



**PROVISIONS**

The provisions of the policy are as follows:

**I. HOSPITAL PRINCIPLES**

- A. The Hospital wishes to amend its sliding fee discount policy to clarify eligibility rules, simplify the application process and set forth more specific applicant notification processes.
- B. The goal of this policy is to ensure that the Sliding Fee Discount Program utilized by the Hospital is patient-centered, improves access to care, and assures that no patient will be denied medically necessary health care services due to an inability to pay. A sliding fee schedule (Amendment A), as compensation for services rendered, will be applied in accordance with this policy for patients with insufficient resources.
- C. The Hospital must fulfill and balance its broader fiscal responsibilities in order to maintain service to the community as defined as Primary Service Area. For the purpose of this policy, Primary Service Area is defined as Niagara, Erie, Orleans and Genesee counties.

The Hospital is committed to providing such financial aid as is consistent with its mission and the Hospital's resources to provide uncompensated care.

Should Hospital resources, from time to time, require prioritization of financial aid needs, then priority may be given to patients in Niagara, Erie, Orleans and Genesee counties.

- D. The Hospital is a cost efficient provider of health care services. Its cost per discharge compares favorably with other Western New York hospitals as well as with its peer group hospitals in New York State. The Hospital strives to maintain this performance so as to facilitate access to affordable health care.
- E. Financial aid policies shall be clear and communicated in a manner that is confidential and dignified. As requested, policies will be communicated in multiple languages (including assistance for the blind and deaf) appropriate to the patients served.
- F. Debt collection policies -- internal and by external collection agencies -- shall be consistent with the mission of the Hospital as reflected in this policy.
- G. Financial aid policies do not eliminate personal responsibility. Eligible patients are encouraged to access public or private insurance options. Patients are expected to contribute to their care based on their individual ability to pay.
- H. All patient billing and financial information and communication thereof to patients or

their designees shall be handled in accord with Hospital policies and in conformance with HIPAA requirements. No provisions or references in this policy are meant to obviate those requirements.

## II. BILLING GUIDELINES

The Hospital strives to bill in an accurate and timely manner based on services rendered. The Hospital's approach encompasses prudent business practices consistent with the delivery of necessary health care services.

- A. Hospital charges are the same for all patients.
- B. The Hospital will make every effort to collect patient liability at the time of service.
- C. The Hospital will promptly respond to requests for information from the patient (and/or patient's designee). The response will be timely and courteous and include an explanation of the charges as applicable.
- D. As applicable and where possible, patients will be informed in advance, to the extent feasible, about financial impact of the care sought, non-covered services or patient liability. True self pay patients will be asked for minimum payment as follows:

Inpatient	\$500 per day
Surgery	\$500
Emergency	\$200
Specialty Clinic	\$150
Primary Care Clinic	\$100
Outpatient	\$75

- E. Where possible, written communications will be standardized
- F. The Hospital bills third party payers and secondary payers as appropriate. To the extent feasible, the Hospital shall bill the patient after insurance has paid and the patient's portion is known to be accurate. The patient shall receive information when an insurer has been billed, but has not responded.
- G. Patients shall receive written notice of any balance due on the account.
- H. Itemized charges shall be provided to patients upon their request.
- I. Hospital communications should be written in language and format for the average reader.
- J. Communication of financial information should not occur during treatments or procedures.

### III. ELIGIBILITY FOR FINANCIAL AID

#### A. Premises

Financial aid is intended to assist low-income, uninsured and underinsured individuals who cannot afford to pay in full for their care. It should take into account an individual's ability to contribute to the cost of his or her care.

#### B. Policies

The determination of whether a patient qualifies for financial aid shall be made by the Hospital. Eligibility is assessed by using one of two different methods, either a signed NFMMC charity care application (Amendment B) or a charity adjustment determined with the use of the Search America tool taken prior to assignment to a bad debt collection agency. A simple declaration by the patient to that effect does not determine eligibility. Relevant documentation shall be maintained. With respect to individuals who are continuing patients, the Hospital shall re-assess the financial status of the patient every twelve months for a charity care application or every visit for a charity adjustment. If the patients' financial circumstances change, (example: loss of a job, death), the patient will be reevaluated. The Hospital will distinguish between indigent patients and others needing some type of financial assistance versus patients who refuse to honor their debts.

The Board of Directors authorizes the CEO to ensure the development of financial aid policies that shall:

1. Provide that when a patient contacts the Hospital for services, financial status should not be a barrier to treatment. A sliding fee schedule, as compensation for services rendered will be applied in accordance with this policy for patients with insufficient resources.
2. Patients must be located in the Primary Service Area or a resident of the United States in order to qualify for Financial Assistance. Other areas will be determined on a case by case basis. In extraordinary circumstances, the patient's spenddown may be paid by the hospital to assist a patient in obtaining secondary coverage in order for the hospital to be reimbursed for that visit.
3. The following nonessential services are not eligible for financial aid: discretionary, elective/cosmetic surgeries not completely covered by insurance, convenience items, and non-medically necessary private room accommodations.

#### C. Completion of Application

1. The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. By signing the Sliding Fee Discount Program

application, persons authorize representatives of the Hospital access in confirming income as disclosed on the application form. Providing false information on a Sliding Fee Discount Program application will result in all Sliding Fee Discount adjustment being revoked and the full balance of the account(s) restored and payable immediately.

