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Owner Kimberly Allen:
Manager of
Billing Services

Policy Area 04 Finance
Applicability MVHS
References Translated
Forms,
Website,
intranet

Financial Assistance Program - MVHS, MV-04-005

PURPOSE

To provide financial assistance for patients in need of medically necessary services, but whom are uninsured or underinsured, and are not able to commit to a financial agreement for resolution of balances resulting from cost sharing.

SCOPE

Mohawk Valley Health System (MVHS) including Wynn Hospital.

REFERENCES

New York State Public Health Law 9-a Section 2807-k

Federal Tax Code Section 501 (r)

Title XIX of the Social Security Act

MV-04-005 Form 1 Financial Assistance Application/Determination

MV-04-005 Form 2 MVHS Financial Assistance Application/Determination Schedule A

MV-04-005 Form 3 Financial Assistance Policy - Plain Language Summary

DEFINITIONS / ABBREVIATIONS

FA	Financial Assistance	MVHS	Mohawk Valley Health System
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FAP	Financial Assistance Program	NYS	New York State
FC	Financial Counselor	NYSDOH	New York State Department of Health

PROCEDURE / DIRECTIVE

1. Eligibility: MVHS will extend financial assistance to all eligible individuals who reside in the United States. Patients residing outside of the United States will be reviewed on a case-by-case basis. We do not limit availability of financial assistance based on residency. Financial assistance is offered to patients who have urgent, emergent, and medically-necessary procedures consistent with Subdivision 9-a to Section 2807-k of the New York State Public Health Law.

The following criteria must be met in order to be eligible for financial assistance:

- a. If there is no asset estate and there is no surviving spouse, or when there is limited income and the attorney has the capability of settling for a lesser amount of the bill. This does not include Medicare bad debt accounts.
- b. Any patient or guarantor who does not qualify for Medicaid or one of the health insurance plans offered through the NYSDOH Market Place, and provides documentation of limited income.
- c. A minor when parental responsibility cannot be established.
- d. Patients who are indigent, transient, and/or undocumented and have no medical coverage available.
- e. Any patient with limited income, minimal or no insurance coverage, and is incapable of payment.
- f. Patients who have exhausted their insurance benefits and demonstrate no further ability to pay for services per documentation of income.
- g. Accounts returned to MVHS by our collection agencies and are designated by the collection agency as eligible for financial assistance.
- h. Any patient with insurance that leaves them responsible for cost share (i.e. coinsurance, copayment, or deductible) and is not eligible for Medicaid, has limited income, and is capable and willing to settle the account for a lesser amount.
- i. Eligibility on a **one-time basis** during the closed enrollment period of NYSDOH for current services through November of the same year when the open enrollment period begins again.

2. Application Process

- a. Brochures and signage in multiple languages are available at registration sites to notify patients and family members of the existence and availability of the Financial Assistance Program. The Financial Assistance Program, the Financial Assistance application, and the plain language summary of the Financial Assistance Program are available in English, Spanish, Burmese, Karen, Russian, and Bosnian. The hospital website and billing statements include the phone numbers for our Financial Counselors. Our Patient's Insurance Guide includes all of our payment options and contact information. MV-04-005 Form 1 Financial Assistance Application/

Determination is available on the hospital website – www.mvhealthsystem.org.

1. MV-04-005 Form 1 Financial Assistance Application/Determination can be completed and submitted in its entirety anytime during the collection process.
2. Proof of income is required for the patient and all household members, if applicable. The types of proof of income are listed on MV-04-005 Form 1 Financial Assistance Application/Determination. They include, but are not limited to, income from wages (last three months pay stubs), bank statements (last 3 months), self-employment, unemployment, social security, pensions, compensation, public assistance, alimony, child support, interest earned, rental dividends, and VA benefits, as well as a complete copy of tax forms for the prior year.
3. The following are not eligible for financial assistance program
 - a. Non-compliance by the applicant in providing all necessary information to determine eligibility.
 - b. Elective non-covered services such as bariatric surgery, cosmetic surgery, dental surgery, hearing aids, or therapies outside the scope of a physician's orders.
4. All employed providers are covered by this policy and can be found in the above links.
5. Non employed providers may bill separately for the delivery of emergency or medically necessary care provided within MVHS, Inc facilities and are governed by their own Financial Assistance Policies, if applicable. Please see attachment Form 4 for a list of non employed contracted providers.

