

Financial Assistance Policy

Purpose: Gaylord Specialty Healthcare recognizes that all patients may not have the ability to pay for medically necessary health care without financial assistance. Consistent with our mission to preserve and enhance a person's health and function, Gaylord Specialty Healthcare may provide financial assistance to eligible individuals who are unable to pay for Gaylord Hospital's Health Care Services. Financial Assistance is available to individuals that complete the required financial assistance application and meet the eligibility requirements listed in this policy.

Policy: It is Gaylord Specialty Healthcare's policy to provide financial assistance to all Uninsured and Underinsured patients that are deemed eligible. Eligibility criteria may include family size, liquid and non-liquid assets, employment status, financial obligations and other financial resources available to the patient. Family size is based on the number of dependents living in a household.

Emergency Medical Care: Gaylord Specialty Healthcare does not have a dedicated emergency department or specialized capabilities that would make it appropriate to accept transfers of individuals who need stabilizing treatment for an emergency medical condition. Gaylord Specialty Healthcare appraises emergencies, provides initial treatment, and refers or transfers an individual to another facility, when appropriate, in a manner that complies with the federal Emergency Medical Treatment and Labor Act (EMTALA) statute. Gaylord Specialty Healthcare does not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that patients pay before receiving initial treatment for emergency medical conditions or permitting debt collection activities that interfere with the facility's appraisal and provision, without discrimination, of such initial treatment.

Reasonable Efforts to Identify Patients Eligible for Financial Assistance:

Patients are notified of Gaylord Specialty Healthcare's financial assistance program during the admissions/registration process. In addition, all billing statements contain a plain language summary of the financial assistance policy and information about how to contact our customer service area for additional information or to obtain an application. Signage and written information regarding the Financial Assistance program is also available in all patient registration areas.

Eligible Services: This policy applies only to charges for medically necessary services provided by Gaylord Hospital. Attached to this policy as **Attachment A** is a list of all providers, in addition to Gaylord Hospital itself, delivering medically necessary care at Gaylord Hospital that specifies which providers are covered by this policy and which are not covered.

Eligibility Criteria: Financial Assistance may be available for patients who are Uninsured or Underinsured, have applied and been denied Medical Assistance coverage, and completed a financial assistance application.

- **Uninsured Patients:** Patient has no insurance or third-party assistance.
 - If Family income is verified to be at or below 250% of the Federal Poverty Level Guidelines the patient may qualify for a 100% discount off Charges.
 - If Family income is verified to be between 251% and 550% of the Federal Poverty Level the Hospital may discount care to the Hospital's AGB (Amount Generally Billed).

- **Underinsured Patients:** Patient has insurance or third-party assistance with out of pocket expenses.
 - If Family Income is verified to be at or below 250% of the Federal Poverty Level Guidelines, the patient may qualify for a 100% discount of the patients balance after insurance payments from third-party payers are applied. Patients must cooperate with any insurance claim submission and exhaust their insurance or potential insurance coverage before becoming eligible for financial assistance.
 - If Family Income is verified to be between 251% and 550% of the Federal Poverty Level Guidelines, the Hospital may discount the remaining balance after insurance payments to the Hospital's AGB (Amount Generally Billed). Thus, a FAP-eligible individual will not be *personally* responsible for paying (for example, in the form of copayments, coinsurance, and deductibles) more than AGB for the care after all reimbursements by the health insurer have been applied.

- **Other factors affecting eligibility:**
 - Evaluation of Assets – the patient's household savings, checking, investment assets, real property assets, and overall financial position will be considered.
 - Evaluation of the Patient's Monthly Expenses – review of living expenses includes medical expenses, and other basic needs.

Limitation on Charges: Gaylord Specialty Healthcare will not bill patients eligible for financial assistance under this policy more than the amount generally billed to patients who have insurance coverage for such care. Gaylord calculates the amount generally billed (AGB) annually by using the "look back method". This AGB percentage is determined by taking twelve months of claims allowed by Medicare fee for service and private health insurance companies, divided by the associated gross charges for these claims. Gaylord Specialty Healthcare will begin applying the AGB percentage by the 120th day after the end of the 12-month period used in the calculation.

Members of the public may obtain the current AGB percentage free of charge via the hospital contact information listed below. The current AGB is 48% of charges.

Gaylord Specialty Hospital does not bill or expect payment of gross charges from individuals who qualify for financial assistance under this policy.

Policy Availability: Gaylord Specialty Healthcare implements various measures to widely publicize the availability of financial assistance. Among other things, copies of the Financial Assistance Application and instructions are available at <https://www.gaylord.org/Patient-Info/Business-Services/Financial-Assistance>, at each admission or registration area, or by requesting a free copy from Gaylord Patient Financial Services at (203) 284-2837. To accommodate patients or representatives with limited English proficiency, Gaylord Specialty Healthcare widely publicizes information regarding its Financial Assistance program available in English and Spanish. Individuals may also contact Gaylord Patient Financial Services at (203)284-2837 to receive a copy of the FAP, plain language summary or FAP application form translated to in any of the languages listed below.

Applying for Assistance: All patients/guarantors who receive a financial assistance application must complete and return the application within fifteen (15) working days along with the following documents that serve as the minimum information necessary to process the financial assistance application.

- Proof of denial for Medical Assistance
- Proof of household income (last 3 pay stubs)
- A copy of 3 most recent bank statements from all banking or credit union institutions
- A copy of the 2 most recent tax returns

Determination: A Business Office Representative will review all returned financial assistance applications for completeness. The business office representative will review the Financial Assistance application/guidelines and present the application to the appropriate person/committee for consideration. Once a decision has been made for financial assistance, a letter is sent to each applicant advising them of the decision. Approval for financial assistance remains in effect for six months from the date of approval. Patients who apply for financial assistance but do not meet the criteria established are deemed not eligible and the standard billing process resumes. Patients may apply for Financial Assistance at any time during the collection process for at least 240 days from the date of the first post-discharge billing statement (in accordance with the Billing and Collections Policy).

Billing and Collection Practices: The Gaylord Specialty Healthcare Billing and Collections Policy can be found at <https://www.gaylord.org/Patient-Info/Business-Services/Billing> and Collections or by calling Gaylord Patient Financial Services at (203)284-2837. The policy provides information regarding the actions that Gaylord Specialty Healthcare may take in the event of nonpayment of a bill for medical care.

Hospital Contact Information:

Gaylord Specialty Healthcare
50 Gaylord Farm Road
Wallingford, CT 06492
Business Services Office
Telephone: (203) 284-2837
Website: <https://www.gaylord.org/Patient-Info/Business-Services/Financial-Assistance>

Language Translations Available:

Arabic	Gujarati	Portugese
Chinese	Hindi	Russian
French	Italian	Spanish
German	Korean	Tagalog
Greek	Polish	Vietnamese

ATTACHMENT A

Provider List for Financial Assistance Policy Participation:

Participating Providers – Covered by Gaylord Specialty Healthcare Financial Assistance Policy:

Gaylord Hospital

Non-Participating Providers – Not Covered by Gaylord Specialty Healthcare Financial Assistance Policy:

Meriden Wallingford Cardiovascular Associates, LLC.

NEMG

CT Kidney Center

Pulmonary Associates

Thomas Takoudes, MD

David Lobo, MD

Jefferson Radiology P.C.

Hartford Healthcare Medical Group, Inc.

Starling Physicians

Harris Foster

Henry Hsia

Jason Gluck

Joe Radojveic

William Padula, O.D.

John Pulaski, O.D.