2. If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of application to supply the necessary information without having the date on the application adjusted. If a patient does not provide the requested information within the two-week time period, their application will be re-dated to the date on which they supply the requested information.

#### D. Patient Eligibility

1. Patient eligibility for the Sliding Fee Discount program must comply with the updated or current year Sliding Fee Discount Program matrix. This sliding fee schedule will be applied to all services provided at the Hospital.

2. Adjustments will be based on income and family size only. The relevant Census Bureau definitions of family and income are as follows:

3. Family is defined as a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together, all such people (including related subfamily members) are considered as members of one family.

4. Income includes earnings, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits such as food stamps and housing subsidies do not qualify.

#### E. Sliding Fee Schedule

A sliding fee schedule (SFS) will be applied so that the amount owed by an eligible patient for services provided by the Hospital is adjusted based on the patient's ability to pay. Elements of the sliding fee policy include:

1. Policy is applicable to all individuals and families with annual incomes at or below 400 percent of the most up-to-date FPG;

2. Policy provides a full adjustment for individuals and families with annual incomes at or below 200% of the FPG with no allowance for a nominal charge;
3. Provision of a partial sliding fee adjustment based on family size and income for individuals and families with incomes above 100 percent and at or below 400% of the FPG;
4. No sliding fee adjustments shall be provided to individuals and families with annual incomes above 400% of the FPG.
5. The SFS shall be updated annually based on annual updates to the Federal Poverty Guidelines.
6. Eligibility for adjustments is based on income and family size and no other factors (e.g. assets, insurance status, participation in the Health Insurance Marketplace, citizenship, population type).
7. All alternative payment resources must be exhausted, including all third-party payment from insurance(s) and federal and state programs.
8. Patients who have health insurance and have spent more than 10% of their income on out of pocket medical.
9. Discount schedule based on percentage of Medicaid rate.
10. Immigration status may not be considered for eligibility

Patients who qualify for the sliding fee scale are eligible for one year from the date of qualification. At that time the patient will present current financial information in order to maintain qualification for the sliding fee scale.

#### F. Discount Policies

1. The Hospital shall determine adjustments in a reasonable manner based on what patients can afford to pay.
  - a. For all self-pay individuals regardless of charity care eligibility status, the Hospital will consistently apply a standard adjustment to charges. Self-pay individuals, as well as underinsured individuals, deemed eligible for charity care will have adjustments applied based on the table supplied.

b. For individuals that do not meet the financial aid guidelines, the Hospital will take into consideration individual financial situations for payment arrangements.

c. Payments owed by patients pursuant to the Sliding Fee Schedule will incorporate flexible payment plans (e.g. extended payment terms).

d. Payment plans shall clearly state if a minimum/nominal payment is required.

e. No interest will be charged on payments due.

f. If the patient is eligible for Medicaid, but the service is non-covered by Medicaid, Financial Assistance will automatically be applied to the patients account. This does not apply to any balances resulting from a Medicaid imposed spend-down. The patient is responsible for the full amount of the spend-down, unless paid by the hospital based on individual need.

g. If the patient has out of state Medicaid or Medicaid HMO that has been verified as eligible, the hospital is not participating with the plan, and the total reimbursement for one bill or multiple bills equals under \$10,000 based on NYS APG, accounts will be adjusted as charity care.

2. In order to qualify for Charity Care/Financial Assistance adjustments, one of the two processes below must take place:

a. For twelve-month eligibility, individuals must complete an application and provide the following documentation:

- 1 most recent payroll check stub;
- Most recent tax return (only if 1 most recent payroll check stub unavailable);
- Unemployment records;
- Documentation of government benefits: SSI, Social Security, etc.
- Any other income documentation reasonably requested.

(i.) Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business.

(ii.) Self-declaration of income may only be used in special circumstances, including, for example, participants who are homeless.

(iii.) Patients who are unable to provide written verification must provide a signed statement of income, and why applicant is unable to provide independent verification. This statement will be presented to the appropriate Hospital representative for review and final determination as to the sliding fee percentage. Self-declared patient will be responsible for

100% of their charges until management determines the appropriate category.

(iv.) Patients will be notified in writing of the approval/denial of their application with thirty (30) days of the receipt of the completed application. Such notifications will include the percentage of Sliding Fee Discount Program write-off, or, if applicable the reason for denial.

(v.) If the application is approved for less than a 100% adjustment or denied, the patient and/or responsible party must immediately establish payment arrangements.

(vi.) Sliding Fee Discount Program applications cover outstanding patient balances and any balances incurred within 12 months after the approval date, unless their financial situation changes significantly.

(vii.) The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.

(viii.) Notices of denials will include information on the appeals process.

b. For a one-time charity care adjustment, the individual account will automatically be run through a reliable, industry recognized web based tool, Search America, to determine adjustment amount. Automated Financial Assistance will be applied based on estimated household income which is computed from a reliable, industry recognized web based tool, such as credit scoring software. The credit scoring does not negatively impact the patients FICO score.

Patients who have exhausted their insurance benefits and/or who exceed financial eligibility criteria but face extraordinary medical costs should be considered on a case by-case basis. The Hospital will also assist patients of limited means on a case by case basis.

