



FINANCIAL ASSISTANCE POLICY **Updated January 1, 2025**

Purpose: Hartford HealthCare (HHC) is committed to providing the safest, most compassionate and coordinated care to patients, regardless of their ability to pay. This policy sets out the criteria for providing free or discounted health care services to patients in need. This Policy describes:

- Eligibility criteria for free or discounted care including how assistance is applied to patient balances and the hospital's approach to presumptive eligibility determinations.
- The method for applying for financial assistance
- How patient charges are calculated
- Collection actions that may be initiated for non-payment of Hartford HealthCare bills
- How Hartford HealthCare makes patients aware of financial assistance
- Covered and non-covered providers
- Relation to free bed funds

This policy is intended to comply with Section 501(r) of the Internal Revenue Code and the billing and collection requirements described in Chapter 368z of the Connecticut General Statutes and any regulations promulgated thereunder and must be interpreted and applied in accordance with those laws and regulations. This policy and amendments hereto will be adopted by the governing body of Hartford HealthCare on behalf of its affiliates.

Scope: This policy applies to Health Care Services (as defined in the definitions section of this policy) including emergency and other medically necessary care provided by a Hartford HealthCare entity as listed in Appendix D.

Exclusions: This policy does not apply to:

1. Services that are not medically necessary, such as cosmetic surgery or other elective services; or
2. Services furnished by a provider identified as not covered in Appendix C of this policy.

Definitions:

“Eligibility Criteria” means the criteria set forth in this policy to determine whether a patient qualifies for financial assistance for the health care services.

“EMTALA” means the Emergency Medical Treatment and Labor Act, 42 USC 1395dd.

“Extraordinary Collection Action” (ECA) means a collection action requiring a legal or judicial process and includes 1) selling debt to another party; 2) placing a lien; 3) foreclosing on real property; 4) attaching or seizing of bank accounts or other personal property; 5) commencing a civil action against an individual; 6) taking actions that cause an individual’s arrest; 7) taking actions that cause an individual to be subject to body attachment; and 8) garnishing wages.

“Family” means a group of two or more people who reside together and who are related by birth, marriage, civil union or adoption, which conforms to the U.S. Census Bureau definition. For purposes of this policy, if the patient claims someone as a dependent on the patient’s income tax return, that person may be considered a dependent for purposes of the provision of financial assistance.

“Family Income” means the following income when calculating Federal Poverty Level Guidelines of liquid assets: earnings, unemployment compensation, workers’ compensation, Social Security, Supplemental Security Income, public assistance, veterans’ payments, survivor benefits, pension or retirement income, interest, dividends, rents, business income, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources of income.

“Federal Poverty Level Guidelines” means the federal poverty level guidelines established by the United States Department of Health and Human Services in effect on the date of the provision of the health care service for awards of financial assistance under this policy.

“Financial Assistance” means free or discounted health care services for patients who meet the eligibility criteria and are unable to pay for all or a portion of their care. Financial assistance may be free or discounted services. Notwithstanding anything in this Financial Assistance Policy to the contrary, all discounts, deductions, and reductions from gross patient charges or the organization’s full established rates may be considered Financial Assistance with respect to those patients who are eligible for financial assistance.

“Free Bed Funds” refers to money generously donated to Hartford HealthCare for the purpose of providing care for patients who may be unable to afford it.

“Health Care Services” means (i) emergency medical services as defined by EMTALA; (ii) services for a condition which, if not promptly treated, will result in adverse change in the health status of the individual; (iii) non-elective services provided in response to life-

threatening circumstances in a non-emergency department setting; and (iv) medically necessary services as determined by HHC on a case-by-case basis at the provider's discretion.

"Liquid Assets" refers to how easily an asset can be exchanged for cash on short notice, without losing value. Items such as cash, gold or marketable securities are examples. On the converse, non-liquid asset examples are real estate (land and housing) and automobiles.

"Medically Indigent" means a person who Hartford HealthCare has determined to be unable to pay some or all of his or her medical bills because the medical bills exceed a certain percentage of the person's family income or family assets even though they have income or assets that otherwise exceed the generally applicable eligibility criteria for free or discounted care under the policy. Refer to Appendix A.

"Patient" means person receiving or registered to receive medical treatment or in context of the policy refers to the person responsible for payment.

"Uninsured" means a patient who has no level of insurance or third party support to assist in meeting his or her payment obligations for health care services and is not covered by Medicare, Medicaid, Tricare, or any other health insurance program of any nation, state, territory or commonwealth, or under any other governmental or privately sponsored health or accident insurance or benefit program including, but not limited to workers' compensation and awards, settlements or judgments arising from claims, suits or proceedings involving motor vehicle accidents or alleged negligence.

