassistance](http://www.ynhhs.org/financialassistance) and on each YNHHS Hospital's website.
  - b. In-person at any YNHHS Hospital patient admission or registration area.
  - c. By mail by calling and requesting a free copy from Patient Financial Services at (855) 547-4584.

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- 2. Application.** The Application describes (i) financial assistance programs and eligibility requirements, (ii) the documentation requirements for determinations of eligibility, and (iii) the contact information for FAP assistance. The Application also explains that (i) YNHHS will respond to each Application in writing, (ii) patients may re-apply for financial assistance under the FAP at any time, and (iii) additional free hospital bed funds become available every year. YNHHS will not deny financial assistance under the FAP based on failure to provide information or documents that the FAP or the Application do not require as part of the Application.
- 3. FAP-eligible patients.** YNHHS Hospitals will make reasonable efforts to determine eligibility and document any determinations of financial assistance eligibility in the applicable patient accounts. Once YNHHS determines that a patient is FAP-eligible, YNHHS will:

  - a. Provide a billing statement indicating the amount the individual owes as a FAP-eligible patient, including how the amount was determined and states, or describes, how the individual can get information regarding the AGB for the care if applicable;
  - b. Refund to the individual any amount he or she has paid for the care that exceeds the amount he or she is determined to be personally responsible for paying as a FAP-eligible individual, unless such excess amount is less than \$5, or such other amount set by the IRS; and
  - c. Take reasonable measures to reverse any extraordinary collection actions.
- 4. Presumptive Eligibility.** YNHHS may determine eligibility for free or discounted care under this Policy based on information regarding a patient's life circumstances obtained from sources other than the patient, including the following or similar sources:

  - a. YNHHS on behalf of each Hospital uses a third party screening tool to assist in identifying individuals with self-pay balances who have not applied for financial assistance, but whose income is less than or equal to 250% of the Federal Poverty Level (*i.e.*, eligible for free care). If a patient is identified through this process their outstanding hospital balances may be adjusted to charity (free) care.
  - b. YNHHS is affiliated with Yale University and is the academic health center for the Yale School of Medicine. Uninsured patients served by Yale University student-run primary care clinics for low-income individuals, including the Haven Free Clinic, may be presumed eligible for free or discounted care without needing to complete a financial assistance application, upon YNHHS receiving confirmation in a form acceptable to the Senior Vice President, Revenue Cycle that a person is a patient of any such clinic.
  - c. YNHHS may use prior eligibility determinations to presumptively determine that the individual is again eligible for charity care under this FAP.

**F. Relationship to YNHHS Collection Practices**

A YNHHS Hospital (and any collection agency or other party to which it has referred debt) will not engage in any extraordinary collection action (“ECA”) prior to 120 days after the issuance of the first post-discharge billing statement for the care. No ECA will be taken until YNHHS has made reasonable efforts to determine if a patient or any other individual having financial responsibility for a self-pay account (Responsible Individual(s)) is eligible for financial assistance under this FAP as confirmed and approved by the Sr. Vice President, Revenue Cycle or their designee(s).

The Hospital will follow its Accounts Receivable cycle in accordance with internal operational processes and practices. As part of such processes and practices, YNHHS will notify patients about its FAP from the date care is provided and throughout the billing cycle (or during such period as is required by law, whichever is longer) through methods that include:

1. All patients will be offered a plain language summary of this FAP and an application form for financial assistance under the FAP as part of the discharge or intake process from a Hospital.
2. At least three separate statements for collection will be mailed or emailed to the last known address of the patient and any other Responsible Individual(s) over a period of at least sixty (60) days; provided, however, that no additional statements will be sent after a Responsible Individual(s) submits a complete application for financial assistance under the FAP or has paid in-full. The patient or Responsible Individual(s) must provide a correct mailing address at the time of service or upon moving. If a patient account does not have a valid address, YNHHS will be considered to have made "Reasonable Efforts" to determine the patient's eligibility under this FAP. All single patient account statements will include:
  - a. A summary of the hospital services covered by the statement;
  - b. The charges for such services;
  - c. The amount required to be paid by the Responsible Individual(s) (or, if the amount is not known, a good faith estimate as of the date of the initial statement); and
  - d. A conspicuous written notice of the availability of financial assistance under the FAP including the telephone number of the department and direct website address where copies of documents may be obtained.
3. At least one of the statements mailed or emailed will describe the ECAs that YNHHS intends to take if the Responsible Individual(s) does not apply for financial assistance under the FAP or pay the amount due by the billing deadline. Such statement must be provided to the Responsible Individual(s) at least 30 days before the deadline specified in the statement. A plain language summary of this FAP will accompany this statement.

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4. YNHHS will attempt to contact the Responsible Individual(s) by telephone at the last known telephone number, if any, at least once during the series of mailed or emailed statements. During all conversations, the patient or Responsible Individual(s) will be informed about the financial assistance that may be available under the FAP.
5. Subject to compliance with the provisions of this FAP, YNHHS may take any of the ECAs listed on Attachment 2 in an effort to obtain payment for medical services provided.

### **G. Policy Availability**

Copies of this FAP, a plain language summary of this FAP and the FAP Application are available at [www.ynhhs.org/financialassistance](http://www.ynhhs.org/financialassistance).

YNHHS will make available paper copies of this FAP, a plain language summary of this FAP and the FAP Application on request, free of charge, by mail or in each YNHHS Hospital Emergency Department, and at all points of registration. The paper forms will be available in English and the primary language of any population with limited English proficiency that constitutes the lesser of 1,000 individuals or 5% or more of the population the YNHHS Hospital serves. See Attachment 3 for a list of languages.

Patients should contact Corporate Business Services toll free at (855) 547-4584 for information regarding eligibility or the programs that may be available, to request a copy of this FAP, plain language summary of this FAP, FAP Application, or Billing and Collection Policy to be mailed, or for copies of this FAP, plain language summary, or FAP Application translated to a language other than English. Further, patients may ask Patient Registration, Patient Financial Services and Social Work/Case Management about initiating the FAP application process.

Further efforts to widely publicize the FAP include publishing notices in newspapers of general circulation; providing written notice of the FAP in billing statements; providing notice of the FAP in oral communications with patients regarding the amount due; and holding open houses and other informational sessions.

### **H. Compliance with State Law**

YNHHS will comply with relevant State laws, including, without limitation, Connecticut General Statutes governing Collections by Hospitals from uninsured Patients, Rhode Island *Statewide Standard for the Provision of Charity Care* set forth in Section 11.3 of the Rhode Island Department of Health Rules and Regulations Pertaining to Hospital Conversions (the “RI Regulations”) and the *Statewide Standard for the Provision of Uncompensated Care* set forth in Section 11.4 of the RI Regulations, and New York Civil Practice law prohibiting NY health care providers from placing property liens on an individual’s primary residences to collect on medical debt.

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### REFERENCES

- A. Internal Revenue Code 501(c)(3)
- B. Internal Revenue Code 501(r)
- C. Conn. Gen. Stat. § 19a-673 et seq.
- D. RI Regulations 11.3 and 11.4
- E. NY Civil Practice Law Section 5.201(b)

### RELATED POLICIES

Billing and Collections

EMTALA: Medical Screening/Stabilization, On-Call and Transfer Requirements

### ATTACHMENTS

- A. Attachment 1: Federal Poverty Guidelines (FPG) & Financial Assistance
- B. Attachment 2: Extraordinary Collection Actions
- C. Attachment 3: Limited English Proficiency Languages