#### **IV. APPROVAL/DENIAL PROCESS**

- A. Patients will be notified in writing of the approval/denial of their application within 30 days of the hospitals receipt of the completed application.
- B. Notices of denials will include a reason for the denial and information on the appeals process.
  1. The eligibility determination process shall be conducted in an efficient, respectful, and culturally appropriate manner to assure that administrative

operating procedures for making such determinations do not themselves present a barrier to care. Patient privacy and confidentiality must be protected throughout the process.

2. Patient eligibility for the Sliding Fee Scale must be reviewed at least once a year or upon the patient's next visit to the Center.
3. Individuals or families with annual incomes at or below 200% of the Federal Poverty Guidelines must receive a full adjustment for services.
4. Sliding fee adjustments will be applied uniformly to patients who qualify for such adjustments based on incomes above 100 percent and at or below 400 percent of the FPG in effect.
5. Once assessed, a patient who meets the income guidelines will receive a sliding fee adjustment based on the (SFS).
6. Some patients may choose not to provide information that the Hospital requires for assessing income and family size, even after being informed that they may qualify for sliding fee adjustments. If the Hospital has followed its policies and supporting operating procedures and the patient declines to be considered for the SFS, the Center may consider the patient ineligible for such adjustments.

## **V. APPEALS PROCESS**

- A. In the event participation in the Sliding Fee Schedule program is denied, the patient or designee has the right and opportunity to appeal the denial.
- B. The patient or designee must produce additional information that verifies the patient's financial status.
- C. The Hospital must respond within 30 days of receipt of the additional financial information as to the approval or continued denial of financial assistance.

## **VI. COLLECTION POLICIES**

- A. The Hospital's collection policies shall be consistent with the mission of the Hospital. It will undertake reasonable collection efforts and pursue debts fairly. Collection efforts can include telephone calls, personal contacts, letters, data mailers, collection agencies and legal recourse.
- B. The Hospital will not send an account to collection if the patient has submitted a completed financial assistance application and the hospital's eligibility determination is pending.

- C. The Hospital will work with its patients to establish reasonable payment plans that take into account available income and assets, the amount of the bill and any prior payments. Monthly payments may not exceed 10% of the eligible individual's gross monthly income.
  
- D. The Board of Directors authorizes the CEO to ensure the development of collection policies that shall include the following:
  - 1. Legal action, including the garnishment of wages, may be taken by the Hospital when there is evidence that the patient or responsible party has sufficient income and/or assets to meet his or her obligation.
  - 2. The Hospital will not foreclose a lien forcing the sale or foreclosure of a patient's primary residence to pay for an outstanding medical bill.
  - 3. For accounts over \$10,000, the Hospital will use its best effort to review the patient's record to determine whether financial assistance is appropriate before any collection agency assignment.
  - 4. Hospitals are prohibited from bringing law suits against patients earning up to 400% FPL to collect on unpaid medical bills.
  
- E. The Hospital will direct its external debt collection agencies to follow the guidelines contained in this policy as applicable. Collection agencies shall be provided applicable guidelines in writing. Collection agencies shall provide patients with information on how to apply for financial assistance.

## **VII. PROGRAMMATIC FACTORS**

### **A. Communication**

- 1. Policies should be written in easily understandable language.
- 2. The Hospital will take affirmative efforts to assist patients who have language barriers.
- 3. Requests for adjusted services at the Hospital may be made by patients and family members. Information and forms can be obtained at the Registration Area of the Hospital.
- 4. The Hospital will notify patients of the Sliding Fee Discount Program by:
  - a. Making Sliding Fee Discount Program information available to all uninsured patients at the time of service.

- b. Including a Sliding Fee Discount Program application with collection notices pertaining to Hospital accounts.
  - c. Notifying patients of Sliding Fee Discount Program through signage posted in the waiting areas.
  - d. Providing applications for the Sliding Fee Discount Program at the Hospital registration areas, as well as by financial counselors.
5. Patients will, as appropriate, be educated about their responsibilities, the potential financial obligation they may incur, their obligations for completing eligibility documentation and the Hospital's bill collection policies.
  6. Information about the availability of Hospital financial aid/charity care shall be conveyed to appropriate community health and human service agencies and other organizations that assist people in need.
  7. Hospitals may not sell patient debt to a third party unless the third party will relieve the debt.

#### B. Hospital Assistance to Identify Sources of Payment

1. The Financial assistance provided by this Hospital is neither infinite nor a substitute for the responsibility of government, employers and individuals. Financial aid policies do not eliminate personal responsibility. Eligible patients are encouraged to access public or private insurance options. Patients are expected to contribute to their care based on their individual ability to pay.
2. The Hospital will refer patients to a facilitated enroller and/or provide preliminary assistance regarding applying for Medicaid, Essential Plan, and/or Child Health Plus for future health care needs. In addition, Hospital may educate patients about their responsibility to obtain available insurance.
3. Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized and confidential file designated by the Hospital.
4. Applicants that have been approved for the Sliding Fee Discount Program will be logged, noting names of applicants, dates of coverage and percentage of coverage.
5. An additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts will be maintained. Denials will also be logged.

#### C. Staff Education and Training

1. The Hospital will routinely provide staff training and education on the implementation and administration of these Sliding Fee Discount Program policies and operating procedures. Such training shall involve all staff working at the Hospital and shall stress the importance of promoting appropriate access to care.

2. Translation services will be available as needed and appropriate.

#### D. Program Implementation and Monitoring

1. The Hospital Administration shall periodically review and monitor the patient notification and eligibility process and other implementation related issues.
2. The Hospital will monitor the effectiveness of the staff training program.
3. Policies should be reasonable, simple, and respectful and promote appropriate access to care and responsible utilization of services.