"Underinsured" means the Patient has some level of insurance or third-party assistance but still has out-of-pocket health care service expenses such as high- deductible plans that exceed the patient's level of financial resources.

Policy: Hartford HealthCare is committed to providing the safest, most compassionate and coordinated care to patients, regardless of their ability to pay. As such, Hartford HealthCare complies with all laws regarding emergency treatment and prohibits any action that might discourage people from seeking emergency medical care, such as by demanding that Emergency Department patients pay before receiving treatment for emergency medical conditions. Nothing in this Policy shall be deemed to limit the Hospital's obligations under EMTALA to treat patients with emergency medical conditions.

I. Determining Eligibility.

In determining eligibility for Financial Assistance, it is important that both Hartford HealthCare and the patient work collaboratively.

- 1. Eligibility for Financial Assistance.** Patients who are uninsured or underinsured, ineligible for any government health care benefit program and unable to pay for their health care services may be eligible for financial assistance. Consideration for financial assistance also may be given to patients who do not meet the criteria, but

who are medically indigent in that medical bills exceed a certain percentage of the family's income or assets.

Decisions about financial assistance are made on a case-by-case basis and only consider financial need. Decisions never take into account age, gender, race, color, national origin, marital status, social or immigrant status, sexual orientation or religious affiliation. The Financial Assistance Application outlines the documents required to verify family size, income, and other liquid assets that may be available to the patient, as well as the assets necessary for the patient's daily living, as well as the patient's and the patient's household's other liabilities and expenses.

Further, to be eligible for financial assistance, an individual must cooperate with Hartford HealthCare, provide the requested information and documentation in a timely manner, complete the required application form truthfully, and notify Hartford HealthCare promptly of any change in his or her financial situation so that Hartford HealthCare can assess the change's impact on the individual's eligibility for financial assistance.

2. **How is eligibility determined?** Patients must complete an application and provide other financial information and documentation relevant to making a determination of financial eligibility. In reviewing applications, Hartford HealthCare may:
 - Review publicly available information to verify the financial resources of the patient or a potential guarantor;
 - Pursue alternative sources of payment from public and private payment benefit programs; and
 - Review the Patient's prior payment history.
3. **Processing Requests.** Hartford HealthCare will do its best to process requests for financial assistance in a timely manner. During the eligibility determination process, Hartford HealthCare will at all times treat the patient or their authorized representative with dignity and respect.
4. **Financial Assistance Guidelines.** Eligibility criteria for financial assistance may include:
 - Family size as determined by the number of dependents living in the household;
 - Liquid and non-liquid assets (e.g., cash, bank accounts, home equity loan balance);
 - Employment status;
 - Financial obligations;

- Amount and frequency of healthcare expense; and
- Other financial resources available to the patient.

Information collected will be used to corroborate information generated by predictive analytical software used in making a determination of financial assistance. The discount percentages that are awarded are located in Appendix A of this policy which is updated annually. In particular, eligibility for financial assistance will be determined in accordance with the following guidelines:

(a) ***Uninsured Patients:***

Financial assistance under this policy ensures that uninsured patients who are financial-assistance eligible will not be charged more than the amount generally billed using the “look back” methodology described in this policy and also in FAP Appendix A. If further assistance is needed in meeting the remaining financial obligation, the patient would follow the established guidelines as defined in this policy in Section II. How to Apply.

If the patient’s assets (e.g., cash, bank accounts, home equity loan balance), as determined by documentation provided by the patient, are insufficient to provide the patient with a meaningful ability to pay their medical bills (after taking into account the assets necessary for the patient’s daily living, as well as the patient’s and the patient’s household’s other liabilities and expenses), the family income thresholds in paragraphs (i) and (ii) immediately below shall be applied.

- (i) If family income is verified to be at or below 250% of the Federal Poverty Level Guidelines, the patient will qualify for a 100% discount against the patient’s account balance.
- (ii) If family income is verified between 250% and 550% of the Federal Poverty Level Guidelines, the patient will qualify for a 15-75% discount against the patient’s account balance.
- (iii) A Patient may also qualify for Free Bed Funds in accordance with the hospital’s criteria. Information about the hospital’s free bed fund program can be obtained by calling the Financial Services Customer Service department at 860-696-6010.
- (iv) When there is an award of financial assistance that does not cover 100% of the charges for service, patients eligible for financial assistance under this policy will not be charged more than the amount generally billed to individuals who have insurance covering such care using the “look back” methodology as defined by income tax regulations.

- (v) Payment plans are available.
- (vi) Refunds will be issued for any payments of \$0.01 or more that exceeds the Patient's personal liability.

(b) ***Underinsured Patients:***

Coinsurance, deductibles, co-payment, and non-covered charge amounts related to insured patient balances after insurance benefits have been applied may be considered for financial assistance (i.e. high deductible health plans). In addition, patients with coverage from an entity that does not have a contractual relationship with HHC may also be considered underinsured and eligible for financial assistance after insurance benefits have been applied.