3. Review Process

- a. Accounts from the date of the application will be placed on hold for any collection efforts until a determination has been made for financial assistance eligibility.
- b. Applications will be reviewed by the hospital within thirty (30) days of receipt of the completed application and supporting documentation. Accounts will be adjusted per the sliding scale from the date of the application. Adjustments done on all qualifying future bills will be based on a rolling 12 month period. A new financial assistance application must be completed every 12 months, as the need necessitates. Any financial assistance adjustments resulting from an application that was approved prior to 10/20/2024 will be based on the guidelines and regulations in place on the date of service.
- c. The patient will be notified of the decision in writing. If the application is denied, the reason for the denial will be provided to the applicant. If the applicant wishes to appeal the decision, contact the Business Office where the services were performed. For services rendered at MVHS, call (315) 801-3108. You may also contact NYSDOH at 1 (800) 804-5447 or 1 (518) 402-6993. Examples of reasons for denial of the application include:
 1. The patient did not comply with the policy requirements within thirty (30)

days of application.

2. The patient is over the income limits to qualify for financial assistance. At this time all payment options will be reviewed with the patient. MVHS offers 5-8 month interest free payment plans, as well as interest free bank loans.
3. If a patient does not qualify for financial assistance, but can show proof that the total of cost shares they have incurred in a rolling 12 month period exceeds 10% of their yearly gross income, they may be eligible for a 100% write off of their balances at MVHS. Necessary proof includes 3 months of current pay stubs, income statement from the previous year, and copies of insurance explanation of benefits statements for Medicaid coverable services rendered in the past 12 months, and have designated patient responsibility.
- d. A written appeal may be filed within thirty (30) days of the patient's receipt of the decision. MVHS will review the appeal and notify the patient in writing of the determination within thirty (30) days of receipt of the appeal from the patient. The appeal process is noted on the decision letter sent to the patient. If the appeal is denied, the patient will be sent four statements throughout the 180 day billing cycle. The last statement will advise the patient the account will be sent to collections.
- e. Appeal may be based on the following:
 1. Change in the patient's income.
 2. Incorrect information provided.
 3. Extenuating circumstances.
4. Please refer to MV-04-005 Form 1 Financial Assistance Application/Determination for assistance application.
5. Please refer to MV-04-005 Form 2 MVHS Financial Assistance Application/Determination Schedule A for income guidelines, calculations, and tiers.
6. Payment Arrangements/Collection
 - a. Patients accepted into the Financial Assistance Program must make regular monthly payments on their balance due under the internal payment plan or the Clear Balance bank loan, not to exceed 5% of their gross monthly income. Cost sharing resulting from the financial assistance tiers is still subject to standard collection processes.
 - b. Any discount given under the financial assistance program will remain in the event that an account is sent to a collection agency.
 - c. MVHS will not force the sale or foreclosure of a patient's primary residence to collect an outstanding bill.
 - d. Collection agencies will obtain written consent from MVHS before commencing legal action.
 - e. A patient will be notified at least 30 days before an account is transferred to a collection agency.
 - f. Collection action will not be taken on any Medicaid-eligible services.

- g. The Director of the Business Office, or designee, will monitor compliance with these policies and procedures.
- h. **If a patient or guarantor chooses to pay for medical services with a credit card, they will be foregoing State and Federal protections related to medical debt.**

CONTENT EXPERT(S) / RESEARCHER(S) / CONTRIBUTOR(S): n/a

This Document Replaces: FN-14-OP, BOP008.

Attachments

- [MV-04-005 Form 1 Financial Assistance Application/Determination](#)
- [MV-04-005 Form 2 MVHS Financial Assistance Application/Determination Schedule A](#)
- [MV-04-005 Form 3 Financial Assistance Policy-Plain Language Summary.docx](#)
- [MV-04-005 Form 4 Contracted Provider List \(1\).pdf](#)

Approval Signatures

Step Description	Approver	Date
CQO	Mary Anne Healy Rodriguez: SVP Chief Quality Officer	10/9/2025
Approver	Louis Aiello: Chief Financial Officer	10/9/2025
Owner	Kimberly Allen: Manager of Billing Services	10/9/2025

Applicability

MVHS