### VIII. PROGRAM OVERSIGHT

A. The Hospital Board shall be provided with information on the extent of the charity care and financial aid provided, as well as the administration of the financial aid policy at least once annually. Generally, such information shall be provided simultaneously with the presentation of the Community Service plan submitted to the NYSDOH each year.

1. Day-to-day direction and management responsibility for implementing the Sliding Fee Discount Program's operating procedures rests with the designated staff under the direction of the appropriate designated representative.

2. The Hospital will include information about its financial aid and charity care as an additional means of publicly communicating the community, patient benefits and services it provides.

### IX. REVISION

- A. At least once annually, the Hospital will review these operating procedures, assess their effectiveness in reducing barriers to care and evaluate their appropriateness for the Hospital and the community it serves. During the annual review, the hospital representative will review this policy, update the sliding fee schedule to conform to the most current Federal Poverty Guidelines (FPG) and take follow-up action to update policies, as appropriate. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest FPG.
- B. The Exhibits attached hereto are made part of this Sliding Fee Schedule policy and will be reviewed and updated at least once annually:

1. A copy of the Hospital's sliding fee schedule;
2. A copy of the patient application for the Sliding Fee Discount Program;
3. A copy of the posted signage notifying patients about the Sliding Fee Discount Program.

\_\_\_\_\_  
Director of Revenue Management

\_\_\_\_\_  
Date

## **Addendum A**

**Niagara Falls Memorial Medical Center Sliding-Fee Scale Discount  
Schedule Based on Federal Poverty Level (FPL) established yearly  
by U.S. Department of Health and Human Services 2025**

**Amount or Percentage of Fee Patient Pays**

**ANNUAL INCOME**

<b>Federal Poverty Levels (2025)</b>			
<b><u>Number in Family</u></b>	<b><u>Income up to</u></b>	<b><u>Income up to</u></b>	<b><u>Income up to</u></b>
	<b>200% FPL</b>	<b>300% FPL</b>	<b>400% FPL</b>
<b>1</b>	<b>\$31,300</b>	<b>\$46,950</b>	<b>\$62,600</b>
<b>2</b>	<b>\$42,300</b>	<b>\$63,450</b>	<b>\$84,600</b>
<b>3</b>	<b>\$53,300</b>	<b>\$79,950</b>	<b>\$106,600</b>
<b>4</b>	<b>\$64,300</b>	<b>\$96,450</b>	<b>\$128,600</b>
<b>5</b>	<b>\$75,300</b>	<b>\$112,950</b>	<b>\$150,600</b>
<b>6</b>	<b>\$86,300</b>	<b>\$129,450</b>	<b>\$172,600</b>
<b>7</b>	<b>\$97,300</b>	<b>\$145,950</b>	<b>\$194,600</b>
<b>8</b>	<b>\$108,300</b>	<b>\$162,450</b>	<b>\$216,600</b>

Source: <https://aspe.hhs.gov/poverty-guidelines>

**Minimum Discount Rates**

If you qualify for financial assistance, your charges will be reduced according to your income on a sliding fee scale as follows:

<b>Income Level</b>	<b>Payment</b>
<b>Below 200% FPL</b>	<b>Waive all charges</b>
<b>200%-300% FPL</b>	<p><b>Uninsured patients: Sliding scale up to 10% of the amount that would have been paid for the service(s) by Medicaid.</b></p> <p><b>Underinsured patients: Up to a maximum of 10% of the amount that would have been paid pursuant to such patient's insurance cost sharing</b></p>
<b>301%-400% FPL</b>	<p><b>Uninsured patients: Sliding scale up to 20% of the amount that would have been paid for the service(s) by Medicaid.</b></p> <p><b>Underinsured patients: Up to a maximum of 20% of the amount that would have been paid pursuant to such patient's insurance cost sharing</b></p>

Size of Family:	Family Income Up To:			
	<b>FPL LEVEL</b>	<b>200%</b>	<b>300%</b>	<b>400%</b>
1		\$31,300.00	\$46,950.00	\$62,600.00
2		\$42,300.00	\$63,450.00	\$84,600.00
3		\$53,300.00	\$79,950.00	\$106,600.00
4		\$64,300.00	\$96,450.00	\$128,600.00
5		\$75,300.00	\$112,950.00	\$150,600.00
6		\$86,300.00	\$129,450.00	\$172,600.00
7		\$97,300.00	\$145,950.00	\$194,600.00
8		\$108,300.00	\$162,450.00	\$216,600.00
Each add'l person add:		\$11,000	\$16,500	\$22,000
<b>Discount on Charges</b>	<b>100%</b>	<b>90%</b>	<b>80%</b>	
Patient Share	0%	10%	20%	



## **I. Background**

Since the establishment of the Outpatient Obstetrics and Gynecology Center (“OB-GYN Center”) in 2015 at the Hodge Building, 3<sup>rd</sup> Floor, 610 Tenth Street, Niagara Falls, the Center has made sliding fee discounts available to its patients pursuant to a formal policy. The OB-GYN Center wishes to amend its sliding fee discount policy to clarify eligibility rules, simplify the application process and set forth more specific applicant notification processes.

