



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 March 2, 2026:

FAMILY SIZE	FEDERAL POVERTY GUIDELINES	NYS MEDICAID POVERTY GUIDELINES	NYS ESSENTIAL PLAN GUIDELINES
1	\$15,960	\$22,025	\$31,920
2	\$21,640	\$29,864	\$43,280
3	\$27,320	\$37,702	\$54,640
4	\$33,000	\$45,540	\$66,000
5	\$38,680	\$53,379	\$77,360
6	\$44,360	\$61,217	\$88,720
7	\$50,040	\$69,056	\$100,080
8	\$55,720	\$76,894	\$111,440

Households with more than eight (8) members, add \$5,860 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.

% of Poverty Level	FAMILY INCOME						
	0 - 250%		251% - 350%		351% - 400%		
	Tier 1		Tier 2		Tier 3		
FAMILY SIZE							
1	\$0 -	\$39,900	\$39,901 -	\$55,860	\$55,861 -	\$63,840	
2	\$0 -	\$54,100	\$54,101 -	\$75,740	\$75,741 -	\$86,560	
3	\$0 -	\$68,300	\$68,301 -	\$95,620	\$95,621 -	\$109,280	
4	\$0 -	\$82,500	\$82,501 -	\$115,500	\$115,501 -	\$132,000	
5	\$0 -	\$96,700	\$96,701 -	\$135,380	\$135,381 -	\$154,720	
6	\$0 -	\$110,900	\$110,901 -	\$155,260	\$155,261 -	\$177,440	
7	\$0 -	\$125,100	\$125,101 -	\$175,140	\$175,141 -	\$200,160	
8	\$0 -	\$139,300	\$139,301 -	\$195,020	\$195,021 -	\$222,880	

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

* 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