

MILFORD HOSPITAL FINANCIAL ASSISTANCE POLICY AND INFORMATION (FAP)

Milford Hospital is committed to providing financial assistance to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay for emergency or other medically necessary care based on their individual financial situation. Milford Hospital will provide, without discrimination, care of emergency and other medically necessary services to individuals regardless of their ability to pay, their eligibility for financial assistance or for government assistance. This policy limits the amount the Hospital will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance.

Eligibility for Financial Assistance

- A. The Hospital will consider all individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.
- B. Criteria for determining eligibility and the amount of financial assistance for which the patient is eligible will include family income, family size, family net worth and any other pertinent information.
- C. Presumptive Financial Assistance Eligibility may be assumed for individuals in extenuating circumstances. In some cases an individual may appear to be eligible for financial assistance, but there is no financial assistance form on file due to lack of supporting documentation. The Hospital may use information from outside agencies to estimate income amounts and determine eligibility. The Hospital may determine presumptive eligibility based on an individual's life circumstances including, but not limited to:
 - 1. State funded prescriptions programs;
 - 2. Lives in a homeless shelter;
 - 3. Food stamp eligibility;
 - 4. Subsidized school lunch program;
 - 5. Eligible for Medicaid spend-down;
 - 6. Lives in low income subsidized housing; and
 - 7. Patient is deceased with no known estate.

Basis for Discounting Hospital Charges

The basis for the amounts Milford Hospital will charge patients qualifying for financial assistance is as follows:

- A. Patients whose family income is equal to or less than 250% of the Federal Poverty Level (FPL) may qualify for up to a 100% discount off of their outstanding balance. (Please see E below.)
- B. Patients whose family income is between 250% and 400% of the FPL, in accordance with the requirements of IRS Section 501(r)(5), may have charges limited to the Amounts Generally Billed (AGB) to individuals who have insurance for such care. The amounts billed to those who qualify for financial assistance will be calculated using the "look-back" method. A free copy of the AGB calculation description and percentages may be obtained by contacting a Milford Hospital Credit Representative at 203-876-4045 or writing to 300 Seaside Avenue, Milford, CT 06460 Attn: Credit Representative. (Please see F below.)
- C. Patients whose family income exceeds 400% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on extenuating circumstances. Specific circumstances may include catastrophic illness, medical indigence or other financial hardship circumstances at the discretion of Milford Hospital. The discount will not be more than the discount received by patients who have insurance for such care.
- D. Patients who qualify for presumptive financial assistance may qualify for a 100% discount off their outstanding balance.
- E. Patients who have assets that are greater than 250% of the FPL and family income that is less than or equal to 250% of the FPL will have their charges limited to the AGB to individuals with insurance.
- F. Patients who have assets that are greater than 250% of the FPL and family income that is greater than 250% of the FPL may be denied financial assistance.

Applying for Financial Assistance

A request for financial assistance can be made before services are received and up to one year after and will be in effect for six months forward from the date of the approved application. The request may be made by or on behalf of an individual seeking services from our Hospital. A request for financial assistance can be made at any time during the collection process. Requests received after an account has been turned over to an external collection agency and/or attorney, will be recalled from the external party pending determination on the patient's eligibility for assistance. Milford Hospital may request updated financial information at any time and adjust the financial assistance accordingly.

The patient must submit a completed financial assistance application along with the required documentation. Applications that are not completed and returned to the Hospital with the appropriate documentation within 30 days after the application was mailed to them will be denied. A patient may be denied financial assistance if the patient provides false information on the FAP Application.

The financial assistance application and instructions may be obtained by contacting a Milford Hospital Credit Representative at 203-876-4045 or writing to 300 Seaside Avenue, Milford, CT 06460 Attn: Credit Representative.

Billing and Collections

The Hospital will not initiate Extraordinary Collection Actions (ECAs) during the first 120 day period from the date of the first post-discharge billing statement. The Hospital will provide a written notification to individuals at least 30 days prior to initiating an ECA. The notification will include a list of ECAs that the Hospital intends to take to obtain payment and will notify the patient of the Hospital's FAP. Patients that apply for financial assistance after their account has been turned over to an external collection agency will be recalled and put on hold pending status of the financial assistance application. ECAs will not be taken on patients eligible for financial assistance, unless payment is not made within a reasonable period of time.

Communications to the Public

The Hospital will widely publicize its Financial Assistance Policy. The policy, summary and application are available upon request and without charge in public areas of the Hospital and by mail. All patients will be informed of the availability of financial assistance and offered the policy. The FAP, summary and application may be obtained by contacting a Milford Hospital Credit Representative at 203-876-4045 or writing to 300 Seaside Avenue, Milford, CT 06460 Attn: Credit Representative.

The List of Providers Covered by the Financial Assistance Policy provides a [List of Providers](#) that deliver care within the Hospital and specifies which are covered by the financial assistance policy and which are not. This list can be found within this section. The Executive Committee of the Board of Directors delegates authority to update the [List of Providers](#) as needed to the Chief Executive Officer and the Chief Financial Officer.