## **II. Policy Goal**

The goal of this policy is to ensure that the Sliding Fee Discount Program utilized by the OB-GYN Center is patient-centered, improves access to care, and assures that no patient will be denied health care services due to an inability to pay. A sliding fee schedule, as compensation for services rendered, will be applied in accordance with this policy for patients with insufficient resources.

## **III. Management of Policy**

### **A. Administration of Policy**

Day-to-day direction and management responsibility for implementing the Sliding Fee Discount Program’s operating procedures rests with the designated staff under the direction of the site administrator.

### **B. Sliding Fee Discount Policies**

All aspects of the Center’s Sliding Fee Discount program are based on the written policies stated herein. These policies shall be uniformly applied to all patients and supported by operating procedures.

### **C. Annual Updates**

At least once annually, the Center will review these operating procedures, assess their effectiveness in reducing barriers to care and evaluate their appropriateness for the Center and the community it serves. During the annual review, the site administrator will review this policy, update the sliding fee schedule to conform to the most current Federal Poverty Guidelines (FPG) and take follow-up action to update policies, as appropriate. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest FPG.

### **D. Staff Education and Training**

The Center will routinely provide staff training and education on the implementation and administration of these Sliding Fee Discount Program policies and operating procedures. Such training shall involve all staff working at the Center and shall stress the importance of promoting appropriate access to care.

### **E. Exhibits**

The Exhibits attached hereto are made part of this Sliding Fee Schedule policy and will be reviewed and updated at least once annually:

1. A copy of the site's sliding fee schedule;
2. A copy of the patient application for the Sliding Fee Discount Program;
3. A copy of the posted signage notifying patients about the Sliding Fee Discount Program.

#### **IV. Sliding Fee Schedule**

A sliding fee schedule (SFS) will be applied so that the amount owed by an eligible patient for services provided by the Primary Care Center is adjusted based on the patient's ability to pay. Elements of the sliding fee policy include:

- Policy is applicable to all individuals and families with annual incomes at or below 400 percent of the most up-to-date FPG;
- Policy provides a full discount for individuals and families with annual incomes at or below 200% of the FPG with no allowance for a nominal charge;
- Provision of a partial sliding fee discount based on family size and income for individuals and families with incomes above 100 percent and at or below 400% of the FPG;
- No nominal fee will be charged to patients whose incomes are at or below 100 percent of the FPG;
- No sliding fee discounts shall be provided to individuals and families with annual incomes above 400% of the FPG.
- The SFS shall be updated annually based on annual updates to the Federal Poverty Guidelines.
- Eligibility for discounts is based on income and family size and no other factors (e.g. assets, insurance status, participation in the Health Insurance Marketplace, citizenship, population type).
- All alternative payment resources must be exhausted, including all third-party payment from insurance(s) and federal and state programs.

#### **V. Notification**

The OB-GYN Center will notify patients of the Sliding Fee Discount Program by:

- e. Making Sliding Fee Discount Program information available to all uninsured patients at the time of service.
- f. Including a Sliding Fee Discount Program application with collection notices pertaining to OB-GYN Center accounts.
- g. Notifying patients of Sliding Fee Discount Program through signage posted in the clinic waiting area.
- h. Providing applications for the Sliding Fee Discount Program at the OB-GYN Center.

#### **VI. Assurances**

All patients seeking healthcare services at the OB-GYN Center are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay.

## **VII. Request for Discount**

Requests for discounted services at the OB-GYN Center may be made by patients and family members. Information and forms can be obtained at the Registration Area of the OB-GYN Center.

## **VIII. Completion of Application**

The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. By signing the Sliding Fee Discount Program application, persons authorize representatives of the OB-GYN Center access in confirming income as disclosed on the application form. Providing false information on a Sliding Fee Discount Program application will result in all Sliding Fee Discount Program discounts being revoked and the full balance of the account(s) restored and payable immediately.

If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of application to supply the necessary information without having the date on the application adjusted. If a patient does not provide the requested information within the two-week time period, their application will be re-dated to the date on which they supply the requested information.

## **IX. Eligibility**

### **A. Patient Eligibility**

1. Patient eligibility for the Sliding Fee Discount program must comply with the updated or current year Sliding Fee Discount Program matrix. This sliding fee schedule will be applied to all services provided at the OB-GYN Center.
2. Discounts will be based on income and family size only. The relevant Census Bureau definitions of family and income are as follows:
  - a. Family is defined as a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together, all such people (including related subfamily members) are considered as members of one family.
  - b. Income includes earnings, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the

household, and other miscellaneous sources. Noncash benefits such as food stamps and housing subsidies do not count.

## **B. Documentation and Verification Requirements**

1. For twelve-month eligibility, individuals must complete an application and provide the following documentation;
  - a. 1 most recent payroll check stub;
  - b. Most recent tax return (only if 1 most recent payroll check stub unavailable);
  - c. Unemployment records;
  - d. Documentation of government benefits: SSI, Social Security, etc
  - e. Any other income documentation reasonably requested.
2. Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business.
3. Self-declaration of income may only be used in special circumstances, including, for example, participants who are homeless.
4. Patients who are unable to provide written verification must provide a signed statement of income, and why applicant is unable to provide independent verification. This statement will be presented to OB-GYN Center site administrator or designee for review and final determination as to the sliding fee percentage. Self-declared patient will be responsible for 100% of their charges until management determines the appropriate category.
5. Patients will be notified in writing of the approval/denial of their application with thirty (30) days of the receipt of the completed application. Such notifications will include the percentage of Sliding Fee Discount Program write-off, or, if applicable the reason for denial.
6. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements.
7. Sliding Fee Discount Program applications cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approval date, unless their financial situation changes significantly.
8. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.
9. Notices of denials will include information on the appeals process.