If the patient's assets (e.g., cash, bank accounts, home equity loan balance), as determined by documentation provided by the patient, are insufficient to provide the patient with a meaningful ability to pay their medical bills (after taking into account the assets necessary for the patient's daily living, as well as the patient's and the patient's household's other liabilities and expenses), the family income thresholds in paragraphs (i) and (ii) immediately below shall be applied.

- (i) If family income is verified to be at or below 250% of the Federal Poverty Level Guidelines, the patient will qualify for a 100% discount against the Patient's account balance after payments from insurance or third-party payers are applied.
- (ii) If family income is verified between 250% and 550% of the Federal Poverty Level Guidelines, the Patient will qualify for a 15-75% discount against the Patient's account balance after payments from insurance or third-party payers are applied.

When there is an award of financial assistance that does not cover 100% of the charges for service, patients eligible for financial assistance under this policy will not be charged more than the amount generally billed using the "look back" methodology as defined by income tax regulation.

- (iii) A Patient may also qualify for Free Bed Funds in accordance with the hospital's criteria. Information about the hospital's free bed fund program can be obtained by calling the Financial Services Customer Service department at 860-696-6010.

- (iv) Payment plans are available.
- (v) Refunds will be issued for any payments of \$0.01 or more that exceeds the Patient's personal liability.

(c) ***Medically Indigent:***

A Medically Indigent patient seeking financial assistance under this policy may be required to submit a financial assistance application along with other supporting documentation, such as medical bills, drug and medical device bills and other evidence relating to high medical bills not exclusive to Hartford HealthCare. This discount will be considered after other discounts including those for the uninsured and underinsured have been considered and applied and the patient is still unable to pay.

Financial Assistance may be granted for patients who are beneficiaries of Medicaid or other indigent care programs, under the following circumstances:

- (i) Charges for non-covered services provided to patients who are beneficiaries of Medicaid or other indigent care programs.
- (ii) Charges for patients who are beneficiaries of Medicaid or other indigent care programs who have exceeded a length of stay limit.
- (iii) Charges for patients who are Medicare beneficiaries with Medicaid or other secondary insurance (including Medicare Advantage and commercial secondary) and whose benefits have been exhausted such that the patient would be liable for charges on the remaining balance.

Hartford HealthCare may require a patient who is a beneficiary of Medicaid or another indigent care program to submit a financial assistance application to confirm eligibility.

(d) ***Presumptive Eligibility:***

Patients may be presumed eligible for 100% free care (provided there is proof) without further need to complete a financial assistance application upon meeting any of the following criteria or similar criteria determined by Hartford HealthCare.

- (i) Is enrolled in a state-funded prescription program

- (ii) Is eligible for or enrolled in a state-administered health or human services program (e.g., Medicaid, Husky, etc.).
- (iii) Participates in Women, Infants and Children programs
- (iv) Is eligible for food stamps (SNAP)
- (v) Is eligible for subsidized school lunch
- (vi) Is eligible for subsidized housing or other public assistance
- (vii) Is confirmed to be homeless
- (viii) Has verified income per electronic industry standard software of 250% of the Federal Poverty Level or less
- (ix) Is deceased and either has no estate, or an estate to which no fiduciary has been appointed

II. How to Apply:

1. Get a Financial Assistance application. It is available:

- **Online**, at www.HartfordHealthCare.org and on each Hartford HealthCare hospital's website.
- **In person**, at any Hartford HealthCare hospital patient admission or registration area (see Appendix B). Signs and written information about financial assistance will be available in the hospital emergency departments and patient registration areas.
- **By mail**, by calling and requesting a free copy from the Patient Financial Services' Customer Service Department at 860.696.6010.

A list of required documents will be provided with the application.

Patients may apply for financial assistance at any time or within 240 days from the date Hartford HealthCare issues its first, post-service self-pay statement, or at any point in HHC's collection cycle. Applications must be accompanied by all required documents to verify eligibility.

Approved Financial Assistance Applications will be valid for six months from the date Hartford HealthCare makes its eligibility determination.

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provide the missing information. Collection actions, including any Extraordinary Collection Actions (ECAs) if applicable, will be suspended during this 30 day period. If the patient does not provide the missing information within this period, Hartford HealthCare may provide written notice and begin collection actions including ECAs.

