



Faxton St. Luke's Healthcare
1656 Champlin Avenue
Utica, NY 13502

St. Elizabeth Medical Center
2209 Genesee Street
Utica, NY 13501

FINANCIAL ASSISTANCE APPLICATION/DETERMINATION SCHEDULE A

Financial Guidelines: Patient assets not necessary for subsistence may be considered in the ability to pay for services along with related liabilities. The following guidelines are effective January 15th 2022:

FAMILY SIZE	FEDERAL POVERTY GUIDELINES	NYS MEDICAID POVERTY GUIDELINES	NYS ESSENTIAL PLAN GUIDELINES
1	\$13,590	\$17,609	\$25,520
2	\$18,310	\$23,792	\$34,480
3	\$23,030	\$29,974	\$43,440
4	\$27,750	\$36,156	\$52,400
5	\$32,470	\$42,339	\$58,840
6	\$37,190	\$48,521	\$67,480
7	\$41,910	\$54,704	\$76,120
8	\$46,630	\$60,886	\$84,760

Households with more than eight (8) members, add \$4,720 for each additional member. The Federal Poverty Level (FPL) Guidelines are established by the Department of Health and Human Services and can be found at <http://aspe.hhs.gov/poverty/index.cfm>.

For the purposes of this policy, Family Size will be interpreted to include total number of individuals living in the household. Extenuating circumstances will be reviewed on a case-by-case basis.

Financial Assistance: After eligibility is determined, the following sliding fee schedule based on our highest volume payer's contracted rate should be used to determine the approved amount to be written off to Financial Assistance.

FAMILY SIZE	% of Poverty Level		
	FAMILY INCOME		
	200% - 250%	250% - 275%	275% - 325%
	Tier 1	Tier 2	Tier 3
1	\$27,180 - \$33,975	\$33,975 - \$37,373	\$37,373 - \$44,168
2	\$36,620 - \$45,775	\$45,775 - \$50,353	\$50,353 - \$59,508
3	\$46,060 - \$57,575	\$57,575 - \$63,333	\$63,333 - \$74,848
4	\$55,500 - \$69,375	\$69,375 - \$76,313	\$76,313 - \$90,188
5	\$64,940 - \$81,175	\$81,175 - \$89,293	\$89,293 - \$105,528
6	\$74,380 - \$92,975	\$92,975 - \$102,273	\$102,273 - \$120,868
7	\$83,820 - \$104,775	\$104,775 - \$115,253	\$115,253 - \$136,208
8	\$93,260 - \$116,575	\$116,575 - \$128,233	\$128,233 - \$151,548

	Cost Share Per Each Account		
	Tier 1	Tier 2	Tier 3
Inpatient, Radiation Medicine, Dialysis and ASU	\$0	\$250	\$500
Emergency Department and Other Professional Services	\$0	\$125	\$250
Clinics and Urgent Care	\$0	\$15	\$30