## **C. Appeals Process**

- D. In the event participation in the Sliding Fee Schedule program is denied, the patient or designee has the right and opportunity to appeal the denial.
- E. The patient or designee must produce additional information that verifies the patient's financial status.

- F. The OB-GYN Center must respond within 30 days of receipt of the additional financial information as to the approval or continued denial of financial assistance.

**D. Eligibility Determination**

1. The eligibility determination process shall be conducted in an efficient, respectful, and culturally appropriate manner to assure that administrative operating procedures for making such determinations do not themselves present a barrier to care. Patient privacy and confidentiality must be protected throughout the process.
2. Patient eligibility for the Sliding Fee Scale must be reviewed at least once a year or upon the patient's next visit to the Center.
3. Individuals or families with annual incomes at or below 200% of the Federal Poverty Guidelines must receive a full discount for services.
4. Sliding fee discounts will be applied uniformly to patients who qualify for such discounts based on incomes above 100 percent and at or below 400 percent of the FPG in effect.
5. Once assessed, a patient who meets the income guidelines will receive a sliding fee discount based on the (SFS).
6. Some patients may choose not to provide information that the site requires for assessing income and family size, even after being informed that they may qualify for sliding fee discounts. If the site has followed its policies and supporting operating procedures and the patient declines to be considered for the SFS, the Center may consider the patient ineligible for such discounts.

**E. Re-Evaluation of Eligibility**

Patients who qualify for the sliding fee scale are eligible for one year from the date of qualification. At that time the patient will present current financial information in order to maintain qualification for the sliding fee scale.

**F. Referred Services**

1. Sliding fee discounts shall apply to all OB-GYN clinical services, regardless of the service type, or mode of delivery (direct, by contract, or by referral agreement).
2. Referral agreements between OB-GYN and ancillary, inpatient and specialty service providers shall stipulate that the entity to which a patient is referred will honor the sliding fee schedule established by OB-GYN Center and provide the same sliding fee discounts as those provided the by OB-GYN Center.

**VI. Payments**

**A. Payment Plans**

1. Payments owed by patients pursuant to the Sliding Fee Schedule will incorporate flexible payment plans (e.g. extended payment terms).

2. Payment plans shall clearly state if a minimum/nominal payment is required.
3. No interest will be charged on payments due.
4. Monthly payment plans cannot exceed 5% of patients income

## **X. Description of Collection Policies**

### **A. Collection Procedures**

1. The OB-GYN Center will undertake reasonable collection efforts and pursue debts fairly. Collection efforts can include telephone calls, personal contacts, letters, data mailers, collection agencies and legal recourse.
2. The OB-GYN Center will work with its patients to establish reasonable payment plans that take into account available income, the amount of the bill and any prior payments. Monthly payments may not exceed 5 percent of the eligible individual's gross monthly income.
3. No action will be taken to foreclose a lien forcing the sale or foreclosure of a patient's primary residence to pay for an outstanding medical bill.
4. External collection agencies will be directed to follow the guidelines contained in this policy as applicable. Collection agencies shall be provided applicable guidelines in writing.

## **XI. Record Keeping**

Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized and confidential file designated by the OB-GYN Center.

1. Applicants that have been approved for the Sliding Fee Discount Program will be logged, noting names of applicants, dates of coverage and percentage of coverage.
2. An additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts will be maintained. Denials will also be logged.

## **Addendum A**

### **Niagara Falls Memorial Medical Center Sliding-Fee Scale Discount Schedule Based on Federal Poverty Level (FPL) established yearly by U.S. Department of Health and Human Services 2025**

**Amount or Percentage of Fee Patient Pays**

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**ANNUAL INCOME**

<b>Federal Poverty Levels (2025)</b>			
<u>Number in Family</u>	<u>Income up to</u>	<u>Income up to</u>	<u>Income up to</u>
	<b>200% FPL</b>	<b>300% FPL</b>	<b>400% FPL</b>
<b>1</b>	<b>\$31,300</b>	<b>\$46,950</b>	<b>\$62,600</b>
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<b>8</b>	<b>\$108,300</b>	<b>\$162,450</b>	<b>\$216,600</b>

Source: <https://aspe.hhs.gov/poverty-guidelines>

### **Minimum Discount Rates**

If you qualify for financial assistance, your charges will be reduced according to your income on a sliding fee scale as follows:

<u>Income Level</u>	<u>Payment</u>
<b>Below 200% FPL</b>	<b>Waive all charges</b>
<b>200%-300% FPL</b>	<p><b>Uninsured patients: Sliding scale up to 10% of the amount that would have been paid for the service(s) by Medicaid.</b></p> <p><b>Underinsured patients: Up to a maximum of 10% of the amount that would have been paid pursuant to such patient's insurance cost sharing</b></p>
<b>301%-400% FPL</b>	<p><b>Uninsured patients: Sliding scale up to 20% of the amount that would have been paid for the service(s) by Medicaid.</b></p> <p><b>Underinsured patients: Up to a maximum of 20% of the amount that would have been paid pursuant to such patient's insurance cost sharing</b></p>



Revision Dates: 8/18, 2/23, 2/24, 1/25, 5/25

CLINICAL CARE SITE: **Niagara Falls Memorial Medical Center Primary Care Center**  
(“NFMMC Primary Care Center”)

SUBJECT: **Sliding Fee Discount Policy**

## **I. Background**

The NFMMC Primary Care Center was established at the Golisano Center for Community Health in May 2016. Since its inception the NFMMC Primary Care Center has made sliding fee discounts available to eligible patients. The NFMMC Primary Care Center wishes to amend its sliding fee discount policy to clarify eligibility rules, simplify the application process and set forth more specific applicant notification processes.

