



Business Office/Patient Accounts
Wynn Hospital
111 Hospital Drive, Utica, NY 13502

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 1, 2025:

FAMILY SIZE	FEDERAL POVERTY GUIDELINES	NYS MEDICAID POVERTY GUIDELINES	NYS ESSENTIAL PLAN GUIDELINES
1	\$15,650	\$21,597	\$31,300
2	\$21,150	\$29,187	\$42,300
3	\$26,650	\$36,777	\$53,300
4	\$32,150	\$44,367	\$64,300
5	\$37,650	\$51,957	\$75,300
6	\$43,150	\$59,547	\$86,300
7	\$48,650	\$67,137	\$97,300
8	\$54,150	\$74,727	\$108,300

Households with more than eight (8) members, add \$5,500 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 percentage of Medicaid rates will be used to determine the approved amount to be written off to Financial Assistance.

FAMILY SIZE	% of Poverty Level		FAMILY INCOME						
			0 - 250%		251% - 350%		351% - 400%		
			Tier 1		Tier 2		Tier 3		
1	\$0	-	\$39,125	\$39,126	-	\$54,775	\$54,776	-	\$62,600
2	\$0	-	\$52,875	\$52,876	-	\$74,025	\$74,026	-	\$84,600
3	\$0	-	\$66,625	\$66,626	-	\$93,275	\$93,276	-	\$106,600
4	\$0	-	\$80,375	\$80,376	-	\$112,525	\$112,526	-	\$128,600
5	\$0	-	\$94,125	\$94,126	-	\$131,775	\$131,776	-	\$150,600
6	\$0	-	\$107,875	\$107,876	-	\$151,025	\$151,026	-	\$172,600
7	\$0	-	\$121,625	\$121,626	-	\$170,275	\$170,276	-	\$194,600
8	\$0	-	\$135,375	\$135,376	-	\$189,525	\$189,826	-	\$216,600

COST SHARE FOR EACH ACCOUNT

Service Line	Tier 1 (0-250%)	Tier 2 (250-350%)	Tier 3 (350-400%)	Tier 4**** (400%+)
Acute Hospital Inpatient Psych Services				
Inpatient Psych (1 Day)	\$ -	\$ 100	\$ 200	
Inpatient Psych (2 Days)	\$ -	\$ 200	\$ 400	
Inpatient Psych (Greater than 3 Days)	\$ -	\$ 300	\$ 600	
Acute Hospital Inpatient Services				
Inpatient Services - Charges greater than \$15,000	\$ -	\$ 300	\$ 600	
All Other Inpatient Services	\$ -	\$ 200	\$ 400	
Observation Hospital Services	\$ -	\$ 45	\$ 90	
Emergency Hospital Services	\$ -	\$ 10	\$ 20	
Ambulatory Surgery Services*	\$ -	\$ 50	\$ 100	
Therapy Services				
Occupational Therapy	\$ -	\$ 10	\$ 20	
All other Therapy (Speech, Physical, Audiology, Cardiac Rehab)**	\$ -	\$ 5	\$ 10	
Radiology Services				
MRI Services (Revenue Code 610,611)	\$ -	\$ 100	\$ 200	
Radiology Services (Revenue Codes 920, 351, 350, 341, 343)	\$ -	\$ 20	\$ 40	
Hospital Office Visit (G0463/Professional Billing Office Visit)	\$ -	\$ 10	\$ 20	
All other services not represented above***	\$ -	\$ -	\$ -	

Medical Bills
(Medicaid Covered
Services) above 10% of
Annual Income may
be forgiven through
Financial Assistance
Process

* The definition for Ambulatory Surgery is any services incurred within the Operating Room, Invasive Radiology, Electrophysiology and Cath Lab departments. Excluded Services in Ambulatory Service departments is Tilt Table (CPT: 93660)

**Exclude Hearing Aids

***Exclude departments requiring manual review (ie. Infusion Center, Professional Billing Obstetrics/Surgery/Hospital Services)

**** Tier 4 is a manual review and requires 3 months of current pay stubs and most recent Tax Return

Notice: The above grid shows the specificity of how Financial Assistance is evaluated. Services are evaluated from Top to bottom and will stop on the grid when qualified.

For example:

Radiology Services part of an Inpatient Service will apply the Inpatient Services FA Tiers