- 3. Complete applications:** If Hartford HealthCare receives a completed application form, it will make and document eligibility determinations in a timely manner. If an application is deemed complete, Hartford HealthCare will provide to the patient or his or her legal representative, a written determination of financial eligibility within fifteen (15) business days. Decisions by Hartford HealthCare that the patient does not qualify for financial assistance may be appealed by the patient, or his or her legal representative, within fourteen (14) calendar days of the date of the written determination. If the patient or his or her legal representative appeals the determination, the Manager of self-pay (or designee) will review the determination along with any new information and make a final decision within fifteen (15) business days. During this review and decision making period, Hartford HealthCare will suspend any collection actions, including Extraordinary Collection Actions if applicable. If financial assistance is not approved, Hartford HealthCare will resume its collection activities (including ECAs if applicable) after the 14 calendar days afforded for appeal.

III. Calculating Amounts Charged to Patients

Patients eligible for financial assistance will be charged no more for emergency or other medically necessary care than the amount generally billed to individuals who have insurance. For uninsured patients, published rates will be reduced by the percentage defined by the income tax regulation as the amount generally billed to individuals who have insurance covering such care using a “look back” retrospective calculation to calculate the amount allowed by governmental (Medicare and Medicaid) and commercially insured patients. The annual calculation methodology and the percentages are located in Appendix A of this policy.

IV. Relationship to Hartford HealthCare's Collection Practices

Patients who are deemed ineligible for financial assistance or who receive a partial discount and do not pay their bills may be subject to the following Extraordinary Collection Actions (ECAs):

- Wage garnishments
- Liens on primary or secondary residences, bank or investment accounts, or other assets
- Legal action
- Selling debt to a third party
- Other ECAs not listed above (see definitions section of this policy)

If an individual has not submitted an application within the first 120 days from the date on which Hartford HealthCare issues its first, post-service billing statement, then Hartford HealthCare may begin engaging in the ECAs described above.

Accounts with an invalid patient billing address may be sent to a collection agency prior to 120 days following the first patient billing statement, provided that HHC will instruct the collection agency to cease all collection efforts if the patient applies for financial assistance pursuant to the Financial Assistance Policy. When a billing statement is sent to a valid address, ECAs may begin after the first 120 days from the date on which Hartford HealthCare issues its first, post-service billing statement. If the patient applies for assistance within 240 days from the first notification of the self-pay balance, and is granted assistance, Hartford HealthCare will take all reasonable available measures to remove any collection actions such as liens that have been filed.

Before Hartford HealthCare initiates any collection actions, it will issue a written notice to the last known address of record for the patient (or his/her family) that describes the specific collection activities it intends to initiate (or resume), provides a deadline after which such action(s) will be initiated (or resumed), and includes a plain-language summary of this Policy. Collection actions including ECAs can begin no sooner than 30 days from the date written notice is transmitted.

Patients who are ineligible for financial assistance, or qualify for partial financial assistance and who are cooperating in good faith to resolve the outstanding accounts, may be offered extended payment plans. No further collection action will be taken as long as patients continue to meet the terms of the payment plan.

HHC will not pursue any ECA until it has made reasonable efforts to determine whether the patient is eligible for assistance under the Financial Assistance Policy.

V. To make patients aware of financial assistance options Hartford HealthCare will:

Provide signage, brochures and/or a written plain language summary describing the policy along with financial assistance contact information in the emergency department, labor and delivery areas, discharge paperwork, other patient registration/admission areas, as well as in billing and collection communication.

Make paper copies of the policy, financial assistance application, and plain language summary of the policy available upon request and without charge, by mail.

Post the policy, plain language summary and financial assistance application on the website with clear linkage to such documents on the Hartford HealthCare and each affiliated entity's home page.

Educate all admission and registration personnel, financial counselors, billing and collection specialists and social workers regarding the policy so that they can serve as an informational resource to patients.

Include the tag line "Please ask about our Financial Assistance Policy" in applicable Hartford HealthCare written publications.

VI. Covered/Non-Covered Provider List

Appendix C lists independent providers who routinely provide care at Hartford HealthCare and whether the care they provide is covered by this policy. The list is updated at least quarterly. The Board of Directors of Hartford HealthCare delegates the authority to update Appendix C as needed to the Executive Vice President and Chief Financial Officer.

VII. Relation to Free Bed Funds

If a patient applies for financial assistance, the Hospital will determine his or her eligibility for financial assistance and/or free bed funds. Information about the hospital's free bed fund program can be obtained by calling the Financial Services Customer Service department at 860-696-6010.

VIII. National Health Services Corps (NHSC) Certified Sites

At National Health Services Corps (NHSC)-approved sites, or sites seeking NHSC approval, the only factors considered in determining eligibility for discounts on the sliding fee scale are income and family size, based on the number of dependents living in the household. Failure to provide answers to questions beyond family size and income will not impact eligibility determinations at NHSC sites.

- a. Patients that are determined to be eligible for financial assistance whose services originated at an NHSC site, will be considered eligible for financial assistance at all HHC covered locations.