## **II. Policy Goal**

The goal of this policy is to ensure that the Sliding Fee Discount Program utilized by the NFMMC Primary Care Center is patient-centered, improves access to care, and assures that no patient will be denied health care services due to an inability to pay. A sliding fee schedule, as compensation for services rendered, will be applied in accordance with this policy for patients with insufficient resources.

## **III. Management of Policy**

### **A. Administration of Policy**

Day-to-day direction and management responsibility for implementing the Sliding Fee Discount Program’s operating procedures rests with the designated staff under the direction of the site administrator.

### **B. Sliding Fee Discount Policies**

All aspects of the NFMMC Primary Care Center’s Sliding Fee Discount program are based on the written policies stated herein. These policies shall be uniformly applied to all patients and supported by operating procedures.

### **C. Annual Updates**

At least once annually, the NFMMC Primary Care Center will review these operating procedures, assess their effectiveness in reducing barriers to care and evaluate their appropriateness for the Center and the community it serves. During the annual review, the site administrator will review this policy, update the sliding fee schedule to conform to the most current Federal Poverty Guidelines (FPG) and take follow-up action to update policies, as appropriate. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest FPG.

#### **D. Staff Education and Training**

The NFMMC Primary Care Center will routinely provide staff training and education on the implementation and administration of these Sliding Fee Discount Program policies and operating procedures. Such training shall involve all staff working at the NFMMC Primary Care Center and shall stress the importance of promoting appropriate access to care.

#### **E. Exhibits**

The Exhibits attached hereto are made part of this Sliding Fee Schedule policy and will be reviewed and updated at least once annually:

1. A copy of the site's sliding fee schedule;
2. A copy of the patient application for the Sliding Fee Discount Program;
3. A copy of the posted signage notifying patients about the Sliding Fee Discount Program.

#### **IV. Sliding Fee Schedule**

A sliding fee schedule (SFS) will be applied so that the amount owed by an eligible patient for services provided by the NFMMC Primary Care Center is adjusted based on the patient's ability to pay. Elements of the sliding fee policy include:

- A. Policy is applicable to all individuals and families with annual incomes at or below 400 percent of the most up-to-date FPG;
- B. Policy provides a full discount for individuals and families with annual incomes at or below 200% of the FPG with no allowance for a nominal charge;
- C. Provision of a partial sliding fee discount based on family size and income for individuals and families with incomes above 100 percent and at or below 400% of the FPG;
- D. No nominal fee will be charged to patients whose incomes are at or below 100 percent of the FPG;
- E. No sliding fee discounts shall be provided to individuals and families with annual incomes above 400% of the FPG.
- F. The SFS shall be updated annually based on annual updates to the Federal Poverty Guidelines.
- G. Eligibility for discounts is based on income and family size and no other factors (e.g. assets, insurance status, participation in the Health Insurance Marketplace, citizenship, population type).
- H. All alternative payment resources must be exhausted, including all third-party payment from insurance(s) and federal and state programs.

## **V. Notification**

The NFMMC Primary Care Center will notify patients of the Sliding Fee Discount Program by:

- i. Making Sliding Fee Discount Program information available to all uninsured patients at the time of service.
- j. Including a Sliding Fee Discount Program application with collection notices pertaining to NFMMC Primary Care Center accounts.
- k. Notifying patients of Sliding Fee Discount Program through signage posted in the clinic waiting area.
- l. Providing applications for the Sliding Fee Discount Program at the NFMMC Primary Care Center.

## **VI. Assurances**

All patients seeking healthcare services at the NFMMC Primary Care Center are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay.

## **VII. Request for Discount**

Requests for discounted services at the NFMMC Primary Care Center may be made by patients and family members. Information and forms can be obtained at the Registration Area of the NFMMC Primary Care Center.

## **VIII. Completion of Application**

The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. By signing the Sliding Fee Discount Program application, persons authorize representatives of the NFMMC Primary Care Center access in confirming income as disclosed on the application form. Providing false information on a Sliding Fee Discount Program application will result in all Sliding Fee Discount Program discounts being revoked and the full balance of the account(s) restored and payable immediately.

If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of application to supply the necessary information without having the date on the application adjusted. If a patient does not provide the requested information within the two-week time period, their application will be re-dated to the date on which they supply the requested information.

## **IX. Eligibility**

### **A. Patient Eligibility**

1. Patient eligibility for the Sliding Fee Discount program must comply with the updated or current year Sliding Fee Discount Program matrix. This sliding fee schedule will be applied to all services provided at the NFMMC Primary Care Center.

## Request for Proof of Household Income

Please include the income information for the patient, their spouse, and any dependents (such as children). For example, this would include everyone on the same tax return (tax filer, spouse, and tax dependents) in the calculation of household income.