### POLICY HISTORY

A. Policy Origin Date	09/20/2013; 01/01/2017 (LMH & WH)
B. Supersedes	Yale New Haven Hospital Financial Assistance Programs for Hospital Services (NC:F-4); Yale New Haven Hospital Policy – Distribution of Free Care Funds NC:F-2; Bridgeport Hospital Financial Assistance Programs for Hospital Services (9-13); Greenwich Hospital Overview of Financial Assistance Programs for Hospital Services; Lawrence + Memorial Hospital and Westerly Hospital Charity Care, Financial Assistance, Free Bed Fund Policy; Greenwich Hospital Outpatient Center Policies and Procedures
C. Approved with Revisions	01/21//2015; 09/30/2016; 12/16/2016; 06/01/2017; 07/15/2018; 6/15/2020; 11/30/2023; 2/28/2025
D. Approved without Revisions	01/19/2023 (Attachment 1 update); 01/24/2024 (Attachment 1 update); 7/6/2024 (Attachment 1 updated); 1/30/2025 (Attachment 1 updated)

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## Attachment 1

### Federal Poverty Guidelines (FPG) & Financial Assistance

FPG amounts are updated periodically in the Federal Register by the United States Department of Health and Human Services. Current FPG amounts are available at <http://aspe.hhs.gov/poverty-guidelines>

As of January 29, 2026, FPG amounts were as follows. These amounts are subject to change. Patients eligible for financial assistance under this Policy will receive assistance as follows:

	FAP Name	Free Care	Discounted Care
	Coverage Eligibility	Insured or Uninsured Patients	Insured or Uninsured Patients
	FAP Discount	100%	Bridgeport Hospital - 69% Greenwich Hospital - 68% Lawrence + Memorial Hospital - 72% Yale New Haven Hospital - 67% Westerly Hospital - 76% YNHHS Non-Hospital Providers - 65%
	Gross Income Eligibility	0% - 250% FPL	251% - 550% FPL
Family Size	1	\$0 - \$39,900	\$39,901 - \$87,780
	2	\$0 - \$54,100	\$54,101 - \$119,020
	3	\$0 - \$68,300	\$68,301 - \$150,260
	4	\$0 - \$82,500	\$82,501 - \$181,500
	5	\$0 - \$96,700	\$96,701 - \$212,740

AGB percentages are calculated annually. Calendar year 2026 AGB (% of charges) per Hospital are: Bridgeport Hospital 31.47%, Greenwich Hospital 32.57%, Lawrence + Memorial Hospital 28.52%, Yale New Haven Hospital 33.89% and Westerly Hospital 24.08%.

**Attachment 2**

**EXTRAORDINARY COLLECTION ACTIONS**

**Property Liens**

Liens on personal residences are permitted only if:

- a) The patient has had an opportunity to apply for free bed funds and has either failed to respond, refused, or been found ineligible for such funds;
- b) The patient has not applied or qualified for other financial assistance under the System's Financial Assistance Policy, to assist in the payment of his/her debt, or has qualified, in part, but has not paid his/her responsible part;
- c) The patient has not attempted to make or agreed to a payment arrangement, or is not complying with payment arrangements that have been agreed to by the System and patient;
- d) The aggregate of account balances is over \$10,000 and the property(ies) to be made subject to the lien are at least \$300,000 in assessed value; and
- e) The lien will not result in a foreclosure on a personal residence.
- f) For New York health care providers, liens on personal residences are not permitted.

**Attachment 3**

**Limited English Proficiency Languages**

<b>Albanian</b>
<b>Arabic</b>
<b>Bengali</b>
<b>Dari</b>
<b>Farsi</b>
<b>French</b>
<b>Greek</b>
<b>Gujarati</b>
<b>Haitian Creole</b>
<b>Hindi</b>
<b>Italian</b>
<b>Korean</b>
<b>Lao</b>
<b>Pashto</b>
<b>Polish</b>
<b>Portuguese (Brazil)</b>
<b>Russian</b>
<b>Simplified Chinese</b>
<b>Spanish (US)</b>
<b>Tagalog</b>
<b>Traditional Chinese</b>
<b>Turkish</b>
<b>Ukrainian</b>
<b>Urdu</b>
<b>Vietnamese</b>