The following is a list of documents you can use to prove your income. You do not have to provide all these documents. You can also provide a statement of no household income if you have no income.

You may also provide the Eligibility determination page from the NY State of Health Marketplace. If you have this document, you do not have to provide any other income information listed below to the hospital.

<b><u>If Household Receives:</u></b>	<b><u>Amount per Month:</u></b>	<b><u>Applicant May Provide:</u></b>
Wages	\$	Please provide one current Paycheck Stub, or Letter from Employer on company letterhead, signed and dated, or most recently filed <u>income tax return</u> .
Social Security Payment	\$	Copy of award letter/certificate, or correspondence from the U.S. Social Security Administration, or annual benefit letter. To request a copy of your Social Security benefit letter, call 1-800-772-1213 or visit <a href="http://www.ssa.gov">www.ssa.gov</a> .
Unemployment Compensation	\$	Copy of award letter/certificate, or monthly benefit statement from NYS Department of Labor, or Copy of Direct Payment Card with printout, or Correspondence from the NYS Department of Labor, or Printout of recipient's account information from the NYS Department of Labor's website ( <a href="http://www.labor.state.ny.us">www.labor.state.ny.us</a> ).
Disability Payment	\$	Copy of award letter/certificate, or correspondence from Social Security Administration, or copy of annual benefit letter. To request a copy of your benefit letter, call 1-800-772-1213 or visit <a href="http://www.ssa.gov">www.ssa.gov</a> .
Workers Compensation	\$	Copy of Award Letter or Check stub.
Alimony/Child Support	\$	Copy of court order, or 3 months of cashed checks/receipts.
Retirement Income	\$	Monthly Statement for Pensions, 401k, annuity, etc. accounts
Dividends/Interest	\$	Quarterly dividend statements or 1 month statements.
Other	\$	Letter stating the amount of non-wage earnings (if any), such as rental income, cash for odd jobs, etc.
No Income	\$0	Signed statement of no income.

2. Discounts will be based on income and family size only. The relevant Census Bureau definitions of family and income are as follows:

a. Family is defined as a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together, all such people (including related subfamily members) are considered as members of one family.

b. Income includes earnings, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits such as food stamps and housing subsidies do not count

### **C. Appeals Process**

1. In the event participation in the Sliding Fee Schedule program is denied, the patient or designee has the right and opportunity to appeal the denial.
2. The patient or designee must produce additional information that verifies the patient's financial status.
3. The NFMCC Primary Care Center must respond within 30 days of receipt of the additional financial information as to the approval or continued denial of financial assistance.

### **D. Eligibility Determination**

1. The eligibility determination process shall be conducted in an efficient, respectful, and culturally appropriate manner to assure that administrative operating procedures for making such determinations do not themselves present a barrier to care. Patient privacy and confidentiality must be protected throughout the process.
2. Patient eligibility for the Sliding Fee Scale must be reviewed at least once a year or upon the patient's next visit to the Center.
3. Individuals or families with annual incomes at or below 200% of the Federal Poverty Guidelines must receive a full discount for services.

4. Sliding fee discounts will be applied uniformly to patients who qualify for such discounts based on incomes above 100 percent and at or below 400 percent of the FPG in effect.

5. Once assessed, a patient who meets the income guidelines will receive a sliding fee discount based on the (SFS).

6. Some patients may choose not to provide information that the site requires for assessing income and family size, even after being informed that they may qualify for sliding fee discounts. If the site has followed its policies and supporting operating procedures and the patient declines to be considered for the SFS, the Center may consider the patient ineligible for such discounts.

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2. The NFMCC Primary Care Center will work with its patients to establish reasonable payment plans that take into account available income, the amount of the bill and any prior payments. Monthly payments may not exceed 5 percent of the eligible individual's gross monthly income.
3. No action will be taken to foreclose a lien forcing the sale or foreclosure of a patient's primary residence to pay for an outstanding medical bill.
4. Hospitals may not sell patient debt to a third party unless the third party will relieve the debt

## **XI. Record Keeping**

Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized and confidential file designated by the NFMCC Primary Care Center.

1. Applicants that have been approved for the Sliding Fee Discount Program will be logged in a password protected document on a shared directory, noting names of applicants, dates of coverage and percentage of coverage.
2. An additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts will be maintained. Denials will also be logged.

## **Addendum A**

### **Niagara Falls Memorial Medical Center Sliding-Fee Scale Discount Schedule Based on Federal Poverty Level (FPL) established yearly by U.S. Department of Health and Human Services 2025**

#### **Amount or Percentage of Fee Patient Pays**

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Size of Family:	Family Income Up To:		
FPL LEVEL	200%	300%	400%
1	\$31,300.00	\$46,950.00	\$62,600.00
2	\$42,300.00	\$63,450.00	\$84,600.00
3	\$53,300.00	\$79,950.00	\$106,600.00
4	\$64,300.00	\$96,450.00	\$128,600.00
5	\$75,300.00	\$112,950.00	\$150,600.00
6	\$86,300.00	\$129,450.00	\$172,600.00
7	\$97,300.00	\$145,950.00	\$194,600.00
8	\$108,300.00	\$162,450.00	\$216,600.00
Each add'l person add:	\$11,000	\$16,500	\$22,000
<b>Discount on Charges</b>	<b>100%</b>	<b>90%</b>	<b>80%</b>
Patient Share	0%